



SESSION ABSTRACT

Transforming Health, Transforming Heathcares: The insights from Post-Socialist Worlds
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Current ethnography is essentially the study of people and societies “in motion”, or in the process of undergoing major reconstructions stimulated by internal and external factors. Here, the research on transition and post-socialism is still one of the key theoretical and empirical areas for anthropologists focusing their attention on shifting policy, economics, power, civil society and globalisation. By considering Central and Eastern Europe as a social and cultural laboratory, for nearly three decades researchers have observed how post-socialist countries have struggled with harsh economic and social reconstruction, giving a socially-embodied sense of fragility to every-day life.

This sense of fragility and instability also affects the post-socialist healthcare systems, which are politically charged projects holding many clues to the domains of day-to-day reality, socially shared values, and personal, embodied experiences. Healthcare systems, like societies which bring them to life, are constantly evolving. As dealing with the most sensitive aspects of human life, they are prone to local and global transformations, which too often leave many defenceless people unwillingly exposed to fiscal and political factors beyond their influence.

The goal of this session is bringing together the researchers focusing their attention on the issues concerning the recent changes and most actual dilemmas related to health and healthcare systems in the post-socialist countries. We are open to cutting-edge methodological, theoretical and empirical ethnographic and interdisciplinary investigations considering the local health policies, economies, and transformations. As many of post-socialist countries are now the UE members, we are open to presentations investigating the validity of post-socialist perspective. Consequently, we call for papers exploring interplays between global transformations and polices impacting the local health matters, people’s subjective experiences and definitions of body-related phenomenon. As dealing predominately with the post-socialist field, we especially welcome the researchers from the former Eastern Bloc countries, however, we are open to applications from academics delivering external insights and stimulating critiques.

SESSION SCHEDULE

Thursday, September 20, 2018 | Slot 5 | Room 3

Anastasia Beliaeva: *Soviet Illness in the Post-Soviet Settings*

Irina Yakovleva: *Russian Health Care: The Issue of Communication?*

Sabrina Stan: *Accumulation by Dispossession and Public-Private Biomedical Pluralism in Romanian Health Care*

Andreea-Iulia Somesan: *Self-medication in Romania: a failure in the reformation of the medical system?*

Anna Chowaniec-Rylke: *A state ‘in between’. The experiences of rare disease patients in Poland.*

SESSION PAPERS

Soviet Illness in the Post-Soviet Settings

Beliaeva, Anastasia (Russian National Research Medical University, Moscow, RUS)

The paper considers the case of vegetovascular dystonia, one of the most typical and common “Soviet” culture specific disease. This syndrome emerged in the Soviet medicine after WWII, and very quickly become a popular diagnosis among physicians. I am going to describe how the construct of vegetovascular dystonia was formed and developed, what changes it underwent, and what affected those changes. In addition, I consider to what extent this syndrome has changed after the collapse of the Soviet Union, and what transformations it undergo in post-socialist environment.

The research of culture-specific syndromes in Russia is concentrated mostly on ethnographic descriptions of “folk” illnesses located in specific regions and known first of all among local people (for instance, ikota (*Khristoforova* 2013), stryakh (*Khristoforova* 2010), etc.). Still there is a vast area of research that remains neglected and hence unexplored; that is the illnesses developed in Soviet medicine and recognized exclusively by it. The Soviet medicine and healthcare were almost totally cut off from the Western biomedical tradition, therefore, it had evolved in its own and sometimes unique ways. As a result, there are a lot of unique illnesses, diagnoses, and therapies existing only in Soviet and post-Soviet medicine. Their background and origins differ significantly from traditional “folk” illnesses, because “soviet” diseases belong to biomedicine: they are based on science and scientific research, trained doctors diagnose them and provide treatment. In general, these diseases are rooted in the Soviet medicine, including the system of medical education and healthcare system. Medical students study such illnesses in medical schools, they are described and examined in dissertations and articles published in medical journals, various science-based treatments and therapies were developed specially for these illnesses.

