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Abstract

During my time working at a clinic in rural Haiti, I noticed one of the doctors was engaging in a rather odd practice: prescribing cough syrup at completely inappropriate times. I attempt to analyze such a practice, revealing how it can control how pain is experienced and expressed. I also discuss the histrionic nature of this practice and how it helps perpetuate trust when combined with other situational nuances. To conclude I discuss how it reflects medical humanitarianism on a global scale and the implications of power that come with it.

Keywords: Medicalization, Pain, Control, Power, Trust, Medicine

Introduction

I did not begin this journey with ethnography in mind, and to be perfectly honest it was not until after I came home that I began to critically think about what had happened. I was volunteering at a clinic in Grand-Bois, Haiti, with a secular NGO partnership based in Atlanta. It is only through reflection that these experiences reveal their truth.

The spectacle of such an extravagant building amongst the backdrop of a rural mountain community incited feelings of grandeur and a strange sense of awe. I could easily have been gazing

up at the Eiffel Tower or the Great Pyramids. The clinic grounds were a bustling social space; if I had not been told otherwise then I would have assumed it was a community center. People were sitting on the concrete steps, telling stories and bantering; a vendor had set up shop not too far from the gates; children who had just finished school for the day were rushing by; a mother was filling up jugs of clean water from a well dug by the clinic. To say it was an overwhelming sight would be an understatement. I was quickly ushered inside, away from the liveliness of the grounds. I was shocked to be met with a piercing silence, to be hit with dim lighting, grey floors, and the distinctive, sterile smell of a hospital.

Before I had the chance to take any of it in, I was given the grand tour. I was directed to the maternity wing, outpatient consultation rooms, and a ward for treating malnourishment. What was most striking, however, was the room for people convalescing from traumatic injury and serious illness. The injured and sick were promptly separated from the benevolent chaos of the exterior, their humanity stripped away as they laid in beds, putting all their faith in well dressed, well-spoken men with stethoscopes. Their entire lives were reduced to nothing more than a flesh wound or malaria.

The matrices of control surrounding the hospital are by no means hidden. Whether it is through the characteristic scrub uniforms that physically separate surgeons from their patients, the surrendering of control through anaesthesia, or even the medical terminology that sounds like jargon to the untrained ear, medical complexes do their best to reaffirm authority wherever possible.

The inherent power relations in biomedicine are strengthened when applied to other cultures and groups. A report by Aida Benton on the treatment of the Ebola crisis provides a clear example of this. When a Sierra-Leonean doctor contracted the virus, the request to evacuate him to Germany for further treatment was denied by the WHO; this was despite a pressing shortage of medical staff in the midst of the crisis. However, when two American missionaries fell ill, they were promptly evacuated and treated. Health is experienced and approached differently for different people depending on who is in power. In the case of Ebola, supranational health organizations were in power, creating the circumstances necessary for the marginalization of Sierra-Leonean doctors' lives (Benton 2010). A similar phenomenon is taking place at the clinic.

The health and wellbeing of those who visit the clinic are undergoing a process not unlike the one described by Benton. However, instead of local communities being treated differently in the context of Ebola, the residents of Grand-Bois are putting their health in the hands of an outside force. As soon as they cross the barrier from the lively exterior to the grey, clinical interior, they are automatically assigned a position in an unavoidable hierarchy as either a healer or a patient. By entering the clinic as a patient, one medicalizes their own body. They willingly submit control of themselves, running the risk of being labeled only by their affliction. And what perpetuates this system of control in a rural Haitian clinic: cough syrup?

Cough Syrup: The Ultimate Prescription

I was shadowing one of the doctors as he was treating patients with minor afflictions and complaints, most of whom were pregnant women or people complaining of stomach aches. He

talked me through the motions: asking the patient what was wrong, feeling their bodies for any physical abrasions or lumps, doing a quick ultrasound, writing a prescription, and sending them on their way. It was, on the surface, entirely typical of a clinic; there was nothing too out of the ordinary. My perceptions quickly changed when I noticed him consistently prescribing cough syrup at completely inappropriate times.

A short conversation yielded the purpose of such an odd practice. He told me that it was the best way to keep them happy and trustful. Many complaints could not be feasibly and efficiently treated; in order to save time and resources for more urgent matters, he needed a way to quickly cycle through patients without fear of belligerency or the degradation of trust. In other words, cough syrup was being used as a 'magic bullet' but, instead of attacking only one affliction or disease, it was attacking all of them.

