Panel ABSTRACT

Panel 48: Epistemological bounds of medical technologies: Iatrogenic effects and new conceptions of health

Organizer: Alexandra Jønsson, Anne Mia Steno

Abstract: The rapid advancement of medical technologies cultivates redemptive promises of cure, shaping patient expectations while simultaneously sparking debates about how healthy bodies are produced, validated, and practiced. Cutting-edge innovations not only inspire hope but also redefine conceptions of the self and its pathologies: In well-resourced healthcare systems, individuals increasingly put technologies at use for identifying underlying and unknown disease, even before it develops. While such technologies offer benefits to some, they also introduce unintended and iatrogenic consequences, including overdiagnosis, medical overuse, ableism and new forms of health inequities. The unintended consequences of healthcare interventions challenge the dominant narratives of biomedicine, exposing the epistemological limitations of medical technologies and practices. How is too much and too little intervention balanced? How do technologies entangle with bodies and emotions, and do technologies reproduce racial discriminations and produce new inequities? This panel underscores the need for medical anthropology to critically situate these technologies—and the epistemic errors they may generate (Bateson, 1972)—within the broader institutional, cultural, and societal structures, as well as the individual circumstances, that shape notions of health and well-being. We invite contributions that critically examine iatrogenic effects of health technologies as they become integrated into the everyday logics of illness and health, analyzing the dynamics that shape our understanding of these concepts. From overdiagnosis and prenatal diagnostics to cancer care pathways and expanding psychiatric nomenclature, we seek critical perspectives that interrogate the broader social, institutional, and structural forces shaping medical practices and their diverse effects on individuals and communities.

SESSION SCHEDULE

18.09.2025 | Slot 2 & 3| 4-0-2

Bodil Just Christensen: Pharmacological innovation and health inequity: an ethnographic

study of Wegovy in severe obesity

Natalia Filar: Psychiatric self-diagnosis through social-media as a response to socio-economic inequalities in Polish medical services

Sarah Wadmann, Laura Emdal Navne, Mette Hartlev: Resource constraints and patient rights: the co-production of medical and regulatory innovation in the Danish welfare state

Kelly Mulvaney: History in Cervical Cancer Epidemiology and Etiology, or, Is Cervical Cancer a 'Sexually Transmitted Disease'?

Maurizia Mezza: Rendering Side Effects Visible: Pharmacovigilance, Iatrogenesis, and the Politics of Recognition

Charlotte Nørholm, Mette Terp Høybye: Mass Testing, Riskscapes, and Diagnostic Biocitizenship: Ethnographic Perspectives on COVID-19 Testing in Denmark

Anna Louise Skovgaard, Mette Terp Høybye: Medical decision-making in the subjunctive mood. An ethnographic study of the enactment of shoulder care

Costanza Torre: Side effects as sites of contestation: ethnographic reflections on experiences of care and oppression in the global migration regime

SESSION PAPERS

Pharmacological innovation and health inequity: an ethnographic study of Wegovy in severe obesity

Bodil Just Christensen

"The introduction of Wegovy® as a pharmacological intervention for severe obesity marks a paradigm shift in the biomedical management of weight, recalibrating discourses of blame, agency, and pathology. Drawing on longitudinal ethnographic research—450 repeated interviews with young adults with severe obesity participating in a clinical trial—this paper examines how Wegovy reshapes patient narratives, clinical practices, and structural inequities. Unlike bariatric surgery, Wegovy is framed as a non-invasive, accessible solution, destabilising moralising discourses that reduce obesity to individual discipline. Yet, its high cost and limited public subsidy starkly contradict the social gradient of obesity, wherein those most marginalised by weight-related stigma and comorbidities often face the greatest barriers to access.

Central to Wegovy's legitimisation is the medicalised discourse framing high BMI as a pathological condition requiring intervention. This pathologisation reinforces biopolitical governance of bodies, reducing complex socio-material realities to individualised 'metabolic failure.' Wegovy's marketing capitalises on this narrative, positioning obesity as a technical problem solvable through pharmacology, while obscuring systemic drivers. Participants describe Wegovy as enabling previously unattainable weight loss. However, this 'miracle drug' simultaneously amplifies health inequities: Low-income individuals navigate a paradoxical landscape where a 'solution' exists but remains financially out of

reach. This iatrogenic effect underscores how biomedical innovations, despite their therapeutic promise, can entrench structural violence by privileging market logics over equitable care.
By situating Wegovy within the political economy of obesity, this analysis highlights the risk of exacerbating class-based health disparities, transforming hope into yet another commodity unequally distributed across socio-economic groups."

