



Medical pluralism

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Introduction

- In SG (like elsewhere in the world) the medical arena is characterized by medical pluralism, the **co-existence of a diversity of knowledge and practices** people rely on in dealing with health and illness.
- Only some of these resources are officially recognised as medicine and as part of the official healthcare system and **biomedicine** in particular occupies a **dominant position**; others are classified either as more primitive, often dangerous, forms of medicine (quackery), as belonging to religion or as other traditional manifestations often seen as superstitions.
- We wish to unveil the socio-political and economical **logics** behind this system of governance and examine their (medical and ethical) **implications** in people's practices of health seeking, in the medical encounter and notably in the patient-doctor communication.

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- Medical school trains students to think of medicine in biomedical terms only, and to **leave “out of the clinic”** other health related knowledge and practices that might have been part of their cultural upbringing, and that are part of their patients' life.
 - Our hope is that by gaining awareness of the way this plurality of knowledge and practices unfolds in specific contexts and in people's life, and of the forces that shape these configurations, you might be willing to **bridge the gap** that often separate biomedicine from the rest of the healing arena and start thinking of creative solutions to do so.
 - For a therapeutic relation to be successful from medical and humanistic point of view there needs to be **respect and understanding** of the patient's perspective and approach to health and healing.



Warm up discussion

Think of a situation where you (or someone close to you) relied on a diversity of knowledge and practices in the attempt to deal with a specific illness episode:

- ▶ try to unpack the logics and reasons behind your choices.
- ▶ what do you think non biomedical knowledge and methods did address/heal?

In case such a diversity does not exist in your life (ex. you only rely on biomedicine), pls reflect on why it is so.

Share your reflections with your groupmates!



Medical pluralism: an anthropological perspective

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Learning objectives:

- ▶ Acknowledge that the way people deal with health and illness is **not a given**, but the outcome of different historical, political, social and economic factors and the relation of hierarchy and complementarity they have created between the different components of the medical field, that shape our values and what is accessible to us.
- ▶ Understand that the resort to **MP reflects the multiplicity of needs** (at cognitive, emotional, biological, physiological level) related to health and illness and the incapacity of different knowledge and practices to address all of them; biomedicine and non-biomedical traditions compete with one another but also **complement one another** in apprehending health and illness.
- ▶ Realize that health is **not just about the body, not just about medicine** – but also about emotions, meanings, values and policies.
- ▶ Unpack why and how **biomedicine** has become the **predominant** medicine globally (at institutional level) and how this has affected the other practices and traditions, as well as the way people judge, assess practices and make decisions.
- ▶ Understand the reasons behind the **communication gap** which often exists between doctors and patients.

Medical pluralism: The term and the phenomenon

- ▶ Term proposed by Charles Leslie
- ▶ MP includes:
 - National health care system often plural as includes different “medical systems” : biomedicine vs traditional medicines (Asia); biomedicine vs CAM (EU, USA, ...), yet **biomedicine is always the dominant one.**
 - The different medical systems or subsystems generally compete with one another but sometimes exhibit cooperative, collaborative, and even co-optative relationships with one another
 - Outside of the formal health care system there is a plurality of practices that contribute to health though they are not necessarily recognized as (/legit) medicine: herbal medicines, astrology, alchemy, divination, amulets, religious practices,... They address other issues beside health (sexuality, beauty, immortality, social and economic problems and various forms of fortune/misfortune).

From a critical perspective, medical pluralism tends to reflect hierarchical relations in the larger society. Patterns of hierarchy may be based upon class, caste, racial, ethnic, regional, religious and gender distinctions (Baer et al. 2003; Singer and Baer 2007).



Asian medicines

- ▶ Non-system: the very idea of system is a product of ordering and systematization integral to modernization and the emergence of so-called scientific medicine (C. Leslie)
- ▶ oral and written traditions/Great vs Little Traditions (with texts not reflecting the complex and syncretic nature of the practices)
- ▶ intertwined with religion and other cultural aspects
- ▶ Include tangible and intangible, visible and invisible, material and spiritual
- ▶ Prevention and cure on a continuum
- ▶ Microcosmos-macrocosmos
- ▶ Holistic approach; personalized treatment
- ▶ Act on the roots of the illness

What's unique to biomedicine and what are the implications in terms of healthcare?

Grounded in Western history (cartesian rationalism, monotheism and industrialization)

- Empiricist vision of reality, which is defined mainly in terms of what is material, visible, measurable, quantifiable, describable (from Descartes)
- based on an assumption of the universality of human bodies that everywhere are biologically equivalent/believe in single Truth (from monotheistic religion)
- Through medical training learn specialized ways of "seeing," "writing," and "speaking." where the human being is reduced to a body and human suffering to a biological pathology.
- Technical intervention; the psychological, social, and moral are neglected in the diagnosis and the treatment
- Fast pace (obstacle to time for care and communication)
- The most institutionalized form of medicine
- Bureaucratization, routinization, professionalization in name of efficiency and quality
- Professional/lay hierarchy; Role of patient and family is weakened.

