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Medical Utilization in the Context of Culture: Analyzing the Concepts, Benefits and Drawbacks of Sri Lankan Biomedical and Ayurvedic Healthcare

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Table of Contents

List of Figures and Tables

Abstract

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Sri Lanka is an island inhabited by a culture more than 5,000 years old. The primary medicine utilized by this culture in precolonial times is known as Ayurveda. During colonization, Sri Lanka was introduced to biomedicine and forced to negate Ayurvedic medicine. Throughout the years, rather than abandoning their indigenous medical practice, Sri Lanka incorporated biomedicine and Ayurvedic medicine into their medically plural society. Today, Sri Lankans utilized both medicines for different ailments, concerns and conditions. Utilizing a variety of anthropological methods and theories, this study gathered qualitative information from 39 Sri Lankan informants. These informants were recruited to find out the cultural dynamics and purposes of Ayurvedic medicine and biomedicine and the relationship between the two medical systems. The informants also provided valuable insight into the strength and weaknesses between the two medical systems along with explaining the concept of illness, dynamics of communication and whether the medical systems either cure or heal the patient. Informants suggested that Sri Lanka utilizes biomedicine for curative care to cure their patients while incorporating Ayurvedic medicine for preventative care to heal their patients. It appeared that the principle purpose of private biomedical clinics is to treat any non-emergency related conditions while government biomedical hospitals tend to treat emergency related conditions. Private and government Ayurvedic medicine appear to treat common ailments and conditions mostly related to soft tissue and preventative care. According to informants, it appears that biomedicine and Ayurvedic medicines have different benefits and drawbacks. However, these characteristics seem to support one another. If there is a medical area where biomedical care falls short in treating, Ayurvedic medicine tends to offer a solution to that shortcoming and vice versa. According to Sri Lankan informants, it appears that Sri Lanka's effective healthcare has opportunities to improve and progress if biomedicine and Ayurvedic medicine function in a cooperative relationship rather than a competitive one.

Chapter 1
Introduction

Anthropologists study a wide variety of cultural phenomena using theories and methods which assist in providing insight into complex cultural domains. One of these domains is what is commonly referred to as healthcare. Healthcare can be described as the maintenance of health which can include the diagnosis, treatment and improvement of one's wellbeing. This definition can refer to physical, mental and even spiritual health and wellbeing. There is a relationship between different medical and healthcare activities within any culture. Such healthcare activities are interrelated and need to be studied in a holistic manner as socially recognized responses to disease and illness. The totality of these interrelationships are known as healthcare systems (Kleinman 1980, 24). A healthcare system is conceptualized as a system within which patients and healers are the basic components and work together in the maintenance, diagnosis and treatment of health (Kleinman 1980, 25). These individuals enact their social reality as a series of symbolic meanings that ultimately govern their everyday lives along with their perceptions, environment and social interactions (Kleinman 1980, 36). Obviously, such realities differ between cultures, groups, families and even individuals. Because healthcare systems are dependent on these social realities, healthcare systems are socially legitimized by a group and how that group reacts to illnesses and diseases through available healthcare resources (Kleinman, 1980, 38).

While healthcare systems differ across cultures, all healthcare systems serve five core functions. One function is constructing an illness as a psychosocial experience. A second function is establishing a set of criteria to guide the healthcare process and to evaluate treatments

that exist prior to and independent of the patient's illness. A third function is the management of an illness through communicative operations such as labeling and explaining the illness that the patient may suffer from. A fourth function is providing healing activities which can include various types of therapeutic measures such as drugs, surgery, psychotherapy, supportive care, or healing rituals (Kleinman 1980, 71). The final function is the management of therapeutic outcomes which can include the cure, treatment, chronic illness, the treatment failure, impairment and even death (Kleinman 1980, 72).

While anthropologists and other professionals specializing in healthcare have developed and implemented holistic approaches, some shortcomings have not completely perished in social science (Kleinman 1980, 32). One shortcoming is the fact that social science has not been historically kind to medical systems that are not biomedical. There has been an accepted assumption that biomedicine is the only reliable medical system in a culture even if the illness is inherently a social one. Such ideas have discouraged other forms of medicine. Another area of neglect practiced by social scientists is the acceptance and exclusive study of nonwestern cultures attempting to copy biomedicine including the western perceptions embedded in it. Such acceptance and exclusive study neglects the fact that most illness episodes are treated solely in the family context. This neglect also ignores care and treatment by indigenous practitioners (Kleinman 1980, 32). Finally, social scientists have analyzed healing as separate from culture and social meaning. Such an analysis does not recognize a healthcare system's method of healing in its own cultural context. Dismissing all illnesses as separate from culture would place a social scientist at risk of concealing more than it reveals about an illness (Kleinman 1980, 33). While social science has experienced shortcomings when analyzing healthcare in a culturally relevant context, several breakthroughs regarding a more holistic understanding of healthcare have

prevailed in recent years. Understanding healthcare and healthcare systems in their own context has been achieved with regard to several cultures but some social scientists may still isolate individual components of healthcare systems and neglect how they are interrelated within healthcare as a whole (Kleinman 1980, 34). While studying a doctor's practice can be insightful, these practitioners should be analyzed in terms of how they are related to other practitioners both within their system and in other systems. Their relationship with their patients along with how their beliefs and foci differ from other systems should also be analyzed. Patients should also be analyzed as to how and when they choose to seek treatment with different practitioners from different medical systems (Kleinman 1980, 34).

In Sri Lanka, there are many different healthcare systems, two of which are known as biomedicine and Ayurvedic medicine. Biomedicine is commonly referred to as biological westernized medicine and is recognized by many cultures. Sri Lankan Ayurvedic medicine is an ancient form of medicine that is legitimized and utilized by the Sri Lankan population. These medical systems have worked alongside one another after colonial rule and have provided many treatments unique to each system. While Sri Lanka has utilized Ayurvedic healthcare in pre-colonial times, the fast-paced demands of Sri Lankans today make biomedicine necessary as a form of available healthcare. However, a medical system cannot exist without a use. While biomedicine has prevailed as the dominant healthcare system in Sri Lanka, Ayurvedic healthcare has proven itself to be a commonly utilized form of healthcare with many uses and benefits. While biomedical and Ayurvedic healthcare have drawbacks expressed by Sri Lankans, both medical systems can be essential if they are able to work with each other in a complementing rather than competitive environment. What is equally important are the views and perceptions of both the healer and the patient. This study analyzes the utilization, benefits and drawbacks of

biomedical and Ayurvedic healthcare as well as the communication between healer and patient. This valuable information has been provided by Sri Lankan patients and doctors. Such perceptions may provide valuable insight into Sri Lankan healthcare and the coexistence of biomedical and Ayurvedic healthcare along with potential avenues that Sri Lanka may pursue to enhance accessibility and efficiency of these healthcare systems.

Chapter 2
Literature Review

Recent Health Trends in Sri Lanka

In the early part of the twentieth century, Sri Lankan health services assisted in establishing a Health Unit System in 1926. These units included a public health team led by a Medical Officer (MO) in charge of delivering public and primary healthcare in a designated area (Karunathilake 2012, 666). Sri Lanka has made significant medical and health improvements over the last eight decades, especially with life expectancy and maternal mortality rates (Karunathilake 2012, 665). Life expectancy increased in Sri Lanka from 43 years in 1946 to 74 in 2009, having the longest life expectancy in South Asia of that time (Karunathilake 2012, 666). Sri Lankans also had success with lowering maternal and infant mortality rates along with decreased fertility rates through family planning (Karunathilake 2012, 665). Despite western medicine providing positive results in public health, Sri Lankans also had the option to go back to their traditional roots and seek medical treatment through Ayurveda. Ayurveda's broad-based institution was established in 1929 and eventually gained university status in 1977 (Weerasinghe and Fernando 2011, 366).

Throughout the years, the improvements made in Sri Lankan healthcare were met with devastating challenges including the Indian Ocean Tsunami of 2004 and the Sri Lankan Civil War between the Sri Lankan Government and the Liberation Tigers of Tamil Eelam (LTTE) (Jayasekara and Schultz 2007, 231). The Indian Ocean Tsunami occurred on December 26, 2004 resulting in more than 31,000 deaths and the displacement of 850,000 people. This resulted in 92 health facilities being destroyed and placed a substantial burden on existing hospitals (Karunathilake 2012, 667). The Sri Lankan Civil war, which lasted from 1983 to 2009, caused

severe damage to not only the Sri Lankan economy but also health sectors in the northern and eastern provinces. The war even forced some health facilities to close due to lack of manpower and resources (Karunathilake 2012, 669). This caused significant difficulties obtaining medical services due to lack of availability, access, trained medical personnel and quality of care for the public (Jayasekara and Schultz 2007, 231). The 19-year civil war also resulted in half of those in military service on the front line to suffer from adjustment disorders and stress reactions (Jayasekara and Schultz 2007, 231).

Despite significant natural disasters and civil conflict, Sri Lanka's healthcare has greatly improved to a multilevel and multidisciplinary entity that it is today. In recent years, there has been a considerable amount of intervention in universal free healthcare, training healthcare workers at all levels, immunization improvements, nutrition among mothers and their children, and developments in public health in rural areas (Karunathilake 2012, 669). Currently, Sri Lankan healthcare is divided between the private and public sector. Public health is divided into the MOH and the Provincial Health Departments which provide a wide range of services to the public free of charge (Karunathilake 2012, 663). Since the establishment of the Health Unit System, there are now eight provincial directors of health services. These individuals are responsible for the management and implementation of health services in their designated provinces (Jayasekara and Schultz 2007, 229). Along with biomedicine, Ayurveda medicine was also included in Sri Lanka's universal free healthcare (Weerasinghe and Fernando 2011, 366). This means that an individual may choose to go to either a biomedical or Ayurvedic hospital if they are seeking free medical treatment.

Sri Lankans may also utilize private healthcare if they choose to do so. Like public health, Sri Lankans may choose a biomedical or Ayurveda private clinic. However, they may

also choose other forms of healthcare. Some of these alternate types of healthcare include *unani* (Arabic medicine) which is typically utilized by the Muslim community or *Siddha* (Tamil Medicine) which is typically utilized by the Tamil community (Weerasinghe and Fernando 201, 366). The private healthcare sector consists of a wide range of biomedical, Ayurvedic and folk specialists who may practice independently.

Despite Sri Lanka's diverse selection of healthcare services, it is important to provide details on Sinhalese Ayurveda. It is one of the two main healthcare services in Sri Lanka which culturally incorporates the rituals and religious values of the Sinhalese people. In Asia, Ayurveda is an umbrella term used to describe medicine from many parts of Asia, Sinhalese Ayurveda is included under this umbrella. (Weerasinghe and Fernando 2011, 365). Historically, Indian Ayurveda was introduced into Sri Lankan culture. Indian Ayurveda was then modified to fit the cultural and religious demands of the indigenous people. This resulted in Sinhalese Ayurveda thriving on the island for more than 3,000 years (Weerasinghe and Fernando 201, 365). Today, there are eight subcategories practiced in Sinhalese Ayurveda which consist of internal medicine, pediatrics, psychology, oto-rhino laryngology, surgery, toxicology, geriatrics, and sexology. Despite its recent decline in practice, Ayurveda is still typically practiced in the more rural parts of the island. Many rural Sri Lankans have confidence in Sinhalese Ayurveda in areas like fractures, paralysis and snake bites (Weerasinghe and Fernando 2011, 366). However, many Sri Lankans do state that their faith in the medical practitioner's competency was important. Because private Ayurvedic practice is often handed down from parent to child, it is difficult to determine which specialists are genuine practitioners. Despite its positive reception regarding paralysis, snake bites, and fracture, Ayurveda has received criticism over slow results, time consuming

preparation of medicine, and the demand for drastic life changes for the healing process to occur (Weerasinghe and Fernando 2011, 369).

In the past, much of Sri Lanka's health concern consisted of life expectancy and maternal mortality rates. However, the country has had to shift its focus to current situations in recent years. Due to Sri Lanka's increased life expectancy and low fertility rates, the country has had to deal with problems among the elderly that were never encountered in the past. Sri Lanka's population over 65 has been increasing and is expected to increase over the next 25 years (Jayasekara and Schultz 2007, 229). Due to social changes such as the younger generation working, it is expected that the elderly will be less able to live with their children and grandchildren. Another concern is that there are limited institutions that provide care for the elderly. Not only is living location a problem for the elderly but medical issues like depression, falls, visual impairment, and cognitive dysfunction are also expected to increase. In recent years, Sri Lanka experienced a sharp increase in non-communicable diseases (NCD) and mental disorders among the elderly which are concerns that Sri Lanka's healthcare system has not encountered in the past (Jayasekara and Schultz 2007, 230). The emphasis on NCD's is a result of the social changes among Sri Lankans regarding their diet and lifestyle. Some of the leading causes of death in Sri Lankans are ischemic heart disease, intestinal tract diseases and cardiovascular disease (Jayasekara and Schultz 2007, 230). In the past treatments for these diseases were expensive and were not guaranteed to work. This forced Sri Lanka to place more of its medical focus on prevention. Not only have life expectancy and NCD's been major concerns in Sri Lankan healthcare, but other issues such as road accidents have increased. This is often due to lack of road safety rules in the county and basic life saving techniques not being taught to the public (Jayasekara and Schultz 2007, 231). Other health concerns include

depression, alcohol and drug addiction which have been steadily rising in recent years. These health trends and concerns have resulted in crowded government hospitals and overworked medical professionals.

