The Taste For Knowledge: Medical Anthropology Facing Medical Realities

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Introduction

The “Taste for Knowledge: Medical Anthropology Facing Medical Realities”, written by Sylvie Fainzang, Hans Einar Hem, and Mette Bech Risor, describes how the subject of medical anthropology is gaining popularity in medical research and community health. The book describes some critical and sensitive issues that are affecting the understanding of the subject of medical anthropology in current practice. The book shares the opinion of some international researchers’ debate on issues like whether ethnography should be included in the service of medicine and followed by doctors, what plan European countries are working on in the field of medical anthropology, what are the factors that are related and how doctors and physicians implement this concept. The book is comprised of two main parts. The first part focuses on the field of medical anthropology and the authors’ remarks about it, and the second part raises a more critical issue, which is “how medical systems are changing their concepts and practices”. The book demands readers to make their own perspectives on anthropology practice and the delivery of medical service to patients. The book is not only targeted at medical service providers and physicians but also at the students of medical researchers who are interested in the field of anthropology and hold a perspective on this concept in their future medical service (Fainzang et al.).

Discussion

The book reflects various researchers who provided their motives in the field of medical ethnography. This concept is practised differently in the United Kingdom and America. The field of medical anthropology is the most focused among all fields of anthropology. Josep M. Comelles’ contribution to this book is about the concept of whether ethnography practice should be adopted by physicians in their medical service and provides the future plans of Europe towards the inclusion of this practice in their hospitals. Comelles provides his own example of his service as an anthropologist and how, in his view, medical anthropology should be practised in hospitals. Sylvie Fainzang’s view about medical anthropology is that everyone should have their own anthropological perspectives. Therefore, interdisciplinary collaboration is critical, and many factors are valid in developing a strategy for research in the union. Key points are mentioned for concerns related to anthropology and medical services. Anderson relates biomedical and anthropology by using the example of cancer patients who make delays in referring to their physician by describing the social, cultural and rational norms. Another author in the book describes common ideas related to the issue and how biomedicine relates

to social sciences. Geest describes the relationship and issues in joining anthropology with the cultural norms of patients.

The second part of the book explains the strategies used by patients and how they link with medical realities. The author, Risor, describes the realities of medicine and the symptoms that patients show, the illness and limitations of the medical practice and how alternative medicine and folk medicine can be useful in the treatment of patients. It also has a comparative study of cancer patients in Italy and Denmark and focuses on the medical realization of patients and physicians in cancer and near-death scenarios. It uses the example of complementary medicine and how it is politically and economically affected by certain factors. It also discusses the provision of complementary medicine and how it affects the delivery of care to patients. The author claims that the nomenclature of folk and alternative medicine is sometimes confused, and it needs proper definition in medical terms. This claim is supported by other authors. Hufford, Lee, and McClean also tried to differentiate between complementary alternative medicine and folk medicine. Their distinctions seem to clarify the confusion between care delivery methods for two medications. The author, Menaca, describes the medical realization of patients living in Ecuador and how they properly discuss the terms and conditions and requirements of patient care will be executed. They also discuss the local health beliefs and practices of people in Spain and their expectations of medical treatment. Another discussion made by author Arnaiz describes the issue of obesity and how diet relates to people's concepts. It describes their morality, medical concepts, and cultural and social thoughts of these people. It is described that these people link their status and morality with obesity and have different concepts about the cure. Foley, Papadaniel, Kaech, and Rossi discuss medical realization in people on their deathbeds and palliative care. They describe that definitions of palliative care are different from the cure of the diseases, and many challenges are present when patients are subject to palliative care, which are understanding the problem, how to live and prepare for the worst outcome and how the families are expected to behave in such situation.

Middleton, Moen, and Hostmark describe the concepts people have about good muscles and fatty tissues and how they overlook the adverse effects of obesity. Hem discusses the issues related to anthropological addition in health care institutes and how different factors affect the care for patients. Caterina Masana Bofarull describes the process of self-care among people with chronic illnesses and how anthropologists are expected to behave in such cases. In the last article, Van Dongen conveys his point by starting from his own personal experience and how patients have to deal with harsh realities when they or their families suffer from fatal diseases.

The theme of the book is not uniform and lacks a sequel of information that increases the interest of the reader. It appears to the reader as a random collection of articles, and it is very difficult for an average reader to understand the main purpose of the book and its extract. The articles written by authors, though, hold similarities of concept in most of their points, but the whole writing collectively feels like a random addition of information. Every article presents the author's very good knowledge and experience in the field, and some of them are even supported by the author's personal experiences. Both of the concepts described in writing, the medical anthropology and medical

realities of patients, are explained with enough support, but together, they seem unfit and should hold their own separate identities and roles within different cultures and social settlements.

Conclusion

In short, this book is a well-written reference to the importance of anthropology in the medical field. The author's selection of chapters and their order of appearance in the article elaborates on the importance of anthropological service in various countries and different social, cultural, and economic settlements. The authors succeed in convincing the reader about the challenges that are faced in progressing with anthropological service in the medical field. The editors of this book selected articles about the issue from authors of various demographics, cultural and social practices and described how they vary in their understanding of anthropology and its application in medicine. The authors' description of medical realities and choice of folk and CAM medication in case of legitimate illness or incurable diseases is well organized and has uniform explanations between all seven of the articles on this topic. Readers can easily understand the aim of the studies and the authors' perspective on patient care in these critical scenarios. The authors wrote well about these topics, and their contribution to explaining these issues needs public appreciation.

Works Cited

Fainzang, Sylvie, Hans-Einar Hem, and Mette Bech Risor. The Taste for Knowledge: Medical Anthropology Facing Medical Realities. Aarhus University Press, 2010.