Biomedical dominance within the healthcare system

Process

- Biomedicine is at the core of the healthcare system because of colonial history and post-colonial reappropriation of its dimension of power and control; the secular, materialistic and predictable nature of biomedicine is in tune with the ethos of modernity, development, efficiency, and control important for the state agenda (Individual body-political body).

Assumptions

- Based on the idea that (Western) science (on which biomedicine is based) represents the universal truth

Implications

- Used as instrument of governance and control (of populations and practices seen as “problematic” for the image and/or the stability of the state)
- Other medicines are refused this label and/or downgraded and presented as unsafe and dangerous, as forms of quackery, or backward superstitions.
- Separation between medicine and else (religion, magic) and institutionalization and professionalization of the former
- Other medicines become complementary and antagonistic to biomedicine (nationalistic ethos)
- Other medicines have to go through a process of standardization, selection, simplification, secularization, professionalization, in order to be legitimated.
- Exclusion of other medicines from the healthcare system or their relegation to an inferior position within the system has impacts on their accessibility (health insurance) and the way the general public perceives, values and use them.
- Cultural and social gap create a communication gap between doctors and patients



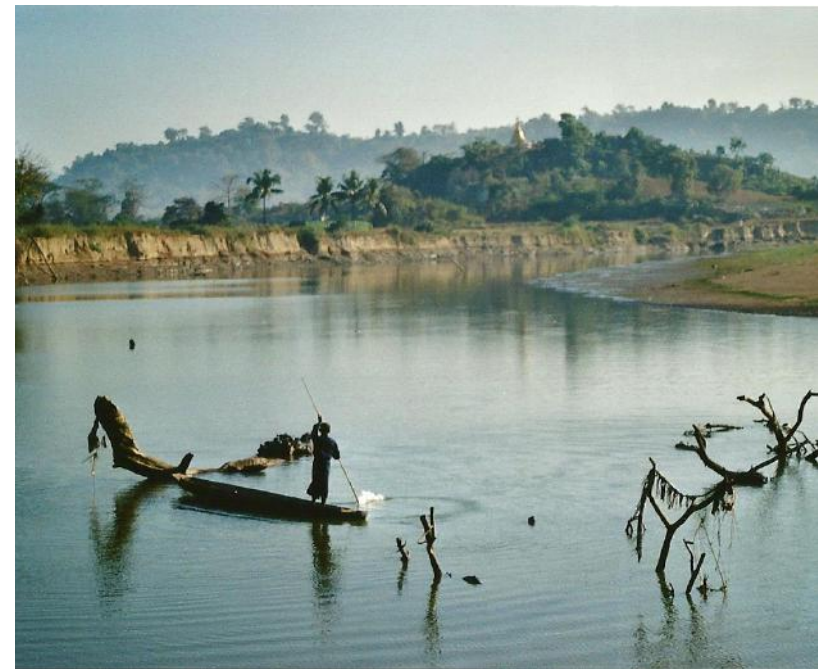
Critiques

- ▶ Leslie insisted that biomedicine has no monopoly on science and that Chinese, Ayurvedic, and Arabic exhibit scientific characteristics in that: “They involve the rational use of naturalistic theories to organize and interpret systemic observations. They have explicit, orderly ways of recording and teaching this knowledge”.
- ▶ Different medicines are like different languages and operate according to their own logic. TMs should be respected for their own nature.



MP in Myanmar





MP in Myanmar

How is MP regulated?

- Formal healthcare system: biomedicine and a modernized/standardized version of traditional medicine
- Lacking and inadequate because of economic neglect
- Outside of the formal system: astrology, alchemy, mantra recitation, esoteric diagrams, divination, exorcisms, bone setting
- Regulation of MP by the state relates to political agenda of nation building

