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Te Whare Wānanga o Otāgo
New Zealand

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Cancer inequities for Māori: the journey and clinical decision-making

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Background

- There are persistent inequities in cancer survival for indigenous peoples, including between Māori and non-Māori
- Evidence that Māori receive poorer quality care
- Cancer patients with comorbidity are considerably less likely to be offered active therapy despite growing evidence of effectiveness
- Māori more likely to have comorbidity

Aim & Approach

- Aimed to understand the cancer journey and clinical decision-making for Māori and how health care delivery leads to unequal outcomes
- Māori-centered research: Māori Co-PI, Māori researchers, tikanga, te reo, generating gains for Māori, strengths-based approach

Key finding

- No particular area stood out as a site of discriminatory practices
- Rather, there are many different processes and interactions that can have a discriminatory impact

Phase 1

Decision-making in multidisciplinary teams

Methods

Internationally, multidisciplinary team meetings (MDMs) are increasingly the context within which cancer treatment decisions are made

- A systematic literature review
- Recording of 10 MDMs (breast, colorectal, upper GI & lung)

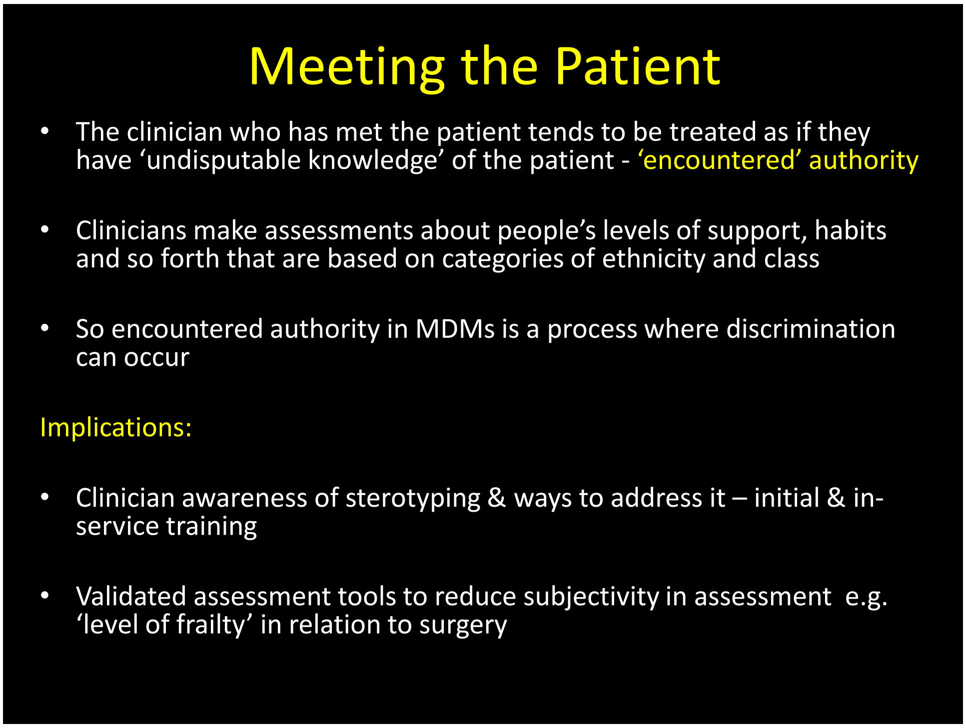
RESULTS

Comorbidity

- Comorbidity not systematically discussed in MDMs & members likely to be unaware how much it is ignored
- Comorbidity can result in under treatment
- Māori suffer more comorbidity
- Consideration of comorbidity in MDMs is a process where discrimination can occur

Implication:

- Assist clinicians to undertake MDM decision-making that appropriately addresses comorbidity - toolkits to evaluate MDM decision-making

