



UvA-DARE (Digital Academic Repository)

Coping with cancer and adversity : Hospital ethnography in Kenya

Mulemi, B.A.

Publication date
2010

[Link to publication](#)

Citation for published version (APA):

Mulemi, B. A. (2010). *Coping with cancer and adversity : Hospital ethnography in Kenya*. African Studies Centre.

General rights

It is not permitted to download or to forward/distribute the text or part of it without the consent of the author(s) and/or copyright holder(s), other than for strictly personal, individual use, unless the work is under an open content license (like Creative Commons).

Disclaimer/Complaints regulations

If you believe that digital publication of certain material infringes any of your rights or (privacy) interests, please let the Library know, stating your reasons. In case of a legitimate complaint, the Library will make the material inaccessible and/or remove it from the website. Please Ask the Library: <https://uba.uva.nl/en/contact>, or a letter to: Library of the University of Amsterdam, Secretariat, Singel 425, 1012 WP Amsterdam, The Netherlands. You will be contacted as soon as possible.

Coping with cancer and adversity: Hospital ethnography in Kenya

Benson Azariah Mulemi

1. Doing ethnography in an institution such as a hospital ward requires further initiation and continuous socialisation of a “native anthropologist” to be more native among natives in the sub-culture (cf. S. Zaman, *Native among the natives: Physician anthropologist doing Hospital Ethnography at home*, 2008).
2. Hospitalisation results in more social, financial and emotional burden to cancer patients and their families (this study).
3. Medical scientists in Kenya need more exposure to social science in medical settings. Hospital research that is limited to biomedical and quantitative approaches overlooks a crucial condition for good patient care: the patient’s point of view (this study).
4. There is no self-understanding without other-understanding (cf. B. Fay, *Contemporary philosophy of social science: A multicultural approach*, 1996, p 241).
5. There is no neutrality in ethnography except the anthropologist’s awareness of his biases (cf. P. Rose, *Writing on women: Essays in a renaissance* 1985, p. 77).
6. Health care policy in Kenya, as in other developing countries, underestimates the cancer crisis (this study).
7. Life in a cancer ward entails many moments of silent grief among all participants - patients, family members and visitors, hospital workers and researchers. Ethnographers, therefore, need to focus more on the language of silence.
8. Experiences in the cancer treatment setting cause a gradual erosion of patients’ confidence in the hospital (this study).
9. Ethnography of acute illness in hospital wards such as the cancer ward involves emotions. The problem of how to deal with sensitive and traumatic situations entails moral dilemmas that influence the researcher’s processing of information (cf. E. J. Hedican, *Understanding emotional experience in fieldwork: Responding to grief in a Northern Aboriginal village*, 2006).
10. Being an outsider or insider does not make a better or worse researcher; it just makes one a different type of researcher (cf. S. C. Dwyer, *The space between: On being an insider-outsider in Qualitative Research*, 2009).
11. A hospital ethnographer is able to do what doctors and nurses should do but often don't do, due to lack of time or lack of interest: listening to patients' stories.