After the implementation of colonialism, many Sri Lankans choose to pursue a career in biomedicine. However, the overwhelming number of patients in government hospitals and strict requirements for a medical license has resulted in a career in medicine to be quite challenging. Throughout the years, the Sri Lankan Ministry of Health (MOH) has taken initiative to incorporate a variety of healthcare within the government sector by supporting biomedicine and ayurvedic medicine. Today, doctors can work in biomedical and ayurvedic medicine in the government sector.

The Medical Specialists

Research has been conducted regarding the role physicians and other medical specialists play in a biomedical healthcare setting and the effects it has on them. Registered Medical Officers (RMO) will spend five years in medical school to get their license. From there, the government will then decide if they can practice biomedicine or Ayurveda based on their performance scores. RMO's can work in a government hospital and operate their own private clinic outside of working government hours (Fernando 1983, 1457). As a result of health trends previously discussed, efforts were made to implement changes to the Primary Health Care system and require doctors to take some form of family practice to address the shortage of Primary Health Care practitioners (Fernando 1983, 1457).

A less successful initiative within the medical field was the introduction of the Assistant Medical Officer (AMO) (De Silva, et al. 2013, 432). During British occupation, there were efforts to establish medical services in rural areas. But, because RMOs worked in urban settings,

AMOs took their place in providing healthcare to rural areas. Unlike RMOs, AMOs only had one year of college and six months of clinical training (De Silva, et al. 2013, 432). AMOs had to be in the medical field for at least 8 years before they could qualify as RMOs. Some AMOs became RMO's before the discipline was discontinued in 1995. Due to the social stigma of AMOs being subpar to physicians, this resulted in a higher number of students registering to be RMOs. The remaining AMOs now maintain their own private and independent practice (De Silva, et al. 2013, 433). However, there has not been factual evidence to support the claim that AMOs do not provide the same quality of care as RMOs. In other countries like the United States, AMOs have been shown to provide adequate and effective care for their patients but this still needs to be demonstrated in Sri Lanka. If this is successful, AMOs could increase the number of specialists in Sri Lankan biomedical healthcare. (De Silva, et al. 2013, 432).

There are currently RMOs and nurses who work alongside each other in Sri Lankan hospitals. Nurses in hospitals work directly under physicians providing care for their patients. However, due to the busy and fast paced environment in hospitals, many nurses have little time to provide emotional comfort to patients (De Silva, et al. 2013, 432). Nurses in these healthcare settings may face work stresses such as not having enough time to innovate or improve their performance, as they work directly under a senior nurse which tends to discourage change. Other studies have found a lack of nursing specialization. This is a concern due to the increase in NCD, mental health, and accidents among their patients (De Silva, et al. 2013, 433). Other stresses can also include problems resulting from complete subordination to physicians. Nurses are not specialists, nor do they have the time to innovate or update medical standards in their work. This greatly affects their decision-making abilities in the workplace resulting in viewing their job as only employment and not a desirable career (De Silva, et al. 2013, 433).

Though many improvements have been made over the past several decades, patients who utilize government hospitals still criticize how many operate. According to a qualitative study conducted at the National Hospital of Sri Lanka regarding patient satisfaction, many patients feel as though government hospitals have opportunities for improvement in the comfort, cleanliness and provision of generalized instructions (Senarath, et al. 2013, 64). Many patients were less satisfied with the comfort of the beds and meals provided at the hospitals with some informants adding that beds are not always available. Cleanliness was another area of concern for many patients who were dissatisfied with the cleanliness of the bed, bed linens and toilets (Senarath, et al. 2013, 67). However, more than 60% of patients were satisfied with nurses responding to various needs and their concern shown towards the patients' illnesses. Although patients with higher levels of education were less satisfied with the competency of nurses, most patients participated in the study had confidence in their physicians and nurses (Senarath, et al. 2013, 70). Another area of concern that was expressed was the hospital's assistance with general information. Patients were the most dissatisfied with the lack of information presented at the entrances along with providing no signs or directions to wards and various services in the hospital (Senarath, et al. 2013, 70). What seemed to be a common theme in many studies regarding the satisfaction with Sri Lankan healthcare is the emphasis on the physiological aspect of health. According to many Sri Lankan patients, most have the utmost confidence in their physicians and nurses. However, many feel as though their emotional needs go unattended to due to the heavy workload of healthcare providers (Senarath, et al. 2013, 70). It can be assumed that the improvement among upper level management in Sri Lankan hospitals may greatly benefit healthcare providers by reducing their workload and improving organization. This would also

help healthcare providers be more sensitive to their patients' physical and mental needs (Senarath, et al. 2013, 70).

Mental Health and NCD have recently been a focus for many Sri Lankan physicians. In previous studies, questionnaires and in-depth interviews have been collected to illicit physicians' views and perceptions of mental illness and NCDs. Although Sri Lankan biomedical healthcare has shown positive outcomes in providing effective treatment, physicians have admitted that they would like to do more to prevent diseases from even occurring due to the limited resources to treat patients suffering from NCDs (Higuchi and Liyanage 2016, 113). For many primary healthcare workers, there is not a sufficient amount of knowledge and professional training for NCD prevention. Many also voice that there are insufficient resources and facilities available for Sri Lankans to practice NCD prevention. Many healthcare providers would enthusiastically support the idea of teaching their patients about NCD prevention if they had the time. Due to the stressful and fast paced work environment in government hospitals, many physicians feel as though they do not have time to sit down with every patient and explain to them how to prevent NCDs. Many even expressed that they have barely enough time to conduct their job as it is (Higuchi and Liyanage 2016, 117). Some physicians have also mentioned that even if there were community activities for NCD prevention, it would not necessarily mean that their patients will attend. Road conditions, transportation, or family demands can prevent people from attending such activities and events. However, Sri Lanka has invested in community efforts for NCD prevention that have been successful for young people. Individuals will sometimes go to schools and educate children about disease prevention in hopes of reducing high rates of disease in the future (Higuchi and Liyanage 2016, 118). Based on interviews of biomedical physicians, the main problem for NCD prevention is the steps that the patient must take to prevent diseases from

occurring and the time necessary to educate them about these diseases. Many physicians in Sri Lanka have recently created an organized database on NCDs in their hospitals. They theorize that this will make disease diagnosis, education and prevention with their patients easier (Higuchi and Liyanage 2016, 118).

Mental illness has been on the rise in Sri Lanka and is expected to keep increasing. With the rates increasing in all ages, physicians have seen more patients with these types of illnesses and have increased their knowledge of diagnosis, control and prevention of various mental conditions (Fernando, Deane and McLeod 2009, 733). However, based on research, it appears that blaming the patient for their mental illnesses has been a common cultural attitude. According to many undergraduate students in Colombo, negative stigmas were high with conditions such as addiction, schizophrenia, anxiety disorders, and depression (Fernando, Deane and McLeod 2009, 736). Many undergraduates viewed patients suffering from these conditions as mentally weak and needing to overcome their problems on their own. This attitude was particularly strong regarding drug and alcohol addiction. For many physicians and undergraduate medical students, these patients were difficult to reach out to and could possibly be a danger to the community. Another common attitude was that assisting such patients would be unsuccessful because they never improve (Fernando, Deane and McLeod 2009, 736). However, research in other parts of the world has proven that these attitudes only silent the patient, thus persuading them not to communicate with their physician about their mental health.

Physicians work in a stressful environment seeing patients with a wide variety of diseases and problems. They often do not even have the time to focus on themselves and how to control the stress in their work environment. In Sri Lanka, there is a lack of organization when it comes to admitting patients into a hospital which results in long queues and overcrowding (Gunathunga

2016, 305). This can result in wards not having enough beds and doctors for the patients. Healthcare providers have expressed that having a less stressful work environment would help their overall performance and organizational skills despite the overcrowding (Gunathunga 2016, 305). Recently, the overcrowding and stressful work environment has been a common concern for healthcare workers. Even though this dilemma must be solved among the MOH, there have been new efforts to improve stress control among physicians in a medical setting. One of these efforts include having physicians practice insight meditation. Insight meditation is a type of meditation that exercises the individual's mentality to focus on what they are doing at a particular moment (Gunathunga 2016, 306). Some physicians in the western provinces of Sri Lanka recently engaged in insight meditation and noticed considerable results such as controlling emotional challenges, reductions in conflicts at work, reduction of stress, and a decrease in internal noise (Gunathunga 2016, 307). These results were accomplished by having the physicians in the study engage in 11 sessions of insight meditation. Despite efforts made to reduce stress in the medical workplace, many physicians often express concern over the lack of organization in hospitals and their lack of time to solve this problem. Despite concerns previously discussed, physicians stated that they have full confidence in their ability to cure their patients competently and effectively (Higuchi and Liyanage 2016, 115).

Perhaps one of the most fulfilling aspects of working in a Sri Lankan government hospital is knowing that patients seeking treatment are receiving competent care and treatment free of charge. With many of Sri Lanka's people living below the poverty line, this option can be essential for many Sri Lankan families. However, while visits and treatment may be free of charge, Sri Lankans may encounter indirect costs not implemented by a hospital.

Cost for Seeking Treatment in Government Hospitals

Sri Lankans are now aware of the dangers of NCDs. However, these diseases can be difficult to treat primarily due to financial strain. These diseases are expensive for Sri Lankans to treat and are difficult to live with if they do not know the symptoms, preventions or how to control NCDs.

Although public health in Sri Lanka advertises itself as free of charge, many indirect costs persuade some Sri Lankans to ignore the NCDs they live with. Health insurance is rare among the lower income class and private clinics require out of pocket prices. Seeking public healthcare seems like the best possible option for individuals who do not have the financial resources to seek medical treatment in private clinics. However, there have been many obstacles such as lack of facilities, transportation, lifestyles, and extra costs that have prevented accessible healthcare and treatment. (Perera, Gunatilleke and Bird 2007, 390).

Due to the aging of the population in Sri Lanka, NCDs are on the rise. Many hospitals in Sri Lanka are still in the process of developing and acquiring more suitable facilities for such diseases. This means that although seeking medical treatment in the public hospital is available, it does not guarantee that every public hospital has the facilities to help treat these diseases and seeking out such a hospital can be difficult (Perera , Gunatilleke and Bird 2007, 379). In fact, many private hospitals do not have the facilities available to treat NCDs appropriately, thus forcing even the wealthiest of Sri Lankans to seek treatment at government hospitals. Because these public hospitals can be difficult to come by, families in Sri Lanka may have no choice but to travel. The major obstacle with this challenge is that many Sri Lankans cannot afford a vehicle and transportation by bus or taxi can be extraordinarily expensive if they are traveling long distances (Perera, Gunatilleke and Bird 2007, 390). Another problem is many Sri Lankans

depend on agriculture for their income and livelihood. Traveling long distances, waiting an entire day in ques and staying at hospitals for an extended period can be detrimental to their livelihood. For them, symptoms such as aches and fatigue are common in their work environment and they often ignore symptoms of NCD due to their physically demanding jobs. Sri Lankans will often seek medical treatment only when symptoms are severe. Unfortunately, this can mean that they will wait two to three years before seeing a doctor. The individual is forced to quit his or her duties to travel to the nearest hospital with the best facilities for NCD (Perera, Gunatilleke and Bird 2007, 390).

Before traveling long distances away from their responsibilities, many middle-income Sri Lankans will often resort to informal care such as over the counter medication from private clinics. Low income Sri Lankans will often resort to home remedies and Ayurvedic treatment. However, both Ayurvedic medical care and private clinics do not always have the facilities to determine if an individual is suffering from a NCD. Even when Sri Lankans choose Ayurvedic treatment, the correct herbs and ingredients can be extremely difficult to come by if one does not know another individual in the community who has them. Ayurvedic treatment often demands a very stringent diet and lifestyle to treat whatever sicknesses an individual has. These demands can prove to be very unrealistic. For example, if Ayurvedic treatment requires an individual to abstain from eating starch for a certain period of time, this can be unreasonable due to the fact that starches are often used as a staple diet during certain times of the year (Perera , Gunatilleke and Bird 2007, 388). Although Ayurvedic medicine has proven to be highly effective in preventing many diseases, there have been no studies to prove that it can treat NCD.

Sadly, when lower income individuals can make it to the proper government hospital there are often indirect costs when coming to the hospital. In addition to traveling costs,

individuals also must pay for their food and their family members' meals who come with them. Individuals also have the option to get ahead in the queue by providing under the counter money to hospital staff (Perera, Gunatilleke and Bird 2007, 390). There have also been instances where some patients are directed for certain tests to private hospitals, thus creating an even bigger financial burden. In the past, some Sri Lankans could not even afford the medicine they needed. All these issues and obstacles are present when seeking medical treatment before Sri Lankans even leave their first hospital visit. Not only do Sri Lankans who suffer from NCD deal with all the discussed challenges, they must also deal with many challenges outside of the hospital and after treatment. Many Sri Lankans are not properly informed by a medical officer about their diseases when they are in the hospital and many are also poorly informed about how their lifestyle affects their health and the diseases they live with (Perera , Gunatilleke and Bird 2007, 388). Even when Sri Lankans are properly informed, they must continue to visit hospitals on a regular basis. Due to the cost of treatment for NCD, some low-income Sri Lankans have been known to sell their assets and some of their property to pay for the indirect costs. There are also many family consequences such as children having to drop out of college and begin to work to assist their parents or grandparents, or having a child pay for a domestic servant to provide care for their ill relative. Even if the individual can financially pay for all the indirect costs, social and family burdens may still be present (Perera, Gunatilleke and Bird 2007, 393).

