Indigenous Evaluations of Health Care in Turkey

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Health

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Research conducted in five interconnected villages on the Black Sea Coast of Turkey has shown that general cultural ideas about family and social relations combine with traditional and clinical medical theories and techniques to shape health care practices. By studying the health care choices of patients and their families, cultural values can be observed in action. Studies of health care institutions in rural areas have typically treated traditional healing and indigenous theories of health as obstacles to be overcome in the pursuit of maximum health benefits for the population. On the other hand, efforts to validate indigenous techniques and knowledge often present clinical medicine as an unmitigated threat to traditional ways. The following demonstrates how traditional and clinical healing practices interact and combine in a system which is actively negotiated and consumed by patients and their families.

Examples of how social values and family ideals shape the ways in which people judge health care practices, thus influencing future decisions, can be delineated into three culturally specific concepts: *bakmak, ilgi,* and *torpil*. These are cultural values which relate to all realms of social interaction, including relationships between individuals and state-run institutions such as clinics and hospitals. Although these concepts were found to be important in the Black Sea village context, it can be said that they are also current in the wider Turkish context. The following aims to show the ways in which cultural standards for appropriate family behaviour determine the criteria by which clinical medical professionals and institutions are judged. The family is considered the primary care unit, and all other health care is judged by the standards of the family. Although there is no direct mention here of the interactions between patients and traditional healers, many instances in which traditional healers were judged by similar standards have been observed.

'Looking after someone' (*bakmak*)

The first concept can be called *bakmak*, which translates simply as 'to look' but is used also in the sense of 'to look after someone', 'to watch out for someone', or 'to take care of someone'. In common parlance, the term expresses a sense of family responsibility. Traditionally, in the case of an illness, the patient is expected to become passive, leaving to others the decisions about measures to be taken. The person who assumes responsibility for the pursuit of care for the patient is the grammatical subject of the verb *bakmak*. The actions described by the term range from bringing a glass of tea and showing concern, to finding a medical expert and paying for treatment. The person who looks after the patient is most likely to be a close female relative, although decisions about transporting the patient or paying for care tend to involve male relatives. In a waiting room of a clinic, I observed individuals working aggressively as advocates for a seated and silent patient, trying to secure attention and efficiency for their charge, often in competition with those responsible for other patients. In a doctor's examining room, traditional and modern medical expectations may clash when a doctor wants the patient to respond directly to questions about symptoms, but is answered instead by the accompanying person.

'Concern' (*ilgi*)

The second term used is *ilgi,* which means 'interest', 'concern' and 'compassion.' It is related to *bakmak* in that one of the most important ways to look after a person is to demonstrate *ilgi*. *İlgi* requires an intensification of physical contact with a suffering family member or friend, in contrast with the avoidance behaviour observable in cultures which base theories of illness on ideas of contagion. The traditional Turkish theory does not allow for illness to spread between family members. At home, a patient should be shown plenty of *ilgi*, and a family member's willingness to display *ilgi* is carefully watched by all. Daughters-in-law often have a heavy burden of health care responsibilities for their husbands' parents, especially in cases of chronic illnesses, and are socially judged for their *ilgi*. *İlgi* is also expected of medical professionals. The most commonly heard complaint about the state-run hospitals is *ilgilenmiyorlar* or *ilgi göstermiyorlar* – meaning, 'they don't pay (enough) attention', or 'they don't show interest'. People express approval of medical professionals demonstrating *ilgi*, and compare them on this basis.

'Social influence' (*torpil*)

The third term is *torpil*, which can be translated as 'social influence', 'pull', or 'networking'. To get anything done which involves an official institution and the related bureaucracy, connections are crucial. Family connections are the most reliable and powerful forms of *torpil*, but almost any relationship can be drawn upon for influence. Addressing an unrelated person in familial terms is a strategy used to build *torpil*. The term relates to what Jenny White calls 'a web of mutual support', 'reciprocity', or 'indebtedness' and which she finds important in Turkish family relations and social interactions.[1] In daily life on the Black Sea Coast, during contact with any government officials, be they police, school teachers, tax collectors, or doctors, *torpil* is crucial. Lack of personal connections can result in harsher penalties, longer waits, and bigger fines. In the pursuit of health care, *torpil* can have life-or-death significance. In sum, when a patient is taken to a health clinic or hospital, the family members responsible for the action *bakmak* will try to make the most of *torpil* in order to increase the chances of appropriate demonstrations of *ilgi*.

