



Inquiry into whānau access to and management of Tūpāpaku

Submission to the Maori Affairs Select Committee

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Contact

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About Te Rūnanga o Aotearoa, New Zealand Nurses Organisation

Te Rūnanga o Aotearoa, New Zealand Nurses Organisation (Te Rūnanga) is the bicultural arm through which the Moemoeā, aspirations of Māori health professionals are achieved.

Our aim is to enhance the health and wellbeing of all people of Aotearoa. We are united in our professional and industrial aspirations to achieve a safe, sustainable and accessible system of public health care for all people.

Te Rūnanga represents the needs, concerns and interests of Māori members at regional, national and international forums. Te Rūnanga leads the development of Māori processes within NZNO.

EXECUTIVE SUMMARY

1. Te Rūnanga o Aotearoa, New Zealand Nurses Organisation (Te Rūnanga) welcomes the opportunity to comment on the Māori Affairs Select Committee inquiry into whānau access to and management of Tūpāpaku.
2. NZNO has consulted its members and staff in the preparation of this submission, in particular members of Te Poari o Te Rūnanga o Aotearoa and Māori policy advisers.
3. We welcome the intent of the inquiry which aims to improve whānau access to:
 - view and/or remain with Tūpāpaku;
 - release of Tūpāpaku into whānau custody in a more timely manner;and investigate:

- the availability of cultural guidelines, resources and personnel to assist relevant frontline agencies and services;
 - the relevant tikanga Māori and legal requirements in relation to the preservation and management of Tūpāpaku and funeral practices, including burial and cremation practices and where this can happen;
 - guidelines and practices of how relevant agencies communicate with whānau at all stages, and how this can be improved to ensure whānau know their rights and have up to date and full information about the relevant processes; and
 - the experiences of whānau in having Tūpāpaku returned to Aotearoa where a whānau member has died overseas, particularly Australia.
4. As Māori health professionals, Te Rūnanga has been a leading advocate for changes to the bureaucratic processes which separates whānau pani from having access to, or touching, or being near to their Tūpāpaku. This cultural loss has been a cause of significant pain and suffering for whānau who have been kept from their loved one by coronial services.
5. We strongly agree with any improvements that take into consideration Māori whānau having access to Tūpāpaku and wish to acknowledge the committee's role in advocating for respect and understanding of the cultural practices of Māori whānau having access to Tūpāpaku.
6. We wish to raise our concerns with the following:
- the right to good health;
 - the cultural significance of access to Tūpāpaku;
 - Te Rūnanga advocating for change; Tauranga Moana; Whangarei; Horowhenua Manawatu;
 - best practice models - Kaupapa ward;

- repatriation Tūpāpaku from South Island;
 - Tūpāpaku returning home from overseas;
 - changes that are required; and
 - cultural competency training.
7. Te Rūnanga would like to make an oral submission and advises that we will be represented by NZNO Kaiwhakahaere, Kerri Nuku, Ngāti Kahungunu and Ngai Tai, and Te Rūnanga Bay of Plenty Tairāwhiti representative, Titihuia Pakeho, Ngai Te Rangi.
8. We note that additional resources for cultural competency training for all staff involved in frontline coronial and health services (coroners, pathologists, police, health professionals, funeral directors, doctors) will be required to implement any changes.

DISCUSSION

Right to good health

9. Article 1 of the United Nations Declaration on the rights of Indigenous people, acknowledges that Indigenous people have the right to the full enjoyment, as a collective or as individuals, of all human rights and fundamental freedom as recognised in the charter of the United Nations, the Universal Declaration of Human Rights and international human rights lawⁱ.
10. We acknowledge that Māori have an equal right to the highest standards of health, and the State is responsible for ensuring this is achieved under article 24.2 of the United Nations Declaration on the Rights of Indigenous peoplesⁱⁱ. We also acknowledge the rights under te Tiriti o Waitangi of Māori to good health that encompass wellness in its fullest sense and including the physical, spiritual and cultural wellbeing of Māori as individuals and collectivelyⁱⁱⁱ.