Although there may be indirect costs Sri Lankans still pay even with public healthcare, Sri Lanka has made efforts to assist its citizens in receiving affordable care. On October 21, 2016, Sri Lanka set a price ceiling for 48 essential medications used to treat NCD (World Health Organization 2017, 1). Prior to 2016, Sri Lankans faced financial challenges since pharmaceutical price controls were not utilized. However, because of these financial burdens and

the rise of NCD, Sri Lanka had to put a price cap on these medicines. In addition to these medications, the National Medicines Regulatory Authority (NMRA) also began implementing stricter guidelines in 2017 to ensure the quality of generic medications coming into the country. Although these changes have not assisted with all indirect costs, they have helped Sri Lankans pay for their medication and treatment (World Health Organization 2017, 4).

Another attempt that Sri Lanka made in assisting its citizens with medical financial management was to spread education and awareness of health. This is to ensure that Sri Lankans may be less likely to engage in unhealthy activities and behaviors. If preventative measures are taken then their chances of having to visit a hospital will be less likely.

Health Education and Awareness

Despite many challenges in the growing number of diseases in Sri Lanka and cost for treatment, Sri Lanka has made many notable efforts to help ease the stress of treatment for people. Not only have these efforts been effective, but Sri Lankans have made efforts to understand NCD. (Perera, De Silva and Perera 2013, 645). Via a 2009 questionnaire conducted by doctors D.P. Perera, R.E.E. De Silva and W.L.S.P. Perera at the Moratuwa district hospital found that most participants with type 2 diabetes understood the nature of their disease. Yet, unfortunately, knowledge about the symptoms, control, and importance of regular follow ups was low (Perera, De Silva and Perera 2013, 647). Insufficient knowledge about the symptoms of type 2 diabetes often resulted in low self-management skills. This would become a serious issue for doctors to treat assuming patients are even at the appropriate hospital for the severity of their symptoms. In fact, the study found that almost half of the Sri Lankan participants believed that their diabetes could be cured and almost half did not know that regular exercise can help with their symptoms (Perera, De Silva and Perera 2013, 646). The questionnaire also found that less

frequent self-care behaviors were apparent in high risk diabetic patients with lower education levels. The questionnaire also revealed that a little over half of the participants knew the range of fasting blood sugar and knew that blood sugar should be regularly measured to control the symptoms (Perera, De Silva and Perera 2013, 646).

Acknowledgment of type 2 diabetes was high among the Sri Lankan public despite lack of ability to control and prevent the disease. However, many factors may influence why Sri Lankan individuals often have difficulty with controlling and preventing NCDs. Many of these factors not only involve old systems of health and wellness but religion as well (Amarasekara, et al. 2014, 509). For some Sri Lankans living in rural areas, the concept of bad karma is something that is taken very seriously and is a part of traditional Sri Lankan culture. According to a study conducted in a rural village, many informants felt that it was bad karma in their current or one of their previous lives that caused them to have diabetes (Amarasekara, et al. 2014, 509). In addition to their karma, some believed that by being religiously observant they may not get diabetes regardless of family history. Many observations in the study included the practicality of behavioral and dietary changes that come with type 2 diabetes. For many informants, especially women, they felt as though the housework and cooking came before their exercises. In fact, many thought that housework was enough exercise to help control their type 2 diabetes. Additionally, many women choose to stay home since the concept of women jogging alone is traditionally unacceptable. For them, incorporating exercise into their everyday life was challenging (Amarasekara, et al. 2014, 511). Dietary changes also proved to be a challenge for Sri Lankan women. Many women expressed that they must cook what their husbands want and not necessarily what is healthy for them. It is also difficult to cook diabetic food that non-diabetic family members will like. Physicians will discourage their patients from consuming a

large amount of sugar, carbs, and starch. However, this is not feasible in traditional Sri Lankan cuisine where white rice is a staple part of their diet (Amarasekara, et al. 2014, 510).

What was also a common theme in the study was the lack of awareness many Sri Lankans in rural areas have on how to control their diabetes. Some informants thought that simply reducing sugar was enough to control their diabetes and believed they could stop taking their medication if their FBG was normal (Amarasekara, et al. 2014, 510). Some even believed that traditional Ayurveda treatment could not only control their diabetes but cure it. Many Sri Lankans in rural areas still prefer traditional Ayurvedic treatment over biomedical treatment. Some informants stated that they were concerned about the amount of chemicals they were putting into their body with biomedical treatment. These informants felt as though Ayurveda was gentler on their bodies due to the heavy use of herbs and plants. They also expressed that Ayurveda treatment gave them more food options than Western biomedicine (Amarasekara, et al. 2014, 511). Because medical pluralism is so common in Sri Lanka, a call for a more culturally and religiously sensitive approach is something that biomedical doctors and hospitals should consider when treating older and more traditional Sri Lankans (Amarasekara, et al. 2014, 513). Not only has Sri Lanka turned its focus to Sri Lankans who already have type 2 diabetes, but efforts have also been made to understand teen health and obesity to decrease the rate of NCDs in the future.

Teen obesity in Sri Lanka has increased within the last 20 years. This increase in childhood obesity can be due to many factors such as higher income and increase in carbs and fats in affordable foods (Rathnayake, Roopasingam and Wickramasighe 2014, 6). For many teens in Sri Lanka, variables such as skipping breakfast, educational level of parents, family income, media viewing time, level of fast food consumption, relation of energy intake and

burning, and the consumption of fruits and vegetables all contribute to the obesity risk among adolescents. The higher the level of education the teen's parents have, the more likely they are to consume fast food since fast food is often readily available (Rathnayake, Roopasingam and Wickramasighe 2014, 5). This makes sense if teens must hurry home and study while their parents are still working. Skipping breakfast and not having a proper meal schedule has also been shown to be a risk for obesity. If a teen has a busy work schedule, they can face dilemmas like choosing healthy produce over available fast foods. According to a questionnaire conducted in Colombo recruiting teen girls, fast food restaurants are not the most common source of fast food consumed. The most commonly consumed fast foods among Sri Lankan teens are bakery items, soft drinks, and candies (Rathnayake, Roopasingam and Wickramasighe 2014,7). These items have a higher amount of energy, sugars and carbs. On average, these foods are consumed more among obese teens than their non-obese peers. Despite socioeconomic and behavioral factors in Sri Lanka, many Sri Lankan teens have made efforts to combat and control teen obesity (Talagala and Arambepola 2016, 2).

Just like other teens in many countries, Sri Lankan teens often consume snacks before and after meals. While snacking may be harmless in and of itself, competency in reading food labels has been an important topic in Sri Lanka (Talagala and Arambepola 2016, 2). According to a questionnaire that was administered to a sample of adolescents in Colombo, most teens have positive attitudes about reading food labels during snacking and many stated that they do read the labels before they consume the food. However, the questionnaire indicated that the interpretation of these labels was not adequate (Talagala and Arambepola 2016, 5). Consistent with the adolescent obesity questionnaire, the food label questionnaire stated that the most commonly reported snack that Sri Lankan teens consume are biscuits (cookies), instant noodles,

chocolates and soft drinks being the most commonly consumed drink (Talagala and Arambepola 2016, 3). Upon further investigation, it was apparent that label reading also included statements made by the company providing the snacks. Most Sri Lankan teens proved themselves to be competent in reading fiber content, use of preservatives, dates, and additives. However, interpreting the percent daily allowance recommended was not as good (Talagala and Arambepola 2016, 5). Many companies try to persuade teens to buy their products by hiring celebrities to advertise them. This proved not to be a significant factor in how Sri Lankan teens select their snacks. Ironically, they stated that they did not trust snacks that use celebrities to advertise their product or if it is marketed as imported (Talagala and Arambepola 2016, 9). Although teens participated in the study struggled when it came to interpreting food labels, they have a positive attitude regarding health and food consumption. There is currently cause for concern and an urgent need for implementing awareness and behavioral modification programs targeting not only Sri Lankan teens but their parents and schools as well (Rathnayake, Roopasingam and Wickramasighe 2014,8). There also needs to be efforts from schools to address and educate their students about the importance of food labels to help control and combat teen obesity (Talagala and Arambepola 2016, 9). Recently, these concerns have been addressed from not just an educational perspective but from a medical perspective as well. The Ministry of Health and the Ministry of Education in Sri Lanka are collaborating with one another to improve healthy dieting habits among teens through the launching of school canteen policies. The canteens in schools would prohibit fizzy and sweetened drinks, fatty, salty, and sugary foods. They would then replace these foods with fruits, grains, liquid milk and vegetables to promote healthy eating (Talagala and Arambepola 2016, 9). Like many countries, Sri Lanka has recognized the prevalence of obesity, other NCDs and related health issues. To combat these

problems, a comprehensive evaluation of food consumption trends among teens could help steer Sri Lanka away from a country with high rates of NCDs.

While Sri Lanka has made improvements in preventative care in recent years, other trends have remained in mainstream Sri Lankan culture. Addiction and unseen illnesses are not regarded as legitimate sicknesses in traditional Sri Lankan culture. Diseases are seen as unfortunate ailments in a person's life. However, chemical dependency and addiction are affiliated with negative stigmas.

Trends and Education in Alcohol Consumption

NCDs have been discussed on several accounts when it comes to health concerns in Sri Lanka. However, these diseases do not account for all the country's health problems. Next to NCDs, alcohol consumption has been a major health concern in Sri Lanka with the Statistics Department of Sri Lanka reporting that the cirrhosis mortality rate is among the highest in the world (Siriwardhaa, Dawson and Abeyasinge 2013, 251). There have been many efforts to try to limit the amount of unhealthy alcohol consumption in Sri Lanka. Such efforts include high taxes, age restrictions, lack of advertisements, banning free drinks at public events, restricting women from purchasing, and banning the sale of alcohol during religious holidays (Siriwardhaa, Dawson and Abeyasinge 2013, 251). These rules and regulations were intended to limit the amount of alcohol consumption in Sri Lanka. However, it appears that these restrictions may have contributed to an increased demand for illicit alcohol with the most consumed one being *kassipu*. This is a type of alcohol that goes untaxed and is not regulated, thus making it more affordable to the Sri Lankan public (Siriwardhaa, Dawson and Abeyasinge 2013, 251).

Alcohol related cirrhosis and accidents are also well documented in Sri Lanka. Each year, there are always an alarming number of alcohol related injuries including road related traffic

accidents. Hospitals have also reported that alcohol consumption is closely related to suicide attempts and deliberate self-harm. There are additional reports of alcohol being a major factor in domestic abuse in the household and being related to poverty (Siriwardhaa, Dawson and Abeyasinge 2013, 251). In the rural parts of Sri Lanka, domestic abuse often occurs behind closed doors and illicit alcohol only exacerbates the severity of assaults. There is a belief that the individual, usually the husband, is unaware of what he is doing when intoxicated during the assaults (Samarasinghe 2006, 627).

Poverty is another issue dangerously related to alcohol. With legal alcohol being so expensive, illicit alcohol is the beverage consumed by lower income individuals (Samarasinghe 2006, 627). It can also be argued that alcohol can even increase poverty. For example, lower income people who are invited to weddings may feel pressured to contribute alcohol to the event resulting in an accumulation of debt to the people from whom they bought the alcohol from (Samarasinghe 2006, 627). These problems have compelled Sri Lanka to reach out to communities themselves. There have been community programs developed to lessen the appeal of alcohol in hopes of changing how alcohol is perceived within Sri Lankan culture (Samarasinghe 2006, 628). In rural areas of Sri Lanka, community-based alcohol education programs have been implemented and have shown positive results and a decrease in the consumption of illicit alcohol (Siriwardhaa, Dawson and Abeyasinge 2013, 256). These programs use street dramas, group discussions and poster campaigns to educate Sri Lankan youth about the dangers of unhealthy consumption of alcohol and change the drinking patterns in rural communities. Sri Lanka has continued their efforts to limit the amount of unhealthy consumption of alcohol. And the idea of having community-based alcohol education and prevention programs in different parts of the country has received positive feedback.

It is speculated that about 73% of all alcohol consumption in Sri Lanka is illicit. However, the actual amount of alcohol consumption is difficult to document (Jayasinghe and Foster 2008, 290). The strong correlation between alcohol and suicide is of even greater concern. It is estimated that Sri Lanka has the 7th highest suicide rate in the world (Jayasinghe and Foster 2008, 290). Many individuals also choose to ingest poison in the form of pesticides and fertilizers in rural areas. Along with these poisons, alcohol was also often found to be present in the deceased person's system (Silva and Albert 2017, 531).

As previously stated, addiction and other unseen illnesses are often not approached in a sensitive manner. Rather, they are commonly viewed as bad habits that must be overcome to be a productive member in society. Like addiction, it is viewed to be easily manipulated and changed by the individual.

Awareness and Attitudes Toward Mental Health

One outdated assumption regarding the relationship between alcohol and suicide is the idea that an individual will grab the nearest bottle of alcohol to drink when they are experiencing extreme mental distress. On the surface, this may appear to be an accurate assumption. Almost half of men who engaged in suicide or self-harm had alcohol in their system and about 84% of all suicides in Gokarella, a rural district, occurred after consuming alcohol (Jayasinghe and Foster 2011, 233). However, upon further investigation these researchers found that that suicides would occur whether alcohol is present or not. According to most Asian studies, about half of all suicide victims have a mood disorder by the time of death (Jayasinghe and Foster 2011, 234). Though dangerous, alcohol consumption in Sri Lanka only masks a greater problem regarding mental health. The common perception of mental illness in Sri Lanka is that it is virtually nonexistent. Thus, it is often unrecognized by both medical professionals and lay people

(Jayasinghe and Foster 2011, 224). Because of the cultural and medical ideas about mental health in Sri Lanka, there is a significant shortage of mental health professionals to help patients maintain their mental health (De Silva and Hanwella 2010, 88).

