

Māori are the indigenous people of New Zealand and comprise approximately 15% of New Zealand's population. Traditionally Māori were a tribal society of small family-based units (whānau) organised into sub-tribes (hapū), which make up larger tribal groups (iwi). These social arrangements are still important today and highlight the importance Māori place on kinship. Māori people live throughout New Zealand but a significant number are also living and working in Australia.

The Treaty of Waitangi, signed in 1840, holds an important place in New Zealand life and is often referred to as the Country's founding document; emphasising Partnership, Participation, and Protection as core principles. Within a few years of signing, many of the rights guaranteed to Māori were ignored. This has been linked with the resulting poorer outcomes across nearly all social indicators including health, than those experienced by other citizens of New Zealand.

Knowledge of Māori culture and the unique position of Māori as the indigenous people and Treaty partner is essential in providing healthcare. Te Reo (the Māori language) is an official national language. It has significance in supporting Maori culture (tikanga Māori): Its use, where appropriate by medical professionals, even in small gestures, shows respect (mana) towards Māori.

In New Zealand, *The Health and Disability Commissioner Act 1994* established a Code of rights for consumers. This Code gives every consumer the right to be provided with services that consider their needs, values, and beliefs.

Tikanga Māori is underpinned by a set of core values such as mana (prestige), tapu (sacred/prohibited) and whakapapa (kinship). Death and dying is closely related to the tapu of the person, and includes the concept of mauri, the spark of life, which is separate from the spirit (wairua) and pertains to the activity or function of the body. At the point of death, the mauri ceases to exist, while the wairua persists. These terms and their interpretation are complex, varied and outside the scope of this document.

The concept of organ and tissue donation and transplantation is foreign to traditional Māori culture and, over time, has required engagement and debate. Donation raised significant cultural challenges for Māori related, in part, to concerns around keeping the body whole after death. Body parts of the deceased have been viewed as tapu and therefore needing special care and attention. Initially, Māori were very resistant to donation due to this cultural and spiritual context. However, over time, there is increasing acceptance of donation amongst Māori with a growing dialogue and an understanding of the need for donation.

ODNZ data show that Māori comprised 8.9% of donors in the last 5 years (2013-2017) while they represent 14.9% of the population. ODNZ ICU donation audit data suggest that this apparent under-representation is, at least in part, because Māori families are not afforded equal opportunity to donate. This may be due to an outdated assumption by ICU staff that they do not donate.

Intensivists need to achieve basic cultural competence, as outlined by their relevant regulatory authorities. It is important to have knowledge of this cultural and spiritual background for Māori, to show respect for the tapu of the body, especially in death, as well as acknowledge and facilitate the timely release of the body for correct death processes (tangihanga).

Specific resources covering Māori aspects of organ donation and donation conversations are currently lacking and need development. Over time, conversations with Māori should lead to development of these resources for ICU staff and trainees. In some hospitals in New Zealand, Māori liaison services exist to assist in navigating cultural barriers to care and should be utilised in organ donation conversations and end-of-life care if available. Karakia (prayers) led by cultural leaders may assist families to help release organs from the body, and assist recipients to welcome organs into their own body.