

Te Matahouroa: a feasibility trial combining Rongoā Māori and Western medicine in a surgical outpatient setting

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ABSTRACT

AIM: This feasibility study was undertaken to implement and assess a Rongoā Māori (traditional Māori healing)/Western medicine collaboration model in a general surgical outpatient setting.

METHODS: Six patients were recruited and consulted with both a Rongoā Māori practitioner and a Western trained surgeon three times in 6 months. Appointments were an average of 45 minutes duration, patient whānau (family) were welcome and kai (food) was provided as a culturally appropriate custom. Qualitative interviews were conducted with patients, whānau and practitioners after the final appointment with practitioners. The data were thematically analysed and reviewed by the team researchers.

RESULTS: Seven themes were identified from the successful collaboration: benefits of Rongoā/medical collaboration to participants; the high value of healer/doctor relationships with participants; participants' experiences of healer/doctor collaboration; healer/doctor perceptions of the Rongoā/medical collaboration process; paying attention to the ecosystem of each participant; unanimous support for Rongoā/medical collaboration to be implemented in the health system; suggestions for Rongoā/medical collaboration improvement.

CONCLUSIONS: Many challenges remain, but collaboration between Rongoā Māori healing and Western health professionals in public hospitals is not only possible, but also meets the need for patient-centred care.

Although there is a current world-wide trend to integrate traditional medicine into Western medical healthcare systems driven by the World Health Organization (2019),¹ in Aotearoa New Zealand, Rongoā Māori (traditional Māori healing) is conducted mainly outside the Western medical system, with little collaboration occurring between the two. While the Aotearoa New Zealand government has made recent contributions to the funding of Rongoā service provision, particularly via the Accident Compensation Commission (ACC),² these efforts remain outside the publicly funded hospital system, which treats patients requiring inpatient care and outpatient investigation and care. In addition, efforts to standardise and regulate the Rongoā Māori sector³ runs counter to Māori healing principles, which are focussed on the needs of patients, the capacity of the healer and the traditions of the locality. Previous research has indicated support for Rongoā and Western medical collaboration,^{4,5} but the literature has noted many complex and challenging issues that need to be explored further, key among these being the relationship between traditional healers and medical practitioners.⁴

Earlier investigations have shown that instead of integration, which is the incorporation of traditional medicine into healthcare systems, there should be a mutual collaboration, where both systems work together, but remain individually intact and not changed in any way.^{4,5} Greater collaboration between Rongoā Māori and mainstream health systems could provide a number of benefits; not the least is the inclusion of Māori cultural values into healthcare, which in turn may facilitate greater Māori participation, adherence, satisfaction and an overall improvement in Māori health outcomes.^{6,7} One way to achieve collaboration is to provide combined holistic healing and medical health treatment for patients in a way that includes Māori cultural values and traditional healing practices.⁴

Given the complex nature of the issues involved with collaboration between traditional healing and Western medical health systems, the approach taken in this research was to focus on the collaborative relationships between the healer, doctor and patients using a previously published collaboration model (Figure 1).⁴ This small feasibility trial sought to establish a clinical

Figure 1: Rongoā/medical collaboration model.^{4,5}

collaboration between a surgeon and a Rongoā Māori practitioner and to explore the success factors, obstacles, collaboration benefits and drawbacks for this approach for both practitioners, patients and their whānau (family).

Methods

This trial's aim was to explore interpersonal relationships between traditional healing and Western medical practitioners in Rongoā/medical collaboration by undertaking a small collaborative trial to assess potential barriers to successful collaboration. This required both a Western medical and a Rongoā Māori practitioner to be willing to work cooperatively to treat patients. This study took a unique approach to situate the healer and doctor in the same room to treat the same patient. The healer and doctor involved in this project were Jonathan Koea (Ngāti Mutunga, Ngāti Tama), a surgeon and clinical researcher based at Waitematā District Health Board, and Donna Kerridge, a traditionally trained Rongoā Māori practitioner, registered Medical Herbalist, and at the time the study commenced, Māngai

(spokesperson) for Te Kāhui Rongoā Trust (the New Zealand national collective of Rongoā Māori practitioners).