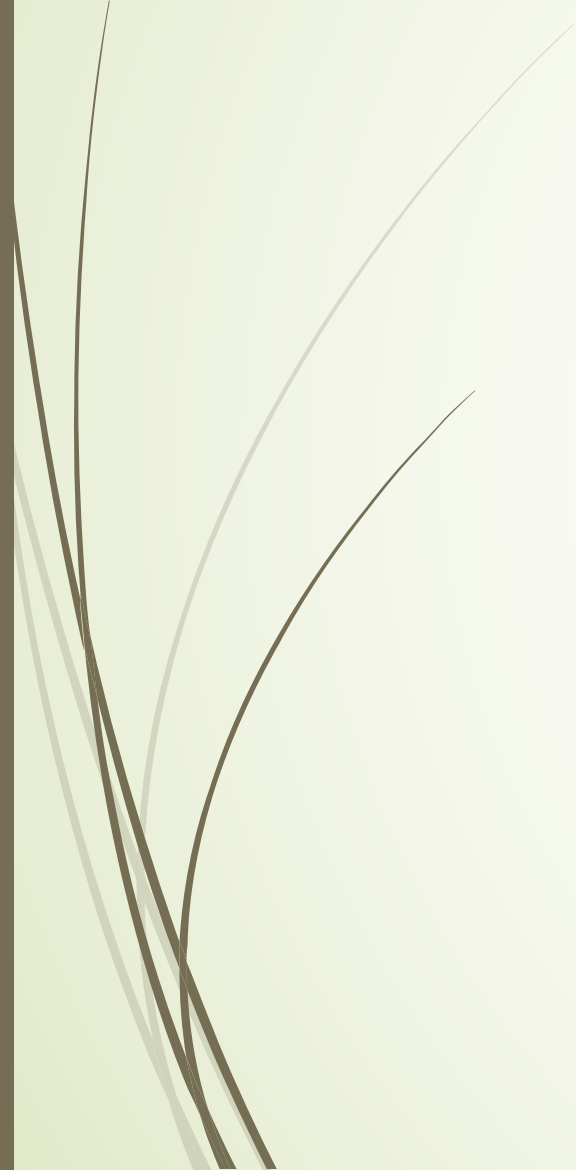
How is MP used? What's the logic behind HSP?

Plurality and hybridity of the:

- Aetiological system
- Preventive and curative practices



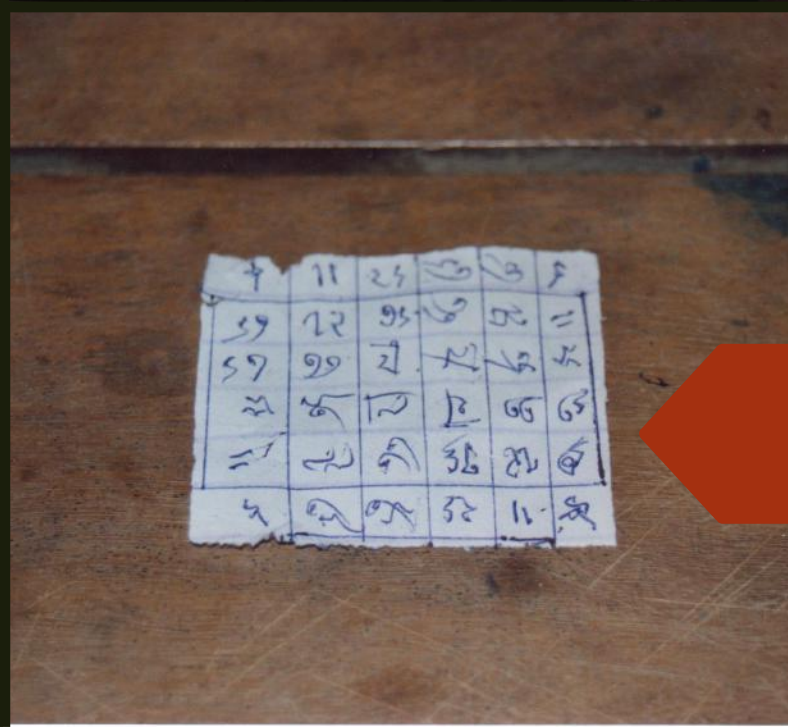
The case of Aye Tan Shin





Herbal and alchemic medicines





Remedies for exorcism

Offering to planetary forces



Health seeking process

- ▶ HSP determined by person's position in the social space, understanding of the illness, accessibility, previous experience, trust, family and friend's suggestions
- ▶ Depending on the nature and the gravity of the disease, and of the availability and accessibility of the resources, one's health-seeking process can be more or less complex.
- ▶ it is a seek for cure and for meaning
- ▶ Resources can be used in a way which is seldom unidirectional.
- ▶ Compounded healing
- ▶ Social dimension of healing

- ▶ Despite success of biomedicine, traditional practices continue to occupy a relevant role in people's healthcare seeking processes:
 - the official system is highly inadequate and inaccessible to a large part of the population
 - The traditional sector is still appreciated is that it is socially and culturally more appropriate: it deals with both physiological and non-physiological aspects of illness—the spiritual, social, and cosmological aspects; it provides meaning, agency and hope.

MP in SG

- Colonial and postcolonial politics centered on biomedicine.
- Healthcare system: Biomedicine and some aspects of TCM (acupuncture and some herbal medicines); other “ethnic” medicines are excluded.
- TM not illegal yet neither recognized as legitimate healthcare option – can not be regulated.
- Malay, Indian and Chinese medicines are accepted if practiced within the law, don't enter the field of biomedicine, avoid use of certain drugs, chemicals, and claim to cure specific ailments.
- Professionalization of TM is not encouraged nor supported by state; MCs provided by TM doctors are not recognized
- Several religious and spiritual traditions



Pluralism [. . .and] is indicative of a general level of acceptance of the biomedical model as well as its limitations in addressing all aspects of health

Dozon (1987, p. 17, my translation)



Thank you!

