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Transfigurations of Health and the Moral Economy of Medicine: Subjectivities, Materialities, Values

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Abstract. This special issue explores the deep entanglements between medicine, law, politics, morality and economy in the contemporary world order and asks how these entwinements shape illness experiences and forms of treatment and care in the varying locations of Egypt, Tanzania, Brazil and India. By introducing the concept of 'transfiguration', we highlight the highly ambiguous, ever-evolving and increasingly transnational character of these processes in the vastly contested and power-ridden fields of medicine and wellbeing. We also argue that a moral economy approach can figure as a lens to disentangle and disaggregate these different fields' values and practices analytically and to account for the need to reflect systematically on people's struggles for a 'good life' in the context of profit-driven and often highly exclusionary economies and their impacts on health care systems. Against this background, the contributions to this special issue ask, through a shared theoretical concern, how medicine, illness experience and medical knowledge production coalesce under the condition of 'excessive' economies in relation to *subjectivities*, *materialities* and *values*. In conclusion, we ask which ethical and political demands arise for anthropologists as novel, strongly politicised and morally loaded fields of research open up; and how we can respond to the challenges of doing research in the capital-intensive fields of medicine and health and act accordingly in our investigations and writings.
[transfiguration; moral economy of medicine; subjectivities; materialities; values]

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Transfigurative Experiences of Sickness

Medical Regimes, Disease Commodification, and Professional Patients in Egypt

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Abstract. This article sheds light on emerging subjectivities and collective actions of a group of patients, whom I call "professional patients" to reverse their marginality, unemployment status and ailing health. Towards this end, this group commodifies and maintains disease, and sells knowledge about it by engaging in disease work to improve their economic and social conditions and accordingly reshape their precarity. In this regard, I argue that, professional patients, by commodifying their disease and entering disease markets, by selling knowledge next to bedside and in examination scenarios, they transfigure their disease into a generative force that guarantees them social empowerment, economic autonomy and opens new possibilities for them and their families to gain economic and social capitals that enable them to improve their livelihoods and to manage the disease itself. Such activities reveal a situation in which disease has gained an economic value. It has been transfigured into a capital and has become, for certain groups, a primary source of income.
[transfiguration, disease commodification, professional patients, disease markets, structural violence, Egypt]

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From Urine in India to Ampoules in Europe: The Relational Infrastructure of Human Chorionic Gonadotropin

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Abstract. From urine in India to ampoules in Europe describes the commodity chain of the hormone *human chorionic gonadotropin* (hCG) between the 1960s and 1990s. The transfiguration of hCG from an impotent waste product in India to a prized pharmaceutical in Europe was made possible by promises of productivity. These promises mobilized a gendered, classed, and racialized relational infrastructure that made the fertility of the urban poor in Kolkata available and valuable for reproductive medicine in the global North. Traces of these relations, however, were obscured by framing transactions as donations, providing return gifts, and declaring urine as raw material. In this article, I make hCG's relational infrastructure legible. Showing how the pharmaceutical has come into being through manifold relations, allows me to analyze processes of valuation that go beyond biological extraction and chemical metamorphosis.
[pharmaceuticals, hormones, urine, relational infrastructure, valuation, commodity chains, reproductive medicine, India]

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Recht auf Gesundheit, *citizenship* und die Moralökonomie einer sozialmedizinischen Versorgung vulnerabler Bevölkerungsgruppen in Rio de Janeiro

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Abstract. The Right to Health, Citizenship and the Moral Economy of Social Medicine in Rio de Janeiro's Favelas:
In the course of the 2000s, primary healthcare-based family clinics were established throughout Rio de Janeiro's favelas in order to guarantee the Brazilian Constitutional Right to Health, especially for vulnerable populations. The underlying Family and Community Health Program aimed to not only incorporate these populations into public health care but also to transform their conceptions, practices and values regarding health and illness accordant to the Brazilian social medicine approach. But as in other resource poor settings of primary health care, this transformative process was faced with dissatisfaction on the local ground, by the patients as well as by the medical staff. The paper takes a closer look at this scenario of transfiguration by reflecting on the role of differentiated citizenship and vulnerable subjectivities of the favela population within the underlying moral economies of social medicine. Therefore, the paper traces back the historical overlapping of urban social inequality, the Brazilian Right to Health approach and local forms of citizenship claims of the urban marginalized population. The concept of transfiguration will offer an analytic lens to understand this process of transformation in its inconstancy, encompassing the people involved and their subjectivities, their practices of subjectivation but also resistance and agency, their normative expectations and lived experiences.
[Right to Health, Social Medicine, Brazil, Citizenship, Favela]