Prior to commencing the collaboration study, JK and DK participated in a mutual Rongoā Māori/medical education workshop to share the principles of Māori healing and medical practice. The workshop aimed to encourage knowledge sharing, full and equal partnership, and protection and medical acceptance of Rongoā.

Patient recruitment

Patients under the care of the upper gastrointestinal multidisciplinary clinic⁸ who had completed treatment of upper gastrointestinal disease, and who were under clinical follow-up, were considered eligible to participate in this research. While it was initially anticipated that more patients would need to be contacted to participate in the study, the first six who were approached all consented to be involved. There were three males and three females ranging in age from 31–79 years, as shown in the demographics table in Table 1.

Each patient was given the option to attend an in-person Rongoā/medical consultation three

times, every 2 months, over a 6-month period, with both JK and DK. Each appointment was of at least a 45-minute duration, patient whānau were welcomed and food/refreshments were made available in alignment with culturally appropriate custom when hosting manuhiri (guests). Each medical/surgical consultation included taking a directed history, performing a clinical examination and reviewing any relevant clinical investigations, such as radiological examinations or blood tests. Patients were simultaneously seen by both practitioners and sessions ran according to patient treatment need and choice.

A treatment/management plan was discussed for each patient that included both Western medical interventions (regular blood tests, radiological monitoring), and also Rongoā Māori, which both Rongoā/medical practitioner agreed on.

Following the third session on Saturday 10 December 2022, the healer, doctor and participants who were in attendance completed a semi-structured qualitative interview conducted by GM, who had not previously been present during the clinical appointments. This involved using the interview schedule of questions and collecting open-ended data to explore participants' thoughts about their Rongoā/medical collaboration experience.⁹ These qualitative semi-structured interviews asked participants about the perspectives of collaboration between the healer and doctor, their communication

and the benefits and challenges. The interviews also discussed patient consultation satisfaction, practitioner cooperation and overall perspectives of the collaboration process.

Thematic data analysis was conducted to ascertain collaborative principles in practice. Thematic analysis was appropriate for this study because the research was seeking to understand the experiences and thoughts of the healer, doctor and patients on Rongoā/medical collaboration.¹⁰ The thematic analysis was conducted by becoming familiar with the data, generating initial codes and searching for, reviewing, defining and naming themes.¹⁰ Once the initial codes were generated, a specialist advisor experienced in Te Ao Māori (the Māori world) research, AB, assisted in reviewing the analysis and provided valuable feedback. This ensured knowledge sharing and collaboration values between Rongoā, medical and research professionals, and resulted in the complete set of research themes.

This trial was registered by the Research Office at Waitematā District Health Board in 2021. National ethics approval was granted by the Southern Health and Disability Ethics Committee (ref: 2022 EXP 12320).

All research data are held in anonymised computer files accessible only by the investigators via password access and will be stored for 15 years.

Table 1: Demographic and clinical details of the patients involved in the trial.

	Gender	Age	Ethnicity	Diagnosis	ECOG	Disease stage	Occupation
1	Male	79	Māori	Cholangiocarcinoma	1	Alive with disease	Retired
2	Female	31	Pacific peoples	MEN with tumours (treated of adrenal, liver, pancreas, thyroid)	1	Free of disease	Booking clerk ACH
3	Male	68	Pākehā	Chronic liver disease, HCC	1	Free of disease	Retired
4	Male	57	Māori	Gastrointestinal stromal tumour—resected	1	Free of disease	Drainage contractor
5	Female	52	Māori	Intrapancreatic mucinous neoplasm	1	Alive with disease	Works for Rūnanga
6	Female	46	Pacific peoples	Pancreatic neuroendocrine tumour	1	Alive with disease	Teacher

Results

The results of the thematic analysis provided seven themes, which are provided in this section together with healer, doctor and patient participant quotes to illustrate their experiences with Rongoā/medical collaboration. The feedback was unanimously positive, with all participants sharing that they enjoyed the experience of collaborative treatment and believed that combined Rongoā/medical healing and healthcare would be helpful to other people as well.