My presentation focuses on the case of vegetative-vascular dystonia, one of the most typical and common “Soviet” disease. Vegetovascular dystonia refers to the syndrome that includes a variety of symptoms: palpitations, chest pain, hypertension or hypotension, chronic fatigue, difficulties sleeping, emotional lability, anxiety, diarrhea or constipation, nausea and vomiting, dyspepsia, sweating, headache, dizziness, difficulties breathing, weakness, inability to concentrate, etc. This syndrome emerged in the Soviet medicine after WWII, approximately in 1950s, and very quickly become a popular diagnosis among physicians. The popularity of the syndrome is evident, because 25-80% of the population were at some point diagnosed with vegetovascular dystonia (Veyn et al., 2003). After the collapse of the Soviet Union, this illness also remained widespread. It shows how deeply rooted this disease is in Soviet culture and society, its tight connection with the ways Soviet people construct and perceive their own body, interpret the body-mind relations, and distinguish between health and illness.

Russian Health Care: The Issue of Communication?

Yakovleva, Irina (Lomonosov Moscow State University, Moscow, RUS)

Needless to say, the health care systems of various countries should address the same issues: finance sources, intense mobility of the people that question the territory based provision of health care as well as the ageing of the population with their peculiar health care demands. Preventive medicine is sure to be the priority of the health systems from both viewpoints: the one of individual health and the financing one. In fact, it is cheaper to prevent the illness and minimize the risks instead of covering high expenses. Thus, irrespective of the type and peculiarities, all modern health care systems are focused on expenses, quality and accesses (Kissick W.L., 1994). At the same time all health care systems should address such vital issues that shape the system itself as well as its policies - the systems of values and norms (Grigorieva, 2008). Russian health care system in the long run has a very ambitious goal of behavior changing pattern that implies the healthy life style. The paper suggests the analysis of the current policy and initiatives in the sphere of health care in Russia within the frames of global network state and its power (Castells, 2013). We define the logic of all the parties involved: the health care system, the medical insurance organization, doctors and patients. The serious issue that leads to the negative evaluation of the patients if defined by the soviet-times health care system. This system exists in the form of a myths and ‘golden standard’ in the minds of the people. This result is quite obvious though mixing with low self –reported health, the attitudes towards the transformations are quite bad. However, the state exploits the myths the people have in their minds concerning the health care systems. Mention should be made that what is ambiguous is the level of medical assistance provided: with high standard in the minds of the people and quite average as the idea of the ministry. As a result, most of the debated issues can be addressed as health communication issues and barriers at different levels: the individual, organizational, societal.

ACCUMULATION BY DISPOSSESSION AND PUBLIC-PRIVATE BIOMEDICAL PLURALISM IN ROMANIAN HEALTH CARE

Stan, Sabrina (School of Nursing and Human Sciences, DCU); Toma, Valentin-Veron (Institute of Anthropology „Francisc I. Rainer”, ROU)

In this paper, we look at the impact of neoliberal reforms on how patients combine public and private care - or what we called the new public-private biomedical pluralism. We consider neoliberal health reforms as taking part in the “accumulation by dispossession” fundamental to contemporary capitalism. In this process, rising involvement of private actors (accumulation) co-occurs with state disinvestment from the sector (dispossession).

We base our presentation on fifteen years of “intermittent fieldwork” (Buchovski 2004) conducted in Romania’s health services. This comprised periods of intensive fieldwork conducted both individually by each author and together as a team. Fieldwork locations included several rural and urban locations in different regions of Romania (in the southern, the north-eastern and the north-western parts of the country) and its duration ranged from several weeks to several months. Fieldwork was occasioned by various research projects dealing with a range of processes affecting the post-socialist Romanian health care sector.

By taking the case of Romania, we show that neoliberal reforms led to uneven citizenship rights and an uneven landscape of public and private care. This uneven dispossession is potentially detrimental to, not solely the most vulnerable groups in Romanian society but also the more privileged ones. Indeed, kinship obligations (like care of elderly parents) or turns of fate (like job loss after an economic crisis) bring better-off patients back into contact with the fragmentation and unevenness of public services. This also shows that the new pluralism is as much about class relations as it is about access to health services in contemporary societies.

Keywords: Romania, neoliberalism, health care, dispossession, biomedical pluralism, inequalities of access, post-socialism, vulnerable groups.

Self-medication in Romania: a failure in the reformation of the medical system?