While issues like addiction or mental illness are commonly accepted illnesses in some areas of the world, countries like Sri Lanka do not uphold the exact same definitions of health and illness. As previously discussed, the concept of health is subjective and highly dependent on the values and perceptions of each culture. It is for this reason why cultural anthropology contains a subfield known as medical anthropology.

Anthropological Context

Cultural anthropology analyzes how humans make sense of the world they live in through shared ideas, values, beliefs and practices. Medical anthropology is a more specific approach within cultural anthropology that studies how humans interact with the ideas of illness, healthcare, and other health related topics (Wiley and Allen 2017, 5). Common theories within medical anthropology include the interpretive approach, ecological approach, critical medical anthropology (CMA), and applied medical anthropology. Each theory specializes in a certain approach to health and wellness (Baer, Singer and Susser 2013, 42). The ecological approach refers to the concept of adaptation in relation to biological changes at the individual level. This approach is highly useful when analyzing a disease, but it perceives disease separate from culture. The interpretive approach addresses this limitation by perceiving disease as a collection of activities which display a relationship between biology and social practices that are constructed through cultural meaning. This theory is often used by cultural anthropologists but is limited in explaining outside forces that influence culture and healthcare systems. CMA uses critical anthropological theory to analyze health by focusing on other spheres of society such as

economics and politics. Applied medical anthropology is a newer concept in that there is a level of not only understanding health but advocating for the well-being of a group of people in a more direct manner.

Medical anthropologists investigate how cultures define and maintain health through cross-cultural analysis by comparing how different cultures deal with health. They conduct such work to identify and analyze the causes for such variations or similarities (Wiley and Allen 2017, 6). Medical anthropologists will often take a further look at how individuals deal with health within a certain society. This is because even biologically and culturally similar individuals may still experience different factors that play a role in how they perceive health. Some of these factors can include gender roles, political and social hierarchy, age, religion, and areas of employment (Wiley and Allen 2017, 7). It is crucial to note that the human body is compromised and altered not only by time and biology but also by the cultural environment it resides in (Baer, Singer and Susser 2013, 3). This means that the human body and health are influenced by cultural and social experiences. Thus, it is essential for anthropologists to study both the physical human body and the cultural contexts that have changed it. This also means that health is not simply a state that an individual is experiencing. Health is a concept in need of evaluation within a larger cultural context. And because culture is never static, the concept of health is never static. To make sense of how anthropologists understand health, it is important to define health from an anthropological perspective. According to WHO, health can be described as a state of social, physiological and physical well-being (Wiley and Allen 2017, 14). This definition is a basic one rooted in the Western biomedical perspective. However, anthropologists could further analyze the concept of well-being and question whether a definition of health can be universally recognized. Nevertheless, anthropologists have worked with this definition while still taking into

consideration cultural beliefs such as spiritual health. Such a form of health is just as valuable to a culture as physical health. A multidimensional view of health helps the individual to maintain a positive well-being while preventing negative health concerns and conditions to take over. To analyze health, the opposite of positive well-being should be discussed. Thus disease, illness and sickness are common concepts in anthropology used to describe negative impacts on the body.

Disease, illness, and sickness are often used interchangeably but these terms should not be confused with one another as there are differences among the three. Disease refers to a physiological alteration that impairs the body (Wiley and Allen 2017, 15). Disease is a term more so associated with western biomedical science that can be used cross culturally. While biomedical physicians care about the well-being of their patients and their overall experience, they specialize in fixing the disease and other physical ailments in the body rather than focusing on other forms of health (Strathern and Stewart 2010, 7). There are many types of diseases that can emerge from infections, malnutrition, genetics, chronic conditions, and a range of behaviors (Wiley and Allen 2017, 16). Although it is important not to assume that these terms will fall under a disease umbrella cross-culturally, they are a good start when analyzing the causes, symptoms, and cures of such diseases. However, just because these diseases can be defined in a biomedical context does not necessarily exclude the cultural importance and effects of the perceptions, causations, control, and cure of these diseases. As stated previously, culture is always changing. This means that behaviors (eating patterns, mental perceptions, addiction, etc.) are also changing which will inevitably change the rates and types of diseases being created in societies. This leads to the conclusion that although disease is defined from a biomedical standpoint, it should not be labeled as exclusively biological. Such concepts should also be labeled as social.

Illness has a close relationship with disease in that it defines the entire suffering individual within a cultural context (Strathern and Stewart 2010, 6). Illness exhibits many behaviors engaged in by the individual such as dietary change, seeking professional assistance, and resting (Wiley and Allen 2017, 18). A common term used to describe this concept is the *sufferer experience* which refers to the overall suffering that an individual endures. To help define this term, critical interpretive anthropologists Margaret Lock and Nancy Scheper- Hughes classified these experiences in reference to three bodies within an individual: the individual body, the social body and the body politic (Baer, Singer and Susser 2013, 8). The individual body refers to the body in its physical form. The social body refers to the individual and his/her relationship to the surrounding social world. This is important because social problems such as conflict or inequality can play a significant role in the individual's health. The body politic refers to the amount of power society has over the physical body thus possibly constraining or encouraging positive well-being (Wiley and Allen 2017, 23).

Using concepts and terms like the *sufferer experience* implies that illness is much more subjective than disease with cultural perceptions playing a more dominant role in the experience of the individual. Because the understanding of how someone feels is so heavily influenced by culture, it is often difficult to create universal perceptions and understandings of illness (Wiley and Allen 2017, 16). Even the experience of illness and the diagnosis of a disease do not always have a relationship as clear as medical professionals believe, and treatments may relieve the disease but not the illness. For example, people who suffer from a NCD may take the necessary steps to help control their disease but that does not necessarily mean they are in good health. "Disease" and "illness" mirror the perceptions of the doctor and the patient, respectively.

Sickness is another term analyzed by anthropologists. A famous sociologist, Talcott Parsons, coined the term *sick role* to describe an individual who has been deemed sick by others in the community (Wiley and Allen 2017). Being sick is dictated by culture; to be considered sick, one must have an illness recognized within a given cultural context and the legitimacy of this illness usually requires some sort of diagnosis or documentation by a medical professional (Wiley and Allen 2017, 19). As has been proven in many societies, playing this sick role has consequences. If an individual is considered sick based on his/her illness and diagnosis, this can greatly affect the social body in a highly negative way. For example, in many societies, leprosy was considered a horrid disease and, because of the illness it inflicted on others, people considered the sufferer sick and this ultimately resulted in the individual becoming a social outcast. Sickness is decided by the community and by medical professionals. If no such disease or illness is apparent, then the person cannot perform the sick role. Additionally, due to the lack of biomedical input, illness and sickness can exclude many biomedical concepts. An individual does not have to suffer from a physical disease to feel ill or even perform the sick role. Emotional and spiritual illnesses can be very prevalent in many societies with sufferers often seeking the advice and healing of a shaman or specialized healer. These healers have proven to be very influential in society. Sri Lanka is a county that will often utilize such healers whose medical systems predate Sri Lankan colonialism.

In Sri Lanka's case, when an individual becomes mentally or emotionally ill, folk healers within this cultural context decide what sort of illness the individuals are experiencing and act accordingly. Before the emergence of biomedicine, people believed that these forms of illnesses were inflicted by demons known as *yaksha*. To eliminate the illness, one had to engage in rituals such as the *Yaktovil* dance or exorcism that helped appease the *yakshas* in hopes of driving them

away from the suffering individual (Scott 1994, xxiii). This required no biomedical science but rather tradition and culture to work alongside one another; if the illness was cured then the individual no longer played the sick role or engaged in the sufferer experience. This relationship of disease, illness and sickness not only helps explain health, but it also assists in creating solidarity between the patient and the medical professional.

Communication between medical professionals and their patients is never a meaningless event. Consulting a medical professional is always guided by cultural laws and norms that play a role in how the medical professional and patient interact with one another (Strathern and Stewart 2010, 197). Communication is about expression, a subject that is not always understood in the same way by both medical professionals and patients. Communication between patients and healers is not easily measurable but it does play a role regarding disease, illness, and sickness. For example, there can be many reasons why a patient might refuse to be honest with their doctor when describing their illness. As stated before, illness can be described in subjective terms and the patient can easily fabricate a sufferer experience. In a society where premarital sex (especially in the case of women) is forbidden, it would be understandable for a young female going to a doctor to lie about her sexual activity. Through dishonesty, the young woman is protecting herself from a doctor who may tell her family about her sexual activity. This could mean that without that information, the doctor may not make an accurate diagnosis of a condition. Sometimes the patient can be honest with the doctor but still be misunderstood due to lack of effective communication. One example of this can be if doctors tell their patients to rate their pain on a scale of 1-10. There is no guarantee both the doctor and their patient would define a 2 or 8 consistently. Both parties have gone through different lived experiences, which ultimately influences how they rate their pain. Communication is what ultimately helps bridge

the distance between the doctor and patient leading to a decision as to how to cure or heal the patient (Strathern and Stewart 2010, 198).

Curing and healing are distinctive in anthropological terms. Curing refers to the act of treating a certain condition whereas healing refers to the individual in their entirety, viewing their body as an integrated system that surpasses physical, emotional and spiritual separations (Strathern and Stewart 2010, 7). This would mean that biomedicine excels in curing but not in healing whereas, for example, Sinhalese Ayurveda medicine is very effective with healing but not curing. This relationship helps define what anthropologists try to understand regarding a culture's *healthcare system*. A healthcare system refers to the social relationship between curers/healers and their patients (Baer, Singer and Susser 2013, 8). Healthcare system, according to medical anthropologist Frederick Dunn, can be divided into three types: local, regional, and cosmopolitan. A local medical system refers to folk medicine passed down from generations, often being a precious source of identity for a group of people. A regional medical system refers to various systems enacted over a large area; Sri Lankan Ayurveda would fall under this category. A cosmopolitan medical system refers to the broader, global medical system; the bio-western medical system would fall under this category (Baer, Singer and Susser 2013, 11).

Curers and healers can have a complex relationship with their theories, procedures and patients within each healthcare system. For example, Sri Lankan Ayurveda and biomedical doctors display many differences ranging from location to the very definition of disease, illness and sickness. Because of all these differences, their healthcare systems differ greatly. For example, Ayurveda requires more time to heal due to the natural process of an individual getting over their illness, whereas western biomedical medicine can cure an illness in a much faster time.

There are many ways in which medical professionals perform their duties. They can be any medical profession such as biomedical doctors, Ayurveda doctors, priests, or shamans. This concept is known as medical pluralism (Strathern and Stewart 2010, 97). For example, in some areas in western world, alternative medicines like Ayurveda have become popular. Such an increase in popularity does not spontaneously appear in societies. It implies that individuals in a society are not pleased with the dominant healthcare system and will seek treatment from a different healthcare system. Medical Pluralism develops when both healthcare systems are working successfully within a given society (Baer, Singer and Susser 2013, 11). Concerns can range in western societies regarding biomedicine anywhere from the questionable ingredients in the medicine along with the long-term effects artificial medicine could have on the body.

As previously discussed, this was not the case with Sri Lanka in the past. Sri Lanka relied on shamans and Ayurvedic doctors before colonial rule. However, as time went on, Ayurveda lost its power in Sri Lanka in favor of fast acting medicines and doctors who have undergone rigorous training in an academic setting for their license and prestige. Over the years, legitimate Ayurvedic doctors became more difficult to come by and shamans existed only in the traditional rural areas of the island. However, Ayurveda is still a dominant practicing healthcare system that many Sri Lankans utilize for treatment. This coincides with the theory that medical pluralism often reflects some patterns of social hierarchy (Baer, Singer and Susser 2013, 11). Sinhalese Ayurvedic medicine is the second most commonly utilized medical treatment over other forms of treatment favored by traditional Hindus and Muslims who account for the minority of the population. However, awareness of the benefits that Ayurveda provides along with its holistic approach has helped this healthcare system slowly to regain its power in Sri Lanka. Although Ayurveda may not be the first choice for Sri Lankans if they are suffering from a brain tumor or

an illness in need of immediate relief, Ayurveda still surpasses the western biomedical healthcare system in certain ways. It still provides relieving oils and safer ingredients in medicine along with focusing not only on the symptoms of the disease but also on the root cause of the disease. Ayurveda examines not the illness itself but the causation of the illness, which dictates how the doctor will treat the patient. This is how Ayurveda heals a sickness rather than cures it. Ayurveda has also been known to focus on areas otherwise not greatly explored or mastered by bio-western medicine such as the cause of depression and chronic anxiety (Wiley and Allen 2017, 44).

Despite some competition, multiple healthcare systems co-exist in Sri Lanka due to what anthropologist Lola Romanucci-Ross described as a "Hierarchy of Resort" which describes why certain healthcare systems take precedence over others and at what point in time should an individual seek other forms of treatment (Baer, Singer and Susser 2013, 12). In Sri Lanka, medical conditions are typically treated by a biomedical doctor; this medical system is their first resort. If, in any event, biomedicine cannot help then Sri Lankans will often seek treatment in an Ayurvedic hospital; this is often their second resort. It is important to note that these levels of resort are not always the same and individuals may each have their own unique hierarchy of resort. Although cultural similarities do occur, it is important not to confuse this universal personal resort as cultural law (Baer, Singer and Susser 2013, 12).

