Negotiating the boundaries of 'legitimate healthcare': regulation, normativities and the social ordering of alternative and traditional healing

Kent Law School, University of Kent

8th and 9th of November

Venue

Canterbury Cathedral Lodge, The Precincts of the Cathedral, CT1 2EH

Organisers
Prof Emilie Cloatre, Dr Nayeli Urquiza Haas, Dr Francesco Salvini Ramas
Kent Law School

This Workshop is part of the Wellcome Project Law, Knowledges, and the Making of Modern Healthcare: regulating alternative and traditional medicines in contemporary contexts

Project Summary

Law, knowledges and the making of 'modern healthcare': regulating traditional and alternative medicines in contemporary contexts

This 5-year Wellcome Investigator Award (2017-2022) explores the regulation of traditional and alternative medicines, in Europe and Africa. It interrogates both the historical and socio-cultural context of current regulatory systems, and their effects on local practices.

The project does so through a socio-legal exploration of the regulation of traditional and alternative medicines in two regions where policy conversations have been particularly intense, and current regulatory systems remarkably varied (Europe and Africa). It focuses on six case studies, in three sub-regions that offer an overview both of the diversity of contexts in which those questions arise, and of the diversity in regulatory responses that states have adopted: France and England; Ghana and Senegal and Mauritius and La Reunion.

The project's key goals are to:

- Interrogate the key regulatory challenges that traditional and alternative medicines pose to contemporary states, particularly in Europe and Africa, and their socio-political ramifications.
- Critically assess the effects of contrasting regulatory frameworks on traditional and alternative medical practices, and on their position in public health systems.
- Consider how regulation can address the challenges raised by traditional and alternative medicines in a fair, effective and sustainable manner.
- Foster new conversations across academia and policy on relevant experiences, strategies and ways-forward.

Workshop Summary

Negotiating the boundaries of 'legitimate health-care': regulation, normativities and the social ordering of alternative and traditional healing

In this workshop, we seek to interrogate the complex ways in which therapies that rest on assumptions other than those of biomedicine fit in healthcare practices, and public health systems. Even as biomedicine has come to establish its dominance as system of knowledge and practice in healthcare, patients around the world continue to rely on a multiplicity of therapies and techniques to address their everyday healthcare needs, illnesses and ailments. The cultural, epistemological and therapeutic make-up of these practices vary greatly, as does the socio-political positioning that they occupy in broader state understandings of care: for example, patients may rely on traditional therapies long-established in local practices, on healing practices borrowed from other cultural systems (and often transformed and adjusted to their new context), on newly emerged alternative therapies, or on hybrid systems of care that seek to provide newly imagined versions of long-standing practices. The relationship of each of these systems of care with biomedicine and the state will vary from a position of complementarity to one of opposition and/or exclusion, causing varied degrees of friction, or indeed of intended as well as unexpected collaborations.

Over the past few decades, the question of how to frame, organise and accommodate alternative and traditional practices in healthcare systems has become more salient. States around the world, and international institutions, have sought to reimagine how such systems of care could be regulated to facilitate the benefits that they may offer to patients, while limiting the potential risks that alternative and traditional healers (and their products) could pose. While at one level such effort is often presented as a matter of filtering between 'genuine' and 'fake', or 'legitimate' and 'illegitimate' therapies, these strategies are also loaded with socio-political implications, and rooted in deep historical and cultural contexts. They are complicated further by the epistemological challenge that systems of care that differ from the logics of biomedicine can pose for states and regulatory systems that have often come to rely on science to arbiter matters of legitimate in healthcare. Finally, they remain entangled in the complex institutional history of biomedicine, and its (post)colonial implications.

The workshop aims to bring together scholars engaged in critical reflections on the stakes, mechanisms and meanings that animate such processes of social ordering of 'other' therapies. Some of the questions we seek to address are: What is the role of recognition in the regulation of traditional and alternative medicines? What are the unexpected effects in practice from different regulation models? How do these regulatory models take into account for historical exclusionary practices entangled in social ordering systems like gender, race, nationality, and (post) colonialism?

General Timetable

8th of November

9.00 *Registration*

9.45-10.15 **Welcome and introduction**

10.15-12.00 **Displacements and translation in CAM regulation**

Coffee Break

12.15-13.30 **Knowledges and the ambiguities of modernities**

Lunch Break

14.15-16.00 **Regulatory change, (g)localities and practices**

Coffee Break

16.15-18.00 **Science and CAM (I): Trespassing science**

Unfortunately we are only able to accommodate speakers for dinner (details for the venue in the last page). However, all participants will be able to join us for a drinks reception from 6-7.30opm at the Conference Venue.

