

## Rongoā Māori and Complementary Therapies in Nursing Practice

**This statement outlines the New Zealand Nurses Organisation (NZNO) position on Rongoā Māori and complementary therapies in nursing practice, and the role of the nurse in such therapies. NZNO refer midwife members to the New Zealand College of Midwives Handbook for Practice, and the Midwifery Council competencies and statements in regard to complementary therapies for further information on Rongoā Māori and complementary therapies as they apply to midwifery practice.**

Complementary therapies (also known as complementary and alternative therapies, complementary and alternative medicine (CAM), and/or traditional medicine) and Rongoā Māori are commonly used in Aotearoa New Zealand. There is some variability in the reported numbers of people who use Rongoā Māori and/or complementary therapy in New Zealand and this appears to be due to the varying definitions available (see below for definitions). In 2008, the Ministry of Health reported that just over 18% of adult New Zealanders had used some type of complementary therapy in the previous 12 months (Ministry of Health, 2008). The World Health Organisation (WHO) on the other hand calculates that 70 to 80% of the population in developed countries have used some form of alternative or complementary medicine at some time in their lives (WHO, 2010), and a Christchurch study found that 70% of children attending general practices and outpatient clinics in the region had also used some form of complementary therapy (Wilson, Dowson & Mangin, 2007). Despite the variable figures, internationally the trend is for increasing use of complementary therapies (O'Regan, Wills & O'Leary, 2010).

Nurses may use complementary therapies and/or Rongoā Māori in their practice and/or may frequently be in a position to provide information to people who may be using these approaches as part of their health care regime. It is vital that all nurses are aware of the implications associated with the use of complementary therapies in their respective practice settings.

### Definitions

Rongoā Māori – Rongoā Māori or traditional Māori healing is a system of healing that has developed out of Maori cultural traditions and is described by Ahuriri-Driscoll et al. (2008, p. 5) as:

*... a holistic system of healing comprising a range of diagnostic and treatment modalities, reflecting an approach to health that embodies wairuatanga (spirituality) as part of 'the whole', alongside physical, mental and social aspects of health. The literature describes Rongoā Māori as a locally specific tradition, with bounds beyond that of a herbal health practice.*

A broad range of healing practices is included within Rongoā Māori – all are underpinned by a Māori worldview and conceptualisation of wellbeing (Durie et al., 1993). Several modalities are identified, including ritenga and karakia (incantations and rituals involved with healing), Rongoā (physical remedies derived from trees, leaves, berries, fruits, bark and moss), mirimiri (similar to massage/physiotherapy), wai (use of water to heal), and surgical interventions. Healers do not practice uniformly, and considerable diversity exists in the application of particular modalities (Durie et al.,

1993). Jones (2000a) relates this to cultural tradition and a long history of oral transmission of knowledge, leading to a specificity of traditional healing methods employed by Māori that vary according to region, iwi, hapū and whānau.

**Complementary therapies** – Complementary therapies refer to therapies that supplement western biomedical treatment and/or may complement the needs of the patient (Ministerial Advisory Committee on Complementary and Alternative Health [MACCAH], 2002). Complementary therapies is the term most frequently used in nursing (Royal College of Nursing, 2003; Canadian Nurses Association, 1999; Royal College of Nursing Australia, 1997) and this appears to be due to the holistic focus of nursing on the person and how complementary therapies as mentioned above may be seen to complement the needs of those people receiving nursing care.

**Alternative therapies** – like ‘complementary’, the term ‘alternative’ seems to be most commonly used in its broader sense as including all therapies outside of the biomedical paradigm (MACCAH, 2002). While the narrower perspective of ‘alternative’ as a terminology may be seen as limiting in the context of nursing, the term does suggest that there is an ‘alternative’ choice to western biomedical perspectives.

