

Arc of Interference: Medical Anthropology for Worlds on Edge

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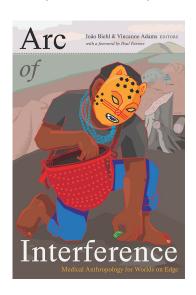
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Back in the dark ages when I was first introduced to anthropology, the paradigm was to observe and describe *but not to change*. This paradigm was captured theatrically in the prime directive of television's *Star Trek*. Substantial disparagement was heaped on those anthropologists who, for example, with religious motivations sought to improve the lives of the communities they studied. Indeed, this paradigm is still very much alive, as typified by policies toward Sentinelese of the Andaman Islands, whose North Sentinel Island is illegal to approach, leaving the inhabitants to their misery under some mistaken notion of "the noble savage." Of course, any assumption that populations can be studied *without* changing them is absurd: even Werner Heisenberg recognized that the observer affects the observation.

This collection, with a foreword by the late Paul Farmer, is a call to "care-ful" (care-filled) ethnography. The model of medical anthropology promoted is more akin to engineering with its focus on practical application than to pure physics with its concern solely on the acquisition of knowledge. Medical anthropology calls for those who practice it "to faithfully echo and amplify the demands of the afflicted" (p. xiv). The introduction defines interference as

[calling] for a disrupting and moving along the discipline's taken-for-granted concepts and commitments. Attentive to both the longue durée of chronic precariousness (aggravated by emergencies) and the unanticipated dynamisms and trajectories of local worlds, we can collaborate in opening up new vistas into today's shifting grounds of the biosocial, the material, and the politico-economic. In the process, ethnographic creations may themselves emerge along arcs of interference—conceptual and political projects whose endpoints remain always out of view, but which, in beckoning us to intellectual work, solidarity, and commitments to justice, may enlarge our sense of what is possible and activate a sharper "horizoning" capacity

(pp. 3-4).

The book is a tribute to Arthur Kleinman, a pioneer in this school of thought who influenced each of the contributors (and penned the closing chapter). The essays are divided into four sections, addressing present suffering and potential futures, faulty assumptions by experts, the promise and pitfalls of technology, and "anthropologies after hope has departed" (p. 233). Each chapter examines a specific situation, telling the stories of those involved and illustrating both specific solutions and general principles. The scenarios range from the US-Mexico border situation to chronic disease in low- and middle-income countries to Tibetan politics to assisted-reproduction technologies. In several of the contributions, the role of religion is discussed—an aspect the authors point out has often been neglected in academic circles. While many of the examples derive from global health, the principles are relevant to those whose work is solely in North America. Together, these

essays make a compelling intellectual and emotional case for caregiving as a legitimate, even mandatory, function of medical anthropology. One shortcoming of the book is that it is from primarily a leftist-progressive perspective; the case would have been stronger by including more diverse voices joining in the call for care-ful ethnography. Perhaps the imbalance is inevitable given the preponderance of that worldview in academia; the issue is by no means a fatal flaw for this volume.

As a family physician who treats patients, not disease states, I found this book both reinvigorating and challenging. Our medical specialty calls for a renewed emphasis on understanding and caregiving in our increasingly fragmented, depersonalized, and technologically driven medical system. Hearing other eloquent voices raising the same cry is refreshing. The book is a worthwhile read for physicians who care for their patients, whether domestically or globally.