

Insights from a Medical Elective in New Zealand.

AUTHOR:

Sophie Ferguson ^{BMSc (Hons)}

ORCID ID: 0000-0003-1092-9684

a. *Final Year Medical Student, University of Dundee., UK.*

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Abbreviations

BIS – Bispectral Index

ENT – Ear, Nose and Throat

GP – General Practitioner

IV - Intravenous

ODP – Operating Department Practitioner

UK – United Kingdom

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Address correspondence to: Sophie Ferguson, School of Medicine, University of Dundee, Ninewells Hospital and Medical School, Dundee DD1 9SY.

E-mail: s.ferguson@dundee.ac.uk

Editors: Dr Claire Parkin | Dr Ana Oliveira. Kent and Medway Medical School, Canterbury, Kent. CT2 7NT. UK.

AJPP@kent.ac.uk

<https://journals.kent.ac.uk/index.php/ajpp/index>

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What this paper adds: This article highlights the benefits of conducting a period of elective study, particularly in terms of professional development. It also shares some of the cultural insights and knowledge gained, which is important for any healthcare student or professional who is considering working in New Zealand.

Abstract: This article was written following a period of elective study by a final year medical student in Whangarei, New Zealand. It gives an insight into the influence of Māori culture on the provision of healthcare services and patterns of disease in the Northland Region of New Zealand. The article aims to highlight the benefits of conducting a period of elective study, particularly in terms of personal and professional development.

Reflection:

The Experience

For my elective, I spent 4 weeks in the Anaesthetics department in Whangarei Hospital. Over the course of the placement, I attended a variety of theatre lists including gynaecology, orthopaedics, ENT, paediatric dental and general surgery. I had the

opportunity to practice many practical skills including IV cannulation, bag mask ventilation, insertion of airway adjuncts, endotracheal intubation and drawing up drugs and also learnt how to take a focussed history and perform an airway assessment. In addition to my theatre sessions, I attended the weekly departmental meeting and joined the anaesthetists in other settings such as the daily pain round and pre-assessment clinics.

Elective Objectives

The main objective for my elective was to describe the influence of Māori culture on the provision of healthcare services and patterns of disease in the Northland region of New Zealand. It was also an opportunity for personal and professional development.

Whangarei District

Whangarei is the northernmost city in New Zealand and its district has a population of approximately 91,000 (Statz NZ, 2018). It is the only city in the Northland region, an area which is known for its beautiful beaches, native flora and rich history. Northland is the most rural and one of the most deprived regions in New Zealand (EHINZ, no date) and this contributes to poor engagement with the healthcare services. The main industries are farming and tourism, and the climate tends to be warmer and more humid compared to the rest of the country (New Zealand Immigration, 2022). It is for this reason that the region is commonly referred to as the 'winterless north'. Northland has the highest concentration of Māori in New Zealand.

Over one-third of the region's total population and over half of the child and young adult population are Māori (Northland DHB, 2022).

Whangarei hospital has 246 inpatient beds and provides specialist secondary care services to the entire Northland region (Northland DHB, 2023). It also has a helicopter service which runs daily to retrieve patients from rural areas and/or transport patients to larger hospitals for more specialised care. The Anaesthetics department in Whangarei is very multicultural, with around half of the clinicians having started their medical training overseas. The anaesthetists work in the 8 operating theatres, pre-assessment clinics and a small intensive care unit. They are also responsible for running the hospital pain service. The anaesthetists are assisted in theatre by an anaesthetic technician who has completed a specialist degree and is responsible for the anaesthetic equipment, monitoring and supplies. Their role is very similar to that of operating department practitioners (ODPs) in the UK. Several of the consultants also do some private clinical work.

Māori Culture

Te Tiriti o Waitangi is an important document which underpins all healthcare policy in New Zealand. It is an agreement between Māori and the British Crown and was signed in 1840 only one hour drive away from Whangarei (RANZCP, 2022). The treaty places responsibility on the British Crown to actively protect the health and wellbeing of Māori people (RANZCP, 2022). Care that is not consistent with

Māori beliefs may cause distress and reduce engagement with the healthcare services. It is therefore essential that all healthcare professionals working in New Zealand have some awareness of Māori culture and their beliefs.