Chapter 3
Methods

Throughout its history, Sri Lanka has relied on the expertise of shaman, Buddhist priests, and Ayurvedic healers to treat its citizens. However, Sri Lanka has experienced drastic changes in recent history regarding their healthcare. With the introduction to biomedicine due to colonialism, the country had to adapt another healthcare system into its culture resulting in many changes in Sri Lankan healthcare. Today, Sri Lanka incorporates both biomedicine and Ayurveda into their mainstream healthcare. This study aims to understand how Sri Lankans utilize these two dominant medical systems along with understanding the cultural perceptions of both medical systems.

Previous Literature

This thesis required information from previous published work that researched the relationship among Sri Lankan health, doctors and lay people. Written works were gathered through books sold online and articles acquired through the MNSU library search engine. Common terms that were used in the search engine were “Sri Lankan Healthcare”, “Sri Lankan Ayurvedic”, and “Sri Lankan health concerns”. Using these initial terms, the research explored more in-depth topics discussed in the written works. Once an adequate amount of information was gathered, the proposal was approved by the Internal Review Board (IRB) in August of 2017. The data for the research was gathered after IRB approval.

The Informants

The thesis itself is a qualitative analysis evaluating how Sri Lankans utilize their healthcare and what type of doctor or category of healthcare they seek out for treatment. The perceptions and opinions of the biomedical and Ayurvedic doctors were gathered first followed by the perceptions and opinions of lay people. Although the perceptions of the informants were qualitatively analyzed, quantitative variations such as the age, sex, and location of the informants were also considered.

Informants were selected by the researcher depending on their social status and influence within Sri Lankan society. Buddhist monks, who hold a significant amount of social power in Sri Lanka and who were already familiar with the researcher gathered some key and specialized informants. Key informants are individuals who are not specialized in the area of concern for the research they are a part of. However, they are well versed in their culture and are willing to share their perceptions and opinions (Bernard 2011, 150). Specialized informants, on the other hand, have a specialty in an area that the research is analyzing. These informants often contain specialized information for the research they are a part of (Barnard 2011, 153).

Methods Utilized: Comparative Method

Using the comparative method and cross-cultural analysis, the research gathers information from all the informants and compares doctors to lay people. The comparative method is a common method used in cultural anthropology to compare social ideas and cultural concepts between two cultures (Bernard 2011, 314). In the past, anthropologists would use this method to compare aspects of cultures like religion or kinship between cultures. Today, many anthropologists use this method to compare a phenomenon like healthcare within one culture by

comparing subcultures within that society. In this case study, the ideas and perceptions of biomedical doctors, Ayurvedic doctors and lay people were all compared to analyze how similar and different their ideas are on the utilization of different medical systems and the various forms of treatment each one has to offer.

Methods Utilized: Snowball Sampling

In this study, the key informants are the lay people and the specialized informants are the doctors. These informants were interviewed and were then requested to find more people for the researcher to interview. This method of gathering informants is known in anthropology and many social sciences as chain referral or "snowball" sampling (Bernard 2011, 149). This type of sampling is popular among social scientists when attempting to reach hard to find or difficult to study populations. Some groups of people may be difficult to find if there are a few of them in a large area, stigmatized or part of a reclusive group, or they may be actively hiding. Another common reason a group of people may be difficult to locate or speak with is because they are a part of an elite group within their culture (Bernard 2011, 148).

Methods Utilized: Chain Referral Sampling

In this research, chain referral sampling was essential to find the participants willing to engage in interviews. Although Buddhist priests are among the social elite in Sri Lanka, the priests who were familiar with the researcher were able to locate other Buddhists priests in Sri Lanka. These priests, due to their social status, were able to find an adequate number of biomedical and Ayurvedic doctors who were willing to recruit more doctors and lay people for the research. Due to Sri Lankan society's collective and tight knit nature, being able to simply

locate Sri Lankan strangers for a foreign research project would be highly difficult and not as effective.

Methods Utilized: Respondent Driven Sampling

Respondent driven sampling was another form of sampling that was considered in the research. This type of sampling was developed by sociologist Douglas Heckathron in which informants were contacted and being paid to locate three more informants within their social group (Bernard 2011, 149). The price would then be increased for informants who would be more difficult to locate. For this research, Sri Lankans who were below the poverty line could have been recruited through this type of sampling since low-ranking socioeconomic groups are highly stigmatized and segregated. However, multiple ethical considerations precluded this as a sampling/recruitment option before the research was conducted.

Methods Utilized: Un-Obstructive Sampling

Un-obstructive observation of the hospitals where the interviews were conducted was utilized for the researcher to gain a better understanding of the opinions and perceptions of the informants. Un-obstructive observation is a form of observation used by social scientists to watch an organization or group of people by not engaging in their surroundings (Bernard 2011, 325). This form of observation was utilized at the hospitals where many of the interviews took place. The researcher went into the hospitals and engaged in un-obstructive observation before and after interviews with doctors in the lobby and common areas. The observations were then recorded on a laptop in a private room before and after each interview that took place in a hospital. This form of observation was considered the most useful because it was the least disruptive in a hospital setting.

Methods Utilized: Semi-Structured Interviews

Key/specialized informant semi-structured interviews were conducted in a private area and lasted anywhere from 15 minutes to over an hour. Semi-structured interviews utilize an interview guide containing questions and topics to assist in eliciting answers that benefit the researcher (Bernard 2011, 158). Social scientists will often use this form of interviewing to follow leads that their informant gives them and because it allows informants to express a wide variety of concerns and opinions. This form of interviewing is highly useful for ethnographies and case studies and differs from structured and unstructured interviewing. Structured interviewing requires informants to respond to questions in a specific manner and order. Unstructured interviewing refers to the interviewer and informant having clear knowledge of what will be discussed in the interview (Bernard 2011, 157). Structured interviewing in this case study was not utilized because the researcher wanted the informants to freely express their opinions and perceptions of any given topic in the interview. Unstructured interviewing was also not utilized because of the varying levels of knowledge each informant possessed about the topics discussed in the interviews. It is also important to note that informants in the beginning of the study preferred not to be digitally recorded during the interviews. Digital recording was not used in the study due to the number of informants who wished not to have their voices recorded.

Methods Utilized: Probing

Probing was utilized in every interview to stimulate responses out of the informants. The main forms of probing used in the interviews were echo probing, long question probing, tell-me-more probing, and silent probing. Echo probing is used by the researcher when they repeat what their informant says in hopes that the informant will elaborate further on their answer (Bernard

2011, 162). This was used to ensure the information being collected by the researcher was correct. Long-question probe is a type of probing where the researcher would ask a question in such a way so that the informant must give longer answers (Bernard 2011163). This type of probing was quite useful for informants who spoke fluent English or informants who had translators. Tell-me-more probe occurs when a researcher asks an informant to elaborate on a particular issue or topic (Bernard 2011, 163). Tell-me-more probe was used in every interview to elicit the most out of the informants. Lastly, the silent probe occurs when the researcher simply looks at the informant and remains silent in hopes that the informant will fill in the silence. This is often one of the hardest forms of probing to master since it can either benefit the researcher or discredit them as being too silent (Bernard 2011, 162). This form of probing was more useful among male informants than female informants. Silent probing was utilized the most toward the end of the interviews once the informants and the researcher were comfortable with each other.

Methods Utilized: Field Notes

There were three types of field notes that were used in this case study: methodological notes, descriptive notes and analytics notes. Methodological note taking describes the technique in which researchers collect their data. Descriptive note taking refers to the notes that researchers will take based on what they see and who they listen to. Lastly, analytic note taking refers to how the researcher believes the culture they study is organized (Bernard 2011, 299). The methodological note taking in this case study began with the traditional pen and paper. However, it was quickly discovered that this form of notetaking, especially during interviews, was time consuming to record and transcribe. The interviews and other notes were then recorded in a word document on a secured laptop. This was used for the rest of the research because it was faster to record, easier to quote the informants, faster to transcribe, and easier to read. It was also noted

that informants were more natural in how they spoke and did not pause during their answers for fear they may be talking to fast. Most of the notes in the case study were descriptive notes in that they represent what the informants voiced in their interviews. Analytic notes were used during observation and note comparison. The analytic notes recorded what the researcher observed in the hospitals and compared them to the notes recording during the interviews. By utilizing these methods, the case study was able to gather an adequate amount of information to analyze how lay people and doctors in this study utilize and perceive their healthcare.

Summary

Literature of Sri Lanka's healthcare was obtained to provide context in its healthcare. Using a variety of sampling for informants helped gain a wide variety of both key and specialized informants. Observing the surroundings of Sri Lankan hospitals assisted in providing insight to the environment of the informants. Lastly, Semi-structured interviews with effective probing techniques were essential to understand the perceptions of the informants. In sum, this was a qualitative cross-sectional investigation that explored the utilization and perceptions of biomedical and Ayurveda medical systems in Sri Lanka along with analyzing relationships between healers and their patients.

Chapter 4
The Demographics

Introducing the Informants

As stated in the methods chapter, semi structured interviews with key and specialized informants played a significant role in the results. The results for this study relied on the perceptions and views of all informants recruited in the research. This research was conducted to understand how Sri Lankans utilize healthcare in their medically plural society. There was also a need to understand why Sri Lankans see medical specialists from one type of healthcare but not another. Analyzing this topic would help illuminate the roles of biomedical and Ayurvedic healthcare in Sri Lanka. Healthcare specialists and lay people were both recruited to gain more holistic data to analyze. Medical Specialists, or specialized informants, were asked a series of questions relating to the form of healthcare they provide, other forms of healthcare and about their patients. They were asked about their specialty and common conditions they treated. They were also asked a series of questions as to why they felt patients preferred them over other forms of healthcare or why patients might choose another form of healthcare over what they could provide. Lastly, they were asked if there were any topics in Sri Lankan healthcare that they would like to see progress in the future. Lay people, or key informants, were asked what sort of medical system they utilized and what they went to these hospitals for. They were asked a simple yet significant series of questions relating to why they preferred one medical system over another. They were also asked questions relating to what they liked and disliked about their choice(s) of medical systems. These questions were asked to gain a more holistic understanding of the perceptions Sri Lankans have about their healthcare options. They were also asked if there

were characteristics that they liked and disliked about forms of medical systems that they do not utilize. Lastly, like the medical specialists, they were asked if there were topics in Sri Lankan healthcare that they would like to see improve in the future.

Demographics of all informants were gathered to establish context. Variations such as ethnicity and gender were gathered along with working and living conditions. It is also important to state that some demographics do provide insight and context for the viewpoints of informants. For example, it will be discussed in the next chapter that among the biomedical doctors, only the female doctors brought up the topic of women's welfare during their interviews. Another example is that the informants' age often played a role in how they were treated both as a patient and a doctor.

A total of 39 participants were recruited in this study. Of the 39 informants, 20 were laypeople, 10 were biomedical doctors and 9 were Ayurvedic doctors. All participants came from different backgrounds with varying perspectives on Sri Lankan healthcare. Their gender, age, ethnicity, working location, place of birth and upbringing will be discussed more in depth in the following sections.

Gender

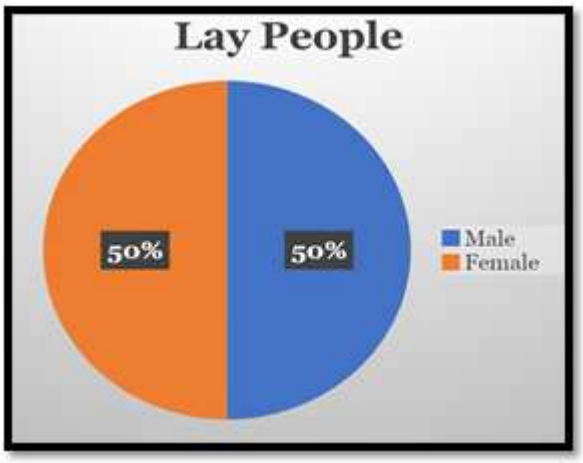

Figure 1.1

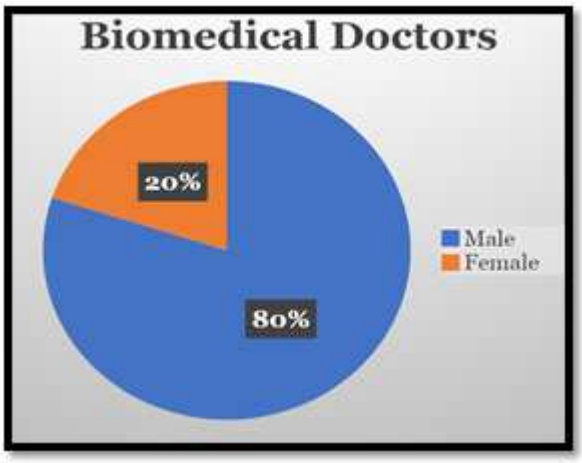

Figure 1.2

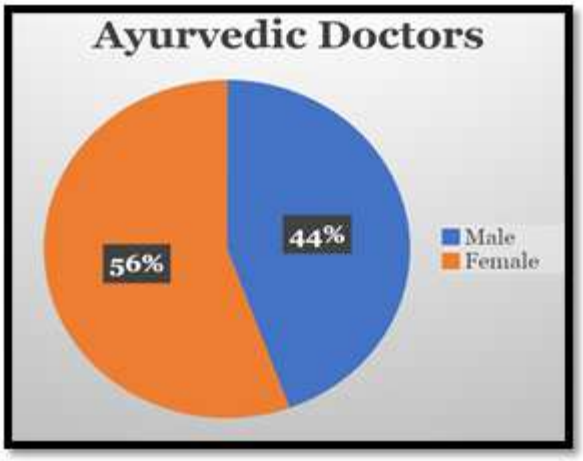

Figure 1.3

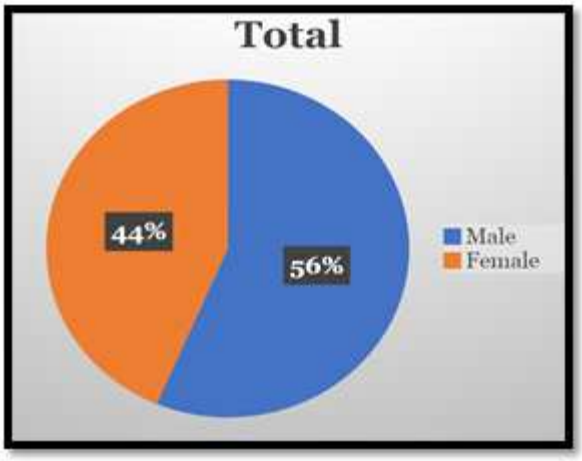

Figure 1.4

According to the figures shown above, the ratio between men and women was close in numbers. Figure 1.4 shows that out of all 39 informants, there were 22 men and 17 women. The number between men and women was the same among lay people with 10 men and 10 women as shown in figure 1.1. However, figure 1.2 shows that the number of men in biomedicine greatly outnumbered their female peers with 8 men and 2 women. There was a much closer ratio between men and women in Ayurveda medicine with 4 men and 5 women as shown in figure 1.3. These numbers were gathered to find out if gender played a significant role in how lay

people choose their healthcare specialists and what they utilized them for. It was also used to see if there were any concerns or characteristics that only affected one gender. Gender statistics were also gathered by doctors to find out if their gender influenced how they did their jobs or the work environment.

