Chapter 4.18 Kaitiakitanga and Health Informatics: Introducing Useful Indigenous Concepts of Governance in the Health Sector

Robyn Kamira

Paua Interface Ltd. & Rangatiratanga Canvases Ltd., New Zealand

ABSTRACT

Indigenous contributions to governance in health informatics can be drawn from cultural concepts such as Kaitiakitanga, which implies guardianship, stewardship, governance and responsibility roles. This chapter explores Kaitiakitanga, its potential implementation in the Aotearoa (New Zealand) health sector, and its contributions to our thinking. After decades of unsuccessful attempts to positively shift the status of health for Maori, we must ask whether more control by Maori over information about Maori will make a difference. Kaitiakitanga enables us to explore Maori perspectives and insights about health and information and calls for stronger inclusion of Maori in decisions. It acts as a guideline to address ongoing and complex issues such as collective ownership, the responsible publication of data and whether benefits in health for Maori can be explicitly declared and met.

INTRODUCTION

This chapter discusses the potential of indigenous concepts of governance within a contemporary health informatics setting. Health informatics is an evolving socio-technical and scientific discipline. It deals with the collection, storage, retrieval, communication and optimal use of health data, information and knowledge (hereafter referred to simply as "information").¹ The discipline attempts to assure quality healthcare for the community it serves.

Governance can be situated alongside health informatics, especially when considering the ethics, values and quality issues that impact on the care of people. Central to governance is decisionmaking and the process through which a group with delegated decision-making authority will direct their collective efforts. Governance involves multiple stakeholders to whom decision-makers are accountable: Governance in New Zealand's (Aotearoa's) health sector deals with relationships between the Crown (Ministries, Government agencies, delegated authorities, etc.), communities, Maori and individuals. Governance also applies to guardianship over information in the best interests of stakeholders, and involves achieving both "desired results and achieving them in the right way" (IOG). Since the *right way* is largely shaped by the cultural norms and values of the stakeholders, there can be no universal template for good governance. Information technology is significantly redefining governance by providing enhanced opportunities to collaborate with and influence policy makers. Similarly, information technology changes accountabilities by opening new possibilities for the dissemination of information about the performance of government, district health boards and providers.

Indigenous contributions to governance in health informatics can be drawn from cultural concepts such as Kaitiakitanga, which implies guardianship, stewardship, governance and responsibility roles. This chapter explores Kaitiakitanga, its potential implementation in the Aotearoa health sector and its contributions to our thinking. After decades of unsuccessful attempts to positively shift the status of health for Maori, the indigenous peoples of Aotearoa, we must ask whether more control by Maori over information about Maori will make a difference. Kaitiakitanga can introduce a stronger position on ethics, values and quality when managing health data and optimize the benefits for both Maori and non-Maori alike.

Further, the inclusion of Kaitiakitanga concepts in governance structures, processes and roles in New Zealand's health sector in recent years points to a growing acceptance of indigenous input. For example, the establishment of the Cervical Screening's Kaitiaki Group as a legislated body (MOH, 2002a), and the Northern Region Hepatitis Consortium's Treaty Relationship Company model (C. Bullen, personal communication, 2003) are examples where indigenous ideas are perceived by their supporters to add value to governance.

The chapter specifically addresses collective ownership, collective privacy, responsible publishing and benefit. Kaitiakitanga implies that Maori will participate in *decisions* about health informatics and information technology, and influence policies and laws that support concepts of traditional protection, ownership and benefit that go beyond current laws and policies.

A MAORI PERSPECTIVE ON INFORMATION TECHNOLOGY

Definitions of information technology need not be limited to those found in academic or information technology industry journals. Potentially, any means of storing, analyzing and disseminating information can be included — even our minds (Kamira, 2002, p. 4). Maori concepts such as Matauranga, or intelligence, and hinengaro, or the mind, offer broader definitions and enhance what is generally understood about information technology. Matauranga refers to education and intuitive intelligence, and is linked to the divine. Hinengaro is the mind, the thinking, knowing, perceiving, remembering, recognizing, feeling, abstracting, generalizing, sensing, responding and reacting (Pere, 1991, p. 32). They are both vessels for knowledge.

Indeed, the broader Maori perspectives, such as those above, inform us why concepts of information technology as the information technology *industry* sees it are not only within the reach of Maori, but are also too simplistic since they do not include wider concepts of knowledge and understanding (Kamira, 2002, p. 5). It also explains why information technology is of great importance to Maori since the ancestor Tane-nuia-rangi retrieved the *baskets of knowledge* from a celestial abode while coping with many dangers 7 more pages are available in the full version of this document, which may be purchased using the "Add to Cart" button on the publisher's webpage: www.igi-

global.com/chapter/kaitiakitanga-health-informatics/26300

Related Content

Soft Statistical Decision Fusion for Distributed Medical Data on Grids

Yu Tang (2009). *Medical Informatics: Concepts, Methodologies, Tools, and Applications (pp. 2484-2497).* www.irma-international.org/chapter/soft-statistical-decision-fusion-distributed/26387

EEG Based Detection of Alcoholics: A Selective Review

T. K. Padma Shriand N. Sriraam (2012). International Journal of Biomedical and Clinical Engineering (pp. 59-76).

www.irma-international.org/article/eeg-based-detection-alcoholics/73694

Mathematical Modeling of the Aging Process

Axel Kowald (2009). *Handbook of Research on Systems Biology Applications in Medicine (pp. 312-330).* www.irma-international.org/chapter/mathematical-modeling-aging-process/21540

Design and Development of Standards (HL7 V3) Based Enterprise Architecture for Public Health Programs Integration at the County of Los Angeles

Abdul-Malik Shakir, David Cardenas, Gora Datta, Debashish Mittra, Arindam Basuand Rini Verma (2009). *Medical Informatics: Concepts, Methodologies, Tools, and Applications (pp. 500-512).* www.irma-international.org/chapter/design-development-standards-hl7-based/26239

Improved Patient Safety Due to Catheter-Based Gas Bubble Removal During TURBT

Holger Fritzsche, Elmer Jeto Gomes Ataide, Axel Boeseand Michael Friebe (2020). *International Journal of Biomedical and Clinical Engineering (pp. 1-11).*

www.irma-international.org/article/improved-patient-safety-due-to-catheter-based-gas-bubble-removal-during-turbt/253092