John Mann explains the concept of the 'magic bullet' better than I ever could (Mann 2004). It is essentially a specific cure to a specific virus that acts without harming the rest of the body. Upon ingestion or inoculation, it targets one bodily ailment, completely ignoring the "healthy" parts of the body. By portraying cough syrup as a tool to cure all ailments, the doctor is cementing his role as a powerful, knowledgeable healer with the expertise and ability to cure – or at least treat – a wide range of illnesses. In situations where he decides that "real medicine" is not required, he turns to his "magic bullet", a tool that is reinforced by patients' trust in both him and the clinic as a whole.

The feeling of suffering can be a very personal, very isolating experience. It is often completely subjective, being only defined by the one in pain. Cough syrup changes this – it takes the ability to identify and confront suffering away from the patients and into the hands of the doctors. By being able to dictate "lesser" forms of pain through a quick, dismissive prescription, they are essentially deciding the extent to which one suffers. When they decide that someone is in "enough pain", the patient is wheeled off to the back of the clinic when they can begin to heal in isolation from the outside world. However, because cough syrup is being presented as a cure – or at the very least an effective treatment – the patients accept their prognosis and drink the bitter-tasting liquid, believing that it will assuage their condition. When the pain persists weeks, or even months, into the future, they come back to the clinic for a follow-up, only to be met with the same result.

How pain is expressed and socially perceived, however, tells an entirely different story. Nancy Scheper-Hughes, in her ethnography about Nervoso in Brazil, provides a beautiful example of how defining a disease can influence how people experience it (Scheper-Hughes 1993). She discusses how medicalizing starvation impacts how it is dealt with, felt, and confronted. Nervoso is hunger taking the form of illness; it is lived, described, and treated as one, but it cannot be cured. Her case study highlights both the subjectivity of illness and how powerful defining diseases can truly be. Doctors at the clinic, however, use a generalized treatment to influence how it is perceived and experienced. By defining an ailment only by its treatment, the doctors are effectively controlling the nature of the disease itself – in doing so, in regulating both public and personal pain, the clinic is exerting even greater control over the community (Ravinder 2017).

The Theatrics of Trust

In order for this system to work, the trust between patient and doctor must be almost unconditional. The grandiose appearance of the clinic, the apparent genius of the doctors, the sociality of the clinic's exterior, the ethos inherent in the word "clinic", and even the dark, clean, cold atmosphere of the interior, all serve to build trust and faith. It is a stark contrast to the lively outside world, where typical daily life reigns. The audacious and bourgeois nature of the structure proves a perfect foil to the dirt roads of the agrarian community. The clinic presents itself as a large, imposing structure. Anna Barford argues that 'uneven connections between places reinforce inequality and disempower poorer nations' (Barford 2017, p.31). It could be argued that the unequal nature of the clinic and its power structures serve to disempower the community's residents, manipulating them into trusting the new installation. This complex is not restricted to the one clinic; the inequalities between doctors and patients, between the sterile, orderly nature of the hospital and the chaotic and often dangerous outside world can be applied to medicine as a general statement. The situation in which the clinic exists, however, only serves to amplify feelings of disempowerment and their potential psychological impacts.

Continuing on the theme of trust, this act of prescribing undoubtedly plays a massive role in perpetuating a trustful relationship between the doctor and the patient – regardless of how one-sided it really is. It is a physical symbol of the doctor's expertise, existing as ethos contained within a piece of paper. Especially on the smaller scale of the clinic, it would be easy to avoid prescriptions for drugs that are not as valuable or scarce – cough syrup being one such drug. The act of writing a prescription, however, changes its purpose from an over-the-counter cold and flu relief to something much more intense. It becomes something more than it is, a commodity that

the generous doctor is sacrificing for the well-being of a patient. Trust in hospitals revolves around keeping up appearances, and prescriptions are certainly no exception to this trend. The theatrics surrounding the prescription of cough syrup play a vital role in making this system work; it is important to realize their role in perpetuating trust in the medical sphere.

However…

I hold great respect and admiration for the doctors I shadowed and the people I got to know during my time in Haiti. This should by no means be interpreted as a critique of them.

Medicine and the people who purvey it are often seen as one-dimensional heroes, geniuses who spent a great deal of time, money, and stress, to get where they are. A portrait of perfection is painted and advertised to the world. They are romanticized as healers who go off to distant corners of the world to help people, leaving in their wake a legacy of health, empowerment, and well-being.

As many lives as medicine has saved – as much suffering as it has cured – it is dangerous to view anything so bluntly. The world is not a Disney movie; there is no objective right and wrong. Even something as seemingly noble as a clinic in rural Haiti must be evaluated holistically, from the miraculous impact it has had on the community, to the control it perpetuates, and everything in between. This should be interpreted as a microcosm of the interactions between 'Western' medicine and the Global South. The relationships of trust, control over the suffering body, and the theatrics of medicine may manifest themselves in many different ways, but they are essential to

understanding and limiting the negative implications of medicine, all the while preserving its integrity and its extraordinary nature.

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