

Medical Anthropology and Medicine – opening the discussion

The following topics will be discussed during five evening lectures at the University of Tartu in a mixed public forum from medical and social sciences and humanities. Lectures will give insights into theories and concepts of medical anthropology and show how social scientific knowledge contributes to the education and practice of health professionals, in particular medical doctors.

March 14–18, 2016, starting at 18.15

Ülikooli 16-109

University of Tartu

Five Topics:

1. Human rights and ethics (14.03.2016)

Knowledge of human rights and ethical questions is fundamental for health professionals to deal with the daily challenges of the profession's exercise. What does it mean to act ethically in practice and research? How to respect human rights during a stressful daily routine in a hospital? Anthropology critically reflects on the global discussion of human rights and focuses on the respect for concrete human differences, both collective and individual, rather than the abstract legal uniformity of Western tradition. Human rights are not a static concept but it needs to take into consideration local realities too.

2. What is medical anthropology and what do we do? (15.03.2016)

The lecture will present the discipline of medical anthropology and its strengths to the students. From the perspective of anthropology definitions of health and illness/disease will be addressed and an insight into simple concepts will be given. Furthermore, different fields of acting as a medical anthropologist will be shown through examples from the teacher's experience. Work as consultant for hospitals, research within cancer rehabilitation centres, project management about prevention and health promotion and teaching health professionals will be addressed. Further, it will be discussed how medical doctors and anthropologists may work together to develop the health system and improve patient's care.

3. Health campaigns – what's their real goal? (16.03.2016)

After introducing definitions public *versus* global health, the lecture will address the subject of health campaigns to use it as an example for the discussion of public health measures to improve the population's health. Medical anthropology offers a critical perspective to analyze campaigns and takes a look at people's reaction to them. Who is involved in campaign planning and who is confronted with its outcome? Examples may be alcohol consumption, mammography screening for breast cancer, smoking and the children's vaccination.

4. Gender aspects of health tourism (17.03.2016)

At the beginning of the lecture definitions of health and medical tourism will be shown to stimulate the critical reflection of the students for differences within the study field of “health tourism”. Furthermore, sex and gender differences will be presented to contextualize gender aspects in the field of tourism and health/medicine. “Health tourism” grows extremely worldwide and people spend a lot of money for different reasons to achieve better health, search for a cure, change their lifestyle, even their sex (Thailand is famous for sex reassignment surgeries), and find relief for their health problems. Anthropological knowledge may help us to understand people’s search for better health and the industry’s reactions to it.

5. Exercising the medical profession in a globalized world – reflections on a culture sensible health system (18.03.2016)

Living and working in a multilingual and multicultural context in Europe demands reflection and education on cultural aspects of health and illness/disease, and the development of a culture sensible competence of health professionals. Different concepts will be presented to help medical professionals to understand their patients better, organize treatment management in a more effective way and help to save financial and staff resources. How do health systems in Europe (e.g. Austria, Germany) react to patients with no language competence, diseases different than the local population and the cultural diversification of health staff through non-local recruitment? Some European countries suffer from the brain drain of health professionals and need to deal with a lack of staff, while others take profit from this brain gain.

Organised by:

Tartu Nefu Group and Estonian Medical Students’ Association



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