9th of November

9.30-11.15 **Science and CAM (II): Reimagining the margins of science?**

Coffee Break

11.30-12.45 **Unstable professions**

Lunch Break

13.45-15.30 **Institutions (I): Public healthcare and CAM**

Coffee Break

15.45-17.30 **Institutions (II): Medical knowledges and sites of legitimacy**

Advisory board meeting

Panels for the 8th of November

9.45-10.15 **Welcome to Kent Law School and introduction to the workshop**

10.15-12.00 **Displacements and translation in CAM regulation**

Emilie Cloatre and Francesco Salvini Ramas, Alternative medicines as ecology of care: fragmentation and regulation in acupuncture

Fanny Parent, Social, professional and managerial regulations of the Chinese medicine segmented market in France

V. Sujatha, The global politics of alternative and mainstream medicines. The case of European ayurvedic practices

12.15-13.30 **Knowledges and the ambiguities of modernities**

Suzanne Newcombe, The status of indigenous medicine in India from the colonial period to the present

Stacey Langwick, Troubling Rights in a Toxic World

14.15-16.00 **Regulatory change, (g)localities and practices**

Joana Almeida, Pâmela Siegel and Nelson Filice De Barros, Towards the glocalisation of complementary and alternative medicine: Homeopathy, acupuncture and traditional Chinese medicine practice and regulation in Brazil and Portugal

Jean McHale, The EU, Brexit and traditional herbal medicines: Freedom to practice or the end of "legitimacy"

John Harrington, Sovereignty, community and development. The normative politics of intellectual property and traditional knowledge in Kenya

16.15-18.00 **Science and CAM (I): Trespassing science**

Phoebe Friesen, Evidence based medicine, complementary and alternative medicines, and placebo responses: Are we missing out?

Pia Vuolanto, Power dynamics and strategies of legitimation in the academisation of complementary and alternative medicine

Rachel Douglas-Jones, Audit at a double remove: Knowing TCM to know ethical review

Panels for the 9th of November

9.30-11.15 **Science and CAM (II): Reimagining the margins of science?**

Marie-Andrée Jacob, The watching of Sarah Jacob: fasting, imposture, and proof

Abena Dove Osseo-Asare, "Don't use herbs!": Historical Perspectives on Traditional Birth Attendants, Healing Plants, and Medical Ethics in Ghana

Sarah Cant, Traditional and alternative healing as practices of social resistance to institutional and/or industrial medicine: CAM and resistance to gendered marginalities

11.30-12.45 **Unstable professions**

Robert Dingwall and Nate Sawadogo, Rethinking 'Traditional Medicine'

Mike Saks, Sympathy for the devil: Complementary and alternative medicine, orthodox medicine and professionalisation in Britain

13.45-15.30 **Institutions (I): Public healthcare and CAM**

Kathy Dodworth & Ellen Stewart, Saving the CIC: Legitimacy, care and epistemic labour

Stefan Ecks, Medical pluralism for multimorbidity: Herbalism in the Scottish NHS

Gupteswar Patel, Ann Taylor, Caragh Brosnan, Integration of TCAM into public health systems: Opportunities and anxieties

15.45-17.30 **Institutions (II): Medical knowledges and sites of legitimacy**

Nayeli Urquiza Haas and Emilie Cloatre, Modernities, hybridities and the challenge of regulating medicinal plants

Ayo Wahlberg, Fertility itineraries: Negotiating diagnoses and treatments in urban China

Natewinde Sawadogo, From legal to clinical inclusion: The evolution of the clinical position of traditional healing in healthcare in Burkina Faso

Abstracts (in order of presentation)

Displacements and translation in CAM regulation

Pharmaceutical regulation in practice. Ayurvedic drugs and social order(ing) in Cambodia

Laurent Pordié, National Centre for Scientific Research, Paris
(unfortunately this paper will not be presented during the workshop)

Pharmaceutical regulation is not a flat space but results from an assemblage of sometimes conflicting laws, rules and codes of conduct stemming from both public and private, official and unofficial regulatory regimes. These regimes cohabit, overlap, interact and feed each other. This paper contends that regulation refers to a much larger set of rules and practices than that prescribed by the State and other official actors, which should not, for the sake of analysis, be taken as points of reference. A central question therefore concerns the way in which these various layers are articulated and how they are linked – fully, in part or not at all – to each other to finally make what constitutes regulation in practice. By examining the heterogeneity and the plurality of regulation in Cambodia in the case of imported Ayurvedic drugs, this paper hints at the manner in which other regulatory universes are assumed and enacted by those involved. They all answer to particular regulatory regimes, organized mechanisms involving dynamic and interacting forms of logistics, control and 'bridging processes'.

Alternative medicines as ecology of care: fragmentation and regulation in acupuncture

Emilie Cloatre and Francesco Salvini Ramas, Kent Law School, University of Kent

The paper looks at how regulatory dynamics appear to permanently leave alternative therapies on the margins of the organisation of care. The paper focuses on the case of acupuncture, and proposes a dialogue between the UK and the French systems of regulation, two systems of which 'fragmentation' is a common feature in spite of otherwise striking differences. We explore how this regulatory fragmentation participates in a wider ecology of practices: a complex environment of material and social sites, institutional arrangements and epistemic systems. We argue that formal regulation, in both systems (though for different reasons), leaves out significant spheres of practice in acupuncture, failing to engage with their potential or actual role in the broader ecology of care.

