Contribution of Medical Anthropology in the Treatment of Health Care

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Abstract

This study deals with the achievements of *medical anthropology*, as one of the subdivisions of *Anthropology*, little or not known until now in Albania. It relies, first of all, on the health culture of the peoples and their social construct in relation to health, which is dictated - among others- by cultural norms and local decision-making institutions. The article further discusses the connections of *Anthropology* with *medical practice*, the areas of application of medical anthropology and the current agenda of its action.

The second part is dedicated to the *Anthropology of COVID-19*. According to the author, this new pandemic has hit human populations, perhaps like never before, at least in terms of the extent shown by previous models and forecasts, changing their environmental balance. It brings the personal experiences of 15 medical anthropologists, who have researched specific aspects of the *pandemic* in different areas of the globe. Their involvement in the analysis of the facts so far and in terms of the socio-cultural response of different population groups to it deserve special attention, as well as the interaction of emergencies involving universal health care, climate change and civil liberties.

Key words: *Medical Anthropology*; *Anthropology of COVID-19*.

What is Medical Anthropology?

Medical Anthropology is one of the implementing subdivisions of *Anthropology* that aims to use the biological, social and cultural data of Man, to better understand the factors that affect the health and well-being of human society, according to the experience and distribution of disease in geographical areas and IN different ethnocultural human groups (A. McElroy & PK Townsend, 1989; A. McElroy, 1996).

It utilizes local empirical experiences in the prevention and treatment of diseases in the context of social connections for their management, and seeks to demonstrate the cultural values of different medical systems in the treatment and prevention of diseases, especially those with endemic spread (GL Albrecht et al., 2000; H. Baer et al., 2003).

Like any other discipline, *Medical Anthropology* relies on different theoretical approaches, but - above all - on the health culture of peoples, as a bio-scientific epidemiology, as well as on the social construct of different peoples in relation to the health of individuals/ communities living in a given ecological environment, which is dictated - to some extent - by local cultural norms and social institutions (JM Comelles & A. Martínez-Hernández, 1993).

Links between Anthropology and Medical practice

The links between *Anthropology* and medical practice have already been documented (E. Dongen & JM Comelles, 2001). In fact, classical anthropology has been positioned on the basis of preclinical medical sciences. But, over time, medical education began to narrow down to the limits of hospital practice (M. Foucault, 1963; I. Bültzingslöwen, 1997). However, the hegemony of hospital clinical education and experimental methodology, suggested by Claude Bernard, highlighted the need to return to medical geography and topography, based on ethnographic, demographic, statistical, and epidemiological data.

With the further development of training in the clinical sphere, the basic source of knowledge in medicine led to the "abandonment" of ethnographic studies as a basis for study, with the exception of isolated cases in the field of primary health care, folk medicine and public health. However, the "abandonment" of *ethnography*/ respectively of *social anthropology* by *medicine* was never known, until the beginning of the XX century, as a final "crack" (J.M. Cornelles, 2000: 41-75).

This tendency between the two disciplines remained unchanged during the twentieth century. Let us not forget that an increasing number of contributors

to *medical anthropology* even though they have had primary training in medicine, nursing, psychology, psychiatry and social sciences, some of them share with others important roles in anthropological studies. It is time to mention here some of the theoretical debates, which highlight the broad international panorama of interest in *medical anthropology*, at least for some of the current problems of global morbidity that they do not find the final solution only through the achievements of clinical and laboratory practice to date, as in the case of mental and sexual health, pregnancy and childbirth, aging, drug addiction, functional disabilities, uncontrolled nutrition, infectious diseases associated with epidemics global etc., which may find the medical team almost unprepared in terms of their correct management (G. Genest & F. Saillant, 2005).

Current areas of application of Medical Anthropology

In the US, Canada, Mexico and Brazil, institutional cooperation between *anthropology* and *medicine* has long been legalized regarding the implementation of specific health programs "for ethnic and cultural minorities", but also for the ethnographic qualitative assessment of hospital health institutions and primary hospital service. The main purpose of these programs was then to resolve conflicts that arose between doctors, nurses, support and administrative staff.

