

The Role of Structural Poverty in the Know-How and Moral Economy of Doctors in Africa: An Anthropological Perspective

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Abstract : Based on an anthropological approach, this paper explores the medical profession and the construction of medical practices by considering the multiform articulations between structural poverty and the production of care from a low-resource francophone West African country, Burkina Faso. This country is considered in its exemplary dimension of culturally differentiated countries of the African continent that share the same situation of structural poverty. The objective is to expose the effects of structural poverty on the ways of constructing professional knowledge and thinking about the sense of the medical profession. If doctors are trained to have the same capacities in South and West countries, which are to treat and save lives whatever the cultural contexts of the practice of medicine, the ways of investing their role and of dealing with this context of action fracture the homogenization of the medical profession. In the line of anthropology of biomedicine, this paper outlines the complex effects of structural poverty on health care, care relations, and the moral economy of doctors. The materials analyzed are based on an ethnography including two temporalities located thirty years apart (1990-1994 and 2020-2021), based on long-term observations of care practices conducted in healthcare institutions, interviews coupled with the life histories of physicians. The findings reveal that disabilities faced by doctors to deliver care are interpreted as policy gaps, but they are also considered by physicians as constitutive of the social and cultural characteristics of patients, making their capacities and incapacities in terms of accompanying caregivers in the production of care. These perceptions have effects on know-how, structured around the need to act even when diagnoses are not made so as not to see patients desert health structures if the costs of care are too high for them. But these interpretations of highly individualizing dimensions of these difficulties place part of the blame on patients for the difficulties in using learned knowledge and delivering effective care. These situations challenge the ethics of caregivers but also of ethnologists. Firstly because the interpretations of disabilities prevent caregivers from considering vulnerabilities of care as constituting a common condition shared with their patients in these health systems, affecting them in an identical way although in different places in the production of care. Correlatively, these results underline that these professional conceptions prevent the emergence of a figure of victim, which could be shared between patients and caregivers who, together, undergo working and care conditions at the limit of the acceptable. This dimension directly involves politics. Secondly, structural poverty and its effects on care challenge the ethics of the anthropologist who observes caregivers producing, without intent to harm, experiences of care marked by an ordinary violence, by not giving them the care they need. It is worth asking how anthropologists could get doctors to think in this light in west-African societies.

Keywords : Africa, care, ethics, poverty

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