Māori have a holistic view of health and wellbeing which has four key components: taha tinana (physical health), taha wairua (spiritual health), taha whānau (family health) and taha hinengaro (mental health) (Ministry of Health, 2023). Karakia (prayer) is an essential part of this and should be offered to patients and their whānau (family) where appropriate. This includes before and after surgery, acute psychotic episodes and before death (Capital & Coast DHB, 2017). Time for Karakia should not be interrupted unless the patient's safety is in danger. Whānau is also extremely important to Māori and extends beyond the immediate biological family. A patient's whānau should be involved in all aspects of their care and treatment where possible (Capital & Coast DHB, 2017). Another cultural difference is that all patients in New Zealand are asked if they would like their tissue returned prior to undergoing procedures. This is because the separation of body tissue from the body goes against Māori beliefs (Capital & Coast DHB, 2017). Any tissue that is returned is normally kept by the patient and buried with them after death (Waitemata DHB, 2003). Māori believe that all things originated from Papatuanuku, the Earth Mother, and so the return of the placenta (whenua) to the land (whenua) after childbirth is particularly important (Capital & Coast

DHB, 2017). One final cultural aspect which is relevant to anaesthetics is the Māori belief that the head is sacred (tapu) (Waitemata DHB, 2003). In Whangarei, a Bispectral Index (BIS) monitor is usually attached to the patient's forehead before anaesthesia in order to monitor their level of consciousness. It is therefore important that the patients are informed, and their permission sought prior to attaching the BIS monitor.

Health Inequities

During my placement, I became aware of several health inequities affecting Māori people. In Northland, Māori have a lower life-expectancy and a higher mortality compared to non-Māori people (Northland DHB, 2022). They experience earlier onset of chronic conditions such as diabetes and have higher rates of smoking, hazardous drinking and obesity (Northland, DHB, 2022; Ministry of Health, 2022). This is partly due to specific genetic variations within the Māori population (Northland DHB, 2022), however an unmet need for primary healthcare may also play a role and results from factors such as lower incomes, higher unemployment rates and a lack of transport options. Secondary healthcare services in New Zealand are free for residents to access if they were referred by a General Practitioner (GP), however there is usually a cost for primary healthcare services and prescription medications. A GP consultation typically costs between 15 and 50 New Zealand Dollars (Tikkanen *et al.*, 2020) and this financial barrier can result in late presentations to secondary care,

particularly in deprived areas such as the Northland region. Data shows that Māori are twice as likely not to collect a prescription than non-Māori due to the financial cost (Ministry of Health, 2022). Whilst some progress has been made, more work needs to be done to ensure that the healthcare services in New Zealand are accessible and acceptable to Māori people.

Placement Evaluation

I learnt a huge amount on my elective placement and my practical skills have improved significantly. This will be useful for when I start work as a foundation doctor. The experience has also given me confidence in my ability to learn and adapt to new environments. Medical training often involves several location changes, and I will now be more likely to take advantage of the learning opportunities in locations that are further from home. I therefore feel that I have met my objective for personal and professional development.

One aspect of my placement that I particularly enjoyed was the opportunity to interact with patients from a variety of different backgrounds and learn about the Māori culture, particularly in the context of healthcare. I found that an awareness of Māori culture helped me to form better relationships with the patients, which in turn improved their healthcare experience. I also learnt about some of the health inequities affecting Māori people and how the need to pay for primary healthcare services and prescription medications in New Zealand can result in late presentations to secondary care,

particularly in deprived areas such as the Northland region. My placement highlighted that, even within the same country, different communities have their own unique health problems, challenges and culture. In future, I will strive to learn about the people in the area I am working in. This will enable me to provide better and more patient centred care.

Conclusion

I really enjoyed my elective placement and would recommend it to future students. My clinical skills, knowledge and confidence have improved greatly, and I have gained a valuable insight into New Zealand's healthcare system and Māori culture.

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