



SESSION SCHEDULE

Wednesday, September 25, 2024 | Slot 3 | Room 2

Natalia Filar: When the cause transitions to the result. A case study of alcoholism treatment in Poland.

Anita Prša: Self-help through helping others. Developing (spiritual) human capital in palliative care volunteering.

Natalia Ryzhova: Self-medication in the transition into a different public health system: does trust matter?

Hannah Williams: Vaccine Hesitancy During Pregnancy: Case Study on Gender, American Ethics and Idealism

Andreea Iulia Somesan: Transitions in approaching the medical refusal of the patient. Ethical perspectives from Romania.

Anna Altukhova, Anna Klepikova & Maria Pirogovskaya: Greedy institutions and improvisation between meshes: Two case studies of Eastern Siberian alternative medicine

SESSION PAPERS

When the cause transitions to the result. A case study of alcoholism treatment in Poland.

Natalia Filar

A person addicted to alcohol who goes to a doctor and undergoes addiction treatment has a ready and obvious diagnosis at the outset, which the doctor does not have to look for for long—he is an alcoholic, a person suffering from alcoholism. The disease has an equally obvious cause, which is the abuse of psychoactive substances. Both the diagnosis and further therapy of an addicted person focus on the essence of alcohol and its abuse as the cause of the current condition. The material presence of the substance and the explicit visibility of the dysfunctionality of alcoholism effectively distract attention from other mental disorders. Treatment of addiction alone is ineffective when another mental disorder is not diagnosed and the person is left without appropriate therapy and pharmacotherapy aimed at this disorder. In my presentation, I will consider alcoholism as a result of deeper

problems, not the cause of these problems. At the same time, I will point out an example of a transformation that is needed in medical and therapeutic practice: a new ordering of the cause-and-effect sequence. Using anthropological analysis and ethnographic observation during three years of field research, I will present the story of Albert, whose alcoholism disease for years overshadowed in the eyes of doctors and therapists a much more important diagnosis: ADHD. Only the appearance of a new diagnosis helped him start working on the result of being undiagnosed for years: alcoholism. My research shows that medical discourse and professional diagnoses are deeply rooted in the popular and cultural perception of alcoholism as a purely addictive disease, a cause rather than an effect. Despite medical literature pointing to alcoholism as a comorbid disease, in medical and therapeutic practice, alcoholism remains a single, isolated entity.

Self-help through helping others. Developing (spiritual) human capital in palliative care volunteering.

Anita Prša

Especially in the last few decades, the reliance on volunteer work through NGOs for providing care services in general, and palliative care (PC) in particular, has become a common practice all over the globe (OECD, 2009, 2011; Regeringen, 2012; Wheelan, 2012). Based on my ethnographic research on PC volunteering in Austria and Croatia, this paper discusses the identity formation of PC volunteers as it takes place through various spatial, temporal, familial, and institutional dimensions. The emphasis is on defying the volunteers' tasks, roles, and skills, thus on how their identity is produced in relation to setting the boundaries (and relationships) between paid and unpaid work, professionals and unprofessionals, together with the volunteers' life course and other types of labour they engage with. In order to draw attention to the interconnections between labours undertaken in differing socio-economic spaces, I find Glucksmann's (1995, 2000) 'total social organisation of labour' (TSOL) perspective particularly useful. What is at stake here is the relational and transitional nature of diverse forms of care work performed across locations and institutional settings (i.e. market, public sector, community, family) (Taylor, 2004; Lyon and Glucksmann, 2008; Williams, 2011; Wilson et al., 2017). When both differences and similarities of research contexts are taken into account, such a comparative study of volunteer engagement in end-of-life care can, therefore contribute not only to the literature on long-standing feminist debates on care work, but the scholarship on the sociology and anthropology of work more broadly, hence deepening our understanding of unpaid labour relations and organising social reproduction in the context of post-socialist Europe and developed capitalist democracies under the current socio-economic order.

Self-medication in the transition into a different public health system: does trust matter?

Natalia Ryzhova

People who move to a new country, whether by force or choice, often experience a state of liminality. They may have limited language proficiency and might be unfamiliar with cultural and social contexts. From a health perspective, this means

they struggle to abandon their home country's health practices and adopt those of their new environment. Even if they qualify for or can afford treatment in the new healthcare system, refugees and migrants are often prone to unsafe self-medication. This includes misuse of antibiotics, self-medicating in complex situations (Hu & Wang 2016; Gil-Salmerón et al. 2018) and seeking treatment from folk medicine or unregistered doctors.

The tendency toward unsafe self-medication is uneven both structurally and geographically. For example, in Europe, a higher prevalence of the phenomenon is observed in the less developed eastern and southern countries (Grigoryan et al. 2006). Self-medication with prescription drugs has been documented in the Czech Republic/ČR (Kopečna 2015), Slovenia (Klemenc-Ketiš et al. 2011), Serbia (Lukovic et al. 2014), and Romania (Tarciuc et al. 2022). However, Ukraine (Luck et al. 2014; Obrizan & Iavorskyi 2023), Russia (Cantarero-Arevalo 2022; Zazdravnykh et al. 2024), and other countries that emerged after the collapse of the USSR remain the worst for unsafe self-medication in the European continent.

