

## The Work of Hospitals: Global Medicine in Local Cultures

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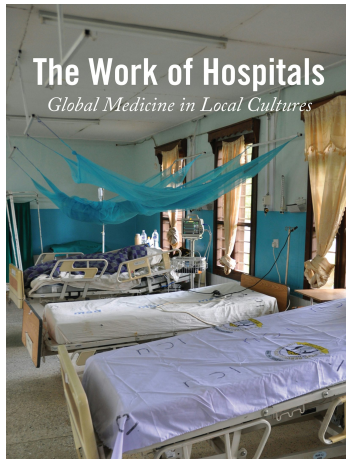
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Books about hospitals, ranging from satire in *Hospital!*<sup>1</sup> to eulogy in *God's Hotel*,<sup>2</sup> demonstrate our complicated feelings about these institutions and the ways they interact with our patients' lives and communities. To reflect on *The Work of Hospitals* in global perspective, William Olsen and Carolyn Sargent have assembled an impressive collection of ethnographic essays exploring how “particular hospitals are linked to local histories of healing and health care institutions” (p. 1). Drs Olsen and Sargent are medical anthropologists; the team of contributors includes physicians, anthropologists, public health professionals, and a data analyst.

Drs Olsen and Sargent describe a hospital as “a place or space of medical practice, a site of social relations and production of moral order, an institution shaped by a broader modernity project” (p. 1). They argue that hospitals are not only places of hope but also places of uncertainty and despair, due both to illness and to the social, political, and economic forces that create “a vast gulf between the idealized mission of the hospital and the implementation of this mission in everyday practice” (p. 5).

The 13 chapters are grouped into three sections exploring “Global Medicines in Local Cultures” (Peru, Ethiopia, Ghana, United States, Congo, and Uganda), “Care Giving and Hospital Labor” (Benin, Guatemala, Tanzania, and Mexico), and “Hospitals and the Patient” (France, United States, Greece, Pakistan). The writing and methods are as diverse as the settings. The authors of Chapter 1 use the results of surveys, observations, and interviews with clinicians and patients to argue that Peruvian successes in lowering infant and maternal mortality rates must be assessed in relation to the degree of surveillance and patient disempowerment fostered by local implementation of the metrics-oriented national program. Chapter 2 uses the results of interviews with patients, teachers, and medical personnel to demonstrate the complementarity between religion and medicine in the care of Ethiopian women with obstetric fistulas. Chapter 5 combines both statistical and narrative ethnographic methods to explore the relationships between state support and hospital resilience in the face of a public health challenge (in this case, the COVID-19 pandemic). Chapter 6 describes the challenges of developing a “therapeutic community” for patients in Benin suffering from Buruli and other chronic skin ulcers.

While some chapters combine demonstration of unintended consequences with insights on ways things could be made better, others simply criticize. Chapter 7 explores the many roles “medical errands” play in the care of Guatemalan women with cervical cancer but fails to suggest how things might work differently. Chapter 13 specifically sets out to describe “nightside” medicine (“medical neglect, misadventure, and predation,” p. 213) in Pakistani obstetric care; the analysis “deprioritizes analysis that reconfirms medicine’s ability to resolve obstetric crises in favor of attention to its contributions to and worsening of the same” (p. 215) but misses the opportunity to explore how problematic social and medical forces might be changed for the better.

The themes in *The Work of Hospitals* fall somewhere between Arthur Jones' memorable "All organizations are perfectly designed to get the results they get,"<sup>3</sup> and Robert Burns' "The best laid schemes o' Mice an' Men Gang aft agley."<sup>4</sup> Institutions in any locality will by necessity adopt and adapt to social, political, and economic forces. To the extent this adaptation is or is not shaped by a "broader modernity project" (p. 1), a greater or lesser degree of concordance may exist between the practices, norms, and expectations of the institution and those of the local culture. Yet, the "gulf between the idealized mission of the hospital and the implementation of this mission" (p. 5) should not merely be a topic of study and criticism. Instead, if the welfare of patients and populations is the primary goal for academics and clinicians in health care fields, then that scholarship should ultimately aim toward constructive critique that points a way toward improvement.

A recent review of health systems anthropology describes "a trend of anthropologists writing in a holier-than-thou manner about issues that are already acknowledged and discussed within public health," calling for more thoughtful engagements with policymaking and health care systems.<sup>5</sup> The wide variety of hospitals and contexts in this collection provides ample material for reflecting on the gaps between the ideals and realities in hospital practice, as well as a rich portrait of the global diversity of health care. While some chapters primarily focus on criticism of the gulf between the real and the ideal, the most helpful chapters integrate qualitative and quantitative methods to suggest a way forward both for hospitals and for hospital anthropology.

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