

# Letter on an iceberg

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*“Cultural safety... involves doctors reflecting on their own views and biases and how these could affect their decision-making and health outcomes for the patient.”<sup>1</sup>*

**W**e write as the Māori Health Committee of the Royal Australasian College of Physicians (RACP), a collective of Māori physician and paediatrician Fellows and trainees.

In the public sphere, issues are like icebergs. This somewhat hackneyed metaphor illustrates that, while one facet of an issue is perceived, what is not seen is the hidden substructure of power and culture that form and reinforce it, buoying the issue to prominence above the surface.

An iceberg recently appeared in the media. An article detailed comments made by a urologist at a scientific meeting in Queenstown in November 2020.<sup>2</sup> Later, the same urologist spoke at length regarding their journey towards an awareness of why their actions were offensive and racist.<sup>3</sup>

The urologist's actions recall the iceberg metaphor because what was said on the surface, its impact and its response failed to centre on the less-visible structures and systems of power and privilege that sustain those actions. These instances of racism are frequently excused as isolated, individual instances of ignorance. Meanwhile, the underlying structures and systems that enable this entrenched contempt towards tangata whenua to occur, without conscience or consequence, are perpetuated.

In a room of two hundred people, who collectively amass hundreds of years of study, research and training, a callous disregard for Māori experience was displayed. The audience heard the blinkered tolerance of a system that disenfranchises and denies Māori access to quality healthcare and blames them when they die, on average, seven years younger than non-Māori. That same system permitted inequity to be debated without Māori agency or inclusion in the discussion.

Those seemingly innocuous remarks said on the fly to garner some sort of lock-

er-room camaraderie in fact spoke of the collective experience of racism for Māori in Aotearoa. A Māori attendee who made a formal complaint stood for all Māori, who tautoko his assertion of racism because they live with it as well. The health system is often dangerous for our people; they are disbelieved, belittled and their truth is undermined.

Te Kaunihera Rata o Aotearoa, the Medical Council of New Zealand, refreshed its standards for medical practitioners on cultural safety in 2019<sup>1</sup>. In addition to the cultural safety standards, the council published a peer standard, He Ara Hauora Māori, A Pathway to Māori Health Equity.<sup>4</sup>

*“When considering the needs of your patients cultural safety requires you to reflect on, take ownership of, and consider in your practice ... challenging the cultural bias of individual colleagues or systemic bias within health care services, which may contribute to poor health outcomes for patients of different cultures.”<sup>1</sup>*

Building cultural safety into clinical practice can be uncomfortable and confronting as it involves reflecting on one's own personal biases, power and privilege, and at times having to challenge our colleagues and the structures which shape our clinical practice. Culturally safe health practice in Aotearoa requires specific training and a Te Tiriti-principled framework for assessment and review.

It is the responsibility of organisations working within the health sector to instate explicit pro-equity and anti-racism policies. We advocate for medical professionals to educate themselves and begin ongoing, reflective practice. We urge all those working within the health sector to take action and to challenge the prevailing substructure of power and culture that exists beneath the surface.

**Competing interests:**

Dr Kerrison, Dr Laking and Dr Ruka are members of Hei Āhuru Mōwai, Māori Cancer Leadership Aotearoa.

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