



# Health Cluster

## Workshop on Medical Anthropology 25 June 2018 Long Report

Between June 25 and 26, COSIMENA invited medical professionals as well as students in medical and social sciences to participate in a health cluster on medical anthropology. Since its inception, COSIMENA has developed seven issue-driven clusters on water, energy, economy, urbanism, cultural heritage, and health which act as knowledge hubs and platforms of cooperation between scientists and innovators in Germany and the MENA region. Since 2017, the health cluster has been a focal point for medical experts on topics such as public health, health policy making and noncommunicable as well as infectious diseases.

This two-day workshop focussed on medical anthropology, a sub discipline of social and cultural anthropology that emerged in Western Europe and North America in the 1960s. It looks at how social and cultural contexts influence the experience of illness and treatment management. Medical anthropologists work alongside medical practitioners to improve doctors' practice and the health outcomes of patients in ordinary circumstances or in emergency situations. In Egypt, medical anthropology is a nascent field of study that has not yet found its way in the curricula of social sciences or medicine, at least in an official capacity.

"Recent disease outbreaks have demonstrated the need and the centrality of the role played by anthropologists in bridging the gap between biomedical and cultural practices," said Dr. Roman Luckscheiter, Director of the DAAD Cairo Office in his welcome address, referring to the crucial role played by medical anthropologists during the Ebola outbreak in West Africa.

The idea of organising this workshop came to Dr. Mustafa Abdalla social scientist at the Freie Universität Berlin during a 2016 DAAD workshop called "Brain Circulation" – as a counter argument to Brain Drain – in Cairo, discussing ways for Egyptian professors, scientists and intellectuals residing abroad to share some of their knowledge and expertise with their home country. "With this workshop on medical anthropology, I wanted to reach out to people working in remote universities and in difficult conditions, and people coming from all parts of Egypt," explained Abdalla, who did his MSc in anthropology at Cairo University before joining FUB to pursue a PhD in medical anthropology. One of Abdalla's key objectives for the workshop, in addition to introducing the founding theories of medical anthropology and presenting various practical applications of the discipline, was to make a case for its introduction in medical and social sciences' curricula.

To ensure that both groups of attendants – the professors of medicine and practicing doctors on one hand, and the students on the other – could get the most out of the workshop, they were split: the June 25 workshop was tailored for an audience of health professionals, and the next day was for students.

In his welcome address, Simon Brombeiss, the Head of Culture and Education, and the Acting Head of Protocol and Science of the German Embassy underlined the relevance of such a workshop. "Cairo is a science hub for Germany, with a high density of scientific partners," he



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added, stressing that COSIMENA brings together eight German research institutions all housed within the DAAD premises in Zamalek. For this edition of the health cluster, the Austrian embassy was included as a partner. In her opening remarks, Mag. Ulrike Nguyen, the Deputy Head of Mission at the Austrian Embassy in Cairo, explained that a year ago, when Abdalla first approached her, she had no clear understanding of what medical anthropology entailed. "But after he explained the ins and outs of this multidisciplinary concept, we wanted to be involved in introducing it," she said. As a way to strengthen the scientific cooperation between Egypt and Austria, an Austrian medical anthropologist from the Sigmund Freud University in Vienna was invited to give several presentations during the workshop.

"Anthropologists like to tell stories," said Abdalla to professors in his introductory remarks on medical anthropology. "We study mankind, especially societies and their customs and traditions. Why do people do things the way they do?" he asked. This is what medical anthropologists are trying to find out through ethnography - the study of people and cultures - and field research. As part of his PhD research, Abdalla lived in a small Dogon village in Mali whose 2,000 inhabitants had collectively converted to Islam in 1935. "I was interested in understanding how adopting this religion had changed the community, the relationship between men and women and to the world." All of a sudden, villagers from a remote Malian village were connected to a larger community of Muslims, and the pilgrimage to Mecca - often reached by foot - brought in new ideas and perceptions.

Medical anthropology, he explained, argues that there is more to health and disease than physical processes. In fact, a strictly epidemiological approach often ignores other aspects affecting health. "For a good intervention, it is crucial to understand the cultural context of disease," Abdalla said. Medical anthropologists use various methods: fieldwork, specialized interviews, meetings, and analyses of qualitative and quantitative data. A growing number of them work with clinical practitioners to mediate conflicts and clarify cultural issues. At the peak of the Ebola virus outbreak in West Africa, the response of locals to medical intervention showed that a new approach was needed. Instances of violence against the medical staff in charge of handling the sick villagers became so common that medical anthropologists were dispatched to understand what triggered the assaults and appease the situation - with much success. "In Egypt, we also have stories of doctors being beaten up and attacked, and shortages of medication which affects the doctor-patient relation," Abdalla highlighted.

