We all have a role: Exploring the challenges & rewards of working within a collaborative kaupapa Māori consistent research project on physician-assisted dying

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Our rōpū

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- Dr Phillipa Malpas (Principal investigator, medical ethicist, researcher)
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Background- what is Physician-assisted dying (PAD)?

Two legally distinct procedures for hastening death:

• Where a physician **administers** a lethal dose of medication to a patient to hasten death (euthanasia).

• Where a physician **prescribes** a lethal dose of medication to a patient and the patient, not the doctor, administers the medication (assisted dying).

• The intention of both practices is to hasten death

• Patients must make the request and be competent to do so

• Both practices are legally available in a number of countries and jurisdictions.
PAD in Aotearoa

• Both practices are illegal
• Studies have shown that NZ GPs have intentionally hastened the deaths of their patients (Mitchell and Owens 2004a, Mitchell and Owens 2004b)
• Around 70% of New Zealanders support PAD in certain qualified circumstances (Gendall 2003, VESNZ 2008).
• The only survey that has looked at Māori support of PAD found less Māori supported PAD (56%) compared to non-Māori (62 percent) (‘Voluntary euthanasia gaining support – poll’, Evening Post, 3rd February 2003).
Aim of the research: The aim of this project is to explore Māori attitudes and beliefs towards PAD, gaining a clearer understanding of how Māori attitudes and perceptions may influence and shape their expectations of medical care at the end of life.

Methodology:

• Qualitative Kaupapa Māori Consistent Research Approach
The collaborative approach- we all have a role

“Who are you to do the research?”
Benefits

• Aligns well with KMCA
• Provides robust methods of analysis
• Building and nurturing of relationships
• Safe, supportive research environment
• A deeper understanding of what is important
• Professional and personal development—Play to our skills; all learn along the way
Challenges

• Time and logistical management
• Hindsight is a great thing!
• Different ways of doing things e.g. research jargon, academic processes, translating between language, terminology, dialects....... 

• “Who are they to represent us?”
What has worked to overcome these challenges

• Open, honest and regular communication
• Trust and solid rapport among rōpū
• Constant CRITICAL reflection (at rōpū & individual levels)
• A firm commitment to the (Kaupapa Māori) approach
Our thoughts
Preliminary findings: 4 broad themes

Understanding euthanasia
Whānau
Kawa
Power
Understanding euthanasia

• Confusion about the word/concept
  • ‘...something to do with Asia’.

• Legal process

• Topic in the media

• Moral significance
  • ‘My understanding of euthanasia is that somehow or other we help out loved ones to die’.

• Destructive significance
  • ‘...these [practices of assisted dying] are cousins to suicide’

• Place in society
Power

Of:

• Wairua
  • ‘.before anything else is wairua’.

• Medical profession

• Kaumātua

• Whānau
  • ‘.you are not an individual in the Maori world but you are, you are one of a whole’.

• Karakia
  • ‘I’m talking about how we karakia, how we have a lot of faith in things that will happen’
Kawa (custom/protocol)

- Guidance of karakia for whānau
- Wairua
  - ‘.. I heard her call out in my wairua ear, um, wake me up, I want to talk to my children. So I brought all of the children in’.
- Comfort of kawa
- Ihirangaranga (spiritual vibration)
  - ‘The process of ihirangaranga is the vibration of that wairua that continues and never ceases’.
• Strength

  ‘...anyway he passed away about 4 o'clock, so um, its things that happen like that and we stick beside them. I remember my uncle he was very ill and all the family gather around him, all the family gather around him’.
Phase II

• Individual and/or whānau interviews with older Māori in Tamaki Makaurau to gain a broader understanding of the topic.
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