Psychiatric self-diagnosis through social-media as a response to socio-economic inequalities in Polish medical services

Natalia Filar

The expert language of psychiatric discourse is increasingly penetrating non-expert social media communication channels, producing new narrative figures about psychiatric symptoms and disorders. The peculiarity of social media messages makes the content conveyed in a condensed, figurative and generalizing way, which facilitates psychiatric self-diagnosis and identification with a given narrative figure. Public discussions addressing the topic mainly oscillate around its criticism and harmfulness, rather than causality and deeper problematization of the phenomenon. The presentation will show ethnographic research among women with neurodevelopmental disorders such as Attention-Deficit/Hyperactivity Disorder (ADHD) and Autism Spectrum Disorder (ASD) who were diagnosed in adulthood, and who began self-observation, leading to self-diagnosis using content generated on social media. Non-expert self-diagnosis led some women to seek specialists in the diagnosis of neurodevelopmental disorders and eventually to expert psychiatric diagnosis, while some chose to stay with self-diagnosis. The field knowledge generated indicates that many of the women had a long history of ineffective psychiatric treatment and diagnosis before they began their own self-diagnosis for neurodevelopmental disorders. Two factors of inequality that accompanied the psychiatric treatment pathway stood out during the study: the social and medical sanctioning of neurodevelopmental disorders as typically male and child disorders; and the hard-to-access diagnosis of neurodevelopmental disorders on basic health insurance, and the very expensive alternative if a person chooses to do it privately. The initiation of psychiatric self-diagnosis through social media became a self-help tool, which at a particular point was more effective than the systemic tools offered by the institutional-medical healthcare framework.

Resource constraints and patient rights: the co-production of medical and regulatory innovation in the Danish welfare state

Sarah Wadmann, Laura Emdal Navne, Mette Hartlev

Since the first cell therapy was introduced to the European market in 2009, advanced therapies that target genetic variants or modify the characteristics of particular cells are increasingly marketed in Europe and beyond. These therapies provide novel therapeutic options and offer hope for patients, but the unprecedentedly high pricing and uncertain long-time effects of these therapies also create difficult dilemmas. In the Danish welfare state, long praised for its ideals of equity and universal access to publicly funded healthcare services, the advent of advanced therapies reinvigorates vexing questions

about the rights of patients to access treatment vis-à-vis the rights of government authorities to prioritise resources. This paper explores the unintended consequences of advanced therapies beyond the bodily effects on individual patients. Tracing the regulatory ramifications of these technologies, we demonstrate the co-production of medical and regulatory innovation (Jasanoff 2005). Based on analysis of anonymised patient complaint cases, policy documents and stakeholder interviews, we outline how principles of priority setting are gradually formalised but also reinterpreted through a series of ‘acts of demarcation’ (Lezaun 2006). Inviting renewed discussion about what universal healthcare means, we show that novel practices of handling ‘exceptional’ cases crop up alongside more formal regulation impeding public insight, challenging the authority of medical professionals, and obscuring the accountabilities of public authorities.

History in Cervical Cancer Epidemiology and Etiology, or, Is Cervical Cancer a 'Sexually Transmitted Disease'?

Kelly Mulvaney

This paper explores the role of epidemiological history in contemporary cervical cancer screening in Germany to show how attention to medical epistemology can be illuminating with regard to contemporary confusion and shortcomings in clinical care settings. It centers on a common slippage in communications and understandings around cervical cancer and its precursor lesions: between the scientific consensus that sexually-transmitted human papillomavirus (HPV) infection is a 'necessary but insufficient cause' of cervical (pre-)cancer, on the one hand, and quick claims that explain cervical (pre-)cancer itself in terms of 'sexually transmitted disease', on the other. This paper draws on ethnographic and historical research to argue that the near-singular focus in cervical cancer epidemiology on sexual transmission must be understood historically, in terms of cultural beliefs acting as a sieve in scientific research, and as an unwitting outcome of the redefinition of cervical cancer in terms of HPV. Not least in the race to prove the HPV hypothesis, more complex social and embodied questions about women's cervical health became sidelined by the topic of sexual transmission. For clinicians who strive to avoid moralizing stances towards women's sexuality in the present, this inheritance makes it difficult to think about cervical vulnerability in other ways than in terms of sexual behavior, and thus to meet women's clinical needs. But looking back to the historical epidemiology, the paper argues, can also open up paths not taken, providing indications for how cervical cancer prevention might better support women's wellbeing.

Rendering Side Effects Visible: Pharmacovigilance, Iatrogenesis, and the Politics of Recognition

Maurizia Mezza

This paper critically examines the epistemic and institutional mechanisms through which vaccine side effects are identified, categorized, and at times dismissed within pharmacovigilance systems. Drawing on a 'Patchwork Ethnography' conducted between 2019 and 2023 in Colombia, Italy, and the Netherlands, I analyze how vaccine safety is

constructed in the post-authorization phase, with particular attention to the unintended effects of medical technologies and the inequities they may produce.
While pharmacovigilance is tasked with monitoring adverse events, it often reinforces dominant biomedical narratives that privilege quantifiable, clinically measurable effects over embodied and context-dependent experiences. This tension becomes especially visible in cases such as the El Carmen de Bolívar controversy in Colombia—where post-HPV vaccination symptoms in adolescent girls were attributed to Mass Psychogenic Illness—and in the initial dismissal of menstrual disorders following COVID-19 vaccination in Europe as stress-related. In both cases, subjective symptoms were rendered epistemically illegible within dominant safety frameworks, illustrating how medical technologies can simultaneously offer protection and produce new forms of iatrogenic harm and exclusion.
This paper explores how diagnostic uncertainty, historical bias, and institutional logics intersect to shape what counts as credible evidence. By situating these dynamics within broader debates on iatrogenesis, gendered health inequities, and biomedical overreach, I argue for a transdisciplinary approach to pharmacovigilance—one that invites collaboration between anthropology, other social sciences, and civil society actors. Such an approach not only expands the epistemic scope of vaccine safety monitoring but also demands a rethinking of the roles and responsibilities of medical anthropology itself.

