

A Short Note on Medical Anthropology

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Editorial

Medical anthropology investigates "human health and disease, health care systems, and biocultural adaptation." Humanity is approached in a holistic and ecological manner. It's a branch of social and cultural anthropology that looks at how culture and society are organised around or influenced by health, health care, and related issues. It is one of anthropology's and applied anthropology's most developed fields.

Anthropology, medicine, and medical practise have a long history of collaboration. In the basic medical sciences, general anthropology held a prominent position (which corresponds to those subjects commonly known as pre-clinical). As a result of the development of the clinical gaze and the confinement of patients in observational infirmaries, medical education began to be constrained to the walls of the hospital. The hegemony of hospital clinical education and experimental methodologies, as proposed by Claude Bernard, devalues the value of practitioners' everyday experience, which was previously represented by reports called medical geographies and medical topographies, which were both based on ethnographic, demographic, statistical, and sometimes epidemiological data.

Medical sociology and medical anthropology both examine some of the same phenomena, but Conrad claims that medical anthropology has a different beginning, investigating medicine in non-western societies and utilising different approaches. He claims that there was some convergence between the disciplines as medical sociology began to use anthropology's methodology, such as qualitative research, and began to focus more on the patient, while medical anthropology began to focus on western medicine. More interdisciplinary communication, he claimed, may benefit both disciplines. Doctors didn't want to turn popular medicine into an anthropological idea; instead, they intended to build a scientifically based medical concept that they could use to define biomedicine's cultural boundaries. The use of natural sciences and biology to the diagnosis of an illness is known as biomedicine. Ethno medicine is a term used frequently in Western culture. Medical archives and oral history initiatives are also examples of this approach.

Collaboration between anthropology and medicine in the United States, Canada, Mexico, and Brazil began with the implementation of community health programmes among ethnic and cultural minorities, as well as the qualitative and ethnographic evaluation of health institutions (hospitals and mental hospitals) and primary care services. The goal of the community health programmes was to tackle the issues of creating these services for a diverse ethnic population. The ethnographic review entailed examining interclass disputes inside the institutions that had a negative impact on administrative restructuring and institutional goals, particularly conflicts among doctors,

nurses, auxiliary workers, and administrative personnel. Interclass crises had a direct impact on therapeutic criteria and patient treatment, according to ethnographic reports.

The ethnographic evidence backed up critics of institutional custodialism and helped to shape policies of deinstitutionalization in psychiatric and social care in general, as well as a rethinking of educational and health-promoting standards in some countries, such as Italy. [1-6]

As a result of the empirical responses to these issues, anthropologists have become interested in a variety of fields. Developing international and community health programmes in developing countries; evaluating the influence of social and cultural variables in the epidemiology of certain forms of psychiatric pathology (transcultural psychiatry); studying cultural resistance to innovation in therapeutic and care practises; analysing healing practises toward immigrants; and researching traditional healers, folk healers, and empirical midwives who may be reinvented as health workers (the so-called barefoot doctors).

Conflict Of Interest

None

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