Theme 1: benefits of Rongoā/medical collaboration to participants—conversation, support and culture

Participants felt comfortable being able to discuss their health issues and being able to contact Jonathan and Donna throughout the study.

“This was a really great collaboration—I think for me, it was more fellowship if I can narrow it down, it’s just that fellowship of our stories and being open and not being vulnerable but just being open. That we’re able to express our cultural practices, know where we come from and that we have people like Jonathan and Donna able to make, or have an understanding of, ‘Yeah, I got you. I understand where you’re coming from because...’ and they bring up their own personal stories. That’s what made the talanoa [conversation] really awesome because we were able—and that just leads you off on to different avenues of areas in our conversation really.” – Pacific female and partner, 48 years, Teacher

Participants were helped to understand their medical and health needs, as well as discuss how they felt.

“I suppose just looking at different ways of being healthy. Just looking after myself really. It made me give up smoking. I’ve been smoke-free ever since Jonathan cut this thing out of me ... For me, definitely the smoking. That was my biggest thing. Just having to regulate my pills better. I was missing quite a few days here and there, but I’m on track now. I think I was getting a bit slack taking the pills. Definitely got me back into a routine.” –

Māori male, 57 years, Drainage contractor

This level of comfort with having both the healer and doctor in the room meant that patients were more likely to take the advice that was given and feel supported. In addition, a single health intervention—in this case surgery—was an opportunity to support the patient to improve their overall and health-related behaviours.

“Yeah, you’ve got someone there to support you. We know we could ring up either one of them and they’d be there for us, and that is huge, huge. Somebody cares. This makes you feel like, yeah, life actually is worth living, because you’ve got people that actually care about you. It’s not just an operation, it is actually people that really care, and I think that’s important.” – Pākehā male, 68 years, Retired

Theme 2: the high value of healer/doctor relationships with participants—being seen, heard and treated like a person

Participants repeatedly mentioned enjoying being seen and heard, rather than being treated as a patient with a list of symptoms.

“I think I’ve come to the stage now with the hospital system that as a patient, they talk about their medical—about your health issue but they forget, ah there is somebody else still in this space. So, include us.” – Pacific female and partner, 48 years, Teacher

“Because normally we’d go to my sister’s appointments—and again, no criticism on our medical team that we have in New Zealand, they’re doing what they can—but it was, ‘So what was the symptoms today?’ When this interaction I saw this morning, all they wanted to know is, ‘How are you?’ but not symptom wise but, ‘How are you?’ So that made all the difference as far as I can see, and like you said absolutely a trust issue.” – Whānau of Māori male, 79 years, Retired

Participants believed that the connection with both Jonathan and Donna facilitated a safe cultural space and allowed participants to relax and feel comfortable.

“I think it’s having them both there and having one-on-one with the both of them about my experiences and that sort of thing. That was the beauty of it, I think. Given the half hour that we got, we got a lot of things cleared up.”
– Māori female, 52 years, Rūnanga

Whānau of participants appreciated the patient-centred approach that gave the patient the autonomy of treatment choice.

“Because really, Western medicine they treat the ailment, not the person. And there’s no criticism to that, merely because that’s all we know; so, if that’s what you know, that’s what you do. But to hear that Rongoā Māori and Western medicine was being merged and blended like this in a really authentic way, where two people who have respect for each other and respect for their talents and their profession, for me, that’s really important. And that for me, is Rongoā treating the body first, because it’s looking at his whatumanawa [heart/emotions] and wairua [spirit] and putting that at ease first, and then let’s talk about the body. So that for me, just seeing that relationship and even hearing that kōrero [discussion], that summed up for me exactly why it’s working.” – Whānau of Māori male, 79 years, Retired

Theme 3: participants’ experiences of healer/doctor collaboration—the best of both worlds

Participants discussed the different perspectives provided by both Jonathan and Donna and found that each provided equal value in the treatment sessions.

