

Anthropological Perspectives On Medicine: Introduction

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Physicians and patients in RI are increasingly diverse. This simple fact underscores the relevance of anthropology to the practice of medicine in the US and RI. We offer this issue as a tantalizing glimpse into this field to demonstrate how anthropology's principles and methods illuminate understanding of health and healthcare.

A simple definition of medical anthropology is that it is the application of anthropological principles to the practice of medicine and health throughout the world. Anthropology broadly concerns itself with how individuals of varied cultures live their lives and interpret their experiences. Generally speaking, people are born, traverse childhood, suffer illnesses, age, and die. How these universal experiences are interpreted through the varied lenses of culture constitutes our field. Anthropological inquiry classically uses qualitative methods to suspend expectations, observe, participate, interview, conduct focus groups and oral histories, among other approaches, to question assumptions and seek these meanings; quantitative methods may also be used to enable generalization.

In RI numerous anthropologists teach, do research and often collabo-

rate with physicians. The editors of this issue are a cultural anthropologist whose career has focused on the experience of aging, health care, health policy, medical education and research in this country and a physician-anthropologist whose work has centered on primary care, health policy, medical education and research in RI and Israel.

This collection displays some of the current medical anthropological trends and perspectives in Rhode Island ranging from clinical research to medical education. The introductory paper by Dr. Borkan et al outlines practical principles of working effectively with patients from various cultures living in RI. Dr. O'Connor describes a particular medical case of culture clash in RI to underscore ways to bridge understanding. Dr. Gutmann's description of how Mexican men choose to have vasectomies shows the relevance of folk beliefs for medical decision making. Dr. Rosen et al show the use of focus groups and interviews in American Samoa to engage patients and providers in effective strategies for preventing and managing diabetes. Finally, Dr. Farrell's team demonstrates how the anthropologically-inspired method and analysis of medical

students' reflective journals about their geriatrics curriculum is an important window into how students perceive the curriculum and begin development into mature physicians. Each paper contains implications for medical practice that we hope RI physicians will find useful and relevant.

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