Somesan, Andreea-Iulia (University Babes-Bolyai, Reghin, ROU)

A few studies performed in the last years in Romania on the self-medication placed this country among those with the highest rate in Europe. In the last period, many public health programs are trying to inform the population about the risks of self-medication and to encourage them to ask first a recommendation from a physician. From now on we can consider this tendency as being a form of total refuse of the medical support. Actually, some statistics reveal that just a few Romanians are taking their periodic medical check-up. The majority does not have a close relationship with their physician and there is a considerable lack of trust.

In such a context, an important question is: why with all the efforts to lower the rate of self-medication there is not a significant change? And dealing with this problem, there are a few aspects that should be considered since those public health programs drawn to inform people about the risks of not making a real difference. Probably, the lack of information is not the only problem that makes them to choose self-medication, but also the relationship developed between the physician/other medical staff and themselves as a patient; or the regulations of the access to the medical system. Analyzing these two aspects we will see that the medical system try to align itself to the European standards by ratification of some important legislative texts, but there is still a vacuum of internal specific laws that could provide an interpretation of some of that articles according to the national specificity. But the gaps provided by legislative inadequacy to the relations supposed by the medical act are also amplified by the historicity of the way to relate with the medical system. For example, there is, as we can say, almost a cultural practice to provide supplementary advantages to the physician for his service. And, with all the campaigns against this phenomenon, the facts show that this aspect is very difficult to be changed, from both sides. Or, if someone lived all the life with the mentality that “if you don’t have enough to pay extra, you will not receive the necessary care”, this person will be more like to be tempted to use self-medication. And here we talk about the middle-ages people or elders who were affected in their thoughts by the socialist society and its unwritten rules of medical policy.

The present study is a part of a PhD research focused on noticing, on analyzing and on interpreting the subject’s discourse about the relation between the management of a medical declining and the choose of the self-medication, based upon the apperception and the relationship with the medical system build over decades and probably, still impregnated with some parts of the mentality shaped by the socialist society. Therefore, the main point for the moment is to have a clear image about the major transformations of the relationship between physician and patient over last decades. But we will try also to analyze the transformed apperception of the health and illness condition and of the medical services’ role from the perspective of the own body’s maintenance. Three aspects that definitively had an impact in this redefinition of the mentioned phenomenon are the following: health policies and unwritten rules behaviour in medical context, economical aspects, the ratification size of the international legislation and the elaboration of specifically national laws for their optimised interpretation in the social context.

A state ‘in between’. The experiences of rare disease patients in Poland.

Chowaniec-Rylke, Anna (University of Warsaw, Warszawa, POL)

Rare diseases pose many difficulties, not only for the health professionals (such as doctors or researchers) but also for policy makers and social services. The aim of the presentation is to discuss those challenges in the context of Poland, a post-socialist country and the European Union member since 2004.

According to the European Union definition a rare disease is a disorder that affects less than 5 in 10,000 people. There are more than 6,000 rare diseases. On the whole, rare diseases may affect 30 million European Union citizens and about 2-3 millions in Poland alone (Rodwel, & Ayme 2014). Such high prevalence and diversity of symptoms make them extremely difficult to manage, both medically and systemically.

Drawing from research among Polish LCHAD deficiency (rare metabolic disorder with the worldwide birth prevalence estimated at 1/250,000) patients and their families I will examine the challenges that rare diseases pose for national health care providers, policy makers and social services.

LCHADD was first diagnosed in Poland in the early 1990s (Sykut-Cegielska 2006), which makes it metaphorically as 'young' as Polish independence as a democratic state. That allows, to some degree, to study the changes that had taken place in the last 30 years.

The changes, which played a significant role in lives of LCHADD patients, include the postponed implementation of national plan for rare diseases (which should be established by every EU member states by 2013), broadening the newborn screening program, orphan drugs policy and welfare system programs (and guidelines). Also present day Polish political climate, right-wing and as such conservative, influences the rare disease policy with its pro-life approach.

Poland can be seen as an in-between country: with bigger resources than many post-socialistic Eastern states (thanks to, among others, the EU membership), but not as developed as many Western states. The situation of rare disease patients is an example of this duality. This paper aims at juxtaposing the progress of extended access to different medical and welfare programs with delayed obligations and systemic limitations. By studying a case of LCHADD, I intend to link the broader context of European Union policies with a local, post-socialistic one and, on the most basic level, the everyday lives of patients and their families.