The state hospital and the family

A basic provincial state-run hospital in Turkey is not set up to provide the patients with the comforts of home. A hospital stay, unless it is in an expensive, private room, means that family members feel obliged to bring food, sheets and towels, changes of clothing, and visit with the patient to pass the time. A patient who has no family in evidence in a hospital room is greatly pitied and often brought into the circle of a more fortunate patient with gifts of food and conversation. The most frequently heard criticisms of the local hospitals are that they are dirty, depressing, and smelly; that they are a source of illness because sick people are all thrown in together, and that the staff is uncaring or rough. In contrast, home care is considered much more sanitary, comfortable, gentle, and healthy.

The doctors and nurses in the hospitals realize the benefits that family visits can bring to the patient. They recognize the lack of resources such as food and bedding for patients, although they consider hospital conditions to be much more sanitary than those in the village home. A compromise is continuously being worked out as the hospital staff tries to restrict the numbers and noise-levels of visitors, while each patient's family and friends try to maximize the benefits of the stay for the patient. As in all Turkish institutions, most official rules are flexible, according to the social connections of the patient and his or her family.

The hospital as family

In Turkish culture, the hospital is judged in direct relation to family care at home. The strongest critiques of hospital care are those which find it lacking in the emotional support, wholesome food, cleanliness, and *ilgi* – which can be found at home. When hospitals are praised, it is generally for their technologies and for the skills of specialists, not for their atmosphere or sympathetic care.

White has noticed that '[r]elations of obligation in society beyond the family are often represented metaphorically as family relations, as for example between the citizen and what the Turks call "Father State" (*Devlet Baba*).'[2] In terms of the state-run hospitals, it is no wonder that the institutions of the *devlet* (State) are seen as lacking the *ilgi* required to become well – the patriarch is meant to be aloof from the day-to-day care which is the province of women. The state builds physical structures, like hospitals and clinics, and stocks them with technological equipment, concrete examples of the patriarchal ability of the state to provide care for the 'family' of citizens. What goes on in the daily routine inside the hospital is of less concern to the state, which is meant to maintain a dignified and elevated status.

In contrast, the women within the state-run hospital are criticized by patients for their lack of *ilgi*, as if they were members of the family, bad daughters-in-law or ungrateful daughters. The irony is that they have no family obligation, and their rewards are meagre for the work they do. Like all state employees, they can consider themselves secure in their jobs but have no motivation to provide anything but the absolute minimum of service. If the nurses within the *devlet* hospital do not show enough *ilgi*, then the families must step in.

New cash-based health care

Recent years have brought about an increase in private clinical medical care throughout Turkey.[3] Paying for health care has added a new standard for judging a medical professional or procedure: if it costs more, it should be better. Private facilities put much stronger controls on the visitors to patients – keeping strict hours, limiting the number of visitors allowed, and regulating or prohibiting items brought from home. The understanding is that the patient will be well taken care of in exchange for the high price of care. In conversations about private health care, people still use traditional concepts to choose professionals, articulating *torpil* connections and judging them from their demonstrations of *ilgi*. With the new economy, however, family members are now likely to perform duties related to *bakmak* by sending money, especially from distant cities or from outside of Turkey; *torpil* is often 'bought' with a kind of bribery; and *ilgi* is expected as a part of the services of a paid professional. Another new means of judging Turkish heath care is comparison with European practices which are increasingly familiar throughout Turkey. ✦

Notes

1. White, Jenny (1994). *Money Makes Us Relatives: Women's Labor in Urban Turkey*. Austin: University of Texas Press, pp. 9-17, 84-102.
2. Ibid., 15.
3. Although the wealthy have been paying for care in private and foreign-run hospitals since the days of the Ottoman Empire, the national system was meant to provide free or inexpensive care for all citizens. Now even villagers, although they may first try the state-run institutions, usually eventually spend money to go to a private doctor if they are not satisfied.

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