Original Article

ANTHROPOLOGY AND PHARMACEUTICALS IN DEVELOPING COUNTRIES—II

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[*In the first half of Dr. van der Geest's article (*MAQ *15(3):59–62, 1984), a review of the literature on activities of pharmaceutical companies in Third World countries was presented. Several case studies were cited which document how both the structure of the industry and its practices appear to place higher priority on profits than on people's health. For example, as multinational corporations, pharmaceutical companies are difficult to regulate; pricing and sales promotion methods (such as alteration of drug product information inserts) lead to overprescription; and powerful prescription drugs are allowed to be sold "over-the-counter" without a prescription. At the end of the first half of the article, Dr. van der Geest began to discuss why anthropologists (unlike other disciplines) have been so reluctant to conduct research on pharmaceuticals (in his survey of the literature, there was only one reference by an anthropologist to illegal drug distribution in developing countries). He asks why, given the emphasis on self-treatment in medical anthropology, there has been little interest in self-medication through Western pharmaceuticals. One explanation offered is the strong emphasis in medical anthropology on indigenous practices (e.g., disease classification, herbalists, priest-healers, witchcraft, and sorcery) and the relatively little emphasis on modern medical services and self-medication, perhaps because "the latter topics carry so little exotic attraction for the ethnographer." A second explanation offered is the reluctance of anthropologists to cross disciplinary boundaries in research (despite claims of an "interdisciplinary ethos"), particularly to work with pharmacologists. Part one concluded with the statement: "The 'thingification' commonly applied to the use of pharmaceuticals may indeed give the impression that these synthetic products are a far cry from the living society studied by anthropologists. I hope to make clear that such an impression would be a tragic mistake." Part two discusses how pharmaceuticals is a fertile area for anthropological investigation.*—Ed]

In addition to traditional emphasis on "exotica" and reluctance to conduct multidisciplinary research a third reason for the paucity of "pharma-anthropological" research presents itself, but must be rejected. It is the suggestion that the distribution of pharmaceuticals in the Third World often has informal and illegal aspects. It could be argued that the clandestine character of much of the pharmaceutical trade impedes anthropological research. While this may be true to some extent, it should be emphasized that the clandestine character at the same time attracts anthropological research. A mixture of plain curiosity and the debunking motif makes anthropologists prick their ears when they discover that things are kept "secret." Nevertheless, anthropologists did not become involved in pharmaceuticals research, I suspect, because they were hardly aware of what was going on in the pharmaceutical world.

Now, after so many publications, they can no longer ignore the problems of drug distribution in developing countries and I believe that anthropologists have special contributions to make to this field of study. The studies that so far have come out on this topic have been written mainly from an economic and medical viewpoint. They are macro-studies with a "katascopic" (top-down) perspective, focusing on just a few aspects (economic, medical) of the problem. Anthropologists could fulfill a complementary role here by presenting the "anascopic" (bottom-up) perspective. Let us look at some attributes of anthropology that in fact present such a complementary view. They are the holistic approach, the predilection for micro-studies, the art of participant-observation, and the versatility of research methods.

Although their *holistic* pretentions have never come true, it cannot be denied that anthropologists are considerably more "holistic" than economists, and certainly more than medical scientists. Particularly in ecology-oriented anthropology, which is strongly represented among medical anthropologists, the emphasis on a holistic approach is important. Human behavior can only be understood when it is viewed in its total context. An eventual focus on only a few factors does not, ideally, result from the restrictions of the researcher's discipline, but from a deliberate selection after studying the total context. In medical anthropology, for example, illness and health care are studied in their relation to economic factors, physical environment, cognition and semantics, kinship, politics, religion, and many other aspects of the human condition. All these factors play, at least potentially, a role in the way pharmaceuticals are distributed and used in a society. Studies of pharmaceuticals in the Third World have largely overlooked most of these factors.

The anthropological tradition of carrying out in-depth studies of relatively small communities is closely connected with the holistic ideals just mentioned and with the art of participant-observation. It is only in a small group of people that one can attempt to inventory all relevant factors influencing their lives. Moreover, participant-observation necessarily limits the size of one's research population. There are, however, positive reasons for the anthropological predilection for small communities. Van Velsen's (1967) famous article on "situational analysis" provides a beautiful example. Although Van Velsen's primary concern was to criticize and correct the rigidly structural approach of the British school by highlighting the uniqueness of people, his treatise has wider implications. The analysis of micro-situations or the in-depth study of small units yields the type of material that allows one to write a "natural history" of the people or phenomena under study. The diachronic treatment of the research topic and the holistic approach reveal the complexity and dynamic character of the phenomena. Van Velsen refers to Middleton's (1960) exciting study of Lugbara religion. Middleton carries out a detailed analysis of a number of cases of ancestral sacrifice in one rural community and relates these events to the information he has collected about other aspects of these people's lives. The insights he derives from this exercise enable him to interpret the sacrificial events as "a struggle for power carried on in ritual terms."

