

Introduction

Xavier Allué

Hospital Universitari de Tarragona Joan XXIII, Tarragona (Spain)

Anthropologists working at home face a somewhat different and often greater responsibility than anthropologists working elsewhere. Sooner or later their work is going to be confronted with the reality of the entourage. Even though the legitimate purpose of a researcher's endeavour should be to enhance knowledge and one should aim for knowledge of universal value, the pressure of everyday life and the closeness to the subject of research will determine actions, reactions, questions and answers, responses sometimes intended but occasionally unexpected.

The following six contributions are very good examples of ethnographies carried out close to home, even if "home" turns out to be for a long while some Brazilian slums. They all aim to produce information about reality which may eventually lead to changes in that reality.

This is not an unrestricted call for "applied" research in Anthropology as the sole purpose our elders warned us against, when colonial governments attempted to gain anthropologists' complicity in carrying out their imperialistic intentions, but rather the verification that the closer to home researchers are, the more easily will the results of their work carry some weight in the reality of their milieu.

Even more, to investigate, to observe activities, behaviours, or decision making processes in an attempt to change reality for the better, is bound to bring about changes both in the processes and the reality themselves. Let us not forget the uncertainty principle described by Heisenberg for the quantum theory in Physics but which is, nonetheless, certainly true for Anthropology, at least from our viewpoint. This adds further uncertainty to the discourse.

Medical Anthropology at Home for the time being, and apparently in this Second Meeting, is becoming mainly European Medical Anthropology. The very much appreciated contributions from such faraway points in the world

as Quebec, Chile and South Africa, in this particular conference are, in essence, "European" since the context of their biomedical practice is similar to ours. Besides, the contributions are fine examples of "medical anthropology at home". It is therefore normal that the contributions include as a frame of reference the realities of the European health care system imbedded in the "Welfare State".

Whether evaluating the changing patterns of distributing the burden of care for the sick, the emerging responsibilities of others besides the medical organisations, or the ritualisation of practices, the anthropologist is bound to face not only people as subjects, but the organisations themselves as subjects. This is where policies are implemented and politics are proposed. And all along the line the ethical implications of the endeavour are considered.

As has been pointed out, the task of the anthropologist in this environment is more that of an actuary, one notch higher than just a registrar since, when acting with a purpose, the emphasis is on efficiency. And in this situation efficiency is not just the cost-efficiency of the world of insurance, but real efficiency in terms of better care, better assistance for the sick.

It is then that the ethical commitment becomes real.