Panel ABSTRACT

Panel 6: Frictions in healthcare. Ethnography as a motor for improvement

Organizer: Giulia Sinatti, Jennifer Creese, Julie Salvador

Abstract: This panel explores the productive potential of frictions in ethnographic research within healthcare settings. By "friction," we refer to the tensions, misalignments, and misunderstandings that arise in our collaborative relationships with research partners, commissioners, and clients in healthcare settings. As anthropologists, we often lament the challenges of communicating in (bio)medical contexts. Instead, this panel invites papers that view frictions as drivers of healthcare improvement.

Friction can emerge during the conceptual phase of research design, especially when collaborating with those holding different epistemological and ontological perspectives. It can also surface around trust and ethics, particularly when sensitive data is first collected and later shared in publications or used to redesign healthcare interventions. We argue that these frictions are challenging, but also essential for impactful healthcare outcomes.

We welcome contributions that examine instances where misalignments—whether conceptual, ethical, or practical, operational—helped advance research or fostered innovation in healthcare. Authors are encouraged to reflect on ethnographically informed experiences where friction prompted new ways of thinking, strengthened collaborations, or influenced outcomes.

By focusing on friction as a site of interaction—between individuals, teams, or disciplines—this panel shifts the conversation from defending the value of ethnography in healthcare to recognizing how it can drive meaningful change. We invite papers that explore how, through moments of tension, frictions reveal opportunities to make a difference and rethink the role of anthropology in healthcare settings.

SESSION SCHEDULE

17.09.2025 | Slot 3| 2-0-4

Madalina Alama: "Is this true… what I heard? Five hundred dollars for an interview?"

Jesse Bia: Inducing Success: Navigating the Frictions of a Biomedical Scandal

Eliška Bydžovská: Friction and Positionality in Palliative Care: A Nurse-Researcher's Perspective

Michelle Parsons: Misalignments in research on a defunded global health project in Kabul, Afghanistan

SESSION PAPERS

"Is this true… what I heard? Five hundred dollars for an interview?"

Madalina Alama

The paper explores the unexpected potential for ethnographic fieldwork ensuing from a nurse's attempt to embarrass a patient and put the ethnographer in a difficult spot. The event took place during the early days of dissertation fieldwork I undertook in a MAT (medication assisted treatment) outpatient facility specializing in treating people who sought help managing their addiction to opioids. The paper details the situation created by the nurse and it underscores how, contrary to all expectations, the confusion and disruption created by the nurse were only temporary and ultimately contributed greatly to beneficial outcomes for the patient/interlocutor, ethnographer, and the dialogue between them. It was this moment of friction that greatly strengthened the collaboration between patient and ethnographer.

Inducing Success: Navigating the Frictions of a Biomedical Scandal

Jesse Bia

March 2014 saw a major scientific scandal erupt in Japan. It centered on "STAP" ("stimulus-triggered acquisition of pluripotency"), a novel methodology to easily create induced pluripotent stem cells (iPS) in mass quantities for the first time, particularly lauded given the latter's use in regenerative medicine treatments: bio-cellular engineering therapies for chronic and acute degenerative diseases which predominantly affect the growing older population. After publishing to fanfare, it quickly became clear that STAP was a sham: the research was fraudulent, and the story covered extensively by Japanese media. What subsequently became known as the "STAP Scandal" was a defining epochal event during Japan's Heisei Era (1989-2019). The presenter had recently begun long-term anthropological fieldwork with associated scientists/physicians at the STAP host institution both immediately before and during the scandal. This paper will explore what it was like conducting the fieldwork in biomedical spaces, exploring the frictions posed by practicalities and ethnics, both on-the-ground during the STAP Scandal and in the long-term aftermath. How does one preserve and build trust - for their work, with participants, and in themselves – while navigating a narrative of national betrayal? How did proximity to the STAP Scandal initially hinder, but later facilitate, anthropological fieldwork? What were the (dis)advantages and lessons learned working through bioethical outrage, shifting power dynamics, and journalistic scrutiny while

attempting to maintain connections and networks? When the planned site of interaction is no longer viable, how does one adapt and utilize frictions to the ultimate benefit of a project?

Friction and Positionality in Palliative Care: A Nurse-Researcher's Perspective

Eliška Bydžovská

Palliative care plays a crucial role in addressing global societal challenges such as an aging population and the growing prevalence of chronic diseases. In the Czech Republic, palliative medicine has undergone dynamic developments, contributing—similarly to other developed countries—to balancing acute care with follow-up, long-term, and end-of-life care (Kabelka et al., 2016).

Serious illness brings with it a range of uncertainties that shape the experiences, thoughts, and actions of patients, their families, and healthcare professionals (Etkind & Koffman, 2016). Among healthcare providers, general nurses play a central role in communication alongside physicians (Anderson et al., 2019). However, nurses themselves face considerable uncertainties in practice, including a lack of clarity surrounding the definition and scope of palliative care (Wallerstedt et al., 2019; Van Lancker et al., 2018).

This paper draws on the author's dissertation research, conducted from the dual perspective of both researcher and general nurse. This dual role gives rise to a variety of frictions, particularly within the ethnographic fieldwork conducted in the author's own workplace. These include issues of positionality, and the need to navigate the boundaries between clinical, academic, and research domains.

Given the inherent fragility of situations involving serious illness—and thus the involvement of palliative care teams—ethical considerations also emerge as significant challenges. The aim of this paper is to describe these frictions and to outline the strategies through which the author seeks to work with them.

Misalignments in research on a defunded global health project in Kabul, Afghanistan

Michelle Parsons

I reflect on research on a hospital-based perinatal mortality project in Kabul, Afghanistan during the 2000s which was administered through the US Department of Health and Human Services and Centers for Disease Control and Prevention. The project attracted more women with high risk births and raised the cesarean section rate. The research arose out of a conversation with the CDC lead who was intent on exposing the project defunding as iatrogenic harm in order to resecure funding. As a medical anthropologist, I was wary of these goals even as they opened access to project surveillance data and internal communications. In addition to this misalignment, my own interest in global health surveillance did not align with the lead's orientation toward data. The research interactions have resulted in work on the ethics of defunding, which calls for broad consideration of data and relationships and the frictions between them. In an era of global

defunding, the work has the potential to expand understandings of defunding harm, hold donors accountable, and advocate for changes in global health governance and funding. Despite initial misalignments between myself and the CDC lead, the interaction opens an anthropology of defunding to meet the current crisis.