

Maori health – Maori don't need a 'begging bowl'

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Maori won't beg for health dollars, now, tomorrow or in the future. I hear the rumblings from some of my colleagues regarding why Maori health should receive special attention, special funding, and sometimes what are perceived to be special rules.

There are at least three arguments that can contribute to this discussion:

1. Treaty Rights
2. Economic Principles
3. Philosophical Principles

Some of my colleagues are not at all persuaded by 'rights' arguments made under the treaty. That's fine. Let's put the contentious argument aside and test the validity of the other statements to stand on their merits.

Economic principles in their most simple application resolve to cost efficient use of health dollars. As an extension of that, a principle of maximum health gain (or in its reverse from harm minimisation) would seem to be reasonable. Surely no one can dispute the fact that Maori are worse off in most health measures, and therefore have the greatest potential to make the greatest health gains?

Reducing diabetic complications, for example, would substantially reduce economic costs to the health sys-

tem as a whole. An argument based on simple economics would therefore direct funding to that area that in dollar terms would make the greatest gains; there is little doubt that that area is Maori health. There is one other economic response to a poorly functioning 'unit', that is to leave it alone and let it 'run itself into the ground'. It is my view that Maori have already borne the brunt of that over a period of time, and as such, it's as unethical and untenable now as it was then. We will not die and go away.

Several philosophical arguments rationally support the view for directed funding for Maori health. Egalitarians, for example, from behind a 'veil of ignorance' would create a society that has equality for all, with additional support for the disadvantaged, be that disadvantage from the 'biological or sociological lottery of life'. Clearly Maori as a disadvantaged group would benefit in such a society. Maybe more compelling than this somewhat hypo-

thetical view are the imperatives for Maori health that arise from one of the fundamental principles of medical ethics, distributive justice. The simple distillation of this principle states that it is most fair to distribute health resources

primarily on the basis of need. Maori have the greatest need. Under this precept, directed funding to Maori health is indeed fair.

In conclusion, I return to the title of this essay, and adamantly state that Maori will not proffer a begging bowl for health resources. I have presented several arguments for directed funding for Maori

health that do not need to rely on views of historical contention. Rather, there are sound arguments that can and would apply to any disadvantaged group in society. It just happens that Maori are at the front of that queue, and we don't want to be there.

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