Dr. Amany Ahmed is a medical doctor and a professor at Kasr el Ainy's Faculty of Medicine. She's been familiar with medical anthropology since Abdalla introduced her to the concept back in 2013. "I was really surprised that people other than doctors were studying and discussing medicine," she said. A few years later, she was able to join a fact-finding mission in Germany through the DAAD during which she deepened her knowledge in this discipline. Since, she has been considered as one of Egypt's most vocal advocates of medical anthropology and its benefits. While there is a serious need for training in qualitative research for faculty members in Egypt, she believes that medical anthropology could shed a very important light on issues such as hepatitis C, sexual health, female genital mutilation, non-communicable diseases and mental health, where stigmas are fierce. "Medical anthropology can also help frame a more efficient health care system," she added.



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Nasima Selim, from the Freie Universität Berlin, is a medical doctor who branched out to medical anthropology later in her career. Because she has been 'an inhabitant of both disciplines,' she gave an insightful presentation on how to bridge the gap between medicine and anthropology. She studied cardiology at Dhaka medical college in Bangladesh, and she recalled the day she was asked to take the pulse of a patient in a crowded hospital ward. "I couldn't find the pulse," she said. He was dead. "The patient had died, and nobody had prepared me to deal with death. I knew what to do physically, but not emotionally," she admitted. Years later, another experience confirmed that her training as a doctor did not always suffice to deal with patients. She was working in a mental hospital for women in rural Bangladesh, with little funds and medicine available. When a patient improved, she'd call the family to inform them that the patient was ready to go home. "They never came. Who could have told me about this? I was not at all prepared." In 2004, a public health school was formed in Dhaka that had a medical anthropology curriculum that Selim joined. "A medical student learns all the nerves," she said, "but does he know how the body interacts with the society?" She believes that transformative learning needs to be taught in addition to informative learning, to understand the realities at play. "One often forgets that illness is located inside the body but also in the society. Some diseases are stigmatized, and some aren't," she says. "How that shapes the actual experience of the person is often overlooked," she added. Medical anthropology is already multi-disciplinary, with fundamental points to treat people and society like an ecosystem, she said. "I hope that Egypt will become a pioneer by introducing MA in the curricula."

Dr. Margret Jäger, a medical anthropologist from the Sigmund Freud University in Vienna (SFPU), teaches medical anthropology to medical doctors, nurses, public health professionals and psychologists. She is a member of the European association of social anthropologists (EASA) and conducts her research in Austria and Brazil. "Our discipline suffers from a sickness called invisibility," she said. Parts of the reason for this is that classical anthropology methods take time, and that medicine calls for quick solutions. Medical anthropology is taught as a module in some medical curricula across the world, but the only MSc programme completely dedicated to this discipline is in Uganda. At SFPU, they have completed the first medical bachelor programme in medical anthropology and will start the Master's program next year. "The first semester should be entirely dedicated to medical knowledge, and medical anthropology concepts should start to be introduced in the second semester," she advised to the attending medical professors. "The most important thing for students in this field is to do an internship in a health facility," she pointed out.

Reflecting on medical anthropology in medical settings in Egypt, anthropologist Prof. Hania Sholkamy from the American University in Cairo said that while Egypt has some of the most prominent thinkers in medical anthropology, "it is painful to think that we are not teaching it." She explains that medical anthropology lies at the intersection of biology, society and science, and that the way these elements interact together depend on the political and social contexts. That's why importing Western medical anthropology methods isn't a good idea, and that the practice needs to be grounded. "The most critical issue for teaching medical anthropology in Egypt is understanding the medical system. It's the elephant in the room! It needs a very political, leveraged approach between institutions and providers, freedom of information, pharmaceutical companies and how they affect your work." The weakest link in Egypt's care





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provision is the lack of patients' digital case files that can be shared electronically, she said, which prevents follow-up.

On day 2 of the workshop, medical anthropology experts addressed the next generation of medical professionals and social scientists. A motley group of 40 to 50 students gathered at the DAAD to listen to some presentations and participate in a variety of dynamic exercises. From the onset, they were encouraged to be as participatory as possible.

"Since 2016, said Abdalla, there has been individual interest in medical anthropology in Egypt, but we are gathered here today to send a message to a larger audience," he told the students, after giving them a concise presentation of medical anthropology's founding theories.

"You are the future, and the agents that could make the future better," he told them, adding that the Egyptian society is changing along with daily problems, diseases and health challenges. We need to respond to them in an appropriate context, and work collaboratively, he added. Selim, who has a dual training as a medical doctor and as a medical anthropologist, explained that the more she studied medicine, the more the human being was disappearing behind forms, diagnostic and classification. "And then in your 4th or 5th year, suddenly, you start dealing with a human being. The shock at realizing that the liver is inside a person!" she exclaimed.

When Abdalla designed this medical anthropology workshop, he had two main priorities in mind: providing medical students with insights in medical anthropology to help their practice, and encouraging social sciences' students to embrace medical anthropology and work alongside doctors in medical settings. "I know how difficult it is for social sciences and medical students to interact because your campuses are far away, but we will need you to take this initiative forward," he said.

