

inside NEWS

Royal Canadian Legion Fellowships Awarded

This year's four winners of the Royal Canadian Legion Fellowship Awards are all dedicated to improving standards of care of the elderly. These awards will enable them to expand their knowledge of geriatrics and then teach what they have learned to others. • page 735

Family Medicine Experts Teach Primary Care Judo

"Twenty years ago we were defenceless against those who told us we should order a CAT scan for every patient with a headache", said Dr. Ian McWhinney at a conference on Primary Care Research organized by the Universities of Toronto and Western Ontario, where family medicine researchers from around the world gathered to exchange ideas. • page 743

Climb Every Mountain, Afford Every Dream

The Annual Scientific Assembly of the Alberta Chapter is in its 34th year, and is as popular as ever. Held in Banff on a cold, sunny week in February, scientific sessions alternated with more vigorous activities involving mountains, brooms and Bighorns. *CFP* found that photo opportunities were abundant. • page 738

Canadian Family Physician NEWS

Should Family Doctors Be Anthropologists?

TORONTO, ONT.—Family physicians know that to perfect their office techniques they have to develop the kind of eye contact and body language that communications experts have advised is most efficacious. They must listen and instruct in the manner that is statistically proven to improve patient compliance. Numerous studies are now available that focus on improving doctor-patient communication during consultation.

Yet there are still vast areas of their patients' lives about which FPs know very little. What a patient believes about his or her illness, how the family is responding to it, and what happens both before and after the doctor-patient encounter, have at least as much bearing on outcome as the encounter itself.

The difference in meaning between "illness" and "disease" is the difference between the way the doctor and the patient each perceives what is happening. According to Eric Cassell: "Illness is what the patient has on his way to the doctor. Disease is what he has on his way home." Factors that are unknown to the doctor take on added importance in urban areas where a practice population may derive from a number of different cultural groups.

Medical anthropology is the study of how people in different cultural and social groups explain the causes of ill-health, the types of treatment they believe will work, and the people to whom they turn when they are ill.

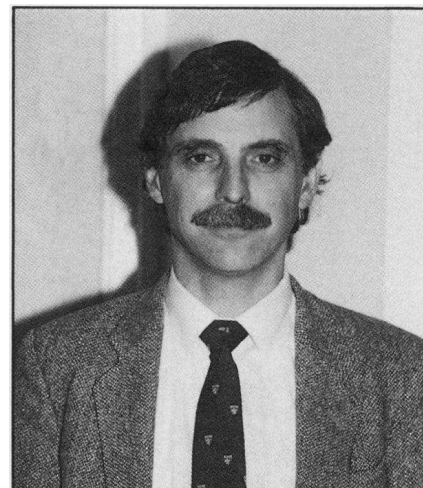
It is also the study of how these beliefs and behaviour relate to psychological and biological changes in the human organism. Dr. Cecil Helman, an FP in Middlesex, England, lecturer in anthropology at the University of

London, and author of a new book entitled *Culture, Health and Illness*, believes that medical anthropology and family medicine have a great deal to offer one another, and that both their objectives and their methods have much in common.

Culture isn't just Bach

Dr. Helman uses medical anthropology to point out the significance of cultural differences between doctors and their patients. We are all culture-bound, he said at a Family Medicine Research Conference in Toronto in February. Although medicine claims to be a science, it is just as culture-bound as the painting of animals on a cave wall. "We use percentages to prove things" he said, "but what is so magical about the number 100? Other cultures might think 12 or 155 were more significant."

"Culture, in terms of medical anthropology, does not refer to Bach
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FP/Anthropologist
Dr. Cecil Helman

Here We Go Gathering Clusters of Meaning

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and art exhibitions," he explained. "It is the lens through which one looks at reality, or 'the hidden grammar of our lives'. It is mostly unconscious, acquired by virtue of being born into a particular group. It is never homogenous or static."

Culture influences health in ways that are both positive and negative. Certain cultures, for example, are endogamous, meaning that members marry only blood relations. Endogamy can lead to a pooling of recessive genes, hence the royal families of Europe suffered hemophilia as a result of their cultural beliefs. In cultures in which men are expected to drink and fight a lot, there are the obvious concomitant health risks.

Measuring is not enough

Although anthropology makes use of quantitative research methods in studying groups of people by measuring such things as height and weight, it also attaches great importance to qualitative studies.