Mass Testing, Riskscapes, and Diagnostic Biocitizenship: Ethnographic Perspectives on COVID-19 Testing in Denmark

Charlotte Nørholm, Mette Terp Høybye

The COVID-19 pandemic marked a moment of global disruption, triggering an unprecedented expansion of public health and risk governance. While biopolitical responses such as lockdowns and mass testing were widely supported as means of safeguarding the healthcare system and maintaining societal function, they also produced unintended consequences that complicate the narrative of a public health success. Drawing on ethnographic fieldwork and interviews with citizens, this paper explores the iatrogenic effects of mass testing during the COVID-19 pandemic in Denmark. We argue that mass testing reconfigured the pandemic riskscape by shifting the perception of risk from personal vulnerability to infection to collective responsibility to manage potential harm to others. As testing became a prerequisite for accessing workplaces, public spaces, and social life, it created a binary between the “tested” and the “untested”, giving rise to diagnostic biocitizenship, where individual rights and participation were contingent upon test status. Although mass testing provided a sense of control and psychological reassurance for many, it also intensified anxieties about infection and disease, contributed to stigma and social exclusion, and led to widespread over-testing with limited clinical benefit. These unintended consequences, including the marginalization of those unable or unwilling to comply, highlight the unequal impact of testing regimes and the tension between care and control. By situating testing as a public health intervention with epistemic and affective consequences, this paper demonstrates how testing technologies simultaneously mitigate and produce harm, while raising critical questions about the scope and consequences of public health interventions during times of crisis.

Medical decision-making in the subjunctive mood. An ethnographic study of the enactment of shoulder care

Anna Louise Skovgaard, Mette Terp Høybye

Medical intervention commonly derives from standardized guidelines based on the biomedical logic that the status of clinical evidence should guide the 'rational' use of healthcare resources. However, such logics leave out the relational and situational aspects of medical decision-making as it unfolds in the clinic, where the key question "is it worth it?" comes to epistemically challenge the idea of evidence based guidelines and decision-making models.
Based on 10 months of ethnographic fieldwork in two shoulder clinics in the orthopedic services of the public healthcare system in Denmark, we explore how the clinical encounter is a dynamic space of comparing, weighing, and evaluating surgical and non-surgical treatments that challenge the idea of decision models guided by evidence and patient preferences. In shoulder care, clinical evidence for the existing treatments is sparse, which leaves room for situated comparing and weighing of uncertainties in the potential context of a surgical intervention that is irreversible and carries the risk of harm.
We argue that although clinical consultations are framed as diagnostic and decision-making events, patients and clinicians seek ways to manage the frustration of living with chronic pain and the uncertain effects of treatments. While surgical options are enacted as 'conditional certainties' in the subjunctive mood (Whyte, 2005) – indicating the ongoing and simultaneous existence of doubt, hope, and uncertainty – we argue that good care for shoulder patients emphasizes the uncertain potential of treatments and the continuation of care across professional and institutional boundaries when treatments fail to meet expectations.

Side effects as sites of contestation: ethnographic reflections on experiences of care and oppression in the global migration regime

Costanza Torre

Combining findings from diverse ethnographic settings, this paper critically interrogates notions of medical efficacy, "non compliance", and 'side effects' of medical technologies.

Usually inscribed in a "rigid hierarchy of risk and value" (Davis 2018:6), which relies on a strict distinction between 'primary' and 'secondary' effects of medication, side effects are generally understood as second order phenomena. This paper disputes this claim, and argues for the need to understand side effects that not as clinical facts, but rather as complex social events. It builds on a total of seventeen months of in-depth ethnographic research conducted in northern Uganda and on the Italian Alpine border between 2019-2021, investigating forced migrants' experiences of psychiatric treatment and of COVID-19 vaccines.

In both cases, people explained their “non compliance” as due to side effects of medications. In food insecure Palabek settlement, hunger-related side effects of psychopharmaceuticals made it impossible for refugees to perform relevant social roles; at the Alpine border, flu-like side effects of Covid-19 vaccines made people on the move more vulnerable to risk before attempting a dangerous mountain crossing.

The paper explores side effects as products of socio-economic, political, and structural characteristics of the context where medications are ingested and injected. It argues that they are the site where systematic oppression manifest, providing an essential epistemological lens through which wider structures of political marginalization, abjection, and social inequality become visible. Finally, it discusses how a theory of side effects might contribute to a decolonial global health epistemology, and to phenomenological perspectives on inequality.