**Complementary and alternative medicine (CAM)** – The term ‘complementary and alternative medicine’ is used inter-changeably with traditional medicine in some countries. CAM refers to a broad set of health care practices that are not integrated into the dominant health care system (WHO, 2010). CAM is one of the more common terms utilised when discussing this approach to health care and has been formally adopted by the Cochrane Collaboration, the National Center for Complementary and Alternative Medicine of the National Institutes of Health in the United States (<http://nccam.nih.gov/health/whatiscam/index.htm>), the House of Lords Select Committee on Science and Technology (2000) in the UK, and MACCAH (2004) in New Zealand.

**Integrative or integrated medicine** – This terminology is often used in conjunction with CAM. Integrative care incorporates elements of complementary therapies into orthodox or western biomedical methods of diagnosis and treatment (O’Regan et al., 2010).

**Traditional Medicine** – Traditional medicine refers to the knowledge, skills, and practices based on the theories, beliefs, and experiences of indigenous cultures. Traditional medicine is used in the maintenance of health as well as in the prevention, diagnosis, improvement or treatment of physical and mental illness (WHO, 2010).

***It is important to remember that it is the individual who decides whether to use Rongoā Māori or a complementary therapy as a complement or as an alternative to western biomedical approaches.***

## **Rongoā Māori**

Traditional Māori healing (Rongoā Māori) contributes to Māori wellbeing and development in a variety of ways. The Waitangi Tribunal notes that the use of Rongoā Māori could be a significant step in improving Maori health and that further governmental support for Rongoā Māori is a necessity both to correct Treaty of Waitangi breaches and improve the health of Māori (Waitangi Tribunal, 2011). Ahuriri-Driscoll et al (2008) suggest that the use of traditional Māori healing results in health benefits as well as employment and vocational opportunities associated with Rongoā service development. There are also less visible benefits linked to the use of traditional Māori healing in particular associated with increased empowerment as a result of the

retention and revitalization of mātauranga, tikanga and te reo Māori (Ahuriri-Driscoll et al., 2008).

The Waitangi Tribunal (2011) recommends the Crown make the following changes in order to improve the likely benefits associated with the use of Rongoā for Māori:

- > recognizing that Rongoā has significant potential as a weapon in the fight to improve Māori health;
- > identifying and implementing ways to encourage the health system to expand Rongoā services;
- > adequately supporting the national Rongoā organisation Te Paepae Matua to play a quality-control role in relation to Rongoā;
- > gathering data about the extent of current Māori use of Rongoā services and likely ongoing demand.

As nurses seek to improve health outcomes for Māori, a greater understanding of traditional Māori healers' roles, their belief systems, and the benefits of Rongoā Māori for those people who believe in the holistic healing values associated with its practices is vital. A greater knowledge of Rongoā Māori will enable nurses to advocate for these services to ensure the most appropriate health care is available to Māori.

***NZNO supports nurses to provide culturally safe nursing care to people and note that advocating or referring for Rongoā Māori intervention may be the most appropriate means of including traditional Māori healing approaches into nursing practice for most nurses.***

NZNO refer members to Ahuriri-Driscoll et al.'s (2008) paper on Rongoā Māori The future of Rongoā Māori: Wellbeing and sustainability. A report for Te Kete Hauora, Ministry of Health and chapter seven of the Waitangi Tribunal's (2011a) report into claims concerning New Zealand law and policy affecting Maori culture and identity - te taumata tuatahi for further information on Rongoā Māori.

## Complementary Therapies

As people increasingly seek approaches to their health that may complement or provide an alternative to biomedical care in order to meet their physical, psychological, social and emotional needs, nurses must have adequate knowledge of the range of complementary therapies that people may utilise in order to be able to provide appropriate advice and nursing care. Alongside this, nurses may also utilise some complementary therapies in their own practice.