The assumption underlying the case method is that the case under study, whether this is a group of people, a series of events, or something else, represents a larger society and can be treated as an orthodox statistical sample. Admittedly, this assumption has often been glossed over by anthropological field-workers, but this does not mean that the repre-

sentativeness of the case could not have been demonstrated. What I want to emphasize here is that, in principle, the intensive study of a small unit can yield important insights into processes and the functioning of societies on a macro-level. This certainly applies to the distribution and use of pharmaceuticals.

Like holism, participant-observation is a pretentious claim by anthropologists that has hardly ever been fully realized. This is however not to deny that the participant-observation approach as a model differs substantially from approaches used in other disciplines. Most anthropological researchers attempt, with varying degrees of success, to gather insights by direct observation and sharing experience. Even when the observations and shared experiences are marginal and futile, they often provide subtle hints and clues which enable the field-worker to discover new connections and to ask new questions. Moreover, direct presence in the field facilitates checking the validity and reliability of information and may therefore also have beneficial effects on the quality of the information. Participant-observation in pharmaceutical research has the same advantages. The researcher's personal observation in situations where drugs are distributed down to the bottom and where they are actually used for therapeutic purposes is likely to yield insights that cannot be reaped by studying statistical accounts and official reports, and not even by interviewing key informants.

The "open-ended" character of anthropological research makes it imperative that the approach is versatile and ready for improvisation. Pelto and Pelto (1978:67) characterize it as "multi-instrument research." Different situations may require different research tools. The same authors emphasize that the field-worker is his or her own principal research instrument and that "great sensitivity and self-awareness on the part of the investigator" is necessary. Particularly in the field of pharmaceutical research, such versatility and sensitivity is of the utmost importance. Discussions on the supply of pharmaceutical products in the Third World have been strongly politicized. There is the danger that research on this problem sets out from prejudice, which limits the scope of questioning beforehand. An open approach, as adhered to in anthropology, contains more "antidotes" against such biases. Of course, anthropological field-workers are also prejudiced, but their presence in the field is likely to expose them to so many conflicting experiences that they will deem it necessary to also investigate interpretations that do not—or do not fully—agree with their own presuppositions.

Let me concretize this rather abstract argument with three examples deriving directly from the studies surveyed in part one of this article. The examples are the problem of corruption, the question of whether competition or regulation is likely to improve the quality of drug distribution, and the question of what may be expected from consumer actions in developing countries.

There is a general belief that corruption plays an important role in the pharmaceutical business. Silverman et al. (1982:119-130) devote a whole chapter to this problem but mainly describe activities practiced relatively overtly, such as providing free samples to physicians, and organizing "cocktail parties" and attractive "conferences." When it comes to hard and direct bribing, the authors and their informants become much more vague. They base their postulates on impressions, hazy suppositions, and logical conclusions, instead of direct information. It is striking that two clear examples of corruption in government circles that have been once reported by Yudkin (1978) are cited over and over again in publications without more evidence being added to them. The implication seems clear: there is very little direct evidence of bribery and corruption.

Silverman et al. (1982:128-130) are, however, able to provide considerable evidence of bribery by pharmaceutical firms in some European countries. The explanation is significant: the study (Langbein et al. 1981) from which they derive their information was carried out through *participant-observation*. The research team who wrote the book included two members who directly participated in the pharmaceutical trade business. One had been a drug company official who became disgusted by the practices that he knew from firsthand experience; he contributed to the study under a pseudonym. The other was a psychologist-reporter who, with the help of the official, obtained a job as a company representative. The two were able to obtain about 40,000 documents with information on bribery.

This example makes it abundantly clear that participant-observation, with its informal approach, is better equipped for studying such a delicate subject as corruption than the formal approach common in, for example, economic analysis. Another observation, which however does not present itself in the study of Langbein et al., is that the anthropological approach allows one to study corruption at the various levels of society. Corruption is usually not limited to transactions between governments and pharmaceutical companies, but pervades all echelons of society. Problems of drug distribution are not adequately understood if corruption in local communities remains invisible.

