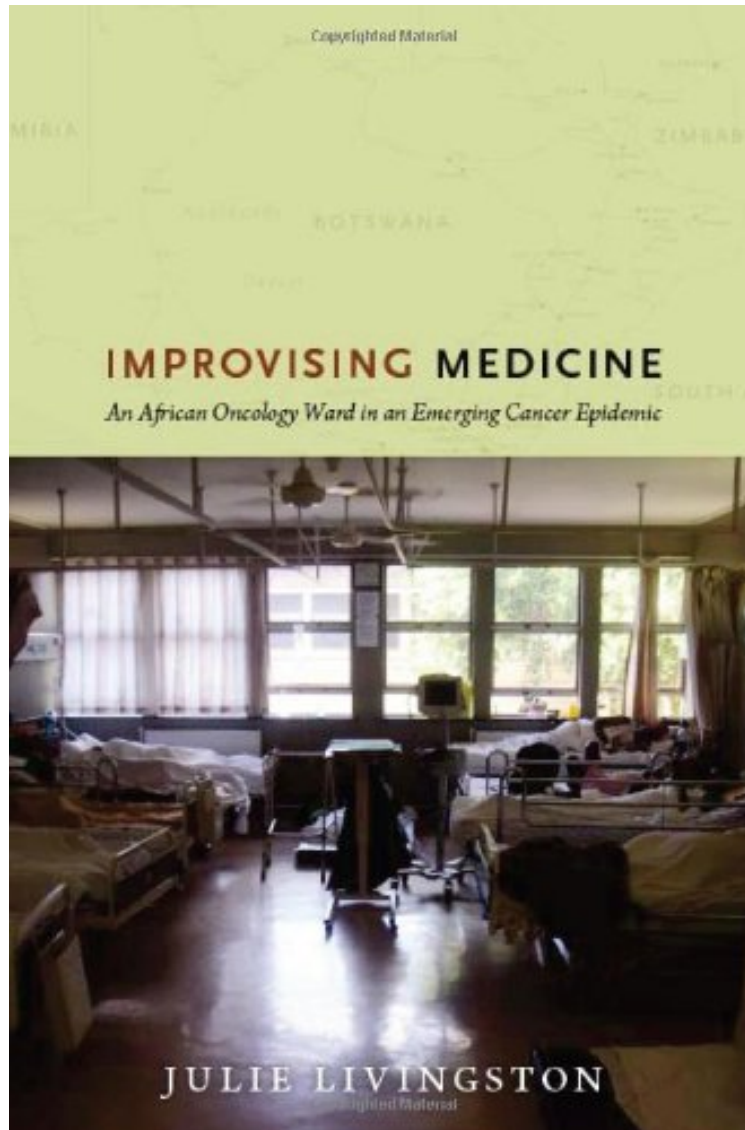


(Download) Improvising Medicine: An African Oncology Ward in an Emerging Cancer Epidemic

Improvising Medicine: An African Oncology Ward in an Emerging Cancer Epidemic

Julie Livingston

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Julie Livingston : Improvising Medicine: An African Oncology Ward in an Emerging Cancer Epidemic before purchasing it in order to gage whether or not it would be worth my time, and all praised Improvising Medicine: An African Oncology Ward in an Emerging Cancer Epidemic:

0 of 0 people found the following review helpful. A Much-Needed Account of Medicine in the Global SouthBy RDDIn "Improvising Medicine: An African Oncology Ward in an Emerging Cancer Epidemic", Julie Livingston

argues, First, improvisation is a defining feature of biomedicine in Africa. Second, though cancer produces moments and states of profound loneliness for patients, serious illness, pain, disfigurement, and even death are deeply social experiences. Third, cancer in Africa is an epidemic that will profoundly shape the future of global health, raising fundamental policy, scientific, and care-giving challenges for Africans and the international community alike (pg. 6-7). Livingston's analysis provides for an interesting comparison between Botswana and the global north/Western world. She writes, Healthcare (including oncology) is provided as a public good for citizens under a program of universal care. Most notably, Botswana has not accrued foreign debt, and so has been spared the predations of structural adjustment (pg. 17). Despite this, Livingston cautions her readers against reading any utopian vision into oncology in Botswana. She writes, Botswana's position as an African nation that against all odds on the continent prioritizes universal healthcare and corporate capitalism simultaneously, and as a place where the cancer epidemic itself is in some part an outgrowth of a philanthropic project by Merck pharmaceuticals to extend the lives of those with HIV through the provision of antiretrovirals suggests a somewhat different, but not less compelling politics afoot (pg. 171). Livingston contrasts this with Annemarie Mol's discussion of similar systems from her book, "The Logic of Care". Livingston writes, In Botswana, a country with universal access to healthcare for citizens, and with a historically deep and explicit understanding of care as a densely social dynamic, we encounter a particular pragmatics and an ethos of clinical medicine that at least partially diverges from what the philosopher Annemarie Mol calls the choice model of healthcare (pg. 153). Even with guaranteed healthcare, limited resources, physical distance to sites of treatment, and cultural views of medicine and pain management create a dynamically different situation than the one Mol described in "The Body Multiple", in which Dutch patients seek cutting-edge treatment for atherosclerosis at all stages of the disease and have a variety of options open to them, as well as a different cultural understanding of disease itself. A final interesting point Livingston makes deals with patients' autonomy in the social culture of Botswana. Livingston writes, There are several problems with fetishizing autonomy as progress, as some would do. First, there is a temporality to prognostic desire, even in places that privilege autonomy. Second, deeming autonomy as progress implies a uniformity of desire by patients within a particular national culture and historical epoch (pg. 166). The social networks of Botswana only recently allowed the medical autonomy Americans expect in their doctor-patient interactions. Doctors in Botswana deprive patients of their autonomy in cases of terminal disease, instead socially distributing to their kin through customs of prognostication that allow for frank, if brief, discussions with relatives, but not with patients (pg. 159). Western patients expect medical control over the manner of their death in cases of terminal diagnosis, but this expectation does not exist in Botswana.

