A Heart for the Work

- Self-centeredness of western medicine
- Biomedicine as neutral? I think not.

- Medical competence: the ability to see past the individual patient's subjectivity, specificity, cultural and social embeddedness, to get at the underlying pure organic pathology that will define diagnosis and dictate therapy.
  - Is this even possible??
  - How can you remove ones cultural and social embeddedness from therapy?
  - Applies only when resources are plentiful. Are doctors who do not have unlimited access to resources medically incompetent because they cannot overcome the patients and their own cultural and social embeddedness?
- Science is deeply cultural

- Export of biomedicine
  - "Biomedical technologies are profitable products; their export expands the market and serves the interests of transnational capital."
  - Biomedicine as a commodity.
- Biomedicine seems nontranslatable to non-Western cultures
  - Medical students in Malawi learn the material from western textbooks, but do not have the technology, resources, or patients to understand the material clinically.

One of my favorite quotes from ch. 1

"At worst, high-technology medicine becomes an active agent of oppression, promoting the interests of elites at the expense of the poor. Doctors dismiss chronic hunger as “nerves” and treat it with tranquilizers for which poor patients must pay; health campaigns attribute cholera outbreaks in the shantytowns of S. America not to the breakdown of public water and sewer systems but to inadequate personal hygiene among the poor. Biomedicine constructs HIV infection, alcoholism, and a hundred other problems as failures of individual will and matters of individual pathology."

- Some of this could be seen in better and checklists. Soap was distributed to shantytowns in India for an experiment on hand washing. Nothing was done with the sewage systems.

- There always seemed to be hidden motives. Mentioned in ch. 1 and shown in chapter 5&6 with the Malawian politics and doctors.
Another section that I really liked was in chapter 6. It discussed where doctors hostilities will most likely lie in Malawi compared to the U.S.

Malawi: toward the political system
- Corruption
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N. A. & Eu: toward the patient
- Patients often had impossible expectations
- Noncompliant patients
- Malpractice lawsuits
- Deficit of knowledge

I worked at a Type 1 diabetes camp this summer and one of the things that I was constantly thinking of while reading was, “How would a person with type 1 diabetes survive in Malawi?” I came to the realization that the person most likely would not survive. It would not matter how hard the doctor worked if the resources were not available. Even if the resources were available, refrigeration of the insulin is necessary and most Malawians don’t have constant access to refrigeration or even electricity.

Why does there seem to be a lack of heart in a lot of Western Medicine?
- Healthcare administration
- Insurance companies
- Malpractice lawsuits
- Process of socialization
- Ego

Is the concept of a checklist even applicable to cultures in which resources are scarce?
No.