MACCAH (2004) adopted the following framework to categorise complementary and alternative medicine in New Zealand:

Table 1: Categorization of complementary and alternative medicine in New Zealand (Adapted from MACCAH, 2004)

Group	Alternative/Complementary Medication
<b>Group 1</b> Alternative medical systems	Ayurveda Traditional Chinese medicine: acupuncture Pacific traditional healing systems Homoeopathy Naturopathy

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<b>Group 2</b> Mind, body, spirit interventions	Hypnotherapy Rebirthing Spiritual healing Bach flower Counselling/Psychotherapies
<b>Group 3</b> Biological-based interventions	Herbal medicine Traditional Chinese medicine: herbal Homeobotanical therapy Biological therapies “dietary” approaches
<b>Group 4</b> Manipulative and body-based therapies	Chiropractic Osteopathy Massage (therapeutic and remedial) Alexander technique Bowen
<b>Group 5</b> Energy therapies	Chi kung Qi Gong Tai Chi Yoga Reiki Shiatsu Touch for health Bioelectromagnetic-based therapies

The MACCAH model categorises the varying forms of complementary and alternative health care into categories based on the characteristics of the differing therapies. Rongoā Māori is not included.

Nurses have traditionally incorporated a number of the MACCAH defined therapies into every day practice (for example therapeutic massage). Within the context of complementary care and advancement of practice, other complementary therapies are increasingly being considered as within the range of nursing interventions, for example touch for health (Royal College of Nursing Australia, 1997). People will continue to seek out and utilise complementary therapies with or without the support of a nurse (Smith, 2005). The safety and efficacy of complementary therapies is therefore of key concern to nurses.

***NZNO believes the nursing profession has a responsibility to provide evidence for the efficacy and safety of complementary therapies employed as nursing interventions.***

### Nursing Role and Responsibilities

Asking about the use of complementary therapies is an important part of any nursing assessment due to the potential interplay of some complementary therapies with therapeutic medication and treatment. Knowledge among nurses of complementary therapies is variable. Some readily adopt complementary therapies in practice while others are less likely to (O'Regan et al., 2010). Regardless of whether a nurse chooses to utilise complementary therapy in practice or not, all nurses have a responsibility to be aware of the implications of complementary therapy for those people who choose to utilise these as part of their health care. This may include providing resource material, education, and/or referrals to qualified practitioners (Smith, 2005).

Thus nurses have a range of responsibilities in relation to complementary therapies and a number of these are listed here:

- > Competence: Registered nurses are accountable under the HPCA Act (2003) for making appropriate judgments, decisions and recommendations regarding nursing care within their scope of practice including the use of complementary therapies (see below under legal and ethical issues).

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- > Information: Recipients of nursing care must have access to accurate, timely, evidence-based information about a complementary therapy in order to make informed decisions regarding the use of the therapy as part of their care.
- > Consent: Recipients of nursing care or their guardian must provide consent prior to receiving any intervention including complementary therapy.
- > Authority: The use of complementary therapies in nursing practice is appropriate where the nurse is appropriately trained and competent in that therapy, and has authority to utilise such approaches in their workplace.
- > Outcomes/interactions: Nurses must have an understanding of the possible outcomes and/or interactions of any complementary therapy. Documentation of all interventions is required.

### Risks and Benefits

As with any intervention, complementary therapies come with potential risks as well as benefits. There are a range of evidence-based benefits associated with some types of complementary therapy. For example, utilising the body-oriented therapy of functional relaxation with patients experiencing the effects of chronic irritable bowel syndrome can lead to a significant reduction in physical and psychological impairment (Lahmann et al., 2010); taking cranberry products (a biological-based therapy) for 12 months reduces the number of urinary tract infections (UTIs) among women who have recurring UTIs (Ministry of Health, 2006a); and St John's Wort (also a biological-based therapy) has been demonstrated to be effective for mild to moderate depression (Ministry of Health, 2006b). However, for every complementary therapy that demonstrates improvements in health status, there are the same number that are demonstrated to have no impact on health status. For example, a double-blind, placebo-controlled, prospective trial of asthma found there is no evidence to support the use of the herbal formula of CUF2 in children with asthma (Wong et al., 2009), and a randomised controlled pilot study undertaken to examine the effects of adjunctive aromatherapy massage on mood, quality of life and physical symptoms among patients attending a specialist cancer centre found no statistical difference between groups receiving the aromatherapy and those not receiving it, for all measures (Wilcock et al., 2004). The application of western biomedical approaches to evaluate complementary therapies is useful and informs nursing practice, however it is also philosophically problematic. Indigenous writers in particular are skeptical about whether successful integration and acceptance of traditional healing practices is possible (Ahuriri-Driscoll et al., 2008). While there is no doubt that randomised controlled trials have their place in determining the efficacy of western biomedical and pharmaceutical approaches to health, to similarly apply the same methods to traditional approaches to health may diminish the ability to demonstrate the potential benefits of utilising complementary therapies.

