**Tittel:** Traditional Healing Meeting Modern Health Care Policy. Culturally Sensitive Health Care Practices for the Indigenous People of Norway and Hawaii: A Comparison

**Forfatter:** Tischendorf, Anne-Kristine


**Sammendrag:** By examining two societies, this thesis has focused on the challenges and problems of the processes involved when traditional healing or folk medicine are incorporated into the margins of the medical system of developed industrialized states. As attitudes are changing, this has motivated a reframing of traditional medicine, actually redefining it from somewhat of an enemy of the medical system to a potential ally. How this is perceived by the traditional healers themselves is reflecting the history of colonialism. By drawing on literature, official documents and informal interviews this paper looks at what has taken place politically, legally and culturally to make traditional medical services available in a professional setting in Norway and Hawaii. On the question what the similarities and differences are in how the healing practices of the Sami and Native Hawaiians have been incorporated into the dominant health care systems of Norway and the state of Hawaii, several variations are found. This is being reviewed in the light of several major policy shifts by their perspective governments which lead to another area of inquiry: how have the governments of Norway and Hawaii dealt with culturally sensitive health care practises for their indigenous peoples. When looking at Norway and Hawaii, evidence indicates that the health plan with the greatest degree of what is called cultural humility is in Hawaii. One can only speculate why this is so, however, it seems that political activism among Native Hawaiians has not been matched by political activism among Sami in the same area. In Norway great attention has been given to language and how to provide proper interpretation services, though these efforts are mainly targeted at northern Norway and therefore not accessible to all Sami. Gradually, we can also see institutional efforts to facilitate Sami influence in planning and administration through, per example, creating cooperative organs for communication between departments. In Hawaii, the Native Hawaiians were involved in the planning and development of their health care system from an early stage. Language is given less attention, though still important. Maybe this is so because of the greater need to communicate in a multicultural environment. It is the
aspiration of the author to shed light on what areas needs further research for future cultural, political and legal evolution for “culturally humble” health care planning to happen.

Omsorgsbiblioteket har ikke tilgang til å publisere dette dokumentet i fulltekst. Kanskje ditt lokale bibliotek kan hjelpe deg, eller kanskje du kommer videre med lenken nedenfor.