

## What's in a Hospital?

Hospital Ethnography and its  
Place in Policy

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## Paper Structure

1. What is Hospital Ethnography?
  - What can ethnography tell us about how hospitals work?
  - Collaborations
  - Permeability
2. Madang Hospital
  - Doctors' experiences of collaboration, permeability and responsibility.

## What is Hospital Ethnography?

- The **setting** for biomedical practice and its effect on the way in which health care is experienced by both patients and health workers.
- Institutional life – practices and relationships
- Not just biomedical knowledge

## What is a Hospital From an Ethnographic Perspective?

- Biomedicine not practiced in a vacuum
- Biomedicine is not a single system of knowledge that is practiced in the same way everywhere
- There are multiple biomedicines
- There are multiple kinds of hospitals

## What is a Hospital From an Ethnographic Perspective?

### 1. Collaborations

- Patients – medical history
- Nurses – care/ important medical work
- Technicians
- Relatives

### Summary

- Hospitals are spaces of interdependency between multiple persons and technologies.
- Hospital ethnography looks at all of these everyday interactions and examines the collaborations between many different people that are involved in hospital work.

## What is a Hospital from the Perspective of Ethnography?

### 2. Permeable Institution

- Hospitals are both medical and public spaces
- Not bounded like a laboratory or research institute
- Not just biomedical space

### Also

- Places of worship
- Places of family/kinship
- Places of business

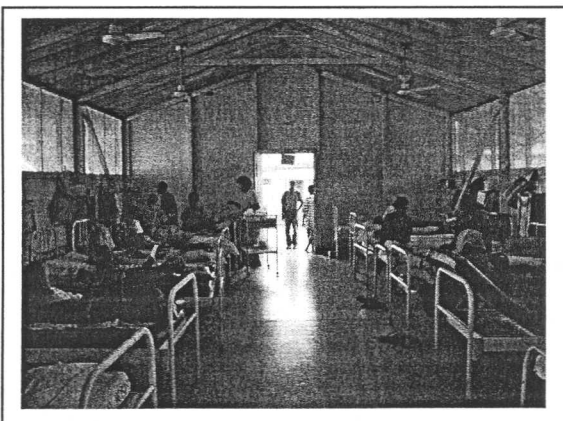
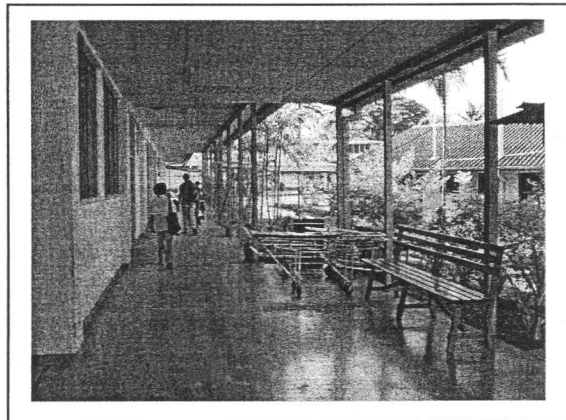
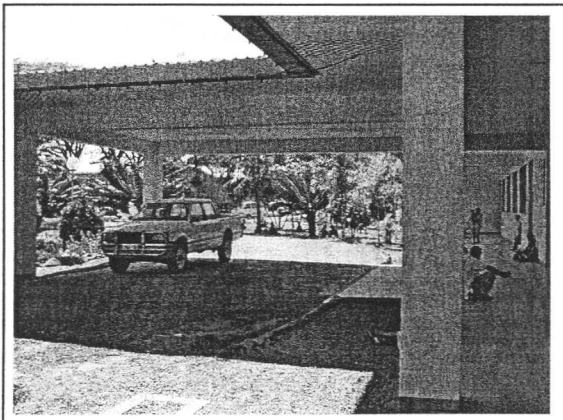
### Control

- Because the hospital is not a purely medical space it is hard for doctors to have control over the environment in which they work.
- The hospital is not a space of control but a space of negotiation

### My Fieldwork

Madang Hospital 2003-2004

- Serving over 365,000 people in Madang Province
- 270 beds
- 5 Consultants
- 14 Medical Officers
- 168 Nursing Officers and Community Health Workers



### Methodology

- Followed doctors on ward round/ consultation clinics.
- Focus on Medical Ward
- Helped nurses with daily tasks and followed routines
- Interviews and observation with patients
- Interviews with managers

### Doctors' Model of Hospital 1

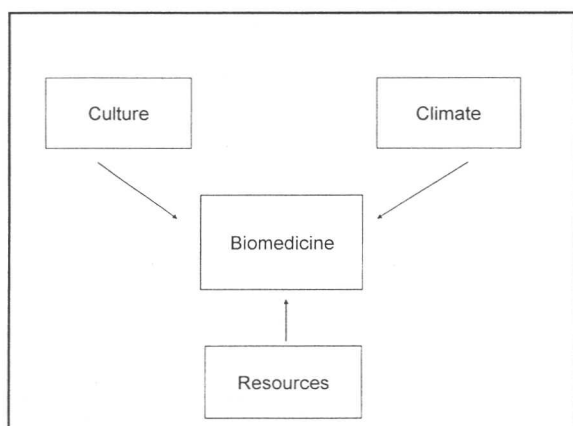
- Discourse of failure
- Lack of resources
- Problem of 'culture'
- Non-compliance
- Comparison to 'Western hospital'
- Model of deficit/ not a 'proper' hospital

### Resources

'I can't see much because of the chemicals. I can't tell if the white patches are infection or from the developing process'  
(Medical Registrar)

### Diagnosis

'You will find it very different here from a hospital in England because we don't have all the resources to make diagnoses on hand. Therefore preliminary diagnoses are made with the resources available, but final diagnoses are only made when the patient leaves'  
(Acting CEO)



### Doctors' Model of Hospital 2

- Proud of 'Papua New Guinean biomedicine'
- Being adaptive with resources at hand
  - Indian ink test
  - Clinical diagnosis
  - Malaria

"I can think of several things, but I am going to start her on TB treatment because it is something we can do."

## Doctors' model 2

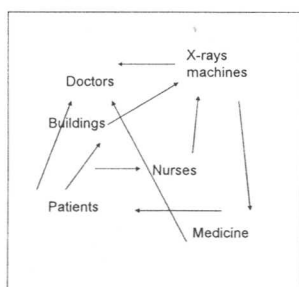
- Negotiation/ building relationships with others
  - Patients going back to village
  - Preachers
  - Traditional medical diviners

'We are not just dealing with disease here but also with people'

## Space of Alignment

- Wasman
  - The only way the hospital works is through the care provided by patients' families. Even if this makes the space more messy and complicated.
- Blood
  - Alignment between biomedicine and kinship practices
- Christianity
  - Alignment between biomedicine and belief practices

## Biomedicine as Collaboration and Alignment



## Two Questions

1. 'How far does biomedicine in Papua New Guinea deviate from established biomedicine because of culture?'
2. 'What kinds of alignments between biomedicine and other kinds of practices enable hospitals to work?'

## Misalignments

- Doctors have a model of negotiation, flexibility, adaptability. Don't see lack of control as a bad thing.

BUT

- Doctors are still individually responsible for what happens to patients – are expected to have complete control

## Conclusions

- Look at alignments/misalignments not failure
- Problem of recognition
- No such thing as a 'proper hospital' – all hospitals are negotiated spaces