Cultural significance of access to Tūpāpaku

11. The cultural journey of a Tūpāpaku Wairua to te Rerenga Wairua, the spiritual place of their ancestors, is very significant to Māori and is seen as an essential step in the tangi process. It is also extremely important to keep the Tūpāpaku warm, not in a physical sense, but rather in a state of reverence surrounded by the loving whānau to ensure possession and protection of their loved one.
12. Māori mythology stories describe the interwoven connection between life and death, whakapapa linkages between tupuna and the living whānau, hapū and iwi, the whenua and the environment. Sullivan (2013^{iv}) discussed that life is interwoven with death and that one cannot exist without the presence of the other: *'if there is no death, then there can be no life'*, and is reflected in the following whakatuaki:
 - *ka koopuu parapara ko taau uurunga – the womb of the earth is your pillow (Brooke-White 1981: 25) 'the womb of the earth' refers to Papatūānuku and her ability to bear the initial stages of life. Her womb created all living things on earth, and in death she creates a haven for the dead to reside at the time of their eternal rest, hence the figurative use of 'pillow'^v.*
13. In 2011, the Law Commission reviewed death and cremation certificates in New Zealand and identified the cultural concerns that Māori have surrounding death and the strong cultural imperative to take custody of the body immediately after death^{vi}.
14. While it is recognised that a conflict existed between the public good associated with understanding the causes of deaths, and the cultural and spiritual needs of whānau, regrettably, misinterpretation of this legislation continues and whānau regularly identify issue with delays in accessing Tūpāpaku.

15. We draw the Committee's attention to recent research by Selket, Glover and Palmer (2014)^{vii} which investigates the indigenous view of New Zealand post mortem policy and recommends legislation to address issues specifically pertaining to tikanga and post mortem procedures, most notably the handling of Tūpāpaku.

Te Rūnanga advocating for change

Tauranga Moana

16. The Tauranga hospital mortuary closure in 2010 has deeply affected those whānau members who have lost love ones since this time, as they must travel out of their rohe to Lakes or Waikato District Health Boards to receive autopsy services^{viii}.
17. The closure has also adversely impacted Te Rūnanga Bay of Plenty members who work in the hospital and they raised their concerns at the Te Rūnanga Annual General Hui in 2011.
18. Members have shared their stories and their frustration at their inability to respond satisfactorily to requests from whānau to help them with their deceased in hospital mortuaries. At times, members have felt compelled by a sense of duty to support the whānau pani, even if not directly involved with the care of the patient, they are aware of the mamae (the pain and anguish) and assist with communication with the police, doctors and after hours hospital managers.
19. Te Rūnanga have been advocating for changes with the care practices and delays in accessing Tūpāpaku in the Bay of Plenty coronial care services and for further support and education for staff to improve service provision for Māori whānau at a range of meetings, hui and forums.
20. In November 2015, Te Rūnanga Bay of Plenty/Tairāwhiti representatives in partnership with local hapū and iwi hosted a marae hui about concerns that whānau had about the coronial services. Over

100 people attended, with guest speakers Tawhai Shuster and Peter Ririnui (Māori liaison police officers), Doctor John Armstrong, (Rotorua General Practitioner) and Wallace Bain (Coroner)^{ix}. The aim of the hui was to empower the whānau, hapū and iwi by improving access to the right information, right people, the right processes with the coronial system and having the confidence to challenge it should the need arise^x.

21. Despite continued community pressure, Tauranga hospital remains without a mortuary, and delays in whānau accessing their Tūpāpaku continue^{xi}.

Whangarei

22. Members have said that it is usual practice at one non charitable organisation for the General Practitioner to go straight to the whānau home when someone dies during the day. However, due to lack of resourcing, the clinic can not provide an overnight care service. A constant request is for 24/7 Māori services with respect to death and dying.
23. While the Takawaenga services (Kaumātua and Kuia) are available at the Whangarei Hospital during the week until 5pm, they are not available afterhours. Members believe that the Takawaenga services are the most appropriate people to sit with Tūpāpaku in the instance of coroner cases and require better resourcing to make these services available 24/7.
24. Members have been distressed by reports that until recently Whangarei whānau had limited options in choosing funeral services, for example; undertakers requesting whānau pay upfront a \$1000 deposit before embalming - other whānau chose to drive their Tūpāpaku to Kaikohe to avoid this cost (note the Work and Income subsidy \$1500 is only payable when a death certificate is provided). A recently established Māori undertaker in Whangarei returning from Auckland requires no

deposit but charges up to \$4000 for funeral. These charges are prohibitive for many Māori whānau.

Horowhenua Manawatu

25. Members have specific questions in regard to imminent death, sudden death in relation to the following:

- in the case of a long term illness, the doctor will sign off the death certificate without any issues because we knew why the person was dying;
- in the case of a Sudden Death an autopsy **will occur** to find out the reason why the person died;
- when a whānau member passes away the immediate whānau want to be with the Tūpāpaku in the mortuary, during the autopsy, and after, so that the Tūpāpaku is not left alone for long;
- whānau want to view the Tūpāpaku in the mortuary;
- immediate whānau want to have access to a Kaumātua and /or a minister while they are at the mortuary for moral support and guidance;
- whānau to be advised around the process of the autopsy; and
- information found in the autopsy to be available to the immediate whānau, as the cause of death may be hereditary.

