Anthropology and Situating Risk

I'm going to present today on anthropological contribution to establishing cancer risk. Within anthropology, we conduct long term field research, often referred to as “longue durée”, or Clifford Geertz referred to as “deep hanging out”, to spend time with a particular group of people to understand what matters to them. In this case, we're going to be thinking about cancer risk. We could look at longue durée; spending a long time with GPs, but also with local people to understand how risk informs or does not inform their lived realities.

We might make strange by holding up to inspection all the different sides of CanRisk in usage, including not only how the doctors feel and engage with the tool and what they recommend, but also how patients are impacted by understanding bits about their own risk and indeed what they bring to the table; how broader societal considerations such as family, education, work pressures, belief systems, desire, impact upon construals of risk, and how people act upon them. And finally, in terms of uncovering unseen questions, we might think; what factors impact upon choice and next steps in understanding what to do about risk.

Imagine for a moment that you are the anthropologist conducting ethnographic research. Today the GP surgery is crowded and is running behind schedule. The receptionist is getting increasingly acerbic as he attempts to guard the over-scheduled GPs in the clinical rooms at the back.

You yourself have been in reception for a while, about 35 minutes, watching the people in the waiting area getting increasingly aggravated. You notice a lady rush in, in jeans and a dark jumper. She arrives looking flushed and a bit agitated. She sits down opposite you and makes eye contact. She explains the traffic was terrible, she was late, and she only has a ride back if she finishes up in time to catch her friend before they drive back in order to make their shift.

She asks why you’re there, and you explain you're a researcher and tell her a little bit about your work. She's interested and explains she's currently working at the processing hub adjacent to a large industrial farm, about 15 miles outside of the village where the GP surgery is, on a three-month contract, assisting in the vegetable cannery. Her sister lives an hour away by bus in a market town, and she's looking after the lady's three children while she works: ages eight, ten and thirteen.

She mentions in passing that her name is Elena and she's originally from the Czech Republic, but she's been working in the UK on seasonal contracts in this area for about 12 years. However, recently, the reliable ten-month contracts she was used to have dried up, leaving part-time, three-month shift work only in their stead, if there's anything at all. And so she's not sure what's going to come next.

That's why her children are staying with her sister while Elena has to stay in a bunkhouse on the outskirts of the farm about 15 miles from Caval; the GP surgery’s village. The conditions aren't great: there are about 16 people in each dormitory room and only one bathroom between all of them. And recently, Elena has been feeling really tired and a bit sore along her right side. She figured she'd better see the doctor just before her shift, if she could. Her name is called by the receptionist. She excuses herself, says: “it's nice to meet you”, and disappears into the hallway, which leads into the consultation rooms.

By gaining access to the particulars of Elena's life, we start to understand how risk is contextual, how it is highly specific, and means something different, incorporating multiple layers of lived realities. Understanding how the person is impacted upon from all sides, whether it's by their work, by their family responsibilities, by their stressors. So, when we talk about cancer risk, it doesn't exist within brackets. So, if we have access to this kind of data, we then have additional layers that we can use to contribute to our understanding of what risk means in a local population and at an individual level.