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Medical Anthropology (11) **"Political economy and critical medical anthropology"**

based on Chapter 8 (pp.295-335), In: Winkelman M "Culture and Health: Applying Medical Anthropology", Jossey-Bass, 2009.

POLITICAL ECONOMY APPROACH TO HEALTH

Politics apparently play roles in health. Why do Americans, who pay more than any other country for health care, not have the best health in the world? Partly due to the difference of politics. Critical medical anthropology is an example of political-economic approaches to health. It assesses the effects of social conditions on health. Economic resources are general mechanisms through which social conditions produce the distribution of diseases and health disparities. Conversely, social organizations and communities can combat risks through social networks, and support can enhance health and recovery. Critical medical anthropology emphasizes the need to identify how economic and political processes have effects on health and well-being through the production and allocation of health resources and services as well as other factors to affect risks and protective factors (nutrition, housing, ...). A central principle of critical medical anthropology is **community involvement**. Medicalization of social distress is a process by which biomedicine has come to manage a wide range of life circumstances by classifying them as medical problems, even if they are not diseases in the conventional sense (e.g., NEW TYPE DEPRESSION – so called *shingata-utsu* in Japan).

CRITICAL MEDICAL ANTHROPOLOGY

The power of medicine to control our personal lives has driven the development of critical medical anthropology as an explicitly political opposition to the societal power of biomedicine and its associated industries. Pesticide poisoning as the production of disease, the adverse side effects of vaccination (cf. https://www.cdc.gov/vaccinesafety/), ... are examples. Critical medical anthropology criticizes medical ecology's approach for emphasizing ecological – and social balances, and criticizes medical ecology's characterization of health as a function of the population's adaptation to the environment. In this context, biomedicine is capitalist medicine (ignores poor people who cannot pay for medicine, market's requirement to balance between demand and supply). Pharmaceutical industries may produce diseases (Wall Street Journal [Armstrong, 2007] Pfizer was accused of providing doctors with a deliberately misleading educational program as part of marketing strategy to prescribe Lipitor as a treatment for high cholesterol levels for millions of patients who did not need it). Statin, well-known lowering-cholesterol drug, may increase diabetes (https://drmalcolmkendrick.org/2015/06/15/youre-killing-my-patients-again/).

SOCIAL CONDITIONS AS CAUSES OF DISEASE AND HEALTH

There are several social determinants of health (as you have already learned in public health class). The determinants include "contextualization", which is a determination of life circumstances and the economic and political forces that play a role in shaping individual exposure, providing information about the social and cultural factors that have the effects of placing groups of people at risk. The relationship between social class and health is maintained, though mutually affects: In lower social class, if one risk factor is eliminated, other factors may appear. There are many studies suggesting the relationship between poverty and poor health: people become ill after losing job or feel less healthy in times of monetary hardships (eg. Brenner H: Mental illness and the economy. Cambridge, Harvard Univ. Press, 1973). **Social networks are crucial for human response to disease and are changeable** through: (1) promoting opportunities for individuals to enhance their existing social networks and establish contacts for new network lineages, (2) improving individual opportunities for social contact through enhancing social skills, (3) providing individual psychological treatment, (4) using indigenous natural helpers, (5) enhancing community networks for problem solving (Source: Berkman L, Kawachi I, et al. suggested in many articles and books).

SOCIAL NETWORKS AND SUPPORT

Community development for health involving (1) the social distributions of resources and care, (2) the psychological effects of social relations that are mediated in our psychological and emotional responses, (3) social effects on individual physiological responses, known as sociosomatic effects. Social networks and support should be distinguished from what they provide. Social networks are a person-centered web of social ties that link people and are assessed according to the following aspects (Berkman L, *Am. Rev. Public Health*, 5: 413-32, 1984): (1) reciprocity in relationships, (2) intensity of emotional closeness, (3) density of interaction among the members, (4) proximity, dispersion and accessibility among the members, (5) quality, frequency, intensity, durability and strength of interactions. Berkman (1984) reported that people with low levels of social connections had a higher risk of dying from CVD, cancer and cerebrovascular conditions: This effect was independent from initial health status, demographic, racial, socioeconomic measures. Social network and support in the community (in other words, **social capital**) have mesolevel effect on health via many pathways.

MACROLEVEL SOCIAL EFFECTS ON CLINICAL HEALTH

Macrolevel politico-economic contexts affect the physician-patients relationships via medicalization of social problems, ideology in encouraging adherence to socio-cultural norms such as hard work and normative expectations of family and gender roles and so on. Alcoholism is usually regarded as individual problem, but highly social, largely affected by macro factors like unemployment.

CHANGING HEALTH THROUGH PUBLIC POLICY AND COMMUNITY INVOLVEMENT

It has been discussed in the context of “health promotion”. Please see https://iris.who.int/handle/10665/70578

<Next week's debate topic>

Sometimes health promotion program forces people to join, but some people insist the right to refuse it, because they want to enjoy life with no restriction on their favorites unless those harm somebody else. According to WHO constitution, "The enjoyment of the highest attainable standard of health is one of the fundamental **rights** of every human being without distinction of race, religion, political belief, economic or social condition", but **not** referred as **duty**. Is forced community involvement for health promotion reasonable? In other words, does everybody have a duty to be healthy? Or, don’t we have the right to say “leave me behind”? [Proposition side] YES, we have to be healthy [Opposition side] NO, we keep the right to live freely.