

# 30 Melanoma in Māori and melanoma in Pacific peoples in New Zealand\*

## 30.1 Melanoma in Māori

### 30.1.1 Epidemiology

Melanoma is not a common cancer in Māori, with a total of 163 new cases of melanoma in Māori registered between 1995 and 2006.<sup>1</sup> In 2004 there were five new registrations and four deaths from melanoma in Māori men and 12 new registrations and two deaths in Māori women.<sup>2</sup> Although Māori have a very low registration rate of melanoma compared to the New Zealand population as a whole, they have a greater than expected number of cases with thicker lesions and more extensive disease at diagnosis.<sup>1</sup> Furthermore, although there are few melanoma diagnosed in Māori, there is a suggestion of poorer relative survival compared with non-Māori. The distribution of melanoma by body site is similar in Māori to the pattern seen in the New Zealand population overall, with the trunk and the leg the most common sites.

Factors that confer a higher individual risk for melanoma are detailed in Chapter 3.

### 30.1.2 Māori health: guiding principles

The principles of partnership, participation and protection are the basis of the special relationship between iwi and the Crown under the Treaty of Waitangi<sup>3</sup> and encourage working with iwi, hapū, whānau and Māori communities to develop appropriate services for Māori, and respect for Māori cultural concepts, values and practices within service provision.

### 30.1.3 Health perspectives

Māori comprise approximately 15% of the total New Zealand population<sup>4</sup> and are also a significant minority population in Australia. Although many Māori share cultural norms and distinct views of health, Māori are not a homogeneous group. Routine questioning about ethnic background offers an opportunity for the health practitioner to discuss individual cultural preferences.<sup>5</sup> Accurate and consistent gathering of ethnicity data is also important for service planning and evaluation, and should follow current protocols prepared for the health and disability sector by the Ministry of Health.<sup>6</sup>

Traditionally, Māori have a more holistic view of health than the general population. Māori traditional belief systems, such as views about reliance on the whānau (family), individual mana, death and dying, and practices associated with tapu/noa, continue to influence health behaviour and health preferences for many Māori.<sup>5</sup> Biopsies and other tissue sampling or surgery may raise particular issues for some Māori and preferred arrangements for final disposal of the material should be discussed.<sup>7</sup>

### 30.1.4 Access to cancer care services

Accurate information on Māori utilisation of cancer health care services is limited by poor gathering of ethnicity data.<sup>8</sup> Information on access to cancer care services from the point of view of Māori with cancer and their whānau is currently limited. This is an important information gap<sup>9</sup> and the focus of several current research initiatives.<sup>10</sup>

Barriers to health care access for Māori are recognised as multidimensional and as including health system and health care process factors (e.g. institutional values, workforce composition, service configuration and location), as well as patient factors (e.g. socioeconomic position, transportation, patient values).<sup>9,11</sup> Cost is a major reason given by Māori for not visiting a general practitioner when necessary.<sup>12,13</sup> Cancer care service providers have identified a lack of culturally responsive services and culturally competent health professionals as a barrier to Māori access to cancer treatment services in some areas, as well as a contributor to Māori underutilisation of palliative care services.<sup>9</sup> Māori with cancer and their whānau are reported by providers of services as having difficulty in negotiating the treatment system.<sup>9</sup> A report prepared for the Cancer Society of New Zealand, the country's major NGO provider of cancer support and rehabilitation services, also indicates reduced uptake of these services by Māori.<sup>14</sup>

### 30.1.5 Cancer care services for Māori

Available information indicates there are currently insufficient Māori-specific cancer services or service components to meet identified needs.<sup>8,9</sup> The policies or practices of mainstream cancer services often do not support a whānau-based approach to care, and physical facilities are often also inadequate for whānau participation.<sup>9</sup>

A recent review of community cancer care services in the Auckland area by Māori identified the need for a comprehensive kaupapa Māori community cancer service and for a whānau ora approach throughout cancer care.<sup>8</sup> Recommendations for existing cancer services included employing Māori staff (e.g. kaitiaki), including whānau throughout the cancer journey and meeting their needs for information and support. Appropriate delivery of information was also highlighted, with focus groups and key informant interviews identifying the preference for information to be presented 'straight up', in familiar surroundings, and with the support of kaitiaki wherever possible.

