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This is a theoretical article concerning the conceptualization of non-biomedical practices in Brazil. While the sociological study of Complementary and Alternative Medicine (CAM) is well developed elsewhere in the world, most notably in the United Kingdom and Australia, the authors are amongst the first to be addressing how the global expansion in the use of these therapeutic options is impinging on Latin America. The article is interesting and is to be welcomed, although I have a number of points that the authors may wish to consider.

- The authors begin by identifying the four distinct strands of academic work that have produced, and continue to produce, contributions to the study of non-biomedical practices. There are two points here. Firstly, the authors note that these are Brazil-specific. It would be useful if the relationship between work within the four strands in Brazil and the broader global activity in each area could be briefly identified. For instance, in the fourth strand, the pursuit of an evidence-based evaluation, how far is this activity in Brazil informed by the global evidence-based practice agenda? Secondly, it can be noted, of course, that the way in which the topic of non-biomedical practice is addressed in each of the four traditions is quite different in ontological and epistemological terms as well as in terms of the subject matter of research and writings. Again it would be useful if the authors could unpack each of these a little to highlight the differences of focus. For instance, how does the anthropological study of (essentially indigenous traditional) medicine differ from that of the sociology of (non-indigenous, globalized?) CAM? And how do the research questions of both of those differ from (and inform or potentially undermine) the evidence-based agenda?
- The authors note that “*Brazilian CAM research is guided by the assurance that one form of medicine is not opposed to any other*”. Are the authors arguing for an approach to the research process that does not privilege one form of knowledge over another or one set of practices

over another as an initial starting point (a position with which I agree), or are they making an initial assessment of the empirical reality in which conflict is absent? Some clarification would be helpful.

- The authors state that the article is the result of a survey. It is currently unclear how this empirical research relates to the conceptualization presented. It would help the reader if the authors could briefly explain the link between the conduct of the study, its questions and focuses, its results, and the production of the typology.

- Use is made of Bourdieu's theoretical work. In particular the concept of *habitus* is drawn on in order to discuss individual use of CAM in its social context. This is a very interesting approach. There has previously been little use of Bourdieu's work in relation to CAM. There is clearly lots of potential for further work informed by this approach. Interestingly, however, the authors do not make any mention of another concept from Bourdieu's work¹ – *distinction* – which is proving to be of value in work on non-biomedical practice beyond the West². Especially in societies where indigenous traditional medicines coexist with globalized CAM and biomedicine, there is preliminary evidence of “medicine selection as social distinction”. A comment on whether the authors have considered the potential of this concept would be welcome.

- Do the authors consider that the multiple locations and meanings of the key concepts have implications for the research process? How, for instance, does the understanding of “alternative medicine” as located within: scientific type, antithetical type, and as a type of new therapeutic system impact on the way it is studied in the field?

- The authors finish by linking the term complementary medicine to integrative practice. The latter term is gaining ever greater prominence in the UK, USA, Australia, and elsewhere. To what extent is this trend observable in Brazil? Do the authors consider that the existing operationalization of “CAM” is being affected by this?

Overall, this is a welcome addition to the global literature on CAM. The specifics of Brazil raise a number of important empirical and theoretical questions and an initial clarification such as this provides a useful initial baseline from which research to examine them can be developed.

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1. Bourdieu P. *Distinction: a social critique of the judgement of taste*. Cambridge: Harvard University Press; 1984.
 2. Tovey P, Chatwin J, Broom A. *CAM and cancer care: a grassroots analysis in international perspective*. London/New York: Routledge; in press.