In this context, the ethnographic part of cultural reports proves that the "crisis", that has arisen in the application of therapeutic protocols on the health of the sick, has had (perhaps unintentionally) a selective character. This situation has led researchers to develop new therapeutic criteria, which must take into account the reality of different "therapeutic communities".

This new methodological criterion would indeed lead to a kind of "guardianship", but - ultimately - it contributed to new institutional policies that promote public health in the community and, especially, in the school curriculum.

The empirical response of anthropologists regarding their involvement in the above mentioned areas can be concretized in the development of community health programs in countries with distinct cultural and social "cuts", such as Albania, where the "reaction" to some new forms in therapeutic and health practice. For this, our doctors of local health centers and especially those of the regional and central hospital service should appreciate, more than before, the help of traditional empirical "healers", who have relied in folk medicine.

In developed countries, since the 60s of the XX century, the concept of *bio-medicine* was developed, because medicine began to face more and more a series of problems that require solutions through the inclusion of social and cultural factors

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predisposed to a particular community, which is still largely lacking in clinical or laboratory protocols. Among these factors can be mentioned:

a) attachment to the universally accepted system for acute infectious pathologies of an adjunct system designed for chronic degenerative pathology without any specific etiological therapy;
b) the need to develop long-term treatment mechanisms and strategies, up to therapeutic treatments with surgical intervention;
c) inclusion in the treatment of the concept of quality of life, in addition to the classical therapeutic criteria.

To these criteria are added the problems related to the implementation of community health mechanisms. These problems are initially perceived as tools to combat unequal access to health services. However, once a comprehensive service is available to the public, new problems arise from ethnic, cultural, religious differences, or differences between age, gender, or social classes. In all these cases, local and qualitative ethnographic research is necessary to understand how and to what extent patients, through their social networks, demonstrate knowledge of health and disease, when their experience is outlined (most likely) from complex cultural influences. These influences result from the nature of social relations in advanced or developing societies and from the influence of social communication media, especially audiovisual media.

Current Agenda of Medical Anthropology

Today's research in the field of *Medical Anthropology* can be summarized in six basic directions:

a) multiple development of medical knowledge and health care systems;
b) further strengthening of social ties between the patient and the treating physician;
c) inclusion/ integration in medical protocols of cultural peculiarities in different social environments;
d) taking into account in the medical treatment the interaction of social, environmental and biological factors that affect the health and morbidity of both the individual and the relevant community as a whole;
e) undertaking critical analysis on the interaction of specialized services in the case of migrant groups;
f) the impact of *bio-medicine* and *bio-medical technologies* on the clinical experience of countries like Albania.

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Anthropology of COVID-19

Scholars from many disciplines, including *Anthropology*, have meanwhile entered a new era of human influence on the planet. The recently created term *Anthropocene* implies that our species have been responsible for increasing carbon emissions, global warming to a dizzying rate, breaking previous living habits, and directly eliminating a staggering number of the planet's fauna - for to mention only the most negative results of planetary change, due to the unconscious actions of man. And yet, since March/ April 2020, the situation we are in seems to suit imaginary "foreign" observations of our planet.

The *COVID-19* pandemic has engulfed the global human population with a sudden "punch" like never before, at least in relation to previous historical (pan) epidemics, which have caused significant reductions of up to 90% of the human population (A. Dhima, 2017). This new pandemic has struck humanity, perhaps like never before, at least in terms of the scale and extent shown by the patterns and predictions so far. Although this disease has not made people powerless, it certainly seems to have changed their environmental balance.

No one can predict the future in the face of today's uncertainty. But anthropologists are already convinced of possible future directions:

- Will the need for stronger government infrastructure fade?
- Will the scientific evidence and knowledge of experts be evaluated more seriously in countries such as Albania, where their authority has been neglected to date?
- Will national xenophobia lose its calling in the face of a virus that does not respect borders and demands a global response?
- Will this situation force countries to address the root causes of health inequalities/ gaps in populations experiencing the worst effects of the epidemic due to ethnicity, gender, racism or age?
- Or will the voices expressing a modern version of *social Darwinism* win the "battle"?