Social, professional and managerial regulations of the Chinese medicine market in France

Fanny Parent, Sciences Po, Toulouse

From the 1970s onwards, a large market has emerged in France around alternatives to conventional medicine. New actors have claimed a right to speak about health and have proposed a great diversity of therapeutic methods. Among them is Chinese medicine: the appeal and the use of acupuncture, tuina massages, psycho-corporal practices or qi gong, dietetic and Chinese pharmacopeia, have grown in French society since then. Depending on their needs, "Consumers" can go from one type of medicine to another, from one method in Chinese medicine to another and from a practitioner to another (whether licensed or not, whether reimbursed by social security or not). The growing interest in Chinese medicine then lead us to question the uses of Chinese medicine by the public,

the ability of Chinese medicine practitioners to promote professional standards against managerial standards, and the regulatory capacity of the French State and the health sector in general. This paper focuses more precisely on the role of the State and the professional sector in transferring and translating Chinese medical practices and knowledge from China to France. Paying attention to power relations between the different stakeholders in France and abroad, we show that the scope and the nature of this transfer and this translation heavily depend on the struggles that take place in the French context/health sector.

The global politics of alternative and mainstream medicines. The case of European ayurvedic practices

V. Sujatha, Centre for the Study of Social Systems, Jawaharlal Nehru University, New Delhi

The development of medical pluralism as public health policy has seen several historical twists and legal challenges. Especially, the spread of Asian therapeutic practices to Europe and their establishment as complementary and alternative medicine under new conditions in the host culture raises intriguing questions about how alterity is produced. The flow of ayurvedic practices from India to Europe along the footsteps of yoga (that made its debut in Europe decades ago) and its role as complementary and alternative therapy among the small but consistently growing community of European ayurveda practitioners is co-terminus with the process of opening the market for herbs at the Indian end and herbs coming to be declared as commodities, through state policy. In other words, there is an obverse process to the emergence of alterity and authenticity in the field of global public health by way of mainstreaming in other arenas and ironically, they have to go together if alternatives are to be 'established.' What then, does the alternative do to the existing setting and for whom? Does it create new social spaces or is it co-opted into the existing order? How do we understand the dynamic between the alternative and the mainstream in medicine? It is high time that the study of CAM goes beyond numbers and trends. Qualitative studies are required to examine what the option means to its protagonists.

The spread of Ayurveda in Europe was not brought about either by capital, market forces or by political authority; in fact, it went global despite them. Even today, it thrives through the of initiative small associations of practitioners. Drawing upon field data from European practitioners of Ayurveda collected by the author in Germany, Switzerland and the Netherlands and follow-up studies of visiting European Ayurveda enthusiasts in India, this paper tries to understand the meaning and modalities of their practice.

Knowledges and the ambiguities of modernities

The status of indigenous medicine in India from the colonial period to the present

Suzanne Newcombe, Faculty of Arts & Social Sciences, Open University, Milton Keynes

A variety of indigenous medical practices have always been the primary form of health care for the majority of the Indian population. The introduction of 'European biomedicine' with colonialization in the nineteenth century was profoundly influential. However, its reach was always limited by practical economic and logistical difficulties and by those promoting swaraj (self-rule) and swadeshi (Indian-made) ideology. This paper will outline the legal and popular positions of indigenous medicine in India

from the late nineteenth century to the present largely by analysing government reports and surveys.

The research for this paper is coming out of an ERC-funded Horizon 2020 project entitled AYURYOG which is examining examine the entangled histories of yoga, ayurveda and rasaśastra (Indian alchemy and iatrochemistry). Therefore, attention will also be given to how what was understood as 'indigenous medicine' expanded to include yoga (as well as including Ayurveda, Unani, Siddha, naturopathy, homeopathy and Sowa Rigpa) during the twentieth century, culminating in the establishment of the Ministry of AYUSH in 2014 by Prime Minister Narendra Modi.

Troubling Rights in a Toxic World

Stacey Langwick, Department of Anthropology, Cornell University, Ithaca NY

In Tanzania both the dumping of industrial capitalism's harmful byproducts and the consumption of substances that sustain modern domestic life (e.g., plastics, kerosene), agriculture (e.g., pesticides, chemical fertilizers), and health (e.g., antiretroviral, contraceptives) provoke assessments of complicated toxic loads borne by bodies today. This double-bind, in which modern life is simultaneously wasted and potentiated by toxicity, is generating a new modality of plant-based healing: dawa lishe or nutritious medicines. For a rising number of Tanzanians dawa lishe is a space to experiment with cultivating the forms of strength and vitality needed to live in the contemporary world. This experiment rests on the ability to hold together historical tensions over the properties of plants in postcolonial Africa and the different articulations of toxicity and remedy that inhere in them. This paper draws attention to the ways that dawa lishe producers queer boundaries between medicine and food. In so doing, they interrupt the pressures to conform to pharmacological techniques of managing toxicity by moving between regulatory tracks. This movement opens up a space in which to build common cause with food sovereignty movements and challenge the properties of therapeutic and economic value that drive the pharmaceuticalization of health.

