

should be seriously considered. This will allow the ongoing trauma to be halted and give time for the investigative phase to be completed. It should not be viewed as a loss of face by either party as the ultimate aim is to bring the pair together in a harmonious and satisfactory

professional relationship. In the current cost cutting of New Zealand CHEs this type of time consuming review will be harder and harder to implement. Staff development departments are being broken up and their duties devolved down the line. In some cases talented individuals

will take up the challenge, but in many instances sophisticated analysis and remedial action will not be able to be mounted with the result of less than optimum development of all concerned and of course the insidious erosion of patient care.

## Book Reviews

Title: *Whaiora. Maori Health Development (1994)*  
Author: Mason Durie  
Publisher: Oxford University Press Auckland  
Reviewer: Hunaara Kaa, Director, Maori Health Unit, Department of Community Health

**W**haiora is a very readable book of 217 A5 pages and comprises twelve chapters, well set out and organised in logical sequence. The book is a treatise on Maori health in what I would describe as the first contemporary text on Maori health to bring together all the essential issues concerning Maori today. This book has brought together that of the past and the present, and provides a foundation upon which future Maori health can develop, be strong and confident. Throughout the book traditional and eurocentric themes are analysed, and frameworks developed for future consideration and action.

Whaiora is an absolute requisite for students wishing to incorporate Maori health in their studies agenda, and at the same time is a very useful text for the most experienced persons in the health arena, both Maori and non-Maori. This is the base text I am using in our Masters in Public Health course, An Introduction to Maori Health.

With the untimely death of Professor Eru Pomare, Professor Mason Durie now stands alone as our top Maori health scholar and leader, and the publication of Whaiora late in 1994 was most timely as a much needed text to incorporate the crucial elements concerning contemporary Maori health during this epoch of major social and economic reform.

Chapter one summarises the books structure, while chapters two and three look at the trials and discoveries of the past. Chapters four through nine look at the energies and initiatives of contemporary Maori society. Key

themes include the Treaty of Waitangi and biculturalism. Chapter ten looks at a Government perspective for Maori health and their objectives for a Maori health future. Chapters eleven and twelve look at health priorities and plans by Maori for the future.

The chapters covering the historical aspect look at traditional approaches to Maori healing and public health measures. Particularly relevant are the concepts of tapu and noa as crucial processes for conservation. Tapu is that which is sacred and must be respected. Noa is that which is profane and implies freedom of usage within appropriate bounds. Chapter four looks at twentieth-century recovery and growth, and focuses on three patterns of Maori participation in health: Mana rangatira, Mana wahine, and Mana Maori. One criticism is that while some of the work of the Maori Womens Welfare League and other organisations is acknowledged, Mason has not described the major position women have taken in Maori health today. That much of the recent progress was bought about by the actions of many radical women, which had been hard fought and at cost to them, has gone unheralded. Rather, the progress has been made to sound almost matter of fact.

Chapter six includes a description of the origin of the concept of the now widely known and accepted Maori health model, Te whare tapa wha (the four walls of the house) but more commonly known as the four cornerstones. The description of the historic meeting where this milestone Maori health model was created I found quite moving. This single event was to have a profound impact in enabling a new direction for Maori health that Maori would be able to claim as being by them and for them. This notion is fundamental to the concept of tino rangatiratanga.

Having said this, Mason has difficulty explaining the relationship and linkages between the four components, which is not surprising when considering such esoteric mediums as spirituality and mentality. My own feeling is that this difficulty is reflected in the actual application of the model within the health field. The four cornerstones perspective is often espoused in mission statements and health charters, illustrating its recognition as being of great importance. From this point on however, one is left with a sense of uncertainty as to where the plot goes from there. More work is required on the model.

Chapter eleven, titled Whaingā Maori, looks at the identification of priorities and themes for Maori health from numerous health hui over the last two decades. Despite the diverse realities that Maori live in today, a high level of consensus was achieved in identifying ten health priorities, that are discussed within three broad groups.

The last chapter is a short summary and provides suggestions focused on future directions for wellbeing that will not only benefit Maori but the nation as a whole. Perhaps two quotes from this chapter will make a fitting conclusion '...Maori health is more complicated than illness, injury or lifestyle. People belong to families, communities and a nation and are reflections of the values and policies therein' and finally...'Continued gains in health for Maori can be anticipated. Maori vitality is too exuberant to expect otherwise. Importantly, however, there is now a greater need to aim for standards of health which transcend physical dimensions and encompass those aspects which have been relatively neglected: wairua, hinengaro, and whanau'.