Anthropology of e/m-health and telemedicine: Time to pay attention

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At a conference I attended last year, I met a senior researcher, who also happened to be a nurse. While we sat together at dinner, she told me about her most modern piece of jewelry: a dark blue, rather unobtrusive plastic bracelet. But this wasn’t just any bracelet; it was a smart bracelet. It counted how many steps the lady made during the day, how many hours she slept, and how fast her heart was beating. The lady was very excited to track her bodily functions in this way, as it gave her an idea about the level of her fitness. It also gave her a sense of control over her body and a sense of calm, assuming that such monitoring would help her to prevent serious health conditions such as a stroke. Her husband wore a different kind of wristband through which she could monitor his blood pressure, with the help of an app on her smartphone. Given his history of heart problems, they found this a wonderful way to prevent future heart attacks.

Such telemonitoring is just one of the myriad practices that fall under the term “e-health.” While there are many definitions of e-health, it can be understood in most general terms as using information and communication technologies (ICTs) for health-related purposes. With the number of mobile phone users rising significantly across the globe, m-health has emerged as a sub-segment of e-health. M-health refers to all medical and public health practices that rely on various kinds of handheld mobile devices. Another area of e-health is telemedicine, which focuses more specifically on the use of ICTs between medical professionals. E-health also encompasses the use of electronic health records, consumer health informatics, health knowledge management, tele-education of healthcare personnel, virtual health care teams, population health management, and health care information systems.

ICT in healthcare has been strategically promoted by the World Health Organization and regional initiatives are being developed, from the countries of the European Union, throughout Africa, and to IT-booming countries such as India. The practice of e-health in all of its forms has been increasing rapidly over the past couple of decades, and so it is high time for anthropologists to examine it more thoroughly. There are a number of topics to be examined, as the spread of ICTs is importantly reconfiguring health-related practices at all levels, making the study of biosociality and biocommunicability (i.e., power relations within mediated information) a vital issue to address. Some scholars have already expressed concerns over the role of corporations as health information collectors and gatekeepers. Others raised questions over what data is being shared with whom and how it is being used by different actors involved.

Beyond a critical approach to e-health, effort also has to be put into
understanding how e-health is indeed contributing to better health, especially in remote areas of the world where access to healthcare is difficult. There are indications that ICTs may be useful in public health, such as in epidemiological monitoring and surveillance of illness episodes and medicine use. We can also learn a lot about knowledge transfer through online communities, involving both healthcare practitioners and patients. What is, for example, the impact of the information found on the Internet on doctor-patient relationships, and how are the online health forums a place of negotiation of power and identity?

These and many other questions have led several members of the Critical Anthropology of Global Health (CAGH), a special interest group within Society for Medical Anthropology, to start an initiative and thereby promote the research of e-health. In November 2015, the CAGH group published a ‘Takes-a-stand’ statement on the contribution of anthropology to e/m-health and telemedicine. The statement is a working document investigating the potential role of anthropologists in this important area of public and global health. The intent of CAGH is to encourage anthropologists to look into this rapidly evolving field.

At present, Mark Nichter and myself who are the authors of the statement, are in the process of expanding this text into a full article, and we would like to invite all anthropologists to join the conversation. This can be done by (1) contributing new ideas and references not yet covered in the statement, which is a work in progress; and (2) providing short ethnographies (from 2-10 pages) of your own research or observations of e/m-health that we may post on the CAGH website as examples of research in progress. For further information and submissions, please contact me by email T.Ahlin@uva.nl. We are looking forward to having you on board!

To submit contributions to this column please contact SMA Contributing Editor Megan Carney (megcarney@gmail.com).
Photo caption: Wearable devices to monitor blood pressure and fitness levels are sold in computer and electronics retail stores also in Slovenia (photo by Tanja Ahlin).