Regulatory change, (g)localities and practices

Towards the glocalisation of complementary and alternative medicine: homeopathy, acupuncture and traditional Chinese medicine practice and regulation in Brazil and Portugal

Joana Almeida, School of Applied Social Studies University of Bedfordshire, and Pâmela Siegel and Nelson Filice De Barros, University of Campinas

Complementary and alternative medicine (CAM) has been presented in the sociological literature as a global phenomenon. Yet CAM has simultaneously been shaped by different 'civic epistemologies' or national cultures and re-embedded into local contexts. This glocalism of CAM, in turn, has resulted from intercultural exchanges over time. This paper compares and contrasts the development of CAM practice and regulation in two countries with a long-standing relationship, Brazil and Portugal. Homeopathy, acupuncture and traditional Chinese medicine have been chosen as case-studies. By using a wide range of documentary sources, we show how Brazil and Portugal, despite their participation in CAM's global culture, have presented differing national projects on CAM and how these projects have resulted from intercultural hybridism over time. This paper highlights the glocalism and interculturalism aspects of CAM largely absent from its sociological analysis to date.

The EU, Brexit and Traditional Herbal Medicines: Freedom to practice or the end of "legitimacy"?

Jean McHale, Birmingham Law School, University of Birmingham

The implementation of the EU Traditional Herbal Medicines Directive 2004/24/EC in 2011 caused considerable controversy in the UK. It was suggested that this would adversely impact on the availability of herbal medicines for those seeking treatment. But in reality has the Directive been a problem or can it potentially be seen as an opportunity for those seeking to recognise the legitimacy of herbal medicines? This paper outlines first, the background to the Directive. Secondly, it explores the changes it introduced and the role of the EU Committee on Herbal Medicinal Products. Thirdly, it examines how this can be seen as contributing to the legitimatisation of herbal medicines at EU and at domestic level and subsequent developments, including the Walker Report on the Regulation of Traditional Herbal Medicines and Practitioners published in 2015. Finally, it discusses what could be the impact be of Brexit in this area in the future and asks whether this will lead to greater freedom to practice or an end to "legitimacy"?

Sovereignty, Community and Development. The Normative Politics of Intellectual Property and Traditional Knowledge in Kenya

John Harrington, Cardiff School of Law and Politics, Cardiff University

In 2016 Kenya legislated to grant communities the right to control their traditional knowledge and cultural expressions and the power to license them to outsiders in return for a share of benefits. The novel (or sui generis) intellectual property regime in the Act is one of only a few of its kind in Africa and was partly inspired by legal work and political debate at the World Intellectual Property Organization, to which Kenya has contributed vigorously. This presentation documents, contextualizes and critiques the various justifications for the 2016 legislation articulated by lawmakers, policy makers and community groups. It maps the expectations of key stakeholders against a range of overlapping normative frames: the Kenyan constitution of 2010; international discourses on traditional knowledge; and ideas about development and sovereignty which have an enduring popular resonance. I argue that this ensemble provides the normative underpinning and idiom for a problematization of traditional knowledge and cultural expressions in terms of their imminent loss, their vulnerability to 'piracy' by foreign companies, and their untapped potential for economic growth. I conclude by critiquing this problematization arguing that it privileges the nation as defender of sovereignty and as agent of development, in spite of the different and sometimes opposing interests of communities which preserve and transmit traditional knowledge. The presentation draws on an ongoing study being conducted with Dr Peter Munyi (University of Nairobi) and Dr Harriet Deacon (Open University) among diverse stakeholders in Kenya.

Science and CAM (I): Trespassing science

Evidence Based Medicine, Complementary and Alternative Medicines, and Placebo Responses: Are we missing out?