Still more important, however, is the imperative that an anthropological approach view the phenomenon of corruption in a wider social context. Scott (1972) remarks that the term "corruption" does not refer to a deviant pathology but constitutes an integral part of most political systems. Scott, who has also studied anthropological material, places corruption both in a cultural tradition of gift-giving, kinship loyalty, and political office, and in a structural context of state bureaucracy, economic developments, political change, and socioeconomic distance. An unqualified condemnation of "corruption," as appears in studies of pharmaceuticals in the Third World, may be little enlightening and is not able to provide realistic suggestions on how existing problems can be solved. I believe that anthropologists can perform a useful job by drawing a more holistic picture of corruption in drug distribution, highlighting both positive and detrimental aspects, and by suggesting lines of action that take the entire social context into account.[1]

The question of what is better for people, free market competition or regulation of the economy, constitutes one of the most persistent debates in history, apart from some theological disputes. Clearly, the question cannot be answered in general; perhaps it cannot be answered it all. It is certain, however, that what seems logical in theory does not always work in practice. The complexity of the issue has made it possible for it to remain an unresolved political debate for a long time. The weaknesses and the strengths of the two systems continue to baffle both advocates and adversaries. The highly political character of the question increases the

risk of strongly biased research. A majority of the critics of pharmaceutical policy in developing countries seem to favor a drastic regulation of health services, including pharmaceuticals.[2] Their basic idea is that profit maximization is by definition pathogenic because it puts profits before people. Only by taking away the profit motive can health care for everybody be realized. As we have seen, those who first shared these ideas (Lall 1978; Lall and Bibile 1978) changed their views considerably (Lall 1982) and became supporters of some degree of free enterprise in drug production and distribution. Silverman et al. (1982) and Simon (1981) also entertain more moderate ideas with respect to profit making in the pharmacy world.

It is obvious that the question remains a highly political one and that research on this issue continuously runs the risk of being marred by ideological overtones and economic interests. Although I have no illusions about the "objectivity" of anthropologists, I am convinced that research from a solid anthropological perspective is likely to produce a more balanced insight into this complex and contradictory issue. Some striking instances of this contradictory character presented themselves during my research in Cameroon (Van der Geest 1982b). I came to realize, for example, that free distribution of drugs does not yet take away its commercial aspect. Because drugs were scarce, free distribution was informally recommercialized and the outcome of this process was that free distribution of drugs proved more expensive to patients than paid distribution by private health services. Intensive case studies based on participant-observation may debunk entrenched theories and help to suggest more realistic solutions to problems with pharmaceuticals in a certain society, region, or institution. Such studies are particularly urgent in situations that have a highly regulated or a highly liberal drug distribution, because of the exemplary character of such situations.

Silverman et al. (1982:152-156) conclude their book with a plea for the mobilization of consumers of drugs. It is suggested that by informing consumers on quality, prices, and efficiency of drugs and by strengthening their position vis-à-vis the pharmaceutical companies, these companies can be forced to adapt their production to the demands and real needs of the population. This forced adaptation will be the result not so much of regulatory measures as of competition, in this case between companies themselves, as well as between producers and consumers. Similar objectives are expressed by organizations such as Social Audit (London), the International Organization of Consumers Unions (The Hague), and Health Action International (Penang, Malaysia). The last organization publishes *HAI-News*, which provides information on pharmaceuticals for consumers. *HAI* has also published a number of booklets (HAI 1982a,b,c) with the same purpose. Social Audit also has produced a number of publications about the activities of the pharmaceutical industry.

The crucial question is, of course, whether there exist groups of consumers in developing countries who can be mobilized to resist the marketing strategies of pharmaceutical firms and local drug traders, from pharmacists to drug peddlers. The existing publications, as we have seen, are almost entirely concerned with the macrostructures of drug distribution; the actual users of pharmaceuticals hardly come into the picture. We learn practically nothing about the people's economic position, their health conditions, their cognitive perceptions, or their political loyalties. As long as we lack such basic information about drug consumers, it will be useless to attempt mobilizing them. Only when we know who has which interests in the present system, what ideas consumers have with regard to modern drugs, what their position is in the network of political and economic relationships, can we realistically assess what their options are and how they can be approached for consumer action.

It may become monotonous, but here again I believe that anthropology can add important information to the current literature. As a matter of fact, I am afraid that such information will show that there is little reason for optimism regarding the activation of drug consumers in developing countries. The only group of "consumers" who may be able to oppose the pharmaceutical industry are the national governments involved in transactions with drug companies. A number of authors (Lall and Bibile 1978; Yudkin 1980; Muller 1982) have, however, cogently argued that a more "rational" drug policy may not always be in the interest of the policymaking elite of developing countries. Five years after the official publication of WHO guidelines for the selection of essential drugs, only a few developing countries have implemented such a selection. This suggests that the interests of the most powerful consumers in those countries still coincide with the interests of the drug companies.

