



1 May 2025

Upholding Equity and Partnership in Paediatric Palliative Care

Kia ora,

As the Māori Director of the Paediatric Society of New Zealand (PSNZ), I'm writing to share the perspectives of Māori paediatric health professionals on the future of paediatric palliative care in Aotearoa. This submission reflects whakaaro gathered through recent hui and draws on the lived realities of whānau Māori navigating serious illness and end-of-life care for their tamariki. It speaks to the critical need for equitable access, culturally safe care, and a system that truly partners with Māori to uphold Te Tiriti o Waitangi.

Māori perspectives

In late 2023 the National Palliative Care Work Group initiated a discussion process to improve the national palliative care model for Aotearoa New Zealand.

On Tuesday 22nd April a small group of Māori paediatric health workers and associates were asked to provide feedback from a Māori Hau Ora perspective on three proposed national models under consideration by the group.

The options are:

- i. Option One: national clinical service network only
- ii. Option Two: national clinical service network and two hubs
- iii. Option Three: national clinical service network and four hubs

The working group were also looking for views from Māori as to:

- Whether the proposals will meet the needs of tamariki, rangatahi/children, young people and their whānau/families
- The establishment of a national clinical service network and the resources required
- The 3 proposed service configuration options
- The proposed make-up of the interdisciplinary teams
- The practicality of implementing these options
- Any potential unintended consequences of change

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General comments

Change is definitely needed as Māori health has been persistently poor for over a century. A centralised office for the National PPC to implement the model seems to be the best configuration under our circumstances. It would be unreasonable to have no hubs (option 1) and equally too expensive to run any more than four sites.

Māori nominally have four iwi regions: Te Tai Tokerau, Te Hauāuru, Te Tai Rāwhiti and Te Waipounamu. Option 3 therefore is the best fit from a Māori perspective. While these boundaries for some iwi are not always suitable, room should be made for flexibility.

The interdisciplinary teams must be able to collaborate with Māori. Statistics make it highly likely all tiers of paediatric health workers will engage with whanau. Empathising with all walks of society is important but more so for Māori. Understanding a Māori world view is important. [Doctor Simone Bull](#) runs a fantastic programme on mindset change for government and corporate staff members. It is no longer acceptable that citizens feign ignorance about our nation's history.

While this discussion has focused on the structure of this area of health care, and while important, it is the workers throughout the system (receptionists, cleaners, doctors, nurses, specialists, allied health, social workers and navigators) that are the important factor. Values should be part of the practitioner's annual performance outcomes. He aha te mea nui i Te Ao. He tangata..

We steered away from matters of wairua, tikanga and kawa in deference to iwi. There are differences between whanau, hapū and iwi throughout the country. Again, even religious differences affect a group's practices surrounding death. It goes without saying that empathy and respect are important qualities that Māori observe.

Te Tiriti o Waitangi obligations

Of individuals aged 0-24 years whose deaths were caused by life-limiting or life-threatening conditions between 2000 and 2018, 24.8% were Māori. Māori were 17.8% of the population of Aotearoa New Zealand according to the 2023 census. Equity for Māori has been incessantly compromised compared to the rest of the population since national health statistics began.

Models of care and worker practices throughout the system need improving.

The Te Whatu Ora website documents a Te Tiriti o Waitangi Framework that verifies agreed obligations of The Crown in protecting Māori. There is an obviousness in co-designing programmes in partnership with Māori and the Ministry of Health locally.

Iwi Māori partnership boards

The fifteen IMPB bodies registered with Te Whatu Ora are the ministries best partnering groups to help improve practices, training and kaupapa Māori design. The PSNZ is advocating for option 3, the four hub structure. This is the easiest to manage under the nation's circumstances. Individual hapu and iwi of course reserve the right to maintain their independence.

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For future reference, the society recommends that the IMPB consult with iwi during the initial process discussions. This way, the Ministry can be assured that they get an authentic Māori voice and that iwi have the opportunity to be involved in decisions.

The society acknowledges the work of all working group members.

Ngā mihi,

Wane Wharerau, (Ngāpuhi), Māori Director of PSNZ

Te Kāhui Mātai Arotamariki o Aotearoa | Paediatric Society of New Zealand