Phoebe Friesen, Ethox Centre, University of Oxford

Evidence based medicine (EBM) aims to identify which interventions are truly efficacious and which interventions only appear to be so. At its heart is the randomized control trial (RCT), which plays a

significant role in determining which interventions gain regulatory approval and are covered by payers. However, there is good reason to think that the current structure of the RCT impinges on EBM's goal of promoting the best treatments available. As it stands, a novel intervention is only deemed efficacious if it produces clinical outcomes that are significantly better than those seen in the placebo arm. This leads to the exclusion of any treatments that produce positive clinical outcomes through placebo responses. Relatedly, increasing evidence suggests that many complementary and alternative medicines (CAM) promote health via placebo responses. This evidence can be found in research that suggests that the warmth of practitioners and the creation of positive expectations is sometimes more important than the 'active' components of CAM treatments, in the placebo responsive conditions that individuals seek out CAM treatments for most often, as well as in qualitative data that illuminates how both CAM providers and clients recognize the importance of self-healing and hope in these practices. Taking this into account, I argue here that both EBM and CAM have gone astray in relation to their own goals. While EBM has faltered by defining efficacy too narrowly and thereby excluding effective treatments, many CAM practices have failed to recognize the important role of placebo responses in contributing to client outcomes.

Power Dynamics and Strategies of Legitimation in the Academisation of Complementary and Alternative Medicine

Pia Vuolanto, Faculty of Social Science, University of Tampere

Complementary and alternative medicine (CAM) is a controversial topic that triggers heated social debate in the media, hospitals and healthcare centres. The issue has become more contentious as CAM seeks to establish a research field of its own alongside the established sciences, and thus aims to acquire space in knowledge production institutions. According to the World Health Organisation there are over 70 CAM research centres around the world, and the number of CAM research articles and journals is growing. CAM research is also establishing itself through conferences and networking in various institutions. Despite these developments, the academisation of CAM research has thus far been analysed very little, which leaves underexplored both 1) CAM's significance in transforming knowledge production institutions and 2) the ways in which CAM is shaped by knowledge production structures and different national contexts.

The presentation focuses on the academisation of CAM research in Finland where there are no organised CAM research centres and activities to establish CAM research have only recently emerged. In my research, I witnessed the birth of a CAM research network and gained access to confidential information about the development of CAM research on new territory by attending closed meetings, scanning website information, following popular articles and conducting individual interviews. I analyse four legitimation strategies (Bourdieu 1975) – doing research work, internationalization, finding allies, and controlling the CAM field – and interpret them as boundary work (Gieryn 1999) posing challenges to the authority of what is understood as expertise, and negotiating the legitimacy of biomedical scientific knowledge.

Audit at a double remove: Knowing TCM to know ethical review

Rachel Douglas-Jones, Technologies in Practice, University of Copenhagen

How do you audit an assessment, if the object of that assessment belongs to a domain of knowing unknown to you? This is the challenge that was faced by a NGO that had established an auditing

program through which ethics review committees in the Asia-Pacific region could have their ethics reviews assessed. The second order assessment took the form of a three-day Survey, consisting of interviews, analysis of the committee's records and documents, an examination of its meeting and office facilities, and -crucially - an observation of a committee meeting. At the time of the observations that form the basis of this paper, the organisation was just establishing its presence in China, following some controversy about its authority within the country as an NGO. The paper follows a Survey team as they attempt to understand how the committee has assessed the ethics of a TCM trial. To assess whether the committee has considered relevant ethical dimensions of the trial, they must also understand in what way the medicine will act upon the body. But both the body to be acted upon, and the kind of medicine that will act, are expressed in terms unfamiliar to the primarily western medicine trained auditing team. Centering the disjunctions that occur between accounts of syndromes, the movement of chi and percentages of active components, the paper demonstrates how certain apparatuses of evidence– embedded both in ethical review itself and in the audit's mechanisms–leave little space for alternative readings for the evidence of ethics.

Science and CAM (II): Reimagining the margins of science?

The watching of Sarah Jacob: fasting, imposture, and proof

Marie-Andrée Jacob, School of Law, Keele University

A growing disdain for imagination and intense concerns over objectivity, moderation, and professional conduct characterize 19th scientific medicine. Such context makes the publication of reports on miracles in The Lancet in the 1860s rather surprising, especially given that at that time clergymen showed increased suspicion towards miracles. The paper tells the story of the medical watch of thirteen year old Sarah Jacob's miraculous fasting, showcased as a lucrative spectacle by her parents in their family home in Wales, and followed by her death in 1869. Sarah Jacob is one of numerous fasting girls and women that excited authorities of all stripes throughout medieval and modern history (Bynum 1987, Brumberg 1988, Ireland 2012). Her case reveals an irresistible urge amongst Victorian medical men to watch and detect, but also a more calculated and ambitious drive to make a breakthrough in a popular research area of the time, that of hysterical disease and simulation. Seen with the lens of imposture, the fasting case of Sarah Jacob is a story of fraud and its proof; seen with the lens of 19th Century medical investigations, the case calls for reappraisals of contemporary concerns over research misconduct and medical approaches to anorexia nervosa.

Don't use herbs!": Historical Perspectives on Traditional Birth Attendants, Healing Plants, and Medical Ethics in Ghana.

