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Medical Anthropology (7)

* Robert Pool and Wenzel Geissler (2005) Medical Anthropology: Understanding Public Health. Open University Press, Chapter 4 “Medical systems and medical syncretism”.
* "Ethnomedical systems and health care sectors" based on Chapter 5 (pp.163-202), In: Winkelman M "Culture and Health: Applying Medical Anthropology", Jossey-Bass, 2009.

Medical systems: Kleinman's model of medical systems (1980) – How people deal with health and illness in particular cultural settings – are most common. “The health care system includes people's beliefs (largely tacit and unaware of the system as a whole) and patterns of behavior. Those beliefs and behaviors are governed by cultural rules.” The model consists of the professional sector, the folk or traditional sector, and the popular sector.

Professional sector: According to Kleinman, “organized healing professions” usually take a modern biomedical approach, though in some societies they also include indigenous professional medical traditions (*Ayurveda* in India, classical Chinese medicine in China, acupuncturists and Judo therapists (bone-setters) in Japan, etc.) Where Western scientific medicine becomes part of non-Western medical systems it often undergoes a process of *indigenization*, adapting to its local social and cultural environment (cf. *Popularization* refers scientific medicine filter down into the popular sector). Since the biomedical insiders are socialized into a biomedical subculture (which is internalized, they cannot view it critically), they often take their own view as objective and reject local and lay interpretations of sickness and health as unscientific. Some professionals are marginalized due to this reason.
Examples of dogmas of this view: 1) health-related activities undertaken by patients themselves or other sectors of the medical system are dangerous, 2) the biological aspects of health problems are 'real' and the psycholoigical and cultural aspects are second order, 3) the relationship between doctor and patients is one between experts and those who are ignorant (the doctor's role is to give instructions and the patient is expected to comply --- so called paternalism).

Folk or traditional sector: According to Kleinman, non-professional, non-bureaucratic, specialist sector of health care, overlapping with the professional sector at the one extreme and the lay sector at the other. Folk healing has two aspects, sacred (involves the use of supernatural forces – shamanism and ritual) and secular (involves non-supernatural – herbalism and bone-setting). Kleinman's fieldwork in Taiwan showed professional sector (Western style biomedical doctors and Chinese style doctors) and folk sector (shamans – *tâng-kis*), where in-between there were herbalists and bone-setters, which suggests the distinction between professional and folk sector depending on the government's recognition (In Japan, acupuncturist is officially recognized as professional by the government, but not in some other countries; for homeopaths, visa versa).

Popular sector: The largest part of the medical system, but least studied. People's medical choices are rooted in popular culture and when they have received treatment from the folk or professional sector they go back to the popular sector to evaluate and decide what to do next. The popular sector interacts with the other sectors while they are often isolated from each other. According to Kleinman, the conventional view is that professionals organize health care for lay people. In fact, Kleinman argues what happens is that lay people activate their health care by deciding when and whom to consult, whether to adhere, whether treatment is effective, when to switch to another treatment, etc. It can be utilized by professional sector: "Family care" in nursing, basis for most personal health care decisions. Family members and other interpersonal relations and social networks generally assist in assessing maladies and making decisions regarding treatment, incl. seeking biomedical care (cf. parents who believe Jehovah's Witness deny blood transfusion to their children). If professional sector is not aware of the cultural frameworks used by patients to conceptualize and communicate about their ailments, then noncompliance, patient's failure to comply with medical recommendations, is more likely.

Critics to the concept of medical systems: The concept of medical systems is widely used in the medical anthropology and is useful. However, it has problems as follows: 1) In discussions of medical systems, especially in older literature, there was an underlying assumption that components of the system exist or have taken on their current form, because they fulfill some function within the whole. The fact that they exist implies that they are useful, that they must contribute to the maintenance of the society of which they are part. This is referred as “functionalism”. For example, medical systems are described as consisting of knowledge, beliefs and practices relating to health that “promote optimum functioning of society”. 2) The term “system” suggests unity and integration / in practice, the ways in which people deal with health and illness, and the ways in which medical “systems” work, are often far from integrated and systematic.

Medical pluralism: Within one system or one society, the use of different sectors or medical traditions.
1) separate use (Africans go to the health center to treat gonorrhoea, to the diviner if they suspect witchcraft)
2) hierarchy of resort (Africans use initially self-medication, later biomedical treatment if initial self-medication did not work)
3) simultaneous use (the people who think that biomedicine is effective but their conviction that less tangible social and mystical causes have intervened obliges them to intersperse visits to the hospital with visits to indigenous practitioners).

According to Winkelman's book, Medical pluralism is explained as “Within one society, competing ethnomedical traditions coexist and form distinct health subcultures with unique beliefs, practices, and organizations.”
(example) In Japan, some people only believe modern medicine, others sometimes rely on traditional treatment like grilled leeks for sore throat; few people rely on pseudo-science treatment like homeopathy.”
What we have in practice is not so much medical pluralism but syncretism (when considering the simultaneous use). Syncretism is a term from religious studies, refers to unifying or reconciling different or opposing schools of thought.

[Next week's debate]
Mass-media and internet communication may consist the **popular sector** of medical systems. It can quickly and timely give people new useful information but often causes misunderstanding of the fact or spreading the vicious rumor [cf. https://www.globalcitizen.org/en/content/fake-news-health-epidemics/].
[**Examples of fake news / vicious rumor**]
* The movie "contagion" [https://www.vox.com/2020/2/4/21120178/contagion-movie-coronavirus-itunes-fake-news]
* Fake news on measles vaccination in India [https://www.hindustantimes.com/health-and-fitness/india-s-measles-elimination-campaign-rocked-by-rumours-fake-alerts-before-launch/story-EGhh5fl1Ivv3VY2GqDSRKP.html]
* Nigerian boycott of polio vaccination in 2003 [https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1831725/pdf/pmed.0040073.pdf]
* Facebook misinformation of polio vaccine in Pakistan [https://www.france24.com/en/20190503-pakistan-facebook-polio-vaccine-misinformation]
* Covid-19 fake news [https://www.europol.europa.eu/covid-19/covid-19-fake-news] infodemic [https://www.bbc.com/news/technology-52490430]
Should the government inspect or limit the spread of health information by mass-media and internet communication?
* Proposition side: Yes. (eg.) Vicious rumor is the enemy of mutual trust and causes social anxiety, and thus should be prevented by the government.
* Opposition side: No. (eg.) The right to freedom of expression is one of the fundamental human rights and thus any health information spread by popular sector should not be limited (https://www.equalityhumanrights.com/human-rights/human-rights-act/article-10-freedom-expression).