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Transfiguration(s) of Palliative Care

The Moral Economy of End-of-Life Care in a Tanzanian Cancer Hospital

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Abstract. Palliative care is an internationally acknowledged concept focusing on patients with life-threatening diseases and their caregivers. It aims to meet individual physical, psychosocial and spiritual needs with a multidisciplinary 'holistic' approach. This idea, originating from Europe, is promoted globally as universal "human right to health" (WHO 2017). The article takes a closer look at the implementation of palliative care provision in a Tanzanian cancer hospital, where the number of cancer cases is constantly rising, and thus, those with a need for palliative care. In this place, concepts of global health meet local realities consisting of high numbers of advanced cases and scarcities of treatment and care. These constantly changing conditions are discussed in light of the newly introduced idea of 'transfiguration' and in relation to the concept of moral economy, as the implementation of palliative care is mainly driven by moral reasoning. The transfigurative processes evolve in different directions: On one hand, the initial idea of palliative care is intended to transfigure in-hospital caring practices. On the other, it is construed as an adaptive approach, which should fit into local hospital contexts. This article discusses the apparently opposed processes of transfiguration of and in palliative care.
[palliative care, cancer, Tanzania, sub-Saharan Africa, hospital ethnography, institutionalized care]

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Making the cells work

Rendering autologous stem cell therapies viable in India

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Abstract. Stem cell therapies in India are criticised internationally as well as within the country because they are not considered to be safe and efficacious from the perspective of normative science and clinical translation. They were also not regulated by law between 2013 and 2017, the period on which this article focuses. In this article, I unpack the everyday unfolding of the provision of stem cell treatments and the dynamics of how these therapies were rendered viable as well as their limits in a contentious regulatory and scientific context. I elaborate on how autologous stem cell therapies were positioned as 'procedures' after the Indian government announced that it would make clinical trials mandatory for all stem cell 'products' in 2013. Drawing on ethnographic research in clinics and focusing on the providers' perspective, I detail how these cells were made to work in clinical practice through a 'holistic approach' that involved elaborate treatment protocols and the cooperation of patients in caring for the cells. This approach is a complex healing practice which I situate at the intersection of local and global norms of research and biomedical translation, healthcare markets, and their regulation in the Indian context.
[stem cells, regenerative medicine, India, therapy, clinical practice, policy]

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Nachruf für Erhard Schlesier (1926–2018)[1]

Eva Raabe
Frankfurt am Main

Am 8. August 2018 verstarb Erhard Schlesier in Sandhausen bei Heidelberg. Geboren am 10.7.1926 in Chemnitz konnte er erst 1946 das Abitur nachholen. Er studierte zunächst Geographie und Sport an der Theologisch-Evangelischen Hochschule in Eichstätt. Während dieser Zeit weckte ein Buch von Diedrich Westermann sein Interesse an der Ethnologie. 1948 begann er, das Fach Völkerkunde bei Hans Plischke und Günther Spannaus an der Universität Göttingen zu studieren. Als Nebenfächer wählte er Vorgeschichte (bei Karl Hermann Jacob-Friesen) und deutsche Volkskunde (bei Will-Erich Peuckert), hörte aber auch Philosophie, Anthropologie und Geschichte. 1951 schloss er sein Studium mit der Dissertation „Die Erscheinungsformen des Männerhauses und das Klubwesen in Mikronesien“ ab.

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1 Dieser Nachruf beruht in etwas abgeänderter Form auf der Laudatio zu Erhard Schlesiers Ehrenmitgliedschaft in der DGV (Raabe, Eva in: Mitteilungen der Gesellschaft für Völkerkunde März 1996/Nr. 25, S. 16f)