Abena Dove Osseo-Asare, Department of History, University of Texas, Austin

Public health officials in African countries have sought to integrate traditional healers within biomedical regimes of care with varying degrees of success. In recent years, however, most African countries have banned traditional birth attendants (TBAs), urging all women to deliver with a skilled attendant such as a nurse midwife or obstetrician. This is a major shift in policy since for several decades, the World Health Organization worked with local partners at universities and ministries of health to actually train TBAs and promoted them as the best way to reduce maternal mortality. In the case of Ghana,

academics and officials built entire careers around producing training manuals to upgrade the skills of TBAs from around 1970 to 1996. In fact, the question is if TBA training had such limited value, why did the individuals and organizations promote it for so long? This paper closely examines training manuals and published reports on TBA training in Ghana, alongside interviews with officials and TBAs involved to untease the ethics of traditional medicine and access to biomedicine. In particular, it considers the growing interest in providing women in labor with standardized pharmaceuticals like oxytocin and carbetocin in lieu of plant-based therapies.

CAM and Resistance to Gendered Marginalities

Sarah Cant, School of Psychology, Politics and Sociology, Canterbury Christ Church University

In this paper I critically explore the potential within CAM to create spaces for gender sensitive healthcare, but develop existing analysis to comprehend both women's and men's use of non-biomedical therapeutic modalities. Butler's (1990) conceptualisation of gender as fluid, uncertain, and accomplished performatively demands a nuanced account of the relations between medical power and gender. On the one hand, biomedicine may be understood as a reflection of patriarchal power relations embedded in health care delivery. From this perspective, CAM can be seen as a form of feminist practice, supporting female health conditions which have been marginalised or subjected to reductionist understandings by biomedicine, and attractive to female practitioners, as a way to resurrect traditional healing practices and attain occupational jurisdiction. However, biomedicine can also be understood as a reflection of 'hegemonic masculinity' (following Connell, 1985), which potentially marginalises not only women, but also men whose expressions of gender differ from this. These ideas are explored drawing on the results from a thematic synthesis of literature on male use of CAM (Cant and Watts, 2018). The suggestion is that CAM has the potential to challenge mainstream health care, but ultimately it has attempted to do that in a context where the dominance of biomedicine has remained intact. The result is ideological success in terms of personal relations in health care encounters, but the underlying structures, organisation and conceptualisation of health care remain unchanged.

Unstable professions

Rethinking 'Traditional Medicine'

Robert Dingwall, Dingwall Enterprises and School of Social Sciences, Nottingham Trent University, and Nate Sawadogo, University of Ouaga II, Ouagadougou

A fundamental problem with attempts to understand traditional, historical, alternative or complementary medicine is that the category 'medicine' itself derives from presuppositions embedded in the notion of scientific medicine. Other categories are variant or deficient versions of this normative ideal. The flat epistemology advocated by Science and Technology studies finds this problematic, particularly in the notion that there is an ideal definition of illness or disease to which scientific medicine has privileged access, rather than being seen as the folk medicine of a particular society. This paper builds on arguments that Dingwall has been developing since his 1976 book, Aspects of Illness, namely that the study of illness and disease should be regarded as a topic in the sociology of deviance. We find important clues in Parsons's account of the sick role as a case study in the social management of deviance. We propose that the starting point for the study of what observers might call health,

illness and associated institutions in any society should be questions about what kinds of deviance are recognized and how they are managed. The various forms of 'medicine' are contingently mapped onto these more fundamental issues in social organization and managed in ways linked to the bases of power, authority, legitimacy and dispute resolution in that society. The paper will draw on empirical examples from a study of healers and healing work in West Africa since the fourteenth century.

Sympathy for the devil: Complementary and alternative medicine, orthodox medicine and professionalisation in Britain

Mike Saks, University of Suffolk

This presentation plays on the theme of the Rolling Stones' song 'Sympathy for the devil' in charting the relationship between complementary and alternative medicine (CAM), orthodox medicine and professionalisation in Britain. CAM practitioners no doubt saw medicine metaphorically as the devil in its process of professionalisation in the second half of the nineteenth and large part of twentieth century, in which they were negatively castigated as 'quacks' and sidelined in its successful ideological battle for supremacy against competitors. However, although professionalisation for long remained an anathema for CAM practitioners – who traditionally preferred more individualistic and often divisive models of practice in non-bureaucratised settings – a number of groups of such therapists overcame their prejudices against professionalisation as the twentieth century progressed. This sympathy for the devil has led to growing collegiate collaboration between kindred practitioners that resulted in osteopaths, chiropractors and others following in the footsteps of medical orthodoxy in winning their professional spurs – either on a voluntary or, in some cases, a statutory self-regulatory basis. However, while orthodox medicine has retained its ascendancy in terms of income, status and power, it is now medical orthodoxy that may demand more sympathy as it has become professionally ever more regulated by the regulators, in the wake of medical scandals. The recent restrictions on professional autonomy it faces, though, are now a spectre for a number of other health professions, including some statutorily regulated CAM groups, as agendas such as periodic reaccreditation and independent adjudication of disciplinary cases are rolled out more widely.