Best practice models - Kaupapa ward

26. Te Rūnanga has been a leading advocate for changes to the bureaucratic processes which separates whānau pani from having access to, or touching, or being near to their Tūpāpaku. This cultural loss has been a cause of significant pain and suffering for whānau who have been kept from their loved one by coronial services. Please note

NZNO previous submissions on access to Tūpāpaku to the Law Commission (2011^{xii}, 2013^{xiii}) and the Coroners Amendment Bill^{xiv}.

27. The Tauranga Hospital **Kaupapa ward** is the only one of its kind in New Zealand, and staff provide the clinical and cultural needs (access to Te Reo, and tikanga best practice) of the patient and their whānau^{xv}. The Whakawhanaungatanga model of care upholds the cultural values and beliefs of the patients and their whānau in life and death.
28. Access to Tūpāpaku remains the biggest issue facing whānau even if the death is expected and the staff support and facilitate the care of patients and their whānau last days of life care plan.
29. The plan^{xvi} focuses on the expected death but can be adapted to accommodate sudden and accidental death situation and combines both nurses and doctors assessments in one document. It focuses on the care of the patient and their whānau and checks, for example, the patients' respiratory status, levels of pain, nauseous or vomiting, muscle spasms, agitation, bowel movements, levels of whānau distress and that appropriate equipment, including air mattresses is available (note air mattresses are very expensive and often reserved for acute patients but more need to be available for palliative patients). Whānau have opportunity to hui with the doctors and social workers and end of life issues are discussed collectively including resuscitation status, and stopping observations (blood pressure, pulse, respirations and temperatures recordings).
30. Accommodating large whānau groups has always been a high priority. Often whānau use the ward lounge to all stay with access to extra mattresses, to the linen cupboards, kitchen, bathroom facilities and daily karakia and church at 7pm.
31. Currently, once the doctor has completed the paper work and an undertaker is chose, the Tūpāpaku can be collected directly from the ward as soon as whānau are ready to leave and the room blessed by

the nurses or chaplain. This care plan has been recently adopted at Tairāwhiti hospital.

32. Members will sometimes be contacted by whānau in the community who are having difficulty accessing Tūpāpaku, and are directed to ring iwi liaison officer to help navigate the system.

Repatriation Tūpāpaku from South Island

33. One member spoke of her own personal loss and challenges in bringing home her mother who had been buried in the South Island and needed to be repatriated to the Far North. After a lot of inconsistencies in the service provision and policies, the member was anxious to tell their story in the hope that it would improve the services for others.

In January 2016, forty nine years after her death in an accident in Timaru, I brought my mum back home to her Turangawaewae. I so wanted to get this tika for my mum, I was a child when she died. Finally after talking about it for years, it was suddenly the right decision to do this for my mum and whānau. The process of exhuming her was the easy part. The cultural ignorance I received has left me shocked, and left wondering what happens when Aotearoa national airline does not understand Māori cultural practices who can.

Despite my repeated calls and emails, and asking for special circumstances, my mum and I were unable to travel home together on the same flight. Classified as “cargo” and not as a body (despite being in a coffin)! Air NZ could not understand the cultural importance of travelling together as their kaitiaki or that years had no meaning. Mum was coming home, she would be given a three day funeral, grieved by her whānau, taken to her marae and her final resting place. Leaving mum behind and deemed as cargo

was out of my control, I could only pray that nothing happened as her Mauri yearned to return home.

I did not know who I could talk to in Air NZ, or whether they had a cultural department to complain to, as they did not handle this well. With all the rules and regulations to book a coffin onto the plane, I thought they would have somewhere set aside to put coffin, but she was left in the cargo area with all the other boxes, without any karakia. I was so disappointed at their actions, and at the time I just wanted to get my mum home, I did not wanted to have to deal with cultural insensitivity, it was so wrong. I can only think they have no guidance or knowledge of Māori tikanga around handling of Tūpāpaku or Koiwi. (RN)

Tūpāpaku returning home from overseas

34. There are many horror stories about whānau having to pay large amounts of money (eg \$7000 is not uncommon), time delays with paperwork and in getting access to Tūpāpaku and to special lead coffins being used to get Tūpāpaku back from Australia. The following questions have been raised:

- how do whānau stay together with a Tūpāpaku while travelling from a country to Aotearoa?
- how is Tikanga maintained?
- what is the process when whānau cremate their whānau member before they return home?
- whānau have also asked if there could be a marae facilities available for whānau to take their Tūpāpaku on arrival and close

to Auckland airport and this being available for all New Zealanders not just Māori whānau.

Changes that are required

35. While best practice models occur around the country, there are instances where health systems and policies and procedure that do not assist whānau to stay with their whānau who is dying.