While safety and efficacy are paramount, the benefits that people utilising complementary therapies report must also be weighted in terms of health outcomes. Thus evidence of the benefits of complementary therapies must come from a range of sources, most important of which must be the reported benefits from the person receiving complementary therapy. There is growing evidence that the placebo effect (a positive outcome resulting from the belief that a beneficial treatment has been received) as well as the actual relationship that forms between the complementary therapy practitioner and the recipient have a role to play in the perceived benefits of complementary therapy (Beedie & Foad, 2009; Dellman & Lushington, 2008). Nurses utilising complementary therapies in their practice must be knowledgeable of both the risks and benefits of any chosen therapy, utilising the available evidence to justify the approach. Nurses must also have an adequate understanding of a range of complementary therapies in order to be able to provide appropriate advice to people who choose to utilise these therapies. Nurses must utilise all available sources of



information including western biomedically based knowledge and traditional forms of knowledge to make informed decisions about the use of complementary therapies. Safety is paramount.

### Legal and ethical issues

It is important that nurses understand any legal or ethical ramifications that may arise as a result of utilising complementary therapies in their practice. The NZNO Code of Ethics (2010) provides fundamental ethical guidelines for all nurses. The principles of autonomy (self-determination), beneficence (doing good), non-maleficence (doing no harm), justice (fairness), confidentiality (privacy), veracity (truthfulness), fidelity (faithfulness) and guardianship of the environment and its resources are the basis from which nursing practice is provided. These principles must be applied when directly providing complementary therapy or when providing advice, support or education to those who choose to utilise complementary therapy as part of their approach to health. Ethical conflict may arise where the belief systems of the nurse may differ from the belief systems of the person receiving nursing care, or where a complementary therapy may cause harm. Nurses are also in positions of significant power and any endorsement of a particular complementary therapy may pose risks to both client and nurse.

***The NZNO Code of Ethics (2010) provides a framework to assist nurses facing ethical challenges associated with the use of complementary therapies.***

Registered and enrolled nurses are required to practice within their defined scopes of practice as determined by the Nursing Council of New Zealand and must be aware of how complementary therapies fit or do not fit within their scope of practice. Where registered or enrolled nurses practice outside of their defined scope of practice, this may have legal ramifications under the Health Practitioner Competency Assurance (HPCA) Act (2003).

***Nurses who utilise complementary therapies as part of their nursing practice are responsible for ensuring this is within their scope of practice as defined by the Nursing Council of New Zealand.***

***Where nurses utilise complementary therapy as an adjunct to their current, covered (or indemnified) nursing role, NZNO provides indemnity insurance for any claims against members practice. Where the role of the nurse is primarily focused on complementary therapy, NZNO does not provide indemnity insurance.***

If you are uncertain whether your particular current nursing role will be covered by NZNO indemnity insurance, please contact the NZNO legal team for individual clarification.

### Education

Knowledge is central to the integration of complementary therapies in nursing practice (O'Regan et al., 2009). However, much of the knowledge surrounding complementary therapies held by nurses appears to be derived not from professional education but from personal experience, the internet, friends or family (Brown et al., 2007; Sohn & Loveland Cook, 2002). Lack of knowledge and education regarding complementary therapies can affect clinical practice (O'Regan et al., 2009; Brown et al., 2007; Sohn & Loveland Cook, 2002). Due to the increasing likelihood that people seeking health care will be utilising complementary therapies, increasing the professional knowledge of nurses with regard to such therapies is imperative. Of particular importance is knowledge surrounding the interaction of complementary therapies with biomedical science and pharmaceuticals.