3 of 3 people found the following review helpful. Dynamite account of Botswana cancer hospital
By Spring Texan
Anyone interested in medical anthropology can use this thoughtful and observant book. Livingston is the daughter of an oncologist and she states in the introduction: "In the face of many deaths I have witnessed since childhood, I have also questioned oncology's rituals, its liturgy, and the excesses to which blind faith and desperation can lead. . . . [In Botswana] I came to understand that while cancer with oncology was awful, cancer without oncology could be obscene." She puts the things she observes in the context of rising cancer rates in Africa and general unavailability of treatment, especially given forced-by-IMF privatization and expensive cancer drug patents. In a still-public hospital in Botswana which at least has an ethos of caring and an excellent oncologist, Livingston is, as she realizes, in one of the better possible settings in the environment, but the hospital staff struggles mightily with limited resources, hordes of patients, lack of treatment drugs and palliative drugs, and in general tremendous difficulties. How the patients and the staff manage and conceptualize things is astutely observed. Yet at the end the book leaves me touched, yes, but also angry about the marginalization of African health care and disease and about the drug patent system, as well as somewhat frustrated at how ephemeral any local gains can be without any sort of steady or rational progress, but grateful for people who are willing to deal with things as best they can regardless of that. And grateful for this fine book.

1 of 1 people found the following review helpful. Required reading at grad school
By FlyGold
This is the last book for my graduate class reading. The story is very moving how it gave accounts of people's experiences going through cancer in Botswana in the late 90s to early 2000s. The epilogue also describes the cancer hospital in Zimbabwe. This book is about how doctors adapt their delivery of services under the constraints of lesser resources as cancer became an epidemic in Botswana. Truly, cancer has received lesser attention as HIV/AIDS became the center of attention worldwide although some form of the former is a complication of the latter. Some accounts are more morbid and horrific than others but all are equally hopeless and realistic. It is a documentation of reality when the poor struggle through cancer and lose their battle against it in the end. Sad, yet informative and not for the faint of heart. Now, I want to learn and read more about ethnography. On another note, I love that the pages of the hard copy resembles that of the Kindle version. What is exciting in the Kindle version is the easy access to definition when some words are part of the medical jargon. I easily understood the meaning and appreciated more the context.

In *Improvising Medicine*, Julie Livingston tells the story of Botswana's only dedicated cancer ward, located in its capital city of Gaborone. This affecting ethnography follows patients, their relatives, and ward staff as a cancer epidemic emerged in Botswana. The epidemic is part of an ongoing surge in cancers across the global south; the

stories of Botswana's oncology ward dramatize the human stakes and intellectual and institutional challenges of an epidemic that will shape the future of global health. They convey the contingencies of high-tech medicine in a hospital where vital machines are often broken, drugs go in and out of stock, and bed-space is always at a premium. They also reveal cancer as something that happens between people. Serious illness, care, pain, disfigurement, and even death emerge as deeply social experiences. Livingston describes the cancer ward in terms of the bureaucracy, vulnerability, power, biomedical science, mortality, and hope that shape contemporary experience in southern Africa. Her ethnography is a profound reflection on the social orchestration of hope and futility in an African hospital, the politics and economics of healthcare in Africa, and palliation and disfigurement across the global south.

Improvising Medicine is a luminous book by a highly respected Africanist whose work creatively bridges anthropology and history. A product of intense listening and observation, deep care, and superb analytical work, it will become a canonical ethnography of medicine in the global south and will have a big impact across the social sciences and medical humanities. Joo Biehl, author of *Will to Live: AIDS Therapies and the Politics of Survival* and *Vita: Life in a Zone of Social Abandonment*