“I have sort of been on the same wavelength as Donna, so that was good. That’s what I loved about it, that there’s a natural medicine out there, because antibiotics and everything, codeine and these sorts of things, don’t work for me. So, to tap into a natural side of things and the things that I understand. I can go down to my own ngahere [forest] and get my own medicine type of thing. What I do with Jonathan is I have the MRI every year because I’ve got a cyst on my

pancreas that is just on the dangerous of going overboard. But what happened is that after I had my first COVID-19 inoculation/vaccination, I actually broke out—my hands broke out as well. Donna was able to help me with that. It’s really bad eczema that I’m getting as well. With the two of them in the end. But then also it got so bad. The medicine was keeping it at bay, the Rongoā was, but I had to go back to the Western medicine which was Prednisone. I had to go back to that and the antibiotics as well. With the two of them still working hand-in-hand that way.” – Female Māori, 57 years, Rūnanga

Theme 4: healer/doctor perceptions of the Rongoā/medical collaboration process—treating patients with manaakitanga (expressing kindness and respect for others) is fun and natural

Jonathan and Donna both found the process of treating patients collaboratively to be a natural act of manaakitanga or hospitality and caring for people, where trust was an important component in each interaction.

“I think it’s been overwhelmingly positive and surprisingly easy. I think all of the things that we thought might be hard or might not work, actually, none of those really kind of materialised. It’s been like a conversation really. I know we spend a lot of time thinking, ‘Who will go first?’ ‘Who will go second?’ and we’ll talk about a plan. But actually it’s all of those things that happen, but have been quite simultaneous and kind of arriving by consensus really, at something. Some things I’ve been able to help with and some things you’ve been able to help with, but we’ve never argued. All of the perceived pitfalls, barriers—I don’t think ever eventuated. It’s actually just been a lot of fun.” – Jonathan, Doctor

“The things that I thought might have been challenging for us, and I never thought about it in a great deal, but I would’ve thought that there would have been instances in our different ways of approaching health and wellbeing that we might have needed to talk about, but there wasn’t a single thing. And there was never

a sideways ... It was like you say 'easy'. It was really easy, and it was fun and it felt natural.” – Donna, Rongoā practitioner

“For me, I think, we’ve done it much more in a manaakitanga way rather than a medical interview, a medical consultation—it’s been much more about where people are from, what they do, who’s in their family, what connections we have, how are they doing. We both knew the underlying medical conditions and things; we’ve shared that knowledge and how could we best help them, with we being the thing. I think the thing that I’ve learnt and not noticed before is how we treated the family not the person. So, with the primary patient, we’re also sharing their thoughts about the situation but also their own health issues or challenges or life challenges, and it’s definitely become a whānau visit, not a patient visit. I didn’t expect that, but it just happened that way. I think I expected it to be more a Western model, where your support person joins with you, but they were equal with the patient. They weren’t lesser or just somebody on the side. They were active participants for all of them that brought support people. I think there was only one who didn’t bring support people. All the others brought their support people, but those people were actively involved.” – Donna, Rongoā practitioner

Theme 5: paying attention to the ecosystem of each participant—for practitioners, treating patients felt like visiting whānau and facilitated deeper connection

Both Jonathan and Donna felt that inviting patient whānau to attend treatment sessions, who were the ecosystem of each patient, facilitated deeper connection and greater insight into their overall wellbeing.