Amid these uncertainties it is clear that anthropologists can make a valuable contribution to illuminating a myriad of *COVID-19* intertwined biological and social complexes.

In articulating the stages of the ritual extracted from his earlier treatise, Arnold van Gennep designed the history of behavior and attempts to quarantine the "foreigner": "*Each larger society contains within it several distinctly separate groupings.... In addition, all these groups break down into still smaller societies in subgroups… The length and detail of each stage through which foreigners*

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and locals move toward each other... others differ in different people", he noted. However, "*the basic procedure is always the same for a company or an individual*; *they must stop*, *wait*, *go through a transitional period*, *enter*, *get involved*" (A. van Gennep, 1910: 707-709).

More than a century later, anthropological observations about the "breaking" of biological boundaries, the intersection and approximation of all human groups, today's anthropologists are of the opinion that the time has come for a new understanding of people in relation to their social worlds , ecological and with each other. Each essay, recently written by prominent anthropologists around the world, reflects the common goal of providing real-time reflections on, so to speak, the evolving/ rapidly changing opinions from this pandemic.

Eben Kirksey has witnessed relationships between humans and other living species from his early field trips to West Papua. Providing the cultural and biological background of the natives, the author insists on a new focus on the show rather than the origin, thus avoiding a trunk search for solutions in favor of a *rhizomatic* exploration of multiple pathways (E. Kirksey, 2019). Alongside him, Donna Haraway and Anna Sing have helped shape the new meaning of a contemporary ontology and its further development in the field, as a key research tool (Donna J. Haraway & Anna Sing, 2019).

Ali Sadruddin and Marcia Inhorn encourage researchers to think about the impact of *COVID-19* on aging issues (A. Sadruddin & MC Inhorn, 2020: 17-23). Dealing with personal experience in the United States, Kenya, and Rwanda, they provide compelling comparative evidence. Although some in the United States seem willing to dehumanize aging and call for it to be "sacrificed," medical anthropologists oppose such thinking and instead claim that caring for the elderly is an important part of to be human. A model for caring for the elderly comes from Rwanda, where they are being treated during the *COVID-19 pandemic* with special care through "little things": daily intimate support, the presence of neighbors sharing food with them or who take on the necessary supplies for people on the outskirts of their community.

Agustín Fuentes offers a bio-social perspective on both forms of *pandemic*, in terms of the meaning of "social/ physical distance". He notes, for example, that "*not being sociable with people does not create opportunities to overcome the consequences of illness*" and that, when people are isolated, "*bad things happen*". These *bad things*, according to the local mentality, include "*physical and psychological damage*" (A. Fuentes, 2002). In explaining the nature of the current pandemic, this bio-social perspective also emphasizes prehuman/ inhuman relationships, the role of primitive *Homo sapiens* in reshaping Earth's ecosystems, and the need to understand *virus biology* as well as the *social context* of the *pandemic*.

Reporting from the Canadian capital, Jen Pylypa studies how the *pandemic* was beginning to affect food purchases (J. Pylypa, 2020: 33-38). She invited members

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of her focus-group to the *Health and Globalization Course*, just at the time the virus shut down her university. This essay constitutes an in-depth judgment by comparing *COVID-19* with other recent disease epidemics. According to her, this *pandemic* is important, because it is directly affecting the West to a greater degree, compared to previous *local epidemics*. On this occasion, she suggests to the Canadian public to gain more knowledge about the geographical specifics, while rightly emphasizing "panic shopping".

Focusing on a contradictory cultural gesture, Bjarke Oxlund emphasizes the idea that "*biology and culture cannot be separated when considering COVID-19*" (B. Oxlund, 2020: 39-44). Like many other researchers, he studied the geographical distribution of *HIV/ AIDS* in Uganda and South Africa, where he found that there was an immune deficiency in children. In this essay he is against the social mandate of physical distancing, as a frontal defense against *COVID-19*, noting that while the embodied practice of shaking hands can transport disease, it can also convey inappropriate meanings to the survival of interpersonal relationships.