Institutions (I): Public healthcare and CAM

Saving the CIC: legitimacy, care and epistemic labour

Kathy Dodworth and Ellen Stewart, University of Edinburgh

Public funding for complementary and alternative medicine (CAM) significantly determines its availability to a population, and serves as a marker of legitimacy for 'unconventional' practices. Data about CAM provision within the UK NHS is patchy (Thomas & Coleman, 2004), but we know that provision of complementary therapies within NHS settings varies, often dependent on the preferences of particular health professionals (Thomas, Coleman, & Nicholl, 2003).

In practice, local decisions about funding of CAM include clinical, financial, and political rationales. This paper explores campaigns around a Glasgow facility, the Centre for Integrative Care (formerly known as the Glasgow Homeopathic Hospital). This facility historically received funding and served patients from Health Boards across Scotland. As other Health Boards withdrew funding, the host board (NHS Greater Glasgow & Clyde) has gradually limited the services available within the CIC, prompting

protests from concerned patients, carers and clinicians.

Drawing on a larger study of campaigns against hospital closures in Scotland, we compare data from interviews with ten people closely involved with the campaign to 'save' the CIC over the last decade with those of campaigners mobilising to defend 'conventional' hospitals in Scotland. The comparison reveals some of the particular epistemic work (Rabeharisoa, Moreira, & Akrich, 2014) used to justify continued public funding for the CIC in a climate of hostility, paying particular attention to how arguments both draw upon and contest conventional biomedical practice. This work both shapes the CIC as a care assemblage, and seeks to project a particular image of the facility as legitimate and innovative.

Medical pluralism for multimorbidity: Herbalism in the Scottish NH

Stefan Ecks, School of Social and Political Science, University of Edinburgh

NHS health care is thoroughly biomedical, but there are a few pockets of heterodoxy. This paper describes experiences in a herbal medicine clinic that is embedded in a Scottish NHS primary health care centre. Most patients come with extreme multimorbidities, both physical and mental, by referral from the centre's biomedical doctors. The herbal clinic is run by a cooperative that wants to make plant remedies accessible to people who either never considered them or could never afford them from a private herbalist. The clinic is located in one Scotland's socioeconomically most deprived areas, in the periphery of one of the UK's largest cities. The area was built as a large council scheme in the 1960-70s and has many features of an urban ghetto, including that it is a food desert. The areas' population suffers disproportionately from unemployment and poverty. Life expectancy is only 61 years on average, which is more than 20 years less than the life expectancy in the city's richest neighbourhoods. The paper presents an ethnography of how the clinic works, what kinds of problems patients bring to the clinic, and how the herbalists are trying to improve their patients' health, despite (or, because) they have been in biomedical treatment for many years.

Integration of TCAM into public health systems: opportunities and anxieties

Gupteswar Patel, Ann Taylor, Caragh Brosnan The University of Newcastle, Australia

Human Resources for Health (HRH) are central to health systems for delivering health services, and recognised as a major component in the World Health Organisation's (WHO) health systems building block. Efforts to engage Traditional, Complementary and Alternative Medicine (TCAM) and its practitioners in the HRH are gaining increasing attention globally, including in India. As national and state healthcare policies are being implemented for their integration into the mainstream public health system at primary health care level, it is also contested by real-world challenges. This narrative review examines the available literature on TCAM focusing on sociological understanding of integration practices and associated experiences, to understand integration as phenomena with implications for primary healthcare, and the health system.

Professional recognition of TCAM have been a key area of debate while understanding the benefits of professionalising TCAM, how tension surrounds TCAM's professional legitimacy, the struggle and negotiation to achieve TCAM professional identity and challenges encountered by TCAM as self-regulatory professions. TCAM integration have been defined and understood differently in different discipline of studies. Within integrative healthcare settings the relationships of TCAM and biomedicine have been another core subject for studies while understanding the genesis and contemporary

role of biomedical dominance, attitude of biomedical professional towards TCAM, acceptance and collaboration between TCAM and biomedicine, and implication of the relationships with a fear of loss of TCAM knowledge. Understanding the TCAM integration in the context of Indian health system, 'medical pluralism' have been a principal area for different disciplines of studies.

Critical studies on TCAM have highlighted a pattern of issues around 'struggles and negotiations of TCAM professionalization', 'distant relationships between TCAM and biomedical professionals and dominance of biomedicine in integrative health care settings', and 'medical pluralism'. The phenomenon of TCAM integration in developing countries, in particular primary healthcare settings are still an under-explored area to study empirically and understand theoretically. My ongoing PhD study seeks to bridge this gap and explore real world experiences of integration in the Indian Public Health System.

