

# Canterbury

District Health Board

Te Poari Hauora o Waitaha

## **Submission on draft Statement on Cultural Competence and the Provision of Culturally-Safe care *and* Draft Achieving best health outcomes for Māori: a resource**

**To:** Medical Council of New Zealand

**Submitter:** Canterbury District Health Board

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**Proposal:** Medical Council of New Zealand (Council), in partnership with Te Ohu Rata O Aotearoa (Te ORA) is reviewing its existing statements on Cultural Competence and Best practices when providing care to Māori patients and their whānau.

## **SUBMISSION ON DRAFT STATEMENT ON CULTURAL COMPETENCE AND THE PROVISION OF CULTURALLY-SAFE CARE AND DRAFT ACHIEVING BEST HEALTH OUTCOMES FOR MĀORI: A RESOURCE**

### **Details of submitter**

1. Canterbury District Health Board (CDHB).
2. The Ministry of Health requires the submitter to reduce potential health risks by such means as submissions to ensure the public health significance of potential adverse effects are adequately considered during policy development.

### **Details of submission**

3. We welcome the opportunity to comment on the draft Statement on Cultural Competence and the Provision of Culturally-Safe care and Draft Achieving best health outcomes for Māori: a resource.

### **General Comments**

4. The CDHB supports in principle the definitions and standards included within both these documents. However careful consideration is needed as to how such principles and standards will give effect to meaningful changes in practice.
5. Power imbalances which perpetuate inequities within the health system will not be reduced unless doctors, alongside other health professionals, are supported to take action towards developing cultural competence and creating cultural safety.
6. The recognition of fundamental power imbalances between doctor/patient interactions, and a health system by which a western model of medicine remains dominant, needs to be strengthened in these statements. The CDHB recommends that as per the previous version, more emphasis is placed on practicing mutual respect and understanding and acknowledging diversity and difference.
7. There are challenges with presenting cultural competence as a set of standards which can be achieved, instead of an evolving process of developing increasing self-awareness, demonstrating an increasing knowledge base of various cultural norms and practices from experience of working with people of various cultures, and continuously advancing interpersonal skills in order to create culturally safe environments which elicit practitioner/patient/whānau trust and challenge both

personal and systemic drivers of inequality<sup>1</sup>. Such a process is not finite and will continue to evolve over a doctor's career.

8. The CDHB recommends that actions are included to provide guidance to doctors as to how they may achieve the standards set out in paragraph 15. An attempt to do so is acknowledged in paragraph 24 of Achieving Best Health Outcomes for Māori: A Resource, however these are still presented as overarching concepts and not practice guidance.

## **Conclusion**

9. Thank you for the opportunity to submit.

## **Person making the submission**



Evon Currie

Date: 5/07/2019

General Manager  
Community and Public Health

## **Contact details**

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<sup>1</sup> Testa. D. 2017. *Hospitals, nationality, and culture: Social workers, experiences and reflections*. *Aotearoa New Zealand Social Work* 29(2), 96–107.