Welcome to medical enculturation; let me witness your transformation

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Introduction

Medicine is a system of shared ideas, beliefs, and practices – a culture – that shapes students and is shaped by them over time.[1] During the past four years we have been increasingly submerged in this culture and over time our understanding has increased about what it is, how it manifests, and how medical culture informs students. In this paper we offer a crash course in medical anthropology by introducing several key concepts: culture; emic; etic; and discourse. Next, we explore how medical culture is discursively operationalised and made visible through rites of passage. Finally, we discuss Davenport's concept of 'witnessing' as an important aspect of medical culture that students can and should engage in.[2]

Defining culture

Keesing and Strathern define culture as 'an ideational system: systems of shared ideas, systems of concepts and rules and meanings that underlie and are expressed in the ways that humans live'.[3] Culture has been described as the 'software of the mind'.[4] It 'is acquired, learned and constructed [...] not innate to a new born child'.[6] People are often not clear on the difference between culture and ethnicity. Ethnicity entails a sense of belonging to a social group based on ancestry, national, and/or cultural traditions. To illustrate, we might expect that someone of Chinese ethnicity will hold views deeply ingrained in Chinese culture. However, this expectation does not always hold true. Someone of Chinese ethnicity may have been raised in a Western country and/or according to Western cultural values and meanings. Napier writes that culture 'does not equate solely with ethnic identity, nor does it merely refer to groups of people who share the same racial heritage'.[7]

Hofstede suggests that just as there is no 'best' software, there is no 'best' culture.[4] While it is generally frowned upon to judge one culture to be better than another, in practice, we often make such judgments by aligning ourselves with one culture – or way of seeing and being – over another. For example, we may wear clothes that demonstrate our affiliation with a particular culture and by doing so, we are saying to ourselves and others 'the culture associated with these clothes is one I want to be affiliated with'. By wearing these scrubs (instead of those ripped jeans) we also demonstrate our enculturation – our increasing embeddedness in the culture. Just as we become enculturated or informed by culture, so too is culture informed by individuals and by other cultures. We see evidence of this throughout the world in terms of cosmopolitanism of food. For example, following interaction between China and Western countries, China began to adopt Western foods, and vice versa.

Rapport writes, 'culture must always be understood in the plural and judged only within its particular context'.[6] Here he is referring to the fact that at any one time we are informed by many cultures. We do not just have one culture. A medical student, for example, may be informed by medical culture as much as coffee culture or Youtube culture. Today they may be informed by medical culture more than coffee culture, but tomorrow coffee and Youtube might dominate.

When we look closely at a particular culture, we do so either as an insider (someone within the culture) or an outsider. In anthropology these two different viewpoints are termed respectively emic and etic. While one way of life may be seen as 'abnormal' through the etic point of view, looking through an emic perspective, it is considered normal and makes sense. Thus, culture shapes how we perceive normality.

Enculturation through discourse and rites of passage

Within medicine there is a shared perspective on how the person is viewed, which is informed by medical discourse. As defined by Foucault, discourse is the 'ways of constituting knowledge, together with the social practices, forms of subjectivity and power relations which inhere in such knowledges and relations between them'.[8] Discourse is, in broad terms, the communication of meaning and flow of understanding through time. Foucault argued that language in itself not only conveys, but creates meaning and has the power to influence the thoughts of individuals.[8]

Thus, discourse plays an instrumental role in the evolution of cultures over time. In medicine, the language used in medical textbooks (i.e. medical discourse) influences how medical students and doctors view patients. Medical-anatomy textbooks separate the person into organ systems for analysis, and in doing so disregard the individual to whom the organs belong to. Foucault coined this perspective on the person as the 'medical gaze', where the patient is no longer viewed as a living human being, but a conglomerate of pathologies and conditions assembled into a medical 'case'. [9] The 'medical gaze' is an enduring quality of medical culture.

