

## Medical Anthropology (3)

**Malady as an umbrella term including disease, illness, sickness***cf. sick role and patient role*

- \* Disease: Biological problem involving abnormality in the body's structure, chemistry, or functions. Usually based on objective observation, and well-defined by the common criteria in scientific context (cf. ICD-10).
- \* Illness: Patient's experience of something wrong, a sense of disruption in well-being (maybe resulted from disease or cultural beliefs), essentially subjective perception.
- \* Sickness: Consequences of social responses to a person who is sick.
  - Sick role: Social expectations for the behaviors of a person diagnosed as suffering from a malady (eg. being excused from work or school).
  - Patient role: Special kind of sick role, social expectations for the behaviors of a patient diagnosed as suffering from a disease at any medical facility. Changing by not only the social context but also epidemiological situation.
  - Schizophrenia patient usually doesn't recognize oneself as ill, but the society regards the one as sick. Depression patient (especially so-called "new type" depression patient) considers oneself to be ill, but sometimes the society (including the company where the one works) cannot accept the one's excuse of sickness.

(See, Nakazawa M, Moji K (2018) What is needed to realize universal "health" coverage? The meaning of health revisited. *Journal of Global Health Reports*, 2, e2018021. [<http://www.joghr.org/documents/volume2/joghr-02-e2018021.pdf>])

## &lt;Debate&gt;

- Theme for the next week is "When the practice to cure disease makes conflicts with the practice to heal illness, is curing disease always more important for the patient?", considering the case study cited from Winkelman M, 2009, p.37 (copied below).

The problems that occurred in the case of infant Lia Lee resulted from differences between biomedicine and Hmong culture in the understanding of Lia's health condition. Differences between what doctors recognize as disease and what people recognize as illness often underline miscommunication and lack of compliance with medical recommendations. Lia's doctors were trying to treat a disease they called epilepsy, while her family was concerned with an illness resulting from a "lost soul".

The Hmong believe the life-soul, particularly that of babies, can be stolen by the spirits, wander off, or become separated by being startled by a loud noise or through anger, grief, or fear. Loss of life-soul can lead to loss of consciousness. Lia's parents believed she lost her soul when it was startled and fled when her sister loudly slammed the door. Jerking and twitching with her eyes rolled back, Lia had fainted, symptoms of a condition the Hmong call *quab dab peg*, its meaning giving the title to Anne Fadiman's book: "the spirit catches you, and you fall down."

The Hmong-English dictionary translates *quab dab peg* as epilepsy, but to the Hmong it is interpreted as a divine calling, that a spirit with healing potentials has taken up an abode in the person. Lia evidenced this in her increasingly lengthy convulsions and periods of unconsciousness. Such symptoms indicate that one has a call to follow the vocation of a healer who can control the spirits that affect health. Thus, the condition that afflicted Lia, while a source of concern, was also something that bestowed honor and distinction, potentially a blessing that could lead her becoming a respected healer. But to the doctors, it was a severe medical condition, one that could be seen in the abnormal electrical activity that spread across her brain with increasing frequency. Their efforts to identify its "real" cause left the physicians frustrated, a seizure without known etiology (cause). Ultimately, one of her physicians offered that the final near-fatal convulsion that left her in a vegetative state was septic shock caused by a bacillus she was infected with in the hospital. The drugs that treated her epilepsy had the side effect of compromising her immune system, thus increasing her susceptibility to infection.

The ways in which Lia's parents and the Hmong community viewed her condition (a potential blessing of spirit powers) and her medications (something that caused her problems) were never recognized by the physicians. Consequently, there were serious problems in convincing her parents to provide her with the medications her doctors thought were essential for her recovery. An effort to apply state-of-the-art medical treatment – a complex combination of changing medicines – was beyond the capacity of Lia's illiterate parents. Disease could not be treated because the distance between the doctor's conceptions and the family's beliefs and understandings was too great.

This case illustrates the consequences of differences in biomedical and cultural views of a malady. A coma-inducing seizure was not the necessary outcome of the cultural differences between the physicians and the Hmong. Medical anthropology offers tools that could have enabled providers to recognize the differences and negotiate between worldviews by eliciting the explanatory model of Lia's family. A mediator could have helped identify her problems in ways that would have ensured Lia's adequate care and well-being, instead of leading to misunderstanding that left her in a comatose state.

Proposition side: Yes. Curing disease is always more important

Opposition side: No. Healing or caring illness is more important