Institutions (II): Medical knowledges and sites of legitimacy

Modernities, hybridities and the challenge of regulating medicinal plants

Emilie Cloatre and Nayeli Urquiza-Haas, Kent Law School, University of Kent

In this paper, we explore the liminal position that medicinal plants/plants that (may) heal in law, in the UK and France. Although plants have always been a feature of healing practices in both countries and across Europe (in various shapes and forms), they have become over the years subject to an increasingly complex regulatory system. Medicinal plants are spread across a set of potential regimes, depending for example on whether they are due to be sold in raw form, as medicinal products (processed), as traditional herbal medicines, as food supplements or as essential oils. They are organised in different lists, which affect how they can be distributed and the conditions of access (who can sell them, advice on their use, and where they can be bought). Plants are also subject to complex labelling requirements: plants and the humans, who claim knowledge about them, distribute, prepare, or sell them, are also regulated in different ways in France and the UK. We suggest that these multi-faceted legal regimes seeks to discipline medicinal plants, to order, categorise them, to discipline them, and turn them into materials that are manageable, from the law's perspective. At the same time, plants duplicity as weeds means that they are, by their very nature, evasive: they escape human attempts at ordering and categorise, they multiply without control, appearing where they aren't expected to be and misbehaving. In their relationships to humans, and to the healing system, this evasive nature is a double-edged sword. It makes plants and those who seek to use them able to play with a regulatory regime that appears at times as unmanageable – plants become rewritten, relabelled and transformed to fit particular purposes and particular regimes. At the same time, it means that any use of plants as medicines comes with a number of potentially unresolvable dilemmas.

Fertility itineraries - negotiating diagnoses and treatments in urban China

Ayo Wahlberg, Department of Anthropology, University of Copenhagen

"I have been very upset. I have been seeking treatment for 15 years. I started when I was 25, and now I'm 40. I have spent a lot of money in many places, but still haven't been cured." This is how Zhiguang began his account of a 15 year long quest for conception which was still ongoing when I met him in May of 2012. Along the way, he and his wife had visited numerous biomedical hospitals, Traditional

Chinese Medicine centres and nan ke (men's medicine) clinics which often straddle both medicine forms. In this paper I mobilise the notion of fertility itineraries as a way to think through the temporal and spatial aspects of seeking 'legitimate healthcare' for complex conditions like infertility. In China, as elsewhere, commercialised fertility treatment services are surrounded by questionable advice, unsubstantiated claims and an entire host of 'booster add-ons' which purport to improve chances of conception and birth. How do couples undergoing fertility treatment in China - often described as 'desperate' - negotiate the 21st fertility marketplace? Using internet searches and perhaps seduced by advertisements on TV or in newspapers, couples must decide where to go, who to trust and what to pay for on their often drawn out quests for conception.

From Legal to Clinical Inclusion: The Evolution of the clinical Position of traditional healing in healthcare in Burkina Faso

Natewinde Sawadogo, University of Ouaga II, Ouagadougou

Until 2015 the clinical inclusion of traditional healing in Burkina Faso's healthcare system was limited to either informal collaborations between traditional healers and modern health practitioners, or traditional medicine being a subset of the market for healthcare, as allowed by law. From 2016, a new step was reached with the creation of clinical units in public hospitals staffed by traditional healers and modern healthcare practitioners, specially recruited for these units, named "interfaces". This paper presents the findings of a fieldwork on two pilot projects of "interfaces" in two regional hospitals in Burkina Faso. It is argued that this new experiment is shaped by passed jurisdictional competition between traditional healers, pharmacists and medical doctors. The progress in the legal institutionalisation of traditional medicine in the country enabled particularly the pharmaceutical profession to promote its institutional standing in the national health system, but the strong control of traditional healers' access to health care formal skills by these established professions prevented the promotion of more educated traditional healers that would have been available for the developing clinical inclusion. This supports the author's former work on the policy role of the professions in weak states.

Useful Sites and Information

Venue of the Workshop

Canterbury Cathedral Lodge (01227 865350)
Canterbury Cathedral, The Precincts,
Canterbury, Kent CT1 2EH
All participants will be able to join us for a drinks reception from 6-7.30opm at the Conference Venue.

Venue for dinner

Cafe du Soleil
5 Pound Ln,
Canterbury CT2 8AA
Unfortunately we are only able to accommodate speakers for dinner.

Accommodation

Canterbury Cathedral Lodge (as above)

The Falstaff (01227 462138)
8-10 St. Dunstans St,
Canterbury CT2 8AF

Millers Arms
2 Mill Ln, St Radigunds,
Canterbury CT1 2AW

Useful Sites

Goodnestone Gardens, Kent, CT3 1PL
Westgate Gardens, Canterbury, CT2 8AF
The Dolphin, Canterbury, CT1 2AA (01227 455963)
The Goods Shed, Canterbury CT2 8AN (01227 459153)

Train stations

Canterbury West, Station Road West
Canterbury CT2 8AN

Pharmacy *Cheadles*

68 St. Dunstans St, CT2 8BN