

Culturally sensitive general practice

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Manu was a rural GP in Taumarunui for more than 30 years. For more than 20 years he was also a GP obstetrician, a GP anaesthetist, a Prison Medical Officer and a Police Medical Officer. Manu was the GP advisor to a marae-based healing centre and was a keynote speaker on the health of indigenous people at a UN conference and gathering of indigenous people. He has been a member of several College and other national health committees. Manu was awarded the QSM for services to Rural Health and in 1999 he was named by North & South magazine as one of the New Zealanders who had made a difference to life in New Zealand.

Manu left Taumarunui in February 2004 and was honoured by the local Maori with the presentation of a korowai, a feather cloak of the three Maori tribes, for his services to Maori people. He now works as a senior GP for a health trust in Onehunga, Auckland.

General practice is a branch of medicine in which the opportunity to practice holistic medicine is possible. A family GP can look at every aspect of health care including family dynamics, spirituality, cultural beliefs, religious values and many more issues of health and ill health. Family medicine is about healing and not just about performing scientific medical rituals. Even if there is no cure for an illness, one can help a person to heal and a family to come to terms with a sickness. This is where cultural beliefs with diverse methods of healing and coping come in to play. Traditional thinking involving physical and mental well-being is not enough, for in order to heal one has to understand the spirituality of an individual. Spirituality is very important to indigenous people but even for those in western cultures, in which science-based medicine has been developed and advanced, people still have their spiritual beliefs and use these to comfort and to heal.

For curing many physical illnesses one may turn to the power of modern western medicine with its vast array of investigations, surgical and medical procedures and drugs, but for total well-being and healing we have to look at the family, cultural beliefs, the environment, the balance of nature and our place in the planet and the universe. There are many people who believe in the balance of nature and combine their beliefs with those of western medicine. This is complementary rather than alternative to western medical practice and must be respected and encouraged. In order to achieve an holistic cure of a person and to heal,

an understanding of the traditional and cultural beliefs of people is so important to family physicians.

Communication is very important to 'connect' the healer with the recipient of care and without this connection it is impossible to achieve successful healing, which is valued by both the individual and their family. One does not have to be from the same background to connect with people. Most indigenous people are very appreciative of doctors who listen and try to understand other viewpoints and who respect other cultural and traditional beliefs. It is not necessary to be an expert on these but a genuine attempt to appreciate and learn pays dividends. Rather than shying away from different ideas we have to appreciate the richness and beauty of this diversity.

We seem to always look for differences rather than similarities in diversity. I found many similarities between my Sri Lankan culture and Maori culture and I have been able to fit in well with the tangata whenua. The ways by which people of different cultures cope with sickness, death, pain and how they learn from the experiences of elders about how to face the challenges of life is an interesting study. We have more in common in times of stress than we often appreciate and, if one is prepared to learn, then these experiences will enrich our lives and enlighten our thinking. Churches, temples, kovilas, mosques, and many other places of worship are similar in their code of behaviour and this respect for religious institutions is well recognised. However, the same

understanding does not seem to exist when faced with cultural diversity. If we extend our ability to learn and to appreciate new concepts then we will enjoy the challenge of providing health care for people of diverse ethnicity. As healers we should cherish these opportunities.

Sometimes we do not show common sense when faced with problems and hide behind rules and regulations thrust upon us by bureaucrats and politicians. As a rural GP working with many Maori friends I became aware of their anguish at the delays caused by judicial processes when faced with a sudden death. This is the same for many people when they lose a member of the family but it had greater significance for Maori people because of certain spiritual beliefs. My traditional Sri Lankan beliefs were similar to those of Maori people and of many other indigenous people and, working together with Maori elders, we piloted the first programme to involve kaumatua in these stressful situations involving sudden death. This was a great success and the protocols are now used in many areas of New Zealand with the co-operation of police officers and coroners.

Another such project was to change the physical restraints used in transferring mentally ill patients from rural areas for assessment and treatment. We suggested that the use of short acting drugs for the transfer was more appropriate and humane than the physical restraints used. This proposal took many years to legislate but now is available by right. Only my close association with the police and Maori elders gave me the opportunity to become involved in these important changes from the established norms, and I found my concerns as a rural GP were shared by both Maori people and the police officers involved.

Looking towards the future, I anticipate problems caused not by multiculturalism but by multilingualism. It is impossible to communicate adequately through interpreters and my short period of practice in Auckland has made me well

aware of this problem, as many new immigrants do not speak English. While I have been heartened by the many medical students who came to Taumarunui for their rural experience because of their willingness to face new challenges and adopt and assimilate, I believe the language barrier is something which, if not addressed, will cause many problems in the future. We expect all foreign medical graduates to pass an English test, as New Zealand is an English speaking country, but to expect all doctors to be multilingual will be an impossible task.

Human beings handle health and sickness in different ways and cope with pain, bereavement, separation, and chronic and terminal illness as part of life. They have learnt from the experiences of their forefathers. Differences in these ways are our challenge to understand and assimilate. One common theme for all of us is the desire to be healthy and to be free from illness, pain and suffering, and to exist independently within our comfortable environment and family. Since no one has the answers to all the physical, mental and spiritual problems that affect us daily, we must accept that some complementary practices may give us more ways to help people.

Another challenge we have as family physicians is the problem of dealing with people who use 'culture' as a scapegoat for everything that is wrong with life. Lifestyle changes that improve health must be accepted by people, whatever their cultural beliefs. This is not a 'doctor knows best' concept. No culture encourages self-destructive ways when past experiences show the folly of such practices. Alcohol, smoking, drugs and sedentary lifestyles are some of those harmful practices that may have prevailed among some people for a long period, but to identify these as cultural ways is wrong.

Faced with epidemics of diseases such as diabetes, obesity, hypertension, heart disease and HIV we must not encourage people to continue their destructive lifestyles for fear of

being accused of being culturally insensitive. Those who use culture to hide behind their mistakes are as guilty as those who fail to recognise real cultural practices that are time tested, accepted, honoured and complementary to good health and healing. Some indigenous cultural ways depended on physical fitness, alertness, and communal activities with valuable advice from elders as this was helpful for survival and protected those who were vulnerable, in particular, children. So we have a right to speak out at destructive lifestyles as, by definition, family physicians care about the health of the people they serve.

We now have in New Zealand a multicultural, multilingual, multi-ethnic, multireligious community whose members all depend on a publicly funded system for most of their health needs. Primary health care workers are in the forefront of this system and our role is uniquely important. However, members of the diverse groups that form New Zealand society must also take responsibility to communicate, educate and cooperate to get the best out of a health system with limited funding. Working together and getting the best out of the system is a challenge to all New Zealanders and the system is theirs for appropriate use, but not for abuse.

To get the best for our people we have to be health advocates. To give the best health care we must be knowledgeable and sensitive to different needs and be caring. Together with other dedicated and talented primary care health professionals we form the backbone of the health care system and we have to show leadership in helping people to help themselves acquire and maintain good health.

As family physicians we must try our best to identify with those we serve and understanding the similarities of different cultures and learning the differences is extremely rewarding. We will be respected and appreciated by our patients for the effort and what is more rewarding than to be called 'My Doctor'.