As discourse informs the actions of individuals, the actions of individuals also inform discourse; as a medical textbook influences the beliefs of a student, awareness of the influence leads to change steered by the students themselves. Davenport stated the following observation: 'Though the structure of medicine influences these actors [medical students], it does not simply reproduce itself through them. Their actions can also transform it'.[2] While the actions of medical students are influenced by the medical culture, their actions in turn shape the nature of medical practice.[2] This is an example of how cultures can evolve over time. Furthermore, this idea of acquiring knowledge echoes that culture is learned, not innate; no doctor is born into viewing the human body as a vessel for pathologies. Instead, individuals enter medical school and are taught to view the world through a medical lens. This is enculturation into a medical gaze.

This enculturation transforms lay people into medical students. It mirrors Van Gennep's concept of the 'rite of passage', where an individual leaves one group to move to another, ultimately resulting in a change in status within society.[10] The transition is marked by a ceremony or ritual, which is a characteristic of cultures. Van Gennep described three phases: 'separation', before the ritual where the individual 'cuts away' from their former status; 'liminality', the phase between the two states; and 'incorporation', where the passage is consummated and the individual re-enters society with his/her new status.[10] Within medicine, these stages can be equated to an individual before entering medical school ('cutting away' from their former status as a layman), a freshman party held for the medical students (held ambiguously between the state of the student being a layman and becoming a medical student), and the individual fully taking on the status of 'medical student' (re-entering society as not layman, but medical student). The freshman party is one of many rituals marking student rites of passage.

Witnessing

Inherent to medical culture is a power imbalance between doctors and patients. Historically, medicine undertook a paternalistic approach where the doctor led the medical interview and told the patient what to do, essentially as a father holds authority over a child. However, Kleinman and Benson argued that cultural factors underpin 'health-related beliefs, behaviours, and values' and largely influences the care that the patient receives.[11] In the present day, contemporary medicine in the Western world has shifted towards a patient-centred approach, and more recently to a person-centred approach.[12-13] This can be interpreted as a change in the culture of medicine. Wagner, Coleman, and Reid place a focus on increasing 'the patients' involvement in decision-making, care and self-management' as they believe this will 'see effective health care as being respectful of a patient's needs, preferences and values'.[12] Treatment acknowledges cultural values and is catered towards the individual. In other words, the medical gaze has shifted towards 'witnessing', an indigenous term explored by Davenport.[2] 'Witnessing' is described as having a 'focus on the entirety of a person's life situation, not merely on their ailment'.[2] Unlike the 'gaze', where the individual is impersonally separated into parts of a whole, 'witnessing' sees each patient as a living person with the entirety of their social and psychological background taken into consideration.

One example from the first author's own personal experience shows the importance of this approach. An elderly Chinese woman was prescribed warfarin, a blood thinning drug by her doctor, who failed to realise that she was taking a variety of Chinese herbal medicines that interact with the drug. She suffered a life-threatening haemorrhage as a result. It is clear that a more thorough understanding of the patient's background may have prevented this event. The doctor and the patient could have reached a compromise, allowing the use of certain herbal medicines that are unlikely to interact with warfarin. Cases like these serve as the impetus for the shift from 'gazing' to witnessing'.

This shift is driven by what Giddens calls 'social reflexivity', where an individual constantly scrutinises, evaluates, and subsequently alters their social beliefs and practices.[14] It is driven not only by the medical culture, but by the interaction between the multiple cultures of the doctor and patient. The willingness to inquire, listen, and acknowledge the patient's viewpoints means that the practitioner recognises the patient as an equal authority on their health and holding equal power in decision-making concerning their health. The desire and capacity of practitioners to revise their own actions in response to this new information (a concept described in anthropological terms as agency) lies at the heart of culturally-competent medical practice. In turn, given a new sense of authority and responsibility, the patient is also influenced to be active in decision-making, causing a change in their cultural views towards medicine. Thus, the culture of medicine is influenced by the cultures of patients within medical settings and vice versa.

Conclusion

Medical culture plays an important role in shaping students into future doctors, manifesting in forms such as medical discourse and rituals throughout medical school. It underpins how they come to view illness, patients, and decision making in health care. However, individuals are far from powerless in their ability to change the culture that surrounds them. Medical students are a part of the shift towards person-centred care in modern medicine. As such, students should actively engage in 'witnessing', rather than 'gazing' and lead this movement as pioneers of the future of medicine.

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