



The right to health: Discrimination and our responsibilities

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I remember, as a young nurse, reading, thinking about, and integrating the contents of Jocelyn Keith's 1987 article "The right to health or the right to health care" into an undergraduate nursing assignment. Thirty-four years later I am honoured to be invited to revisit the article, and somewhat amazed at the currency of much of the content. Successive governments have progressed and refocused Aotearoa's health agenda toward primary and public health. However, our obligations to the rights of Indigenous peoples, through Te Tiriti and the cultural safety expectations that contribute to improved health equity for Māori and Pākehā (white European ethnicity) have not enjoyed the same attention. In terms of our treaty obligations, racism continues to promulgate health disparities in Māori with devastating consequences.

In addition to racism, other 'isms' such as ageism, sexism, homophobia, transphobia and discrimination toward people with disabilities are prevalent in our society and contribute to health disparities in their respective communities. Frequently, the resulting discriminatory practices are insidious, subtle but highly effective, culminating in far-reaching and negative effects on wellbeing and the continuation of health inequities. Some citizens are subjected to and impacted by the influence of more than one 'ism', which doubles or triples the discrimination experienced.

Throughout my career, I have been taught that all nursing activity is underpinned by Te Tiriti and culturally safe practice. Why is it then that we continue to uncritically, and at times naively provide care that does not meet the needs of the people of this great land? The provision of all healthcare must be offered in accordance with our treaty obligations and underpinned by culturally safe practice. Receiving quality healthcare is a human right that everybody should enjoy.

It is my view that nursing now has the professional maturity and political voice to meet our Te Tiriti and cultural safety obligations to address existing 'isms'. As the largest health professional group, we



are powerful, but it is how we use and organise that power that is of the utmost importance. A central starting point is to ensure diverse representation of Māori and others across all aspects of nursing. Diversity is central to good governance and should reflect the ethnic and cultural make up of Aotearoa. Doing so will go toward ensuring decisions made about the health and wellbeing of communities will be made by and be beneficial to those communities.

References

Keith, J. (1987). The right to health or the right to health care. *Nursing Praxis in New Zealand*, 2(3), 18-24.

<https://doi.org/10.36951/NgPxNZ.1987.008>