“I think that we were always looking towards the patient, I was certainly able to see them in a much bigger ecosystem because you knew their connections, where they’re from. All of the things that we talk about in Western medicine, knowing what the patient’s home situation is, but this was seeing them in a

much bigger, in their three-dimensional universe if you like—where they came from, where they were going to, who was with them ... But you’re right, you end up not necessarily treating the whole whānau but you’re interacting with all of them, because that person is in a whole ecosystem.” – Jonathan, Doctor

“I think one of the added things that I realised really in that very first session we had with the people, was that it really wasn’t the coming together of professions, it never ever felt like that. It felt like the coming together of people, rather than professions. I recall in one of the interviews with one of the people, Donna had some great news for them about some of their results and I could still sense an element of fear in them, and Jonathan just reached out and said, ‘But I’ll never abandon you.’ It was kind of addressing it before it had even become real for those people and the relief of just hearing those words. It made me realise we were people before we were professionals. We were people talking with people who had different gifts, that’s all. That’s why I think it was really easy and for me as a Rongoā Māori healer, that has taught me to not look at the profession of medicine but to remember that they are people who happen to practise medicine. It was a big learning for me from this study.” – Donna, Rongoā practitioner

Theme 6: unanimous support for Rongoā/medical collaboration to be implemented in the health system—it would help a lot of people

All participants believed that Rongoā/medical collaboration would be a valuable addition to the health system because it would help a lot of people.

“... Even if it just helps a handful of people, one out of ten, or six out of ten or whatever. It’s worthwhile, isn’t it? Because it just could be something that most people just could not handle by themselves. Whether that means they end up getting sick again or whether they end up topping themselves, you know, when there’s just no support at all. The thing is, sometimes

you can go to doctors and say the same thing, but they don't understand.”
– Pākehā male, 68 years, Retired

“... If they were given option but if they were given the choice, for some of our people like if I know if they said, ‘If you don't want to take medication but there's other way of healing, would you...’. You know, and I think ‘Why not?’ because right now, the generations are either for medication or looking for alternatives.” – Pacific female and partner, 48 years, Teacher

“We know that it'll be about the Western model of medicine and so that will be one part. The other is—because that's the whole point about the research and developing it and growing it even though we know for some of our people it works. That's what I'm seeing but I guess in an alternative world, I imagine if we had a Māori hospital, that would—and I can see it doing really well. And that model will just prove [chuckles] but because the system is set in such a way that it's all about research, it's all about—wow, prove it!” – Donna, Rongoā practitioner

Theme 7: suggestions for future Rongoā/medical collaboration improvement—more time, more often with more cultures and more people

Participants stated that they would have liked to be able to spend more time with Jonathan and Donna. Other suggestions included having a wider diversity and larger number of participants, including Samoan cultural healers.

“I think that's the only thing I have, was just more ... get to see them and discuss with them together, because it's always better to be together having this conversation, rather than talking to one then talking to the other, then those two talking together—not that they did that, but just in our experience with the other medical fields.” – Māori male, 79 years, Retired

While whānau were extremely grateful that they could contact Jonathan and Donna for help outside the Rongoā/medical collaboration

sessions, they also commented:

“I'd be concerned that this is not sustainable, that accessibility is not sustainable. I could see that when he's got to have a life, Whaea's [literally meaning ‘mother’ but contextually referring to DK] got to have a life, so how? Thousands—can you imagine this trial getting bigger, you only have six of this that's manageable, I can see that. But make this bigger, even to double that, I don't think that kind of accessibility is sustainable. Wouldn't it be great if it was, but I can't see that being sustainable.” – Whānau of Māori male, 79 years, Retired

“I think part of that context will be driven by where the health system is at the moment, because sometimes they couldn't access GPs for several weeks and they knew were available but kind of, isn't that the essence of medicine—I am your doctor. I may not be able to help with the current problem that you have but I am your doctor and I'll do what I can. Again, that's less about a transaction and more about, ‘Yeah, okay I'm interested, what's the problem? Let's see if we can't sort something out.” – Jonathan, Doctor

This also emphasises the unique structuring of the practitioner/healer appointments. They were much longer than the standard outpatient appointment, with time consciously put aside to find out about the individual's life and social context—even before the medical issue was brought up. A medicine/Rongoā service would focus on medium- to long-term care, rather than stand-alone care sessions and is ideally placed to manage patients with “complex” health needs across a number of domains.

