

BOOK REVIEW

Medische Antropologie. Journal about Culture and Health.
Jaargang 22, Nummer 1, 2010
Special issue: Care and Health Care
Theme editors: Anja Hiddinga, Jeannette Pols, Deanna Trakas
and Sjaak van der Geest
Single copy: € 20.
ISSN 0925-4374

The *Medische Antropologie* is a peer-reviewed journal on culture and health. It focuses on the discussion and exchange of knowledge on social and cultural aspects of health, illness and health care. It is published by the University of Amsterdam, and the editors are interested in articles which connect the familiar and the 'foreign', as well as those that cross disciplinary boundaries.

This special issue of the journal of *Medische Antropologie* (*Medical Anthropology* Vol. 22, Number 1) has put together ten deeply engaging papers on *Care and Healthcare*. Two of the papers are reflective and based on the authors' own experiences of care by healthcare workers, institutions and themselves for their intimate relatives. The empirical papers are respectively based on rich ethnographic and qualitative studies conducted in the Netherlands, the Aegean Islands, Ghana, Mozambique, Rwanda, Kenya, Switzerland and Greece. The issue concludes with a book reviews and a new section highlighting PhD dissertations in the field of medical anthropology that were defended at Dutch and Belgium universities. Anja Hiddinga, Jeannette Pols, Deanna Trakas & Sjaak van der Geest edited this special issue.

The conceptual introduction, by Sjaak van der Geest, spells out the dominant theme that runs through all the papers in the volume, which is the discourse and debate on the possibility or feasibility of incorporating *care* into healthcare. The expectations of healthcare providers to empathise, be affectionate and emotional towards the people they cure or treat is problematized in the introduction, and further engaged by the empirical papers. The volume mainly interrogates the question, "is it possible for professional, contractual, and paid healthcare workers

to also care for their patients?” Could there be conflict between the roles of curing and caring? Do curing and caring have to be on different sides of the coin or could they be complementary? Would care, which is subjective, always interfere with curing, which is scientific and objective? The subject of “what is proper care?” is thus raised, as to whether it refers to the activity which cures or that which brings comfort and soothes the emotions. The papers in this volume challenge the expectation and assumption that care would naturally be an attribute of how the healthcare worker attends to his/her patrons, and call for pragmatic analyses of the realities on the ground and a reaction to these realities.

Considering that most evaluations of care provided by healthcare workers focus mainly on examining the expectations and experiences of care recipients, this volume is special because it brings to bear the rationale, perceptions and experiences of a wide range of healthcare workers on care. This paradigm helps reveal and address the dissonance in expectations between care and healthcare as well as between the caregiver and care receiver.

The conceptualization of healthcare in this special issue is holistic and transcends the traditional narrow notions of healthcare which only focus on physiological impairments to the neglect of social and psychological aspects of health. The paper on sociotherapy in post-genocide Rwanda for instance illustrates how participants of sociotherapy perceive the intervention as “medicine for their troubled hearts”. The ambivalent situation of abused southern Mozambican women is also captured as a health issue. While on one hand these women are physically violated by their male partners as a way of the men showing their care, the women on the other hand feel cared for by social workers who imbibe social therapy with care to meet the real needs of the women.

The papers in the volume make explicit the fact that both the healthcare worker and the care recipient are laden with heavy physical and psychological stress emanating from their peculiar roles, needs and statuses which immensely hamper care delivery and usually affect relationship between the two. The studies show how both healthcare workers and care recipients in various contexts are pacified for instance by religion, technology, standards, and ethics or contractual agreements.

The papers are based on a broad scope of care recipients including frail elderly people, the chronically ill, the terminal cancer patient, in-patients, war victims and

intimate partner abused women. The settings for care span the nursing home, foster home, the individual's own home, the ward, and the community.

Deducing from the final paper on the empirical turn in health care ethics one could blame the rigid medical ethics and bioethics as partly responsible for the challenge in actively caring in health care. "There is therefore a call for a renewed interest in practical everyday ethical issues and the ways in which health care providers deal with them in practice."

While some of the papers exemplify the difficulties in dispensing real and authentic care in healthcare provisioning, others assert the possibility of marrying care and cure in effective healthcare delivery. Considering that health is a state of complete physical, mental and social wellbeing, and not merely the absence of disease or infirmity, it becomes imperative that care (aimed at creating comfort and soothing social and psychological pain) is made an integral aspect of healthcare. This will be achieved when the obstacles, as addressed in the papers, are carefully dealt with.

The journal is published bi-annually (June and December). A single copy costs 20 euros and subscription is 35 euros annually for the two copies.

Deborah Atobrah
Research Fellow
Institute of African Studies
University of Ghana