## 30.2 Good practice points

- Accurate ethnicity data be collected by all service providers
- Māori-specific cancer services or service components be provided where possible
- Health practitioners and others providing cancer care receive training and support in culturally competent, patient-centred care
- Health practitioners consult Māori patients about final disposal of tissue or body parts surgically removed

## 30.3 Melanoma in Pacific peoples in New Zealand

### 30.3.1 Epidemiology

The term 'Pacific peoples' describes a diverse group of New Zealand-born individuals and migrants from South Pacific nations who identify with one or more of the Pacific Islands because of ancestry or heritage.

Melanoma is uncommon in Pacific peoples living in New Zealand, with only 39 cases of melanoma registered in this group between 1995 and 2006.<sup>1</sup> In 2004, four Pacific people were registered with melanoma and one died of the disease.<sup>2</sup> As with Māori, Pacific peoples have a greater than expected number of cases with thicker lesions and more extensive disease at diagnosis.<sup>1</sup> Pacific peoples also have a much higher proportion of acral lentiginous melanomas than other New Zealanders.<sup>1</sup> Acral lentiginous melanomas tend to occur on the soles of the feet, palms of the hand and under the nails in darker skinned people.

### 30.3.2 Health perspectives

Traditionally, Pacific cultures are oriented towards the social group and concepts of health are holistic.<sup>15</sup> Some Pacific peoples use traditional methods of healing as well as Western medicine.<sup>16,17</sup> Christianity is a large part of many Pacific cultures and may influence health behaviour.<sup>15</sup> Although there are commonalities, each Pacific nation has its own particular cultural beliefs, customs, values and traditions.<sup>18</sup> Routine questioning about ethnic background offers the health practitioner an opportunity to discuss individual cultural preferences in relation to health care in addition to gathering appropriate ethnicity data.<sup>6</sup>

### 30.3.3 Access to cancer care

Only limited information is available on Pacific peoples' access to cancer care and there is a need for better collection of ethnicity data by service providers.<sup>16</sup> Fono (meetings) held to discuss a cancer control strategy for New Zealand identified health professionals' lack of cultural competence as a barrier to early detection, diagnosis and treatment of cancer.<sup>16</sup> Fono also highlighted specific barriers to access to palliative care, including that the hospice setting was seen as a 'foreign' environment where visits by the extended family could be difficult.<sup>19</sup> Pacific families often chose to provide care for their dying family members at home and reported difficulty in accessing appropriate community-based information and support on issues such as medication use. Attitudes of health providers, including primary care, were often seen as unhelpful in this context.<sup>19</sup>

Pacific peoples are known to experience significant barriers to access both to and through the health system. They are more likely than other New Zealanders not to have seen a doctor even though they perceived a need to do so.<sup>20</sup> Barriers to accessing health care are often cost related<sup>21,22</sup> and include the location of services.<sup>22</sup> Other barriers include the lack of culturally appropriate services and the attitudes of health care workers.<sup>22</sup> Language is a barrier for some, in accessing both information about relevant services and information during their interactions with a health service.<sup>23</sup> Doctors responding to the National Primary Care Medical Survey rated 22% of Pacific patients attending primary care as not fluent in English.<sup>24</sup> Pacific peoples surveyed have indicated that the language used in health care interactions can pose a particular difficulty.<sup>23,25</sup>

### 30.3.4 Cancer care services for Pacific peoples

Further research on Pacific peoples' experience of and preferences for cancer care is needed. Participants attending fono on a cancer control strategy for New Zealand indicated a desire for more information on cancer prevention, and for their communities to have greater involvement in service development and delivery.<sup>16</sup> The need for information to be made available in all the main Pacific languages was also highlighted.

## 30.4 Good practice points

- Accurate ethnicity data be collected by all service providers
- Health practitioners and others providing cancer care receive training and support in culturally competent, patient-centred care

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