Dr. Helman explains the need for more qualitative research in family medicine studies, too, saying, "the average FP encounters people with very different backgrounds from his or her own. The distance that medical education alone creates between doctor and patient is widening alarmingly. We have to understand our patients' backgrounds but also how we as physicians have been formed by our culture and socio-economic background. To make sense of this diversity, measuring is not enough. Why do people go to one type of doctor rather than another? Anthropology is good at answering the 'why' questions. It is concerned with *meaning* more than with measurements."

Ethnographers discover not only what people say they do and say they believe, but what they *actually* do and believe. Observations on the behaviour of the group need to be supplemented by these "discrepancy observations". Family doctors, too, know the need for discrepancy observations: A patient may say that he does not drink, yet examination of his liver reveals that he does. A doctor may say that smoking is harmful and advise her patients against it, and yet may continue to smoke herself. She may have a hidden layer of belief that is influencing her action, such as the belief that she is lucky and won't get cancer, or that she deserves to get cancer.

Anthropology deliberately uses open-ended, semi-structured interviews in order to avoid reducing complex human phenomena to the thin slice that can be obtained by gathering answers to a number of limited and formal questions. Anthropologists make room for the possibility that the very question with which they began may be irrelevant.

Feminist anthropology added some important axioms to the interpretation of data with the introduction of the idea of reflexivity: researchers must take into account the impact of their presence on the behaviour of the tribe instead of pretending to be invisible. They should also acknowledge the effect of their studies on their own lives. "Qualitative research is a learning experience. You will be changed by the research itself," said Dr. Helman.

Where to start

Qualitative research projects for family physicians might include the collection of patients' explanatory models for illness. These can be compared to the doctor's own model, to what the doctor thinks the patients' explanatory model is and, finally, to what the patient thinks that the doctor thinks that the patient's explanatory model is.

Another useful exercise is to ask patients to say what comes to mind in association with a certain medical term. The "clusters of meaning" that they associate with a term will have significant impact on how they will respond to their illnesses. Dr. Helman used the example of a Seattle study revealing that many people thought that "hypertension" meant that they were hypertense, which explained why they stopped taking their medication as soon as they felt relaxed.

Asking patients to draw or describe where they think their internal organs are may give the physician a whole new perspective on what a patient means by "stomach ache" or "heart pains" and on what kind of explanations or reassurance will be effective.

Since qualitative research is not appropriate for large surveys or randomized trials, Dr. Helman suggests that family physicians use a circumscribed population such as a self-help group or a group practice as their "tribe" for study.

The dampening of compassion

Dr. Helman traces much of the quantitative bias in medical research

to the historical mind-body dualism that is perpetuated by medical education. "Medical education" said Dr. Helman, "is unique in that it produces people who are at the forefront of caring for other human beings, and who are dealing with the very crucial areas of life, death, morality and sexuality. Because of the threatening nature of these areas, medical education needs a paradigm that has a sense of structure and reassurance about it. But there are certain characteristics in medical education that dampen the inherent humanity and compassion of most medical students.

"First, there is the mind-body dualism that is implicit in all modern medicine. Physiological data that can be quantified, measured and seen on the slide is assumed to be inherently more real, more meaningful and more valuable than the more blurred personal and psychological dimensions of human living and human suffering. These latter dimensions are less easily quantified and certainly cannot be seen on an X-ray plate.

"Secondly, there is a gradual abstraction of person to patient which takes place as you go through medical education, and then the abstraction of patient to organ. I remember as a student being taken into the ward and told by the resident, 'There's a very interesting spleen in the third bed on the left, why not go and examine it?' I walked along the wards expecting to find a huge black moist spleen overflowing on the bed, and instead found a frightened little man with splenomegaly.

"Zeroing in on the organ and even on parts of the organ, as expressed in some specializations, leads to a fragmentation of our idea of what a human being actually is."

Dr. Helman confesses that he is using the discipline of medical anthropology as a kind of Trojan Horse whereby he hopes to restore some of the meaning and humanity to family practice. "The study of medical anthropology is one of the routes FPs can take towards a more humane attitude to their patients and to themselves. Compassion cannot be learned from a textbook or a residency program. It is totally unrelated to an academic education. Medical anthropology is one technique among many others, such as literature and art, that contribute to a heightening of human consciousness."