At the heart of integrating medical anthropology principles into the medical practice lies the relationship between the patient and the doctor. "Our physicians are confronted with violence, said Abdalla, families beat up doctors and there are huge issues of resources and shortages of medication. This all affect the doctor-patient trust," he explained.

The students, clearly curious to understand how applicable medical anthropology methods could prove to be for their future health practice, engaged in relentless debate with the experts. One medical student asked if medical anthropology findings can be generalized, and whether recommendations can be derived from long-term observation. Abdalla explained that the core idea behind this discipline is to prepare medical students to deal with certain difficult situations. However, the nature of medical anthropology makes findings hard to generalize. Observations and conclusions will be linked to a particular person and place," Abdalla said, arguing that conducting an anthropological study in rural Upper Egypt could not be applicable to rural communities in the Delta, for example. "As medical anthropologists, we are not interested in changing people's traditions. That doesn't mean that we are not interested in change. On the contrary, we strive to provide the set up for change to become possible and sustainable," he said.

Some students raised the valid point that anthropology is a discipline that typically takes time and wondered how swiftly medical anthropology could intervene to help turn a disastrous health situation around. Jäger explained that in cases like the Ebola virus outbreak, the World Health Organization called out medical anthropologists to the rescue after 6 months. “With such scenarios, we won’t need to spend a full year inside the community to figure out the sources of the problems, instead we deploy a rapid assessment procedure,” she said. It consists in classical anthropology methods developed in a team, the gathering of background information, and hiring team members with knowledge of the local language and culture to obtain quick data.

Throughout the two-day workshop, Abdalla, Jäger, Selim and Ahmed all advocated for the creation in Egypt of a medical anthropology course meant for medical and social sciences’ students. Abdalla is a firm proponent of turning it into a core class for everyone rather than an elective, to ensure that basic concepts are introduced to students. Jäger made a very strong case as to why medical anthropology can improve medical practice by laying out concrete cases. It has been proven, she said, that inter professional collaboration between medical doctors, nurses, social workers and psychologists improve the patients’ outcomes and decreases mortality rates. “It is very important to use other professionals’ expertise and surround yourself with all sorts of knowledge to aptly deal with a case.” Discussing difficult cases with colleagues from various specialties on a weekly basis is also very beneficial, she said. Over years, Jäger has trained dozens of health staff, who learned how to listen to a patient and his or her family in a different way, improved interview techniques, how to read and understand studies based on qualitative methods. It is also very important to understand the importance of health beliefs in the search of therapy, she said. “If a patient believes that cancer is God’s punishment, then there is no therapy,” she explained.

During the last two hours of the workshop, the students formed eight groups and brainstormed to answer one of five questions prepared by the experts. They were then invited to present their findings and conclusions on stage. One group reflected on how they envisioned working in an inter professional environment mixing medical anthropologists and medical staff. Manar, who studies paediatrics at Ain Shams University, presented her group main conclusions on this issue. “We found that including medical anthropologists would be beneficial on different levels: in the hospital setting, in research, in medical education institutions, in field operations and to advise policy,” she said. It would help convey messages to certain groups, increase acceptability of treatment through cultural sensitivity and understanding, and embrace a holistic approach to treat a patient. Another group led by Mostafa, was given the same question. “We believe that in order to create functioning health facilities, having a team of medical anthropologists with knowledge of specific groups would be very beneficial to address the shortcomings of doctors,” he said. In terms of how this concept could be practically set up, they imagined the creation of a centre within the hospital where doctors could have access to medical anthropologists, that would also be a place where patients resisting treatment could receive counselling.

A 5th year medical student, Ali, and his group, were tasked with exposing the challenges facing medicine and medical practice in Egypt. “The issues in healthcare fall in three domains:



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doctor, patient and the system,” he said. “The medical curricula and practice are outdated, so we end up submitting to social patterns of health or making non-evidence-based choices,” he said, generally in subpar facilities.

Two groups were asked to step out of their doctors’ shoes for a moment and reflect on the issues they have faced as patients in Egypt. The group led by Nour, a medical graduate, was split equally between medical and social sciences’ students. “The way medical prognostics are delivered can be brutal; the way some of us were informed of a bad disease was blunt,” she said. She also pointed to a lack of physical privacy and confidentiality. “Oftentimes, doctors do not explain why such and such operations need to be done, and rarely discuss alternatives,” she added. Mohamed, a first-year medical student at Cairo University, explained that the main challenges patients face is the lack of resources, the bad facilities, poor hygiene, the lack of sufficient medicine and overall bad management in health facilities. “Patient confidentiality is not respected,” he concurred.

At the end of the day, Abdalla asked the students if they felt that their understanding of medical anthropology had expanded much, and they all agreed that it had. A lot of them seemed convinced that medical anthropology should become part of the medical curricula, and that home-grown medical anthropologists should develop in the future.

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*(Report by Ms. Louise Sarant)*