Participants also suggested the inclusion of other cultures into the study as follows:

“It would have been interesting to see a Samoan-born and have that comparison of, ‘Aw okay, so this is ...’ because we grew up with it, but a Samoan-born, it would've been all inclusive. I guess in that sense, just to get the different comparison of the different generation gaps between us and the elders or the ones who were born in Samoa. Because I know

that it can be quite similar especially in the plants that are used and also the protocols because with [partner's name] and my grandmother, it was always with the karakia [prayer] or lotu [religion] and then we ended off with a lotu. Just natural oils. Yeah, and with [partner's name] mother and my grandmother, it was very specific plants that we use for, and that's probably similar to ... That would be really interesting because our stories, our narratives would have been different to somebody that was born in Samoa." – Pacific female and partner, 48 years, Teacher

Jonathan raised a concern about the Rongoā workforce for this type of initiative, as well as the standard medical consultation time length.

"I'd say the main challenges I think are workforce particularly for Rongoā, we have to work really hard to make sure hospitals are a welcoming environment. I think the thing will be time too. Hospitals run on time—no, they don't run efficiently on time, but they run, and getting away from that standard medical consultation of 15 minutes and actually it takes as long as it takes. We might not even talk about actually what's wrong until we see you again next week. We might talk about everything else, because it's a completely different way of doing things, but it gets to a much deeper kind of a high-quality point I think." – Jonathan, Doctor

Discussion

To date, we believe that this is the first study to initiate collaboration between a Rongoā practitioner and a medical doctor who are both Māori in the treatment of the same patient at the same time, in the same room, at a public hospital in Aotearoa New Zealand. There was full and equal partnership, knowledge sharing and collaboration values, as well as protection and medical acceptance of Rongoā throughout the study duration.⁴ Two key groups of high-level findings may be gleaned from this study—the first is concerned with why this study was regarded by patients and practitioners as being successful and the factors contributing to that success, and the second related high-level finding is concerned

with how and in what ways the collaboration was seen as being beneficial. Both patients and practitioners agreed that the collaboration was successful in three ways: shared practitioner values, the meaningful inclusion of the patient whānau and the amount of time that was spent in each collaborative session, which assisted in initiating and establishing relationships between practitioners and patients. Three specific collaboration benefits to both practitioners and patients were observed, namely: greater patient treatment adherence and understanding (both Western medicine and prescribed Rongoā), the inclusion of Māori cultural values and practices, and patient access to both practitioners at the same time and location.

The fact that both practitioners were Māori and from the same cultural background, though trained in different bases of health and healing knowledge, proved to be a significant factor in the success of the collaboration treatment. This meant that there was no need to translate or justify the use of any Māori cultural values, approach, knowledge or practice, which eliminated cultural misunderstandings. There was a shared knowledge and mutual respect for the practice of whakawhanaungatanga (connections), karakia, kai, manaakitanga and aroha (respect) towards patients that was natural for both practitioners. This created a familiar cultural atmosphere that patients may have felt if in a cultural setting such as a marae ātea (the courtyard of a Māori meeting house), or with whānau. Both practitioners were focussed on a patient-centred practice. This involved qualities of communication, accessibility, interpersonal skills, care coordination and follow-up, and patients have been shown to value healthcare providers who take time to listen and work with them, care about them, support them in managing their healthcare and make an effort to personalise patient care.^{11,12} This shows that as long as there is a shared cultural understanding and mutual respect between Rongoā and Western practitioners, there is a strong possibility of collaboration being successful.

