

# Medical Anthropology: A Field of Study

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## Introduction

Anthropology, medicine, and medical practise have a long history of collaboration. In the basic medical sciences, general anthropology held a prominent position (which corresponds to those subjects commonly known as pre-clinical). As a result of the development of the clinical gaze and the confinement of patients in observational infirmaries, medical education began to be constrained to the walls of the hospital. The hegemony of hospital clinical education and experimental methodologies, as proposed by Claude Bernard, devalues the value of practitioners' everyday experience, which was previously represented by reports called medical geographies and medical topographies, which were both based on ethnographic, demographic, statistical, and sometimes epidemiological data [1,2].

Human health and disease, health care systems, and bicultural adaptability are all topics studied in medical anthropology. It takes a multifaceted and ecological approach to humanity. It is a subfield of social and cultural anthropology that studies how culture and society are organised around or influenced by issues of health, health care, and related topics. It is one of the most developed areas of anthropology and applied anthropology.

## Description

Collaboration between anthropology and medicine in the United States, Canada, Mexico, and Brazil began with the implementation of community health programmes among ethnic and cultural minorities [3], as well as the qualitative and ethnographic evaluation of health institutions (hospitals and mental hospitals) and primary care services. The goal of the community health programmes was to tackle the issues of creating these services for a diverse ethnic population. The ethnographic review entailed examining interclass disputes inside the institutions that had a negative impact on administrative restructuring and institutional goals, particularly conflicts among doctors, nurses, auxiliary workers, and administrative personnel. Interclass crises had a direct impact on therapeutic criteria and patient treatment, according to ethnographic reports [4,5].

## Conclusion

The ethnographic evidence backed up critics of institutional custodialism

and helped to shape policies of deinstitutionalization in psychiatric and social care in general, as well as a rethinking of educational and health-promoting standards in some countries, such as Italy. As a result of the empirical responses to these issues, anthropologists have become interested in a variety of fields. Developing international and community health programmes in developing countries; evaluating the influence of social and cultural variables in the epidemiology of certain forms of psychiatric pathology (transcultural psychiatry); studying cultural resistance to innovation in therapeutic and care practises; analysing healing practises toward immigrants; and researching traditional healers, folk healers, and empirical midwives who may be reinvented as health workers (the so-called barefoot doctors).

## Acknowledgement

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## Conflict of Interest

The author has no conflict of interest towards the article.

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