Age

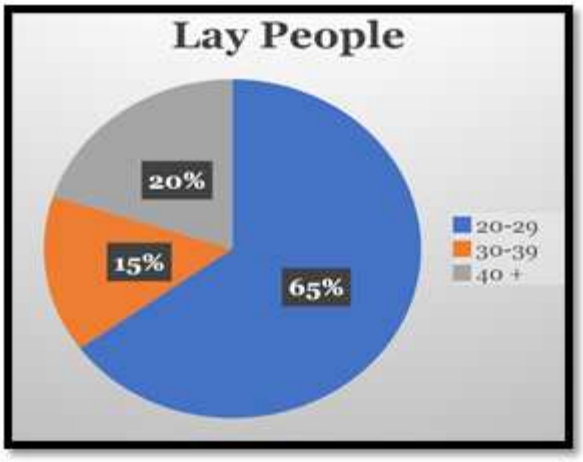

Figure 2.1

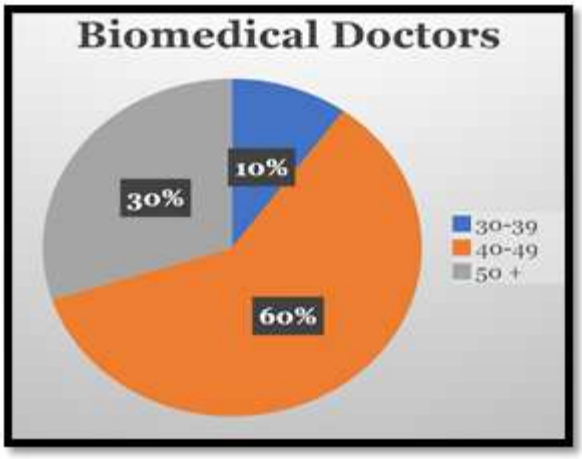

Figure 2.2

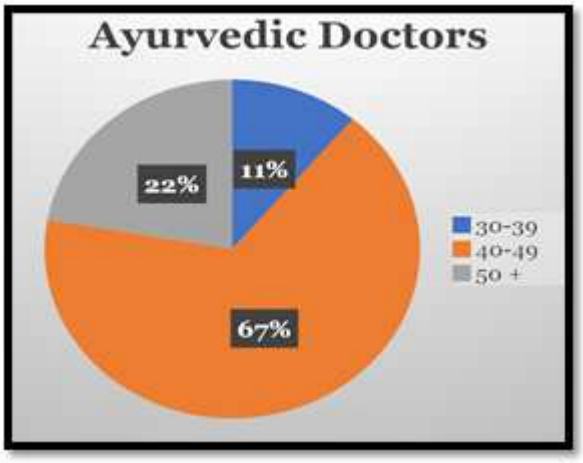

Figure 2.3

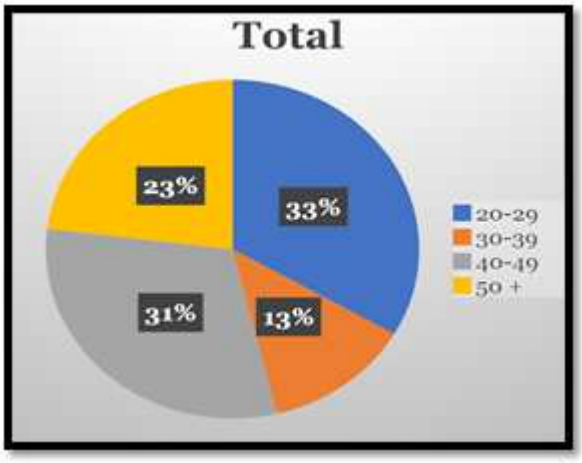

Figure 2.4

Age was another demographic gathered from the informants. This demographic was gathered to find out if age played an important role in how lay people utilized their healthcare and how doctors conducted their work. It is important to state that Sri Lankan culture places

great emphasis on age with the elderly being placed on a higher social tier than those younger than them. According to figure 2.4, the total number of informants under the age of 30 made up a little more than a third of the total number of informants. There were a total of 13 informants under the age of 30. It should be noted that these 13 informants were all laypeople. The researcher was unable to recruit doctors under the age of 30. The total number of informants who were between 30 and 39 years of age was 5. Of the 5 informants between the ages of 30 to 39 there were two doctors and three lay people. As seen in figure 2.4, 12 informants were between ages 40 to 49. In this age group were 6 biomedical doctors and 6 Ayurvedic doctors. Lastly, there were 9 informants under the age of 50. There were a total of 4 lay people, 3 biomedical doctors, and two Ayurvedic doctors. As shown in figures 2.2 and 2.3, the age diversity among lay people and doctors was much smaller. Although Sri Lankan young adults were the focus group, there were 4 lay people recruited who were 50 and above. These informants were recruited to elicit outside views that may not be mainstream among Sri Lankan young adults. These informants were especially useful for gaining insight into the evolution and progress of Sri Lankan healthcare from the perspective from firsthand experience.

Ethnicity

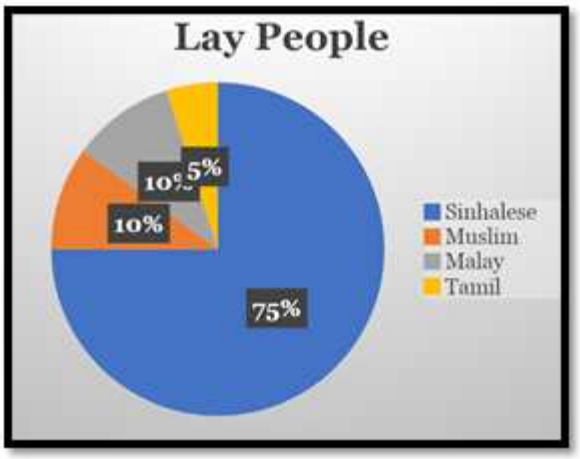

Figure 3.1

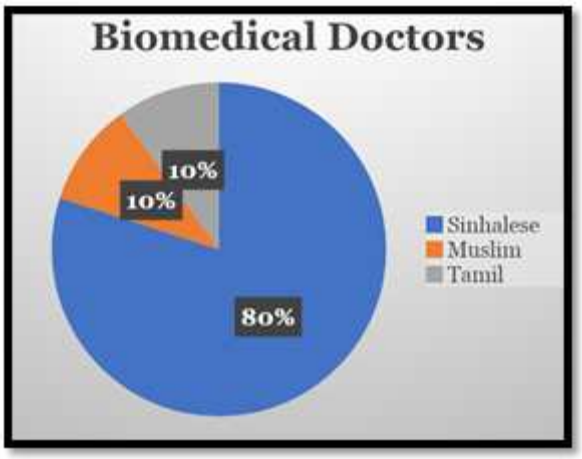

Figure 3.2

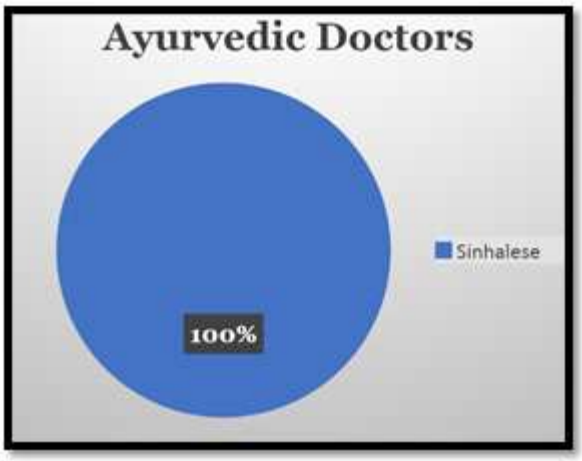

Figure 3.3

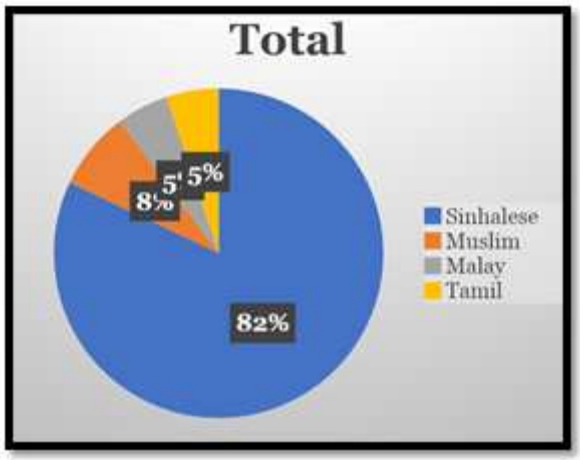

Figure 3.4

Ethnicity was also an important demographic upon which data were collected. Some of these informants preferred to be identified by their religion while some preferred cultural identity. Data on the ethnicity of informants were gathered to find out if ethnicity played any significant role in Sri Lankan healthcare. Of the 39 informants, 32 identified as Sinhalese, the dominant ethnicity in Sri Lanka as shown in figure 3.4. Three of the total informants identified as Muslim while two informants identified as Tamil. The remaining two informants were identified as Malay. One Malay informant preferred Malay as a dominant ethnic designation while also

identifying as both Buddhist and Muslim stating that this was because Islam is the major religion practiced by the Malay people. One of the Tamil informants identified as Tamil and Christian. The informant stated this was because Hinduism is the major religion practiced by Tamils. As shown in figure 3.1, of the 20 lay people, 15 identified as Sinhalese. Two lay people identified as Muslim, two others identified as Malay and one identified as Tamil. Sinhalese made up the major ethnic group among the biomedical doctors with 8 of the 10 identifying as Sinhalese as shown in figure 3.2. One informant identified as Muslim while the last informant identified as Tamil. As shown in figure 3.3, all the Ayurvedic doctors identified as Sinhalese.

Working Location

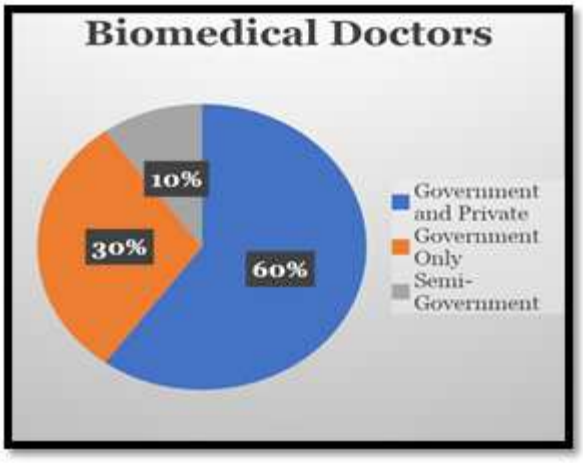

Figure 4.1

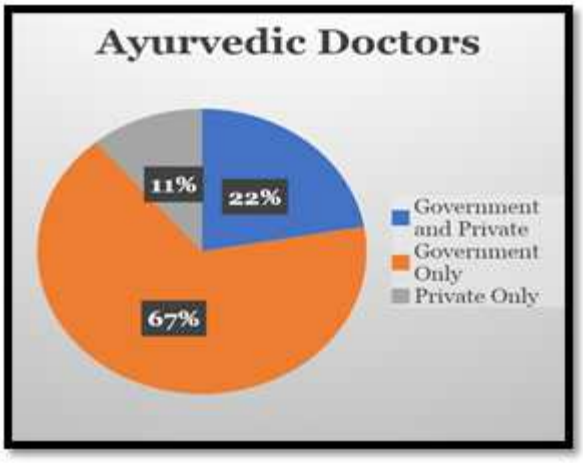

Figure 4.2

As previously stated, there are differences between government biomedical, private medical, government Ayurvedic, and private Ayurvedic. These medical systems follow different guidelines and regulations along with treatment procedures and financial revenue. It is for these reasons that knowing what type of healthcare doctors practice is so important. Their answers to the interview questions often closely reflect the type of healthcare they practice. Of the 10 biomedical doctors, 7 not only work in a government hospital but also operate a private hospital

as shown in figure 4.1. Doctors will work at their private facilities based on the schedule they have with the government hospital where they work. One doctor exclusively worked in a semi-government hospital. As shown in figure 4.2, the Ayurvedic doctors differed from biomedical doctors in terms of work locations and environments. Of the 9 informants, 8 work at a government hospital. Of the 8 informants who work at a government hospital, 2 also work at a private hospital. Only one doctor worked exclusively at a private Ayurvedic hospital.

