Medical Anthropology

Ch. 1 Reading Summary – Introduction to Medical Anthropology

Prompt: Generate 5-7 bullet points about main ideas of chapter

* Starting premise of Medical Anthropology is that health-related issues (disease and treatment), how and why one gets sick, nature of recovery, and the human aspect. Rather than just biological phenomenon. Processes influenced by cultural and social factors.
* Developed a bio-sociocultural approach in effort to address health as an aspect of human condition
* Addressing conflicts, miscommunications, and other problems in doctor-patient relationships as well as patient access to high quality, culturally appropriate health care are central issues in medical anthropology.
* Mostly impact at the local level, but sometimes more broadly. Medical anthropologists are on frontline.
* Why have a medical anthropologist? Holistic view, understanding things from insiders point of view and flow experience, applied orientation to human problems can make an important difference in the world.
* Engaged in using and expanding many of anthropology’s core concepts in an effort to understand what sickness is. How it is understood and experienced and acted on by sufferers, their social networks and healers; how health-related beliefs and practices fit within and are shaped by encompassing social and cultural systems.
* Interested in how culture helps to shape illness behavior patterns – help-seeking actions. Seek to move beyond examination of individual suffering to social suffering
* One of influences is the particular theoretical framework or school of understanding employed. They bring that perspective to their research.
* Medical ecology – no single cause of disease. Emphasis on adaptation. Health seen as successful or poor environmental adaptation.
* Critical Medical Anthropology – attention on understanding the origins of dominant cultural constructions in health, including which social class danger or ethnic group’s interests particular health concepts express and under what set of historic conditions they arise. Emphasize structures of power and inequality in health care systems and contributions of health ideas and practices to reinforcing inequalities in wider society. Focus on social origins of illness (ways in which poverty, discrimination, stigmatization, violence, fear of violence contribute to poor health). People construct their own understandings of illnesses, but not in a world of their making. ------ interesting viewpoint