# A need for more Maori and Pacific doctors

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**Academics at the department of public health, Wellington School of Medicine, defend the selection process for medical students that aims at increasing the number of Maori doctors.**

MEDICAL students pay less than one-third of the cost of their medical education. Why does the taxpayer pick up the other two-thirds? Because well-educated doctors who can understand their communities and easily relate to their patients are a key part of the public health services, from which we all benefit.

Medical education is not just a private good it is also a public good. We all benefit from a healthier community where everyone's health needs are addressed. It is important that not all doctors are European men, as they were for most of the 19th century, when women were considered too delicate and Maori were trained only as farm labourers and domestic servants. Such expectations die hard.

In 1901 Maui Pomare, after being supported by a Mormon Trust to study in the United States, became the first Maori doctor and the first Maori medical officer in the new Ministry of Public Health.

He instituted widespread reforms to protect all the public of New Zealand from infectious diseases such as bubonic plague. Yet in the 21st century less than 3 per cent of doctors are Maori, though Maori are more than 15 per cent of the population. There is a need to ensure more Maori high school students are attracted into medicine and supported through their studies.

The health of all New Zealanders depends on the development and nurturing of talent in all segments of the community, including those groups who have been discouraged in the past from undertaking education by concern about incurring large educational debts and forgoing income which otherwise might support their whanau.

Producing a medical workforce that reflects the social and cultural diversity of New Zealand is an essential consideration in medical education.

**Positive:** Timothy Funaki is studying at Auckland University, thanks to the quota system. Picture: MAARTEN HOLL

Good doctoring requires a mix of attributes including a basic empathy for people, the ability to assimilate and synthesise information, and the ability to communicate and relate well to all types of people in a variety of situations, including high-stress situations of illness and death.

High exam grades alone cannot predict the students who are destined to be good doctors.

In line with international best practice the University of Otago is shifting its medical admission criteria to better reflect the core attributes it expects of its medical graduates, including specific aptitudes for the work of doctoring.

For too many diseases, the incidence rates are not only higher among Maori, but the mortality rate compounds the disparities. For example, Maori are four times as likely to be diagnosed with diabetes, and are 10 times more likely to die of diabetes-related illnesses. They are three or four times more likely to die of cardiovascular disease, but less likely to receive heart surgery.

Our job as Pakeha and Maori academics in the department of public health, at the Wellington School of Medicine and Health Sciences, University of Otago, is to select the "best" medical and non-medical students each year, who will be trained as public health professionals to promote and protect the public health.

Our selections are critically reviewed by the head of the faculty of medicine at the University of Otago. Each year we have to turn away students who do not meet our criteria. We take considerable pride in the increasing numbers of Maori and Pacific students who not only pass the selection process but in several cases in recent years have topped the class.

We are gravely concerned with National Party leader Don Brash's implication that Maori and Pacific students accepted as medical students are intellectually inferior, because after they have been accepted they are supposedly graduated at a lower standard.

The implication is that despite the rigour of our university's broad-based selection process, they do not, in some ill-defined way, make the final grade.

Such an apparently casual comment not only casts a slur on our selection processes and teaching, but, more importantly, may deter Maori and Pacific students from investing in such a highly important professional career, and potentially undermines the confidence of the public in their competence.

It was just such a tactic that conservative men in the 19th century used to exclude women from a medical career. It has taken about a century for equal numbers of men and women to be trained as doctors. We sincerely hope that Dr Brash's comments do not put medical education for Maori and Pacific people back a hundred years.

■ *This article was written by Associate Professor Philippa Howden-Chapman, Dr Peter Crampton, Tim Rochford, Anna Matheson, Louise Signal, Dr Tony Blakely, George Thomson, Jennifer Martin and Jo-Ani Robinson.*