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FIRST LOOK — STUDENT RESEARCH

Developing an understanding between people: The key to global health

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Summary Global health and international health are prominent concepts within development issues today. Health is at the heart of many of the Millennium Development Goals, and the idea of a human right to health and health care has taken more hold in the forefronts of our minds.

In acknowledgement of the globalised and interdependent society in which we live, this reflective piece uses personal experiences of anthropology and travel throughout the author's medical education to illustrate the pressing need for a better understanding between health workers and local populations. Experiences in Ecuador, Peru, India and Nepal, highlight the plurality of medicine. They show how medical education in the UK forms only one part of medical knowledge, and in particular how clinical practice requires the appreciation of a wider context.

Within a multi-cultural society, it is essential that medical students learn new skills for the future. Teaching Anthropology and Sociology within the curriculum in the UK can educate students about how knowledge is created within a culture and to appreciate the diversity between cultures. Consideration of patients' backgrounds and beliefs allows health workers to develop relationships with the local population, which can be of invaluable use in making global health equality a reality.
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Introduction

''At the United Nations Millennium Summit in 2000, 191 nations set themselves the ambitious task of tackling ill-health by 2015''.[1] As that year approaches, debate and discussion on ideas such as 'health for all', and the 'human right to health' have recently become more evident in our press, and subsequently have taken greater hold in the forefront of our minds. Global Health Watch claims that, together with poverty and climate change, health is one of the major challenges of the 21st century.[2] Health is at the heart of many of the Millennium Development Goals, showing the ascendance of health related issues into the global arena.

As well as living in a political and global economy, where laws, policies, and money all have an impact on health issues, we also live in a social world, in which language, history and

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culture influence health and health care. Tissingh's article,[3] published last year on medical education, highlights the fact that although students are becoming progressively more interested in matters of international health and travel medicine, they are not equipped at medical school with the right skills to tackle many of the health problems of our global society.

As a medical student in London today, I see doctors and patients from all over the world coming into contact, many of whom hold various beliefs about health and health requirements. Difficulties arise in communication, diagnosis and treatment. This reflective piece uses personal experiences of anthropology and travel throughout my medical education to illustrate the pressing need for a better understanding between health workers and local populations. Developing an awareness of cultural difference can help in both a clinical setting between doctor and patient, as well as on the wider scale of global health issues. Consideration of patients' backgrounds and beliefs allows health workers to pool knowledge and deliver health care more effectively. I argue that medical education should include a more anthropological and sociological approach in order to prepare students better for work as future doctors in tune with changing global needs.

Knowledge is cultivated within an individual's presence in a place, where one experiences life, and learns. My understanding of the world is shaped by my upbringing within my family, my language, my cultural surroundings and the society in which I have grown up. The same can also be said for our knowledge about health, disease and illness. The idea of a social construction of illness[4] explores the personal and cultural meanings associated with aspects of sickness and health. Within medical school, the medical knowledge that a student learns is also shaped by models and structures about science, and medical fact. Many anthropologists have studied this construction of medical knowledge. My medical knowledge is therefore interrelated to my own models of the world.

Leon Eisenberg, a professor of Psychiatry, notes how ''medical lore is integral to every existing human culture''.[5] Another Psychiatrist and Anthropologist, Arthur Kleinman also claims that subjects such as health and illness form a ''fundamental part of the social world''.[6] I have always wanted to travel and widen my horizons. At 18, I believed that a career in medicine could give me that ticket to see the world, and to make a difference. In 2003, the year before I started university, I went to Ecuador as a volunteer in a school for disabled children. Although I did indeed meet people with diseases and illnesses who shared that same desire for health as people I had met before, the time away challenged all I held familiar. New experiences made me reassess my own limited knowledge and embrace new understandings of the world.

In 2007, on completion of a Bachelor's degree in Medical Anthropology, I undertook a research project in the Andean highlands in Peru. My research looked into the access to health care and understandings of sickness amongst the local population. These experiences in Ecuador and Peru show how beliefs of illness and its treatment can vary. As doctors of the future, where public debate centres on global equality and health for all, medical students need to realise that their own personal medical knowledge may not be complete when working cross-culturally, whether in a busy London teaching hospital, or in the remote hills of Peru.

Whilst in Ecuador, I had the opportunity to visit a Shuar tribe in the Amazon rainforest. A zoologist friend had made contact with the community of 300 people, and visited every few months. He used the village as a base from which to study the local ecology and wildlife. On our last day in the village, a snake, which he was holding and measuring for research, got free from his grasp and scraped my friend's hand. There was widespread panic amongst the children present to watch the spectacle of research. Within minutes, my friend's hand had swollen to twice the size, and he was desperately trying to get the children and bystanders to safety from the now loose snake. Once word had spread, and the snake safely caged, help came in the form of a group of women. They were all chewing a root plant, which they spat onto my friend's hand. With very little medical knowledge or clinical experience, my role in the event was to carry my friend's bag back to the river, to help him across, and get him to a hospital. My friend survived, and I learnt a lesson in medicine with the Shuar people. Bites were not dealt with using conventional science. Bites were dealt with by the community. These women had knowledge of the local plants, and knew that this root had power. I do not know whether this plant had natural anaesthetic or anti-inflammatory effects, but I do know that they believed in their treatment. My friend also appreciated the help and support that he received. There being no anti-venom, no doctor, and no hospital, medicine and healing came from the community.

My studies in Anthropology fuelled a desire to always question my personal understanding of the world. In Peru, I spent a month in the rural Andean highlands, near Huaraz, meeting the local people and discovering local tradition with regards to health and health care beliefs and practices. One event that was particularly poignant was a 'soba de cuy', a traditional practice that involves using a guinea pig to diagnose illness. A woman allowed us to watch her diagnosing and healing a patient in her home. From a selection, the patient chooses a guinea pig. The animal is then rubbed all over the patient's body. After a prayer, the woman cuts the guinea pigs neck, collects the blood, and opens up the animal to see what disease the patient has, which is mirrored in the body of the guinea pig. Although a truly bizarre form of medicine to an outsider, many Peruvians continue to use the guinea pig and other forms of traditional medicine as part of primary health care. My time in Peru made me realise the plurality of medicine, and how my medical education in the UK forms only one part of a bigger picture.

After a year of clinical medicine in London in 2007/8, I took a year out of my studies to travel and work abroad. I wanted to consolidate what I had learnt about medicine from the teaching hospitals in London, as well as Anthropology from my previous studies and travel. Disease and illness, healers and the art of healing exist in all parts of human society. Therefore I could surely learn and develop anywhere in the world. My aim was to further my medical education in a new environment, with an awareness of the plurality of medical knowledge. I spent seven months travelling and working with two charities in rural areas of India and Nepal. I intended to take an open and inquiring approach, to discover local beliefs surrounding an illness before starting to plan and give treatment.

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