Place of Birth and Upbringing

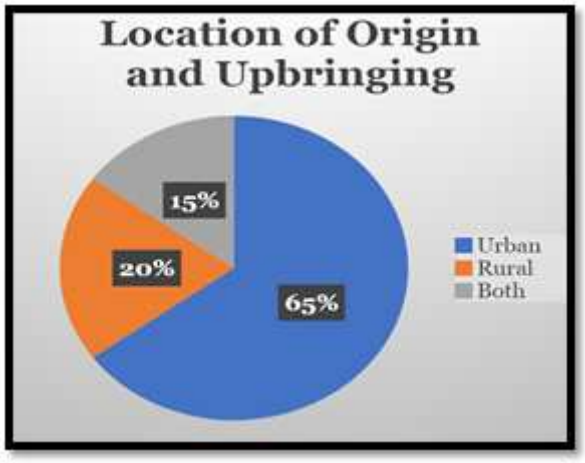

Figure 5.1

Location of origin and upbringing has often proved to be a major factor in how people perceive the world around them. Therefore, lay people were asked where they grew up and where they live. Because most Sri Lankans remain in the same area they grew up in and because urban and rural hospitals differ so greatly, participants were sorted based on urban and rural upbringing. Of the 20 laypeople, 13 have spent most of their lives in an urban setting while 4 informants have spent most of their lives in a rural setting as shown in figure 5.1. A total of 3 informants have moved to urban and rural areas and have spent approximately the same amount of time in each environment.

In summary, the gender of the informants were almost half women and half men. While there was variation in age, doctors tended to be older than laypeople. Nearly all the informants were Sinhalese and came from urban areas. Biomedical doctors tended to work in both government and private hospitals while Ayurvedic doctors worked primarily in government hospitals. These demographics were valuable when gaining insight into how Sri Lankans utilized and perceived their healthcare.

Chapter 5
The Interview Results

In this chapter, the utilization of private biomedicine, government biomedicine, Ayurvedic healthcare and their futures were discussed by the informants by asking them a series of questions relating to these topics. The findings of the data analysis are also discussed by organizing the informants into sections. Following IRB approval, informants were recruited through a series of sampling methods and engaged in semi-structured interviews which included a variety of probing methods. As per data collection methods, all key and specialized informants were recruited and interviewed in Sri Lanka.

Introduction: Lay People

There were a total of 20 lay people interviewed in this study. These informants were asked a series of questions related to their medical utilization along with benefits and drawbacks to the medical systems they utilized. While there are many different medical systems in Sri Lanka, informants were only asked questions which primarily pertained to biomedical and Ayurvedic healthcare systems.

Table 1. "What medical systems do you utilize?"

Exclusively Private Biomedical	11/20
Exclusively Government Biomedical	0/20
Exclusively Ayurvedic Government/Private	0/20
Private and Government Biomedical	4/20
Private Biomedical and Ayurvedic	2/20
Government Biomedical and Ayurvedic	0/20
All Four Healthcare Systems	3/20

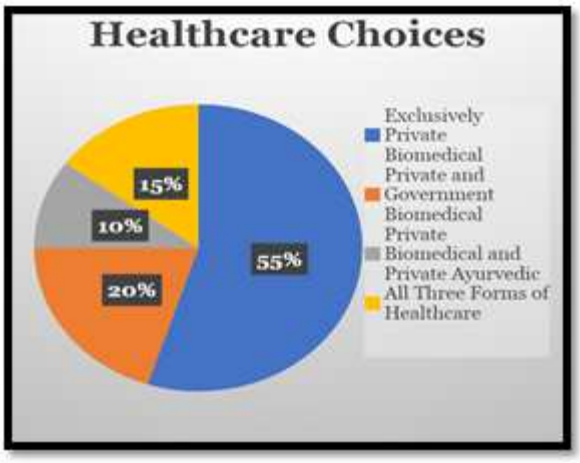

Figure 6.1

According to the responses in the series of open-ended interviews with the lay informants, private biomedical hospitals appeared to be the most utilized within their choices of medical systems as shown in both table 1 and figure 6.1. All lay informants utilize private biomedical hospitals for a wide variety of curative and preventative care. Public biomedical hospitals appeared to be the second most utilized form of healthcare with nearly half of lay informants utilizing it. While government and private Ayurvedic hospitals practice some of the same basic principles regarding care and treatment, only two of the five lay informants who utilize Ayurvedic hospitals stated that they go to both government and private Ayurvedic facilities for their healthcare. The remaining three have only utilized private Ayurvedic hospitals for their care.

Medical pluralism is not simply a choice of healthcare. It also involves how individuals utilize different forms of care according to their medical situations and needs. It is for this reason that looking into how many forms of healthcare the informants use is so important. More than half of the lay informants exclusively go to private biomedical hospitals for all curative and preventative care. These 11 informants stated that they will attend public biomedical hospitals only in cases of emergencies or life threatening conditions. However, four participants utilized

both private and public biomedical hospitals with little to no interaction with Ayurvedic facilities. Only two of the lay informants utilize both private biomedical and private Ayurvedic hospitals depending on what they wish to be seen for. The remaining three lay informants utilized private and government biomedical healthcare as well as Ayurvedic facilities.

Introduction: Doctors

There were a total of 19 doctors who were recruited for this study. Of the 19 doctors, 10 were biomedical doctors and 9 were Ayurvedic doctors. These doctors were asked why they choose their profession along with the benefits and drawbacks they encounter in their workplace.

Table 2. Biomedical Doctors: "Why did you choose to practice government biomedicine?"

Provide a Service to the Community	4/10
Benefits and Security	3/10
Lifelong Dream	2/10
Prestige	2/10
Family Pressure	1/10

To obtain a better understanding as to why doctors choose to practice medicine, all doctors were asked why they chose to work in the medical field. As seen in table 2, almost half of the biomedical doctors stated that they wanted to provide a service to their community. About a quarter stated that benefits and security were major factors in determining their future careers. Some doctors said they have wanted to work in the medical field since they were young and wanted to live up to their vision of it. Some doctors expressed that doctors in Sri Lanka are regarded with high prestige, which was a characteristic they found to be socially attractive. One doctor was encouraged by family work in the medical field. Of all 10 doctors, 7 also work in a private biomedical hospital. They were asked why they choose to practice in a private hospital.

Table 3. Private Biomedical Doctors: "Why did you choose to practice private biomedicine?"

More Time with the Patient	7/7
Less Stressful Workplace Environment	7/7
Receive Additional Income	5/7
Less Policies	3/7

When asked what they enjoy about working in a private biomedical hospital, all 7 doctors stated that they felt that they could spend much more time with their patients as seen in table 3. Seeing only a handful of patients a day allowed them to develop a relationship with them. Many informants added that such a relationship made the visits more productive and efficient. They also explained that they can use the extra time to educate their patients about their health. Most of the doctors expressed that working in a private hospital is less stressful and provides additional income. They explained that government hospitals are demanding; their work is fast paced and very stressful. Working in a private hospital allows them to treat their patients in a more personal manner along with providing a more relaxing work experience. The doctors also mentioned that government hospitals are not always accommodating when it comes to salaries, especially for newer doctors coming into the field. They expressed that Sri Lanka is becoming much more economically demanding. Having extra income allows them to support themselves and their families comfortably. Some doctors also stated that private hospitals are not as strict as government hospitals. To many Sri Lankan doctors, this is convenient because it allows them to work with their patients without being held back by unnecessary policies. Many of these doctors can, for example, call a parent to let them know their adult child is in physical or mental danger without having to undergo issues with confidentiality. However, according to these doctors, the lack of policies can sometimes do more harm than good.

Table 4. Biomedical Doctors: "Who make up the majority of your patients?"

General Practitioner (Everyone)	7/10
Women	1/10
Emergency Related	1/10
Soldiers and Their Families	1/10

As seen in table 4, most of the doctors interviewed in the research were general practitioners who worked with a wide variety of patients. It is important to note that one general practitioner stated that because she was a woman, she tended to see a much higher percentage of female patients. However, since she was a general practitioner, she was kept in that category rather than in "women's health". One doctor interviewed for this research focused on women's health. One doctor worked specifically in the emergency room in a semi-government hospital. One doctor focused on mental health specifically among military personnel and their families. Out of the 10 government biomedical doctors interviewed, seven worked part time in a private hospital.

Table 5. Government Ayurvedic Doctors: "Why did you choose to practice government Ayurvedic medicine?"

Exam Score	8/9
Family are Doctors	2/9
Provide a Service to the Community	1/9
More Time with the Patient	1/9
International Schooling	1/9
School Involvement	1/9

Ayurvedic doctors who worked in a government hospital were asked questions regarding why they chose this kind of medical practice. As shown in table 5, when asked why they chose to practice Ayurvedic medicine, most stated that their government exam scores were high enough to practice medicine but were not adequate to practice in a government biomedical hospital. However, they were able to practice medicine in a government Ayurvedic hospital. Some doctors went into Ayurvedic medicine due to family encouragement. These doctors wanted to follow

their family members into medicine. One doctor wanted to provide a service to their community in a more holistic and culturally intimate manner. Another doctor felt that Ayurvedic medicine involved a more personal relationship with the patient. This was something they wanted to emphasize in their practice. Another doctor developed an interest in Ayurvedic practice due to medical schooling in India. This informant returned to Sri Lanka and got a medical license through the Sri Lankan government. Another Ayurvedic doctor was fascinated with Ayurveda at an early age and was heavily involved with indigenous medicine during medical schooling.

Table 6. Private Ayurvedic Doctors: "Why did you choose to practice private Ayurvedic medicine?"

Provide Accessibility to Patients	3/3
Receive Additional Income	2/3
Exam Score and Avoid Strict Government Procedure	1/3

Ayurvedic doctors who worked in a private hospital were also asked questions regarding why they chose this form of medicine. As seen in table 6, two of the three practiced in both a private and a government hospital while one practiced strictly in a private hospital. All informants stated that they wanted to provide accessibility for patients who cannot afford to travel to an Ayurvedic government hospital. They felt that people should not be denied healthcare due to accessibility issues and providing other sources of healthcare would help ease this problem. Both doctors who worked in a private and a government hospital stated that working in a private hospital provided them with additional salary for them and their family. Both felt that the pay differential between biomedical and Ayurvedic doctors is unfair. They compensate for this by earning additional income from a private hospital. The Ayurvedic doctor who worked strictly at a private hospital received high exam scores but not which were adequate to practice medicine in a government biomedical or Ayurvedic hospital. They felt that instead of

going through the lengthy and strict government process again, they would simply provide care for patients in a private hospital.

Table 7. Ayurveda Doctors: "Who make up the majority of your patients?"

General Practitioner (Everyone)	7/9
Women	2/9

As shown in table 7, when asked who made up the majority of their patients, seven doctors stated that they were general practitioners while two of the nine doctors primarily focused on women's health.

In summary, most lay informants chose to utilize private biomedicine and a quarter of them chose to also incorporate Ayurvedic medicine into their healthcare. Most biomedical doctors chose to go into their profession to provide a service to the community and enjoy the benefits that working in a government biomedical hospital offers. The biomedical doctors who work in a private clinic do so to spend more time with their patients and receive additional income in a less stressful environment. Ayurvedic doctors choose their profession due to their exam scores. Some Ayurvedic doctors work in private clinics to provide more accessibility to their patients while receiving additional income. Of the 19 doctors who were recruited, most of them were general practitioners.

Private Biomedicine: Its Utilization, Benefits, Strengths and Concerns

This section analyzes answers asked by informants regarding private biomedicine's utilization, benefits and drawbacks. Lay informants were asked what they utilize private biomedicine for, the benefits it provides them along with drawbacks the informants have

encountered. Doctors who work in private clinics were also asked what patients utilize their medicine for along with asking benefits and drawbacks they encounter in their workplace.

1.3 Utilization

Table 8. Lay Informants: "What do you typically utilize private biomedicine for?"

Anything Non-Emergency (fever, cough, flu, etc.)	14/20
Medical Check Ups/Routine	10/20
Minor Surgery	4/20

Private biomedical hospitals were utilized in the highest percentage among lay informants. However, none of the participants utilize these hospitals for emergencies as seen in table 8. Most informants go to these hospitals for anything non-emergency related such as fevers/flu, unexplained problems, medical issues that do not require major and immediate care, etc. Half of the informants attend regular medical checkups for physicals, seeking medical advice, and preventative care. Some informants avoid government hospitals in preference to private hospitals for all minor surgeries. These participants added that unless a surgery is deemed "major" by doctors, they will attend private biomedical hospitals for their surgeries.

Table 9. Private Biomedical Doctors: "What do patients typically utilize your practice for?"

