

## **The Cultural Contexts of Disease in South East Asia: Bile Duct Cancer in Northeast Thailand and Lao PDR.**

[Double Session]

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Bile duct cancer (cholangiocarcinoma, abbreviated to CCA) is a rare disease in most parts of the world; but in the Mekhong delta areas of mainland South East Asia its high prevalence comes from chronic liver fluke infection. Medical evidence suggests that fluke infestation deriving from the centuries-old cultural tradition of eating raw, partially cooked or fermented river fish results in chronic bile duct inflammation leading to cancer in c.1-4% of cases. In Thailand this translates to around 20,000 deaths per year, with an estimated similar number in Lao PDR. The slow development of CCA remains asymptomatic until the later stages of the disease, as a result of which few can be effectively treated. It is also largely a disease of the poor and of rural communities who have little access to healthcare.

CCA frustrates medical specialists because the eradication of OV infection would prevent most cases altogether, hence saving thousands from dying a painful death. From their perspective, if only people would stop consuming raw fish, then the cancer rates would drop drastically. The complexity of the problem is not, however, solely a medical one. Much more, it is one that clearly requires a respectful and ethical engagement across disciplines and between *people*, recognizing our subjectivity as humans. The problem of CCA calls for interdisciplinary collaboration between medicine, the social sciences and the humanities – between the fields of public health and hygiene, epidemiology, parasitology, biochemistry, religious and spiritual belief patterns, history, geography, anthropology ecology, psychology, phenomenology, socio- linguistics, postcolonial theory, literature, the arts and cultural studies. But it also calls yet more urgently for an openness to dialogue and a willingness to listen to the Other. Decades of top-down public healthcare in Thailand have located the needs and cultural practices of rural rice-farming communities as irrelevant and symptomatic of a lack of “civilization”. And Bangkok-centric views of the regions affected by this disease can “classify” them almost sub-human. Only by fully and respectfully engaging with the grassroots populations that are most vulnerable to this disease – and to many others – can we make an ethical contribution to intervention.