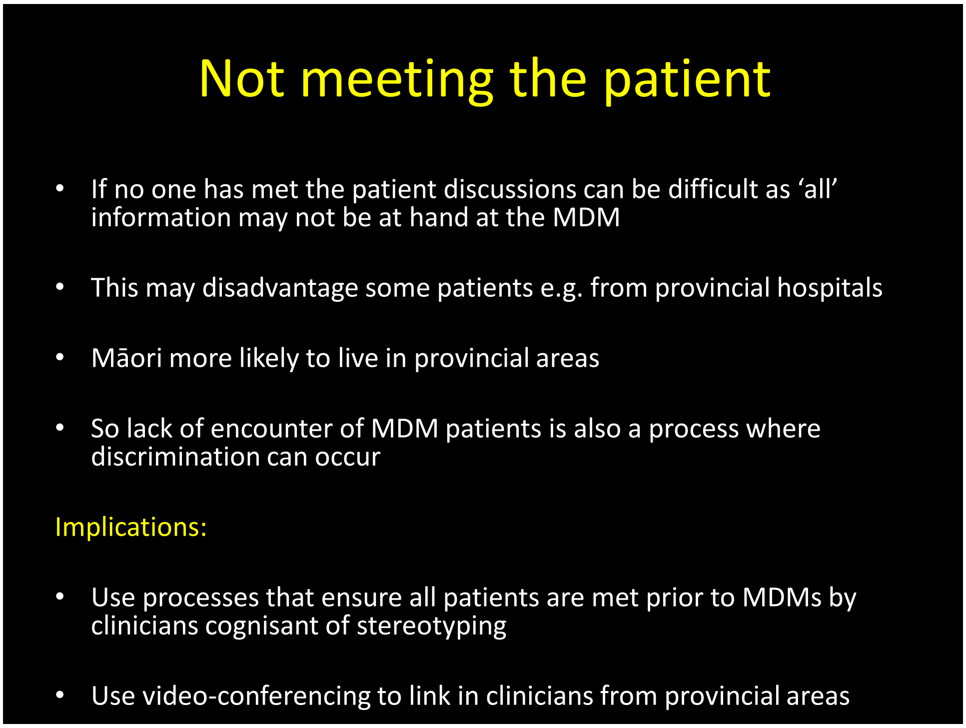


Meeting the Patient

- The clinician who has met the patient tends to be treated as if they have 'undisputable knowledge' of the patient - 'encountered' authority
- Clinicians make assessments about people's levels of support, habits and so forth that are based on categories of ethnicity and class
- So encountered authority in MDMs is a process where discrimination can occur

Implications:

- Clinician awareness of sterotyping & ways to address it – initial & in-service training
- Validated assessment tools to reduce subjectivity in assessment e.g. 'level of frailty' in relation to surgery



Not meeting the patient

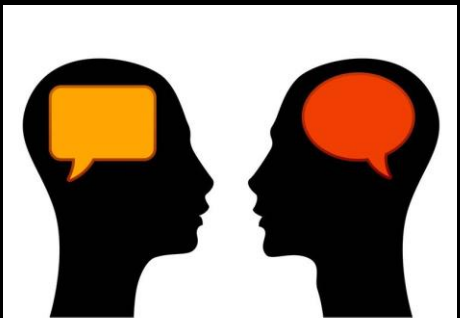
- If no one has met the patient discussions can be difficult as 'all' information may not be at hand at the MDM
- This may disadvantage some patients e.g. from provincial hospitals
- Māori more likely to live in provincial areas
- So lack of encounter of MDM patients is also a process where discrimination can occur

Implications:

- Use processes that ensure all patients are met prior to MDMs by clinicians cognisant of stereotyping
- Use video-conferencing to link in clinicians from provincial areas

Phase 2

Consultations



Methods

- Audio-record 18 consultations where treatment decisions were discussed
- Clinician debrief
- Patient & whānau interview post-consultation

