1. What is Sahli's main point in this article? What is Sahli trying to get the reader to see or notice? Do you 'buy' the argument? Or, do you think it is an example of 'reading too much into things'? Please explain/elaborate your reasoning.

Sahli’s article focuses on the preventative techniques used in medicine, pertaining to the ethnomedical systems. The author explains how this is an extrapolation of the material culture of our own creation. Sahli continues to convey that the ritualistic aspects of clinical medicine do not belittle the advancements made by modern North Americal medicine. Instead, these symbols and rites are an integral part of medicinal practice. While I don’t agree entirely with Sahli’s argument, I do understand and believe some of the rituals followed are worth advocating for. For example, Taking an oath to affirm the notion of professionalism and ethical practice in medicine. This way graduating medical students are made to understand a certain decorum while treating patients and the importance of their jobs. While I do not believe that rituals are a vital part of medical practice, they are symbolic and used to inspire faith and trust between patient and doctor, important in a patient’s convalescence. If the patient believes in the treatment being offered to them, even in many of the rituals, they will be more likely to accept the treatment/medicine. They will go along with the doctor’s treatment, instead of rejecting it, inadvertently helping along their healing process. As can be seen, although certain medical rituals may not seem to have a strong medical backing, their benefit to a patient’s mental and emotional state seems to be a valuable asset.

1. What connections/overlaps do you see between the articles by Sahli and Lupton?

Both articles explain that the unified majority in western countries tend to view medical advancement as purely scientific and exclusive of any cultural ideology. The idea of culture in the medicinal field of study is instilled in non-western medical systems, as explained by both articles. An example in the Lupton writing is that in many Asian and African cultures, many illnesses are categorized as “hot-cold”, meaning that they are caused by imbalances of “hot“ or “cold” in the body. Both articles differ in the fact that Sahli focused more on the rituals and overall cultural techniques that have evolved over the years and still practiced today. Lupton focuses more on present-day cultural practices in other ethnic cultures. For example, Lupton describes “culture-bound syndromes” to illustrate a cluster of symptoms that seem to be particular to a specific culture and not recognized in other cultures. He describes a phenomenon known as the attack of the nerves, involving behaviors such as uncontrollable shouting, crying, fainting, or aggression. This condition is recognized as an illness mainly by Spanish speakers in the Caribbean and Latin America. A western cultural ideal, as Lupton explains, is a symbol of efficiency and hygiene. This is similar to the oath taken by graduating medical students in Sahli’s article. Despite objective scientific principles underscoring western medicine, there is still a myriad of cultural beliefs and practices developed by living in western culture.

1. What questions were you left with? *Note: these can be actual questions about things you didn’t understand, or questions for further thought/discussion.*

One question I had for further discussion was regarding the ethicality of enforcing cultural beliefs in the medical practices. Whether it is warranted to do so against the patients will or without his/her knowledge if a certain cultural society embraces them.