Trâm Luong writes about life at the time of *COVID-19* in Ho Chi Minh City (Vietnam), where normally intense air pollution seemed to be declining after the *pandemic* and social media was playing a particularly important role in shaping the idea of limiting social relationships. On the one hand, the "flood" of messages in Vietnam's largest city was creating hysteria about the spread of the disease, while the government, on the other hand, was also using mobile communication in an attempt to calm people's fears and controlling behaviors such as "panic purchases". This policy brought, according to her, the renewal of trust in the Vietnamese state (T. Luong, 2020: 45-49).

Erik Henry brings his experience to the Chinese communities living in Canada to focus on the question of whether *the pandemic* is reshaping this community with typical Chinese cultural "cuts." Pointing to China's long-standing efforts to actively cultivate "a collective identity imagined for its citizens", he suggests that the *pandemic* represents an important episode in defining what it means to be chinese. For Chinese communities in Canada, these developments have highlighted pre-existing cultural fragments, which are likely to have been exaggerated by the pandemic (ES Henry, 2020: 50-54).

Stephanie Love and Liang Wu use *nautical metaphors* to explain how changes in mobility have outlined the paradoxes of *Globalization*. Their research on sailors, although clearly influenced by the virus, shows that their work has always involved considerable isolation; however, this "*feeling of isolation/ imprisonment has only intensified since the outbreak of COVID-19*". Love, meanwhile, writes about her experience of "*abandoning the ship*" as she boarded one of the last flights outside Algeria, her research site, while her Algerian friends found no choice but to "*shelter*

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her in the country". Both scientists give examples of how this time of "inhibition" is affecting people and reflects a "*strong inequality of intensity and experience of the disease*" (S. Love & L. Wu, 2020: 55-65).

Caroline Rouse, a prominent medical anthropologist, has focused her essay on the political and structural issues that planted "*the seed in a fertile ground for the spread of COVID-19 rather than the biological features of the virus itself*" (CM Rouse, 2020). Dealing with field research and her experience of scientific knowledge related to the *pandemics* of humanity's past, she explains how ideology and selective policymaking have shifted the situation from a game of manipulation to a life-or-death struggle. long in the context of structural inequality.

Rijul Kochhar invites scientists to consider the "essential" steps recommended to avoid *COVID-19 infection*. Not all peoples and social strata within themselves are able to take "substantial measures" and - to date - little has been articulated to suggest achievable strategies in this regard; current opportunities (especially financial ones) to stay home are unappropriated, because they apparently do not have all the material resources for such an action. By taking the individual as the basis of choice, the joint response to the *pandemic* thus loses the chance to predict social responses rather than individual ones. Adequate responses to *COVID-19* require attention for all populations globally, as well as the coexistence of emergencies involving universal health care, climate change, and civil liberties (R. Kochhar, 2020).

Leigh Bloch raises the question of whether the *pandemic* could allow people to imagine a different economic order in the future. *COVID-19* is increasingly proving the need for everyone to have adequate housing, adequate health care and income as basic resources to cope with this situation (L. Bloch, 2020). Inspired by the utopian vision of Ursula Le Guinn (1974), the author encourages teachers to think about a radically different future in academic fields, in today's conditions when education is free and accessible to all, at every level, which would enable anyone to engage in creative thinking.

David Troolin brings an important perspective as an anthropologist, teacher and longtime resident of Papua and New Guinea. News from this region about *COVID-19* is sparse and information on how Papua and New Guinea residents are interpreting and responding to the *pandemic* has been inaccessible to our readers. This essay provides contextualized knowledge about the "*ways of knowing the disease*" by locals, beliefs and practices formed in a complex social environment and, what is important, after era of colonialism. As elsewhere in remote Pacific areas, epidemiological advice about social distancing is seen as deeply at odds with community values, leading to disagreements between government directives and local understanding about vulnerability and protection against pandemic damage (DE Troolin, 2020: 84-90).

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The experiences of the medical anthropologists cited above have not felt more valuable and important than their involvement in the analysis of the facts to date on the spread of the *COVID-19 pandemic* and the socio-cultural response of different population groups.

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