To summarize, anthropology has an important contribution to make to the study of drug distribution and drug use in developing countries. The holistic view of anthropology, its emphasis on micro-study, its participant-observation approach, and the versatility of its research methods constitute an important reinforcement of pharmaceutical research. I have tried to demonstrate this with respect to three problems that have remained vague and unresolved in the present nonanthropological publications on pharmaceuticals in developing countries. These problems are corruption, the desirability of regulation of drug policy, and the possibility of consumer mobilization.

NOTES

[1] An attempt at a more complete picture of corruption with respect to drug distribution is to be found in Van der Geest (1982b). It describes both the efficiency and the inefficiency of corruptive practices in the southern part of Cameroon.

[2] Four important advocates of the regulation of health care are Navarro (1976), Elling (1977, 1980, 1981), Doyal (1979), and Waitzkin (1981). With regard to drug distribution in developing countries, some form of regulation seems to be favored by, among others, Ledogar (1975), Haslemere Group (1976), Heller (1977), Medawar (1979), the editors of *Mother Jones* (1979), Melrose (1981, 1982), Medawar and Freese (1982), and Muller (1982). The discussion about competition versus regulation in health care is also the subject of a special issue of the *Milbank Memorial Fund Quarterly* (see for example McClure 1981 and Vladeck 1979).

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Sympósion

PHD + MPH = SUCCESS?

Perspectives on Postdoctoral Public Health Training for Medical Anthropologists

[*Sympósion is a forum for specialists to explore major questions or points of debate within a circumscribed area, to assess the current state of the art in the field, and to identify new and promising directions for research. Essays are intended to be "thought pieces," synthetic and provocative, to encourage debate and to inform nonspecialists of current developments in the field. One issue which has become a major topic of discussion within the discipline is the value of training to receive a master's degree in public health, in addition to a doctorate in anthropology. In this Sympósion, a number of anthropologists volunteered to discuss their perspectives on MPH training.* **Nora J. Krantzler** *received her MPH and PhD degrees concurrently, and then was a postdoctoral fellow at the University of Hawaii Medical School.*[1] *She writes about the diversity of training programs in public health and of their diversifying effect on anthropologists.* **Robert A. Myers,** *currently Fulbright Visiting Associate Professor of Anthropology in the Department of Sociology and Anthropology at the University of Benin, Nigeria, discusses how MPH training provides insight into the "culture" of the public health world.* **Robert A. Rubinstein,** *a postdoctoral fellow in the Department of Anthropology at Northwestern University and the School of Public Health at the University of Illinois at Chicago, speaks both to the issue of different research strategies in public health and the resulting tensions that can arise in postdoctoral training. Expansion of methodological approaches is also a major theme in the contribution of* **Debra A. Schumann,** *currently on the faculty of the Department of Anthropology at Indiana University.* **William R. True** *has both PhD and MPH degrees and is employed currently as Research Anthropologist by the Veteran's Administration Medical Center in St. Louis to codirect a major study of the effects of serving in Viet Nam. He writes about issues in research design in epidemiology that, along with increased credibility, make anthropologists more effective in multidisciplinary research teams.* **Ronald G. Munger** *is working simultaneously on his PhD in anthropology and his MPH at the University of Washington in Seattle. He describes how public health training has assisted in his dissertation research on sudden death during sleep among Asian men.* **Linda M. Whiteford,** *currently Associate Professor of Anthropology at the University of South Florida in Tampa, talks about the need for careful planning when undertaking MPH training.* **Darryl Wieland** *also has dual degrees, and works in the Geriatric Evaluation Research Program at the Veteran's Administration Medical Center in Sepulveda, California. Dr. Wieland writes about the possibility of an MPH degree enhancing employability for medical anthropologists.* **Dennis Gray,** *who is currently a Research Associate in the Department of Anthropology at Brown University and has worked as a medical anthropologist for a public health department in Australia, questions the future of employment for PhD medical anthropologists, with or without an MPH degree. Taken together, this Sympósion should provide insights into the costs and benefits of public health training for anthropologists in both academic and applied settings, as well as for students who contemplate the decision to seek dual degrees. Contributors were kind to permit liberal editing of manuscripts following submission*—Ed.]