36. Members have suggested that a website for whānau would be extremely helpful which could provide contact details, processes to access Tūpāpaku under different dying situations, and that consideration should be given to whānau who wish to:

- stay with Tūpāpaku in the wards rather than in the mortuary until the undertakers arrive;
- appointing a whānau support person (Kaumātua, funeral director or other significant person deemed by the Police) to stay and takes responsibility for the Tūpāpaku with family in attendance; in agreeance with the Police or coroner;

37. Māori nurses seek and recommend public information being available about the following:

- the processes and information about releasing the Tūpāpaku into whānau custody, in the following situations:
 - in the event of a sudden death situation?
 - after an imminent death situation?
 - when someone dies in the community or at home?
 - when someone dies in hospital?
- identifying who whānau contact when a death occurs for them and what services are available to support whānau;

- identifying who can advocate for whānau during after Hours at the hospital and while in the mortuary at the hospital;
- who is involved in the death of a whānau member once the Tūpāpaku either reaches the hospital or is taken to the mortuary in the hospital?
- who is responsible for what with a sudden death/death of an individual ie; Coroner, pathologist, police hospital and hospital staff.
- what is the situation with someone who dies on weekends and public holidays?
- when someone dies on a Friday afternoon at 5pm what is the process?
- does the whānau have any options available to them to speed up the autopsy process? (ie: Being able to financially pay for a coroner (If none are available locally) to travel to our region to complete the mahi so the whānau can get their Tūpāpaku back as soon as possible?
- we would like to see the whānau take the lead in this whole process? and
- who is involved in the death of a whānau member once the Tūpāpaku either reaches the hospital or is taken to the mortuary in the hospital?

Clearer information and guidelines are needed on:

- coroners' case processes of Tūpāpaku not to be moved/ handled or articles clothing etc removed;
- returning body parts - how long this will take, what is involved, who will advise the whānau, requires whanau to be informed of what is to be returned; where the remains are; how they are to be stored and returned;
- what happens when coroner unable to do autopsy within 24 hours who needs to be notified (Police/ Coroner to notify family/ significant others); arrangements required for whānau/ family to stay/ view Tūpāpaku as guided by in place legislation to support cultural practices for Māori;
- Tūpāpaku arriving from overseas; NZ release of Tūpāpaku to whānau will be provided for funeral directors/ Police/ Law further information and customary rights are available. NZ Ministry will provide support and legal advice for whanau/ significant having difficulty with bringing the Tūpāpaku back to NZ;
- disinterment of the Tūpāpaku from public cemetery given current legislation requires whānau agreement. This requires the same amount of care and respect following the procedures for any other Tūpāpaku regardless of the time taken for the Tūpāpaku to be uplifted;
- Legislation requires information/ guidelines for agencies responsible for transporting the Tūpāpaku; via train; flight; vehicle or other. Cultural consideration of the Tūpāpaku allowing whānau/ significant others to travel with the Tūpāpaku is necessary and it must be clear that the Tūpāpaku cannot be considered as luggage/ goods or cargo item;
- That the Tūpāpaku, as per Māori custom, requires whānau cultural rights and responsibilities; the decision for viewing the

Tūpāpaku remains the decision of the wider whānau in special circumstances; and

- that embalming is accepted as a whānau decision; and that the health/ safety of whānau is considered in special circumstance of infectious diseases in discussion with whānau.

Cultural competency training

38. Training in cultural safety should be mandatory for all frontline staff across all government agencies that deal with Tūpāpaku and their whānau, in particular; Pathologist, Coroners, Police, Funeral Directors, doctors, nurses and their workers.
39. Regulatory bodies such as the Nursing Council of New Zealand have included cultural safety into nursing scopes of practice which require the nurse to practise nursing in a manner that the health consumer determines as being culturally safe, and to demonstrate the ability to apply the principles of te Tiriti o Waitangi to nursing practice.
40. While most nursing students are educated on inclusive models of health and wellbeing like Mason Durie's Te Whare Tapa Whā (Ministry of Health, 2009) that places holistic approaches to one's health and wellbeing based on four corner stones of a whare, it is essential that overseas registered health professionals are required to complete any bicultural training before working with Māori.
41. Our impression is that the New Zealand public is generally culturally ignorant and to embed these competencies properly will require more exposure to and access to Māori culturally competency information and excellent television documentary programmes like 'The New Zealand Way of Death' which screened on 28 June 2016 on Māori TV.

CONCLUSION

In conclusion NZNO **recommends** that you note our advocacy for resourcing cultural competency training for all staff involved in the care of the Tūpāpaku and our **strong support** of:

- the inquiry, in particular the aim to address cultural needs of Māori whānau to have access and view, touch, and remain near the Tūpāpaku; and
- **please note** that Te Rūnanga wishes to make an oral submission and that we will be represented by Kerri Nuku, Kaiwhakahaere and Titihuia Pakeho, Te Rūnanga Bay of Plenty Tairāwhiti representative.

Nāku noa, nā



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