

Preface

Fever as an illness or distress has occupied a prominent position in both historical and contemporary realms of medicine and society. This could be due to the fact that fevers loom large as a symptom for a range of diseases as well as in the diverse understandings prevalent about the illness. The way in which fever is perceived and understood by different societies and different groups has never been the same. Further, it is widely accepted that what one sees depends, in part, on the intellectual framework through which it is looked upon. It is this characteristic that makes fever among the more complex illnesses, where clinical identification is considered a difficult task. This is because diseases change their meaning over time as well as among societies, leading to an inability to achieve a unified understanding of fevers. The present book is about fevers, a category that has a varied understanding among different groups in Kerala society, and examines how fever care is rendered in allopathic hospitals, the dominant and extensively utilized system of medicine in the state. The book unravels the complexities involved in the understanding of fevers during the post-monsoon period in the state of Kerala where deaths due to fever are reported every year. Moreover, focussing on the role of health institutions in creating and propagating notions about illness calls for an analysis on how medical care is rendered to fever patients. This close examination of fever care helps to unravel various characteristics of medicine, as it is said that the history of fevers is also the history of medicine. This close association between fevers and medicine in historic times is also relevant in the contemporary period. Medical care in general has two different dimensions. First is the way in which a nation organizes care to its people wherein the role of public- and private-sector health care providers and the policy towards provisioning become cardinal. Second and usually less explored is the culture of medical care that examines the acts of medical practice and the production of medical knowledge, which engages with the inherent logic of reductionism as in the case of biomedicine and its confrontation with uncertainty. What the book tries to highlight more is the latter, thereby demonstrating that it becomes inevitable to examine the latter to make better sense of the former. The study uses a critical medical anthropology approach and will be a contribution

to the social study of medicine, also called as medicine studies, through an inquiry into a common illness, namely fever.

Scenario of Epidemics

Epidemics during post-monsoon periods have become a normal phenomenon in India. Outbreaks of dengue, cholera, malaria, leptospirosis and chikungunya are reported from different parts of the country almost every year. Public health emergencies like epidemic outbreaks reveal the response of the state in the maintenance of public order in modern societies. Epidemics of Japanese encephalitis from Uttar Pradesh and dengue in Delhi have been reported during post-monsoon periods. In Kerala, during the post-monsoon period, fevers as a broad category, which include viral fevers, rat fever (leptospirosis), and dengue fever, together take their toll in epidemic proportions every year. In the state of Kerala, until the mid-1980s, fevers as a broad category included viral fevers, the common cold, runny nose, and other similar infections. During the late-1990s, due to increased reporting of the number of cases of rat fever, dengue fever, and viral fever in the state, a perceived threat of fevers was generated, and the distinction between the types of fever became difficult. This inability to distinguish between fevers occurred despite the fact that the state has better access to health services (both public and private) and that they are utilised extensively. The focus of the media was more on rat fever and dengue fever and the deaths due to these diseases. This was because these diseases were perceived as a new threat and because the emergence of new diseases was the talk of the day. Once the newness of the diseases subsided, the media started concentrating on deaths due to a range of fevers, resulting in the production of a new category of deaths—*panimaranangal* (fever deaths). It is at this juncture that the health minister of Kerala in May 2004 declared the establishment of fever clinics in all district and taluk (block) hospitals and major community health centres in the state. Fever clinics became a separate wing of the previous outpatient departments, where only fever patients were then rendered care. It is possible that the meaning attached to fever could be different for different people. For instance, fevers could be a symptom in the eyes of doctors and a state of ill health for the public, whereas for public health experts, the same could be considered an epidemic. It is in this context that the book explores the establishment of fever clinics in the state.

Context of Fever Talk

Fever talk implies the varied understandings about the illness, fever. This is based on the premise that the understanding and perception about fevers is determined by the discourses about disease, illness, and medicine, by the provisioning of health

services, and the practice of medicine. Here, two aspects become important: first, the way illness/disease is seen by different groups, such as those affected, doctors or physicians, and health experts. It is obvious that for each, the purpose is different while dealing with the illness, as their understanding about the illness and their response is varied. According to Yardley, “the meaning of a word cannot therefore be adequately continued in a restrictive dictionary-style definition; meaning is not fixed but ambiguous, and so is created by the word’s context and usage, including the intentions and understanding of the speaker-writer and the listener-reader” (1997: 14). Secondly, it is important to consider that individuals’ lives are delimited by a combination of physical and social constraints and potentialities that can result in diverse perceptions of reality. This is because social structures such as working and housing conditions and practices such as dietary habits and health customs have as real and inevitable impacts on the health of many working-class people as do physical entities such as viruses, genes, or environmental pollutants.