In collaboration sessions, patients were encouraged to bring whānau, and all but one patient brought supporters with them. The involvement and inclusion of whānau in health-care decision making is a known contributor to the success of any health intervention for Māori and other Indigenous peoples,¹³ and the beneficial effects of including patient whānau are seen most clearly in the quotes under pinning themes two,

four and five. The inclusion of patient whānau in their health treatment mirrors the Māori cultural values of whanaungatanga (family connections), as well as the Whare Tapa Whā Māori health model of the mind, body, spirit and whānau being intrinsic to Māori health and wellbeing.¹⁴ Support has been shown for whānau-based care and involvement in the health system because family is a fundamental support structure.¹⁵⁻¹⁷ The inclusion of whānau in patient collaboration sessions was vital to the success of this study because it brought all participants together to inform and support the best health treatment for the patient, and in many instances whānau advocated for Western medical approaches with patients and supported the work of both practitioners.¹⁸

The amount of time practitioners were able to spend with patients in this study, which was an average of 45 minutes, is uncommon in Western healthcare treatment. In fact, the opposite is the norm, where prior research showed that due to scheduling and other issues consultations may last only 2 minutes, and patients are unable to fully express their symptoms, provide history and ask questions.¹⁹ Limited time correlates with patient dissatisfaction and a lower intention to comply with the doctors' recommendations. For Māori, time and the ability to organise time are ways that support people to prioritise important cultural responsibilities such as whānau. However, Western-centric notions of time are often organised around production and economic goals in ways that undermine Māori priorities.²⁰

As has already been noted, the most evident barrier to implementing collaboration efforts is the vastly different belief systems held by those trained in a Western biomedical system compared to their traditional, Indigenous healer counterparts in regards to illness, health and healing.¹⁵ Although this investigation was successful in creating a respectful relationship between the two practitioners due to shared cultural and patient-centred values, all other studies on Indigenous/Western medical collaboration have focussed solely on the challenges.²¹⁻²³ The main barriers are defined as lack of consultation time and training, lack of clear roles, fears relating to professional identity and poor communication. The principal facilitators included tools to improve communication,

co-location and recognition of other professionals' skills and contribution.²² This includes reconciling historical relationships, differences in epistemologies and treatment approaches, and differences in knowledge acquisition and training.

This small feasibility project has been successful in establishing a Rongoā/medical collaboration by showing the factors needed for traditional healing and Western medical practitioners to work together, as well as beneficial ways to treat patients so that they feel valued and heard. While the number of patients was small, they were selected to reflect a range of ethnicities and ages, as well as different genders in order to determine whether the proposed model of care would work at an individual patient level. While the results in this small group of patients are encouraging, a larger trial involving more patients, including those presenting with new diagnoses rather than just as follow-up consultations, should be undertaken. For Māori, the inclusion of the cultural values inherent in Rongoā healing made a significant difference to patient experience and satisfaction with the healing and health collaborative treatment process. Ethnicities other than Māori were chosen to demonstrate that Rongoā has a role in the care of all New Zealanders. However, we acknowledge that the inclusion of non-Māori ethnicities in any Rongoā service may come at the expense of Māori patients. Whether or not access to such a service was restricted to Māori patients only should be debated. However, we believe that, similar to access to classes in Te Reo Māori, the benefits of Rongoā should be accessible to all New Zealanders.²⁴ However, many of the wider issues of Rongoā/medical collaboration remain unresolved, and further research is needed, even as Rongoā undergoes continuing changes in governmental policy and funding organisations. In order to create national and organisational collaboration parameters, a major and comprehensive paradigm shift in Western healthcare system frameworks is needed about what is, and what is not, culturally appropriate for collaboration with traditional healing customs, values and practices. This must be done in full and equal partnership with Rongoā Māori practitioners, in alignment with the principles of Te Tiriti o Waitangi (the Treaty of Waitangi, Aotearoa New Zealand's founding document).

COMPETING INTERESTS

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