RESULTS

Options for decision-making

- Outright recommendation – clinicians present case in absolute terms, providing little opportunity for patient participation in the decision-making. Clear treatment pathway for which the benefits substantially outweigh the risks. Occurred in 1/3 of consultations
- Favoured decision - clinicians build a case for an option but the possibility of an alternative is available. Occurred in 1/3 of consultations
- Open decision - clinicians provide information without making a clear recommendation. High level of uncertainty about the benefit v risk of treatment

Decision-making

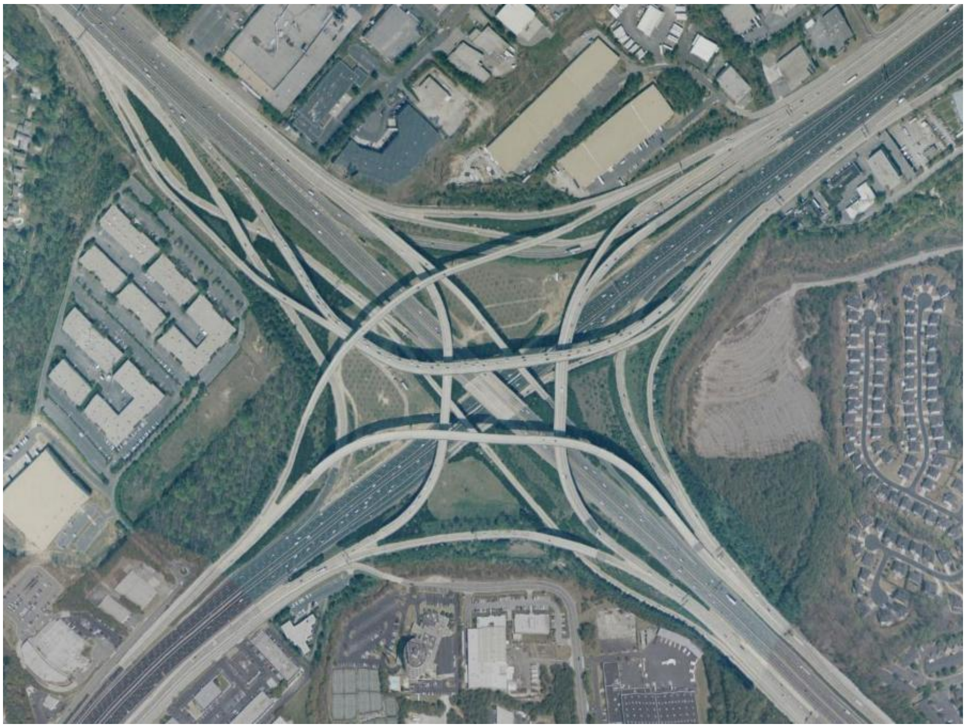
- Māori more likely to have complex cases due to comorbidity
- Thus more likely to be presented an open decision requiring difficult decision-making

Implication

- Increased attention to the consequences of this may reduce inequity in outcome

Phase 3

Patient Journeys



Method

- Semi-structured interviews with 34 participants, 19 Māori & 15 non-Māori with and without comorbidity

Results

- Overall people largely reported being satisfied with their care
- Māori and non-Māori participants reported similar experiences
  - cancer is an unwelcome and foreign world
  - with complex medical terminology &
  - patients need support people
- However, Māori need culturally appropriate health services

Implications

- Make the world of cancer less foreign
- Ensure health professionals use clear & understandable lay language
- Enable support people to fulfill their role
- Invest in culturally appropriate services for Māori e.g. cultural competence across the health sector, Māori ‘navigators’ to assist patients to navigate the system

Conclusion

- There are many different processes and interactions that can have a discriminatory impact during the cancer journey
- ALSO as colonised peoples Māori experience inequities in nearly all determinants of health
- As a result the complex world of cancer may be even more difficult to navigate for Māori
- There is no one solution. Closing the gap in cancer survival for Māori will likely take multiple efforts at all levels within health and across society
- Hope our work may provide some solutions in the NZ context & provide clues to address inequities in cancer survival amongst other indigenous peoples

References

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