Dual Dimensions of Fever Care

In order to understand fever care, the discourses on illness and disease as prevalent in the discipline of sociology of health and illness as well as in the sociology of medicine become important. It has to be noted that any attempt to understand disease/illness dichotomy has to address the question of diagnosis, which in turn, determines prognosis and treatment, which ultimately becomes the basis of medical care. Medical care is a very broad concept that encompasses a range of activities carried out by a health facility for the well-being of the people. Two aspects of medical care will be the focus of this volume. First, the text examines medical care in terms of the provisioning of treatment, which is based on the organisation of medical care, as influenced by the role of the public and private sector in a society that is either market-driven or that has a state responsibility to organise medical care for a nation. Further, the ways in which primary, secondary, and tertiary care are provided by the above sectors will also be addressed from a policy perspective. Any study on the provisioning of health services calls for a beneficiary perspective for a complete understanding. The utilisation of health services from a patient perspective becomes inevitable and is based on the concept of health-seeking behaviour where the socioeconomic and cultural milieu of the beneficiary is given due consideration. The cultural context of the society, namely the risk discourse of an epidemic and the prevalence of medicalisation becomes a precondition for understanding people’s behaviour.

Secondly, the practice of medicine (culture of medical practice) within the microcosm of a clinic will be examined, as there are several micro factors that determine the behaviour of the doctor and the patient that ultimately affect the outcome of medical care. In other words, the role of medicine in society is understood through an inquiry into its practice within the context of what medicine is. This leads to the argument on the disciplinary status of medicine—whether it is

an art or science or both. Going further, there are arguments that medicine is neither an art nor a science, but *tekne iatrique*, a technique of healing that is culturally shaped and thus endorses the argument that medicine is culture. Moreover, analyses from the perspective of the sociology of medical knowledge focus on the production of medical categories and how doctors and patients mediate these processes.

Here, it is well understood that doctors and patients are the major actors, especially in an acute illness like fever where doctor–patient interaction becomes cardinal, as it is through this engagement that medical work gets accomplished. Doctor–patient interaction has been an area of focus for a range of scholars who studied the sociology of profession. This book examines doctor–patient interaction as a narrative using the concept of voice.

Chapterisation

Chapter 1 traces several theoretical approaches in the field of sociology that provide appropriate frameworks for the analysis of an epidemic and how medicine interacts with society through the process of medical care. The chapter examines the changing relationship of disease and illness, the varied approaches prevalent in the relationship between medicine and society, as well as the approaches to understanding the social production of medical knowledge. A brief description of the social characteristics of Kerala society in general, and health characteristics in particular, will be carried out that will set the context for the study. Chapter 2 is about the historical discourse on fevers in the west during the eighteenth, nineteenth, and the twentieth centuries, within which the discourses in the Indian subcontinent during the nineteenth and the twentieth century are explored.

Chapter 3 contextualizes the contemporary scenario of fevers in Kerala state, especially for the post-1990s epidemic during which fever clinics were established. This will be based on examining various events that happened in the society using multi-site ethnography. The chapter demonstrates how the institutionalization of epidemics and clinics takes place in the context of a societal threat of an epidemic.

Chapter 4 examines the diverse interpretations of fever prevalent in the society among the people and the biomedical fraternity. Further, the risk discourse in public health is engaged with in the context of a fear of fevers that operates in the society. This risk discourse acquires newer meanings in the context of a medicalised society and commodification that exist as an outcome of the way medical care is organised. This is based on the analysis of the differences in nature and characteristics of care rendered by public and private hospitals and the treatment-seeking behaviour of those affected. The patient characteristics not only demonstrate diverse understandings of fevers across various groups but also their varied responses to fevers during different stages of the illness.

Chapter 5 examines fever care with a focus on its cultural dimension. This is based on the ethnography of a clinic that examines the procedures, administrative

and medical, involved in fever care. In other words, this chapter deals with the processes of diagnosis, prognosis, and therapeutics involved in fever care that reveal various factors influencing the above processes and therefore the medical outcome. Through the lens of fever care, the chapter raises questions pertaining to the practice of biomedicine in the current context where medical uncertainty and the social influences of medical practice are demonstrated.

Doctor–patient interaction that is cardinal in the process of medical care is the central theme of the sixth chapter. In this chapter, doctor–patient interaction is seen as a text where two actors interact during their everyday activity in the context of the same event, illness, whose understanding could be diverse. This interaction is analysed using narrative analysis where the above context becomes cardinal.

Finally, the last chapter draws on the linkages between provisioning and medicalisation in the context of fear of fevers and demonstrates how the response to an epidemic reveals the capacity of the state in rendering medical care. It also focuses on the role of risk discourse in the context of public health practice, wherein multiple dimensions of risk are unravelled. It is in this context that medicalisation and commercialization, two important aspects of contemporary medical care, are examined and their mutual linkage is articulated. This raises some pertinent questions on what ought to be the nature of biomedical practice and its implications on people's access to medical care.

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Reference

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