

This is a very American look at rationing, and the authors are frank about their orientation. They talk about other health systems, but always come back to the United States as their reference point. They spend relatively little time developing models other than their own. Daniels and Sabin depend very much on processes of successful community discourse to give substance to their theories; yet they make no acknowledgement of the abundant literature on discourse and discourse ethics. Hammond's critique of the possibility of successful discourse in pluralist societies in particular, leaves one feeling a little sceptical that Daniels and Sabin have

produced a practical answer to the problems of constructing a discourse of rationing.

That said, this is a helpful book, whose tone of guarded optimism is refreshing, and whose erudition and logical reasoning are impressive.

M. Little

*Department of Surgery, Centre of Values,
Ethics and the Law in Medicine,
University of Sydney, Sydney,
NSW 2006, Australia*
E-mail address: miles1@ozemail.com.au

doi:10.1016/S0277-9536(03)00145-X

Forgetting compliance: Aboriginal health and medical culture

Kim Humphery and Tarun Weeramanthri with Joseph Fitz; Northern Territory University Press, Darwin NT, 2001, 122pp.

This contribution explores the concept of patient non-compliance among Aboriginal people in the Northern Territory of Australia. The research consisted of 19 interviews with 76 health-care providers, mostly non-Aboriginal. The first two chapters present extensive overviews of the literature and a critical discussion of the biomedico-centredness of the term, (non-)compliance. The 'classic' ethnocentric perception of patient non-compliance among medical professionals is well expressed in an old (1912) quotation by an Australian medical doctor: "Like native races of other countries, if a cure can be effected by one or two applications of a drug, the blackfellow is willing to undergo treatment; but should any prolonged treatment be necessary, then the aboriginal, with his childlike mind, does not persist, but soon evades further treatment" (p. 93).

The central argument of this report is that non-compliance, as a problem, does not so much lie with the behaviour and (mistaken) beliefs of patients but rather with practice of health care itself. In the Northern Territory, health care represents another culture and another political power. Nearly all of those providing health care are members of that other culture and political authority.

This research does not focus on the consumers of health care, however, but on the providers. The

authors want to explore how these health workers perceive the problem of 'non-compliance' and how they think it could or should be solved. The group discussions with the health workers show that they are aware of the paradoxical situation in which they have to work. Brief quotations from the discussions express their ambivalence in thinking and speaking about 'non-compliance' and their suggestions for improvements leading to more well-being for the local population. Views and statements by the non-Aboriginal staff are continuously compared with those of aboriginal paramedics.

Although wordy, the report is successful in describing the dilemma in which health care, as a medical, cultural and political phenomenon, finds itself in the Northern Territory. Its most important contribution to the discussion of non-compliance is its emphasis on the political nature of non-compliance (implying a plea for reducing the emphasis on culture alone). Its focus on non-Aboriginal health workers is interesting and original but—at the same time—makes the study one-sided and incomplete. An anthropological study should tell the story from two sides.

Sjaak van der Geest

*Medical Anthropology Unit,
Department of Anthropology, University of Amsterdam,
Oudezijds Achterburgwal 185, 1012 DK Amsterdam,
The Netherlands*
E-mail address: vandergeest@psw.uva.nl

doi:10.1016/S0277-9536(03)00146-1