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Page 6 of 10

The knowledge required by nurses to utilise specific complementary therapies in their nursing practice is extensive. Nurses who choose to utilise complementary therapies must ensure they are trained to a standard recognised as competent by the governing or regulatory body for each therapy.

***NZNO supports the provision of education on complementary therapies in undergraduate education in order to support the safe care of people utilizing complementary therapies for health.***

***Where nurses are authorised by their workplace to utilise a complementary therapy as part of their practice, they must be trained to a standard recognised as competent by the governing or regulatory body for each therapy.***

If you are uncertain whether your particular current nursing role will be covered by NZNO indemnity insurance, please contact the NZNO legal team for individual clarification.

### Medication administration

If clients are seeking advice from nursing staff about specific complementary medicines, a discussion involving all stakeholders (eg. nurse, pharmacist, medical practitioner, client) is advisable to assist the client to make an informed decision.

Issues to consider are:

- > whether there is any evidence based information about the medicine;
- > whether the substance is appropriate for the clients condition;
- > potential side effects;
- > potential interactions with other prescribed medicines.

***NZNO advises nurses not to administer complementary medicines unless they are prescribed by an authorised prescriber.***

Please see the NZNO guidelines for nurses on the administration of medicines (NZNO, 2007 [under review]) for further information.

### Other Practitioners

Other practitioners (including chiropractors, physiotherapists, medical practitioners, dentists, midwives, pharmacists, psychologists, and optometrists) who are regulated under the HPCA Act (2003) and may include complementary therapies as part of their work must also practice within their defined scope of practice and are subject to the same legal ramifications as nurses under the Act.

At the time of writing, an application had been made by practitioners of Traditional Chinese Medicine to become regulated under the Health Practitioners Competence Assurance Act (2003). It is important that nurses remain up to date with such changes in legislation as these may have implications for practice and referral.

Complementary and alternative therapy practitioners not regulated under the HPCA Act (2003) are expected to work under other legislative requirements. This also applies for health care assistants (HCAs). Please see the NZNO Position Statement on Unregulated Health Care Workers (Clendon, 2011) for further information.

## Useful Resources

Complementary and Alternative Therapies Evidence-based Summaries  
<http://www.moh.govt.nz/moh.nsf/indexmh/cam-evidence-based-summaries-2003-2006>  
The Cochrane Library <http://www.moh.govt.nz/cochranelibrary>  
BMJ Best Treatments <http://besthealth.bmj.com/x/index.html>

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Page 7 of 10

Ministerial Advisory Committee on Complementary and Alternative Health  
<http://www.newhealth.govt.nz/maccah.htm>  
The Waitangi Tribunal Flora and Fauna Wai 262 Inquiry <http://www.waitangi-tribunal.govt.nz/inquiries/genericinquiries2/florafafauna/>  
New Zealand Register of Acupuncturists <http://www.acupuncture.org.nz/>  
New Zealand Council of Homeopaths <http://www.homeopathy.co.nz/>  
New Zealand Register of Holistic Aromatherapists <http://www.aromatherapy.org.nz/>  
New Zealand Society of Naturopaths Incorporated <http://www.naturopath.org.nz/>  
The Osteopathic Society of New Zealand <http://www.osnz.org/go/>

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## About NZNO

The New Zealand Nurses Organisation [NZNO] is a professional association and a registered union for nurses in Aotearoa New Zealand, representing over 46,000 nurses and health workers on a range of professional and employment related issues across the public, private and community sectors. Te Runanga o Aotearoa NZNO comprises our Māori membership and is the arm through which our Tiriti o Waitangi NZNO partnership is articulated. A brief examination of the background and history of nursing both in New Zealand and internationally and the importance of incorporating the specific nature of nursing in New Zealand provides a useful context for the development of the definition outlined here.

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### Mission statement

NZNO is committed to the representation of members and the promotion of nursing and midwifery. NZNO embraces Te Tiriti o Waitangi and works to improve the health status of all peoples of Aotearoa/ New Zealand through participation in health and social policy development.

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Page 10 of 10