Medical Check Ups/ Routine	7/7
Aches and Pains	5/7
Infections	3/7
Diabetes	3/7
Mental health	3/7
Diseases	2/7
Bone Conditions (Arthritis/ Fractures, Etc.)	1/7
Skin conditions	1/7
Respiratory Conditions	1/7

Of the 10 doctors interviewed, 7 stated that they also worked in a private hospital. These hours were usually scheduled around the hours they spent at the government hospital. As seen in Table 9, when asked what conditions they treat daily in a private hospital, all doctors stated that

regular checkups and preventative care were among the most common. Most doctors stated that aches and pains were also common. Infections and diabetes were mentioned by fewer than half of the doctors. According to these doctors, infections were typically caught at early stages by their patients and usually treatable. Diabetes is a growing problem in Sri Lanka and many doctors expressed concern over the lack of preventative care that patients are given, especially in a government hospital. According to these doctors, Sri Lankan youth have been going in for routine checkups and have behaved responsibly in attempting to prevent this disease. Mental health was another condition mentioned by two doctors. These doctors have seen a rise in mental conditions such as trauma, OCD, PTSD, depression and ADHD. However, these doctors are unsure if these conditions are on the rise or if there is simply more awareness being spread about them. One doctor would commonly treat bone problems. Another doctor would commonly treat certain diseases and skin conditions. However, these informants added that when conditions or diseases are out of their control they will direct the patient to a government hospital that has the proper facilities and equipment. Another doctor would commonly see patients suffering from respiratory problems.

2.3 Benefits and Strengths

Table 10. Private Biomedical Doctors: "What is beneficial about your medical system?"

Convenient (Short Queues and Wait Time, Less Crowded, etc.)	7/7
Accessible	5/7
Personable Time with Their Patients	3/7

The 7 doctors who worked in private hospitals were asked what was uniquely beneficial about the private healthcare they provided. As shown in Table 10, all stated that private hospitals were uniquely beneficial with their convenience. These doctors explained that private hospitals have shorter wait time, longer time to spend with patients, and lobbies are less crowded and

filled with amenities. The convenience of accessibility was discussed by 5 doctors. Traveling to a government hospital is often time consuming so living a few miles from the nearest private hospital is a convenience. According to these doctors, a certain hospital may be the best in the country but that has no impact on patients if they do not have access to that hospital. Almost half of the doctors stated that the quality time they get to spend with their patients was another characteristic that was unique to private biomedical hospitals. It is during this time that doctors can get to know their patients on a personal level which can be crucial when providing care. This can also be an opportunity for them to educate their patients on their conditions and health.

Table 11. Lay Informants: "What are the benefits of private biomedical clinics?"

Short Queues and Wait Time	14/20
Hospitality	12/20
Convenient	11/20
Sanitized Equipment and Facilities	10/20
Luxury	6/20
Accessible	5/20
Fast Results	4/20
Better Facilities	4/20
Quality time with Doctor	3/20
Organized	3/20
Less Crowded	2/20
Less Mistakes	1/20
Insurance Covers Cost	1/20
Takes Mental Health into Consideration	1/20

All informants were asked why they preferred private biomedical hospitals and why they chose to seek treatment and care at their facilities. As seen in table 11, most informants stated that the wait time in private biomedical hospitals was much shorter than at government hospitals. The informants have demanding jobs and a busy daily schedule thus making the wait time convenient. Because of this, waiting for a short period of time at a private hospital was much more feasible than waiting all day at a government hospital with no guarantee they will be seen the same day they arrive. Hospitality was a quality of private hospitals that more than half of the

informants discussed in detail. These informants expressed that due to the busy and demanding jobs that doctors have in government hospitals, they cannot dedicate much of their time to ensure that the patient is happy with the doctor's rapport with their patient. They felt the hospitality was much more personal, professional and approachable at a private hospital than at a government hospital. More than half of the informants stated that convenience and efficiency were better at private hospitals. They explained that this could be due to the manageable number of patients seen by private hospitals. Sanitation was another topic discussed by half of the informants. These informants were often satisfied with the cleanliness of private hospitals as opposed to government hospitals. Due to the large number of patients who are seen, government hospitals struggle with having enough employees to clean wards and bathrooms. More than a quarter of the informants felt as though there was more luxury at private hospitals than government hospitals. Patients get their own rooms instead of wards and have access to amenities like the internet and air conditioning. A quarter of the informants stated that there are more private hospitals and that they are more accessible than government hospitals. They did not see the purpose in traveling for hours to get to a government hospital when they can easily drive to a private hospital close to their home or work. Almost a quarter of the informants received much faster results in their care and treatment at private hospitals due to the number of patients seen. Some also stated that the facilities such as beds and bathrooms are better quality than at government hospitals. These informants observed that private hospitals may not have all the medical equipment government hospitals have but the equipment they do have tends to be of better quality because it is not used as often. They added that due to the constant use of certain facilities and equipment at government hospitals, these items tend to get replaced more often. Some informants discussed that they could spend some quality time with their doctor. They felt

more comfortable and less rushed when asking their doctors about preventative care along with any conditions they might have. Some informants mentioned that private hospitals seemed to appear more organized with scheduling and visit times. Two informants expressed that being in large crowds gave them anxiety and they preferred a less crowded and quieter private hospital over a crowded and loud government hospital. One informant felt that private hospitals made fewer mistakes because the doctor is usually not rushed. Another informant had health insurance and appreciated the fact that they could go to a private hospital knowing that their insurance would cover most of the cost. One informant felt that mental health was taken into consideration at private hospitals whereas doctors at government hospitals did not have time to discuss mental health.

Table 12. Private Biomedical Doctors: "What are the benefits in your practice that your patients appreciate?"

Personable Time with Their Patients	7/7
Less stressful environment	7/7

As seen in table 12, when asked what their patients appreciated in private biomedical hospitals, all 7 doctors stated that they felt that they could spend much more time with their patients. They explained that seeing a handful of patients a day helps develop a healthy relationship with them. They also explained that they can use the extra time to explain the patient's conditions and how to move forward with curative and preventative treatment. Most doctors explained that government hospitals are demanding; their work is fast paced and very stressful. Working at a private hospital allows them not only to treat the patient in a more personal manner but it also provides a more relaxing experience for both them and their patients.

3.3 Drawbacks and Weaknesses

Table 13. Lay Informants: "What are some drawbacks or weaknesses you have noticed with private biomedicine?"

Money Oriented/Expensive	13/20
Corruption	8/20
Negligence/Recklessness/Lack of Hospitality	5/20
Lack of Facilities	5/20
Legitimacy of Doctors and Medicine	5/20
Lack of Organization	1/20
Insurance is expensive	1/20

Along with asking informants why they preferred and even appreciated private biomedical hospitals, they were also asked if they encountered anything problematic in these hospitals. As shown in table 13, more than half of the informants felt that private biomedicine was too expensive. Expenses are high for services as significant as tests and as miniscule as providing cotton balls. Almost half of the informants were convinced that some private biomedical hospitals were corrupt in how they charge their patients for their services. Some examples include withholding test results from a patient unless payment is received, deliberately keeping patients in the hospital for as long as possible to maximize their service charges and mysterious charges that are not explained on the bill. A quarter of the informants expressed that negligence and recklessness was something that they found to be highly problematic in private hospitals. They stated that many of these doctors will sometimes display egotistical behaviors in front of the patient. Many informants were concerned that this can lead to the misdiagnosis of a condition or the neglect of a patient's medical needs. A quarter of the informants expressed that because private hospitals must pay for their own equipment, there are times when some facilities or equipment may not be available. In such situations, patients must still pay the doctor for their time. To make matters worse, the patient will then have to travel to the nearest government hospital with the right facilities and equipment. A quarter of the informants felt they must be alert and aware of who they are seeing in private hospitals. If doctors receive their qualifications

in another country then they cannot work in a government hospital, but they may open their own private clinic. Many informants also mentioned that they would not go to a private biomedical doctor if that doctor does not also work in a government hospital. One informant felt there was a lack of organization in private hospitals if the doctors and staff are not diligent about keeping the hospitals clean and organized. One informant stated that although insurance is offered through their work, it is still expensive. They explained it was cheaper to simply go to a private clinic when they need a doctor than having a large amount of money taken out of their salary.

Table 14. Private Biomedical Doctors: "What are some drawbacks or weaknesses you encounter in your medical practice?"

Too expensive for Patient	4/7
Lack of facilities	4/7
Corruption and Malpractice	3/7

As shown in table 14, when asked if there are any problems that are regularly encountered in private hospitals, more than half of the 7 private doctors stated that they have witnessed patients who were unable to pay their bill. These doctors added that while they try to be accommodating for patients, they still need funding for the hospital and cannot financially cater to everyone. The lack of facilities was another topic of concern. More than half of the doctors experience a lack of needed facilities and equipment in their private hospital. They not only lose revenue, but they also experience a sense of failure for not being able to accommodate their patients. When they encounter such situations, they will send their patients to the nearest hospital that would have the proper facilities and equipment. Almost half of the doctors stated that they have witnessed or heard about corruption and malpractice in private hospitals. This could include overcharging, adding medical items to a bill that were not discussed prior to treatment, unprofessionalism, and unqualified doctors practicing on patients.

In summary, both key and specialized informants stated that private biomedicine is often utilized for checkups, aches and pains and any medical issues non-emergency related. Doctors stated that private biomedicine is beneficial if one is seeking medical treatment that is convenient and accessible. They added that they can spend more time with their patients in a less stressful environment. Not only did lay informants state that private biomedical clinics tend to be convenient but that the short wait time and hospitality in a sanitized environment was also beneficial. However, all informants stated that private biomedical clinics can be expensive. Some doctors added that private clinics do not always have the required facilities needed to treat all patients. These doctors added that the patient would then be referred to a government hospital that would have the necessary facilities to treat their patients.

Government Biomedicine: Its Utilization, Benefits, Strengths and Concerns

This section analyzes answers given by informants when asked about public biomedical hospitals. Lay informants were separated based on whether they utilized public biomedical hospitals. All lay informants were asked what public biomedical hospitals are utilized for and doctors were asked what their practices are commonly utilized for. All lay informants were asked about the benefits and drawbacks they have encountered in public biomedical hospitals. Biomedical doctors were also asked what benefits they experience in their workplace along with other medical systems lay people utilize over government biomedicine.

1.3 Utilization

Table 15. Lay Informants (Government Biomedical Patients): "What do you typically utilize government biomedicine for?"

Emergency/Trauma	4/7
Major Surgeries	3/7
Long Term Care	1/7

As shown in table 15, of the 20 lay people, 7 stated that they utilize public biomedical hospitals. They were asked what common things they would seek treatment for through them. More than half stated they go to them for emergencies and physical trauma. Government hospitals have wards for emergencies and are effective with treating patients quickly and effectively. Informants also explained that government hospitals often have the facilities and equipment to treat a wide variety of emergencies and trauma. Nearly half of them stated they go to public biomedical hospitals for major surgeries. These informants chose public biomedical hospitals due to their confidence in the doctor's ability to carry out these surgeries. One informant discussed how government hospitals have been the most beneficial for them in terms of long-term care, mainly because staying in the hospital wards is free of charge.

Table 16. Lay Informants (Non-Government Biomedical Patients): "What do you think people utilize government biomedicine for?"

Emergency/Trauma	13/13
Serious Tests	1/13
Specialists	1/13
Long Term Care	1/13

When discussing the utilization of government hospitals, 13 lay informants stated that they either have not utilized public biomedical hospitals recently, have never utilized them or have only known friends and family to use them. When asked what they think people utilize government hospitals for, all thought that emergencies would be the most common reason why an individual would go to a government hospital. One informant discussed that serious tests

would also be one of the most common medical reasons to seek care in a government hospital. They explained that major tests such as cancer screening are often conducted in these hospitals and are not always available in private biomedical hospitals. Another informant thought that specialists would be another major reason people seek treatment in these hospitals. They felt that many specialists are not always available at private biomedical hospitals. This forces patients to seek treatment in government hospitals. Another informant had several family members suffering from diabetes and cancer who have gone to government hospitals. They expressed that the long-term care in a government hospital is financially feasible.

Table 17. Government/Public Biomedical Doctors: "What do patients typically utilize your practice for?"

Emergencies/Trauma	3/10
Aches and Pains	3/10
Women's Health	2/10
Mental Health	2/10
Bone Problems (Arthritis/ Fractures, etc.)	2/10
Infections	2/10
Boredom	2/10
Various injuries	1/10
Surgeries	1/10
Diseases	1/10
Heart Problems	1/10
Abuse	1/10
Respiratory Problems	1/10
Skin conditions	1/10
Diabetes	1/10

Biomedical doctors were also asked if there were any common conditions that they would treat daily at their government hospital. As shown in table 17, some doctors stated that emergencies and trauma were common. Some stated that aches and pains were commonly treated at such hospitals. Some doctors stated that conditions involving women's health were also common. Some doctors also treated bone problems. Some doctors commonly treated a variety of infections. Some doctors felt that many people who come to government hospitals do not have

any sort of sickness. They explained that some people would go to hospitals out of boredom or use government hospitals as an outlet if they wanted to temporarily leave their home. They mentioned that one significant reason why there seems to be overcrowding at government hospitals is the cultural practice of family members using hospitals as social gatherings. Another doctor stated that surgeries are commonly done at government hospitals. Heart problems are conditions that one doctor stated would be treated on a regular basis at a government hospital. One doctor commonly saw patients, especially women, who would come to hospital wards only to find out that there was nothing physically wrong with them. The doctor explained women often leave their homes to escape abuse in the household due to problematic marriages and husbands struggling with alcohol abuse. One doctor stated that respiratory problems are common conditions often treated at a government hospital. Another doctor stated that diabetes was one of the most common conditions treated.