In our project, we examine the structural, geographical, and institutional factors that contribute to the propensity for self-medication among citizens of post-Soviet countries who find themselves in liminal situations. This includes voluntary migrants in the ČR and Serbia, as well as involuntary ones, primarily Ukrainian refugees in the ČR and undocumented Russians in Serbia. In our report, we will focus on the role of trust in (medical) institutions as a factor influencing adherence to self-medication after relocation to the ČR. We employ self-ethnography, participant observation, and in-depth interviews.

Vaccine Hesitancy During Pregnancy: Case Study on Gender, American Ethics and Idealism

Hannah Williams

This paper examines the relationship between gender and COVID-19 vaccination hesitancy, focusing specifically on why pregnant women are more likely to exhibit vaccine hesitancy. First, I address and explore the factors that influence vaccination decisions among pregnant and breastfeeding women in the United States. Subsequently, I analyze the position that pregnant women are posed in peri-COVID America by the State and society through a gendered lens. Key texts informing this research include works by Tiffany Nassiri-Ansari et al. on gender barriers to pandemic vaccination and Dr. Stephanie Zintel et al. on gender differences in COVID-19 vaccine intentions.

From the initial rollout during the emergency phase of COVID-19 to the present, the exclusion or glossing over of pregnant women from the majority of COVID transitions has allowed a gateway for the Society and State to predicate pregnant women's value upon how closely they align with two conflicting ideals: the Ideal Pregnant Woman as an American Citizen (one who gets the vaccine) and the Ideal Pregnant Woman in Society (one who is cautious about the vaccine). This clash of ideals has contributed to vaccine hesitancy among pregnant women due to societal judgement and loss of bodily autonomy.

The interplay between vaccination hesitancy and American ethics addresses how health policy can be a marker, reflection and reinforcer of intersectional gender inequity.

This research project encourages modern readers to consider just how far-reaching the effects of inequity and exclusion are by viewing them not as isolated incidents existing in a vacuum of health institutions, but as part of a larger, interconnected issue impacting communities at large. This non-inclusion of pregnant women transcends the question of reproductive health and COVID-19 disinformation and symbolizes the attitudes for and treatment of women in the eyes of the State and Society.

Transitions in approaching the medical refusal of the patient. Ethical perspectives from Romania.

Andreea Iulia Somesan

One of the most critical aspects of managing patient health lies in the approach that physicians may adopt when faced with a patient's refusal to adhere to recommended drug prescriptions or proposed medical procedures. In Romania, a country known for high rates of irresponsible self-medication, another form of non-compliance consists of verbal expressions of medical refusal, being the main topic of the present study. According to the data available in the literature and media, verbal refusals are often not addressed using robust ethical principles. Left unaddressed properly, they can lead to an increase in subsequent behaviours of irresponsible self-medication. From the perspective of dealing with non-compliance, the doctor-patient relationship within the Romanian clinical context has undergone certain transformations—from traditional paternalism to a more consumer-oriented approach. Nowadays, the focus is increasingly on the relationship itself, the underlying values, and the roles doctors and patients play in shaping the dynamics of this medical collaboration. We begin the present study by defining key concepts related to exercising the right to refuse medical prescriptions. Subsequently, we present empirical data obtained through an interpretative phenomenological analysis (IPA) methodology. This study employs three tools: a questionnaire, practical exercises involving scribble drawing therapy, and semi-structured in-depth interviews. These tools allow us to delve into the apperceptions of the participants through empirical research regarding medical refusal management and its evolution over time. By cross-referencing the empirical findings with information from empirical exploratory studies from the literature, we identified several ethical issues contributing to the tense doctor-patient relationship in the context of verbally expressing medical refusal. Notably, practising therapeutic empathy emerges as a potential avenue for improving clinical collaboration between doctors and patients in this tense medical context.

Greedy institutions and improvisation between meshes: Two case studies of Eastern Siberian alternative medicine

Anna Altukhova, Anna Klepikova & Maria Pirogovskaya

Postsocialist transformation and the social, political, and economic crises it brought about caused in Russia a profound inequality as well as opportunities for entrepreneurship in many professional spheres. The realm of 'alternative medicine' was one of the most dynamic, with magical, religious, and occult services having attracted those who sought to adapt to the new social order, invent new professional identities, and carve out new forms of income.

In Eastern Siberia the postsocialist therapeutic landscape developed particularly

heterogeneously. Ethnic and religious revitalization in Buryatia, Transbaikalia and Irkutsk region as well as inadequate funding of state medical agencies encouraged alternative practices and systems of knowledge to coexist and interact. This resulted in a densely populated market of medical and well-being services that required a number of resources, charisma and creativity included, for professional survival and success. Shamans, Tibetan doctors, clairvoyants, bone setters, and other practitioners have dealt with a conundrum of how to obtain individual accomplishments and be part of an institute of alternative medicine, of how to express themselves and stay constrained by professional commitments.

In the presentation, we suggest approaching the heterogeneity of Eastern Siberian alternative medicine through the lens of creativity and improvisation. The landscape under our ethnographic investigation has not been chaotic, but structured along certain lines. We claim that the axis 'institutional-individual' does not entirely explain either the creative approach to healing or standardised practices of alternative medicine. In addressing the relationship between institutions and creative practice, we compare case studies of shamanic organisations and Tibetan medical education. They set the rules of the game in this field and can be labelled as greedy institutions (Coser 1974), since they dispense their charisma to their members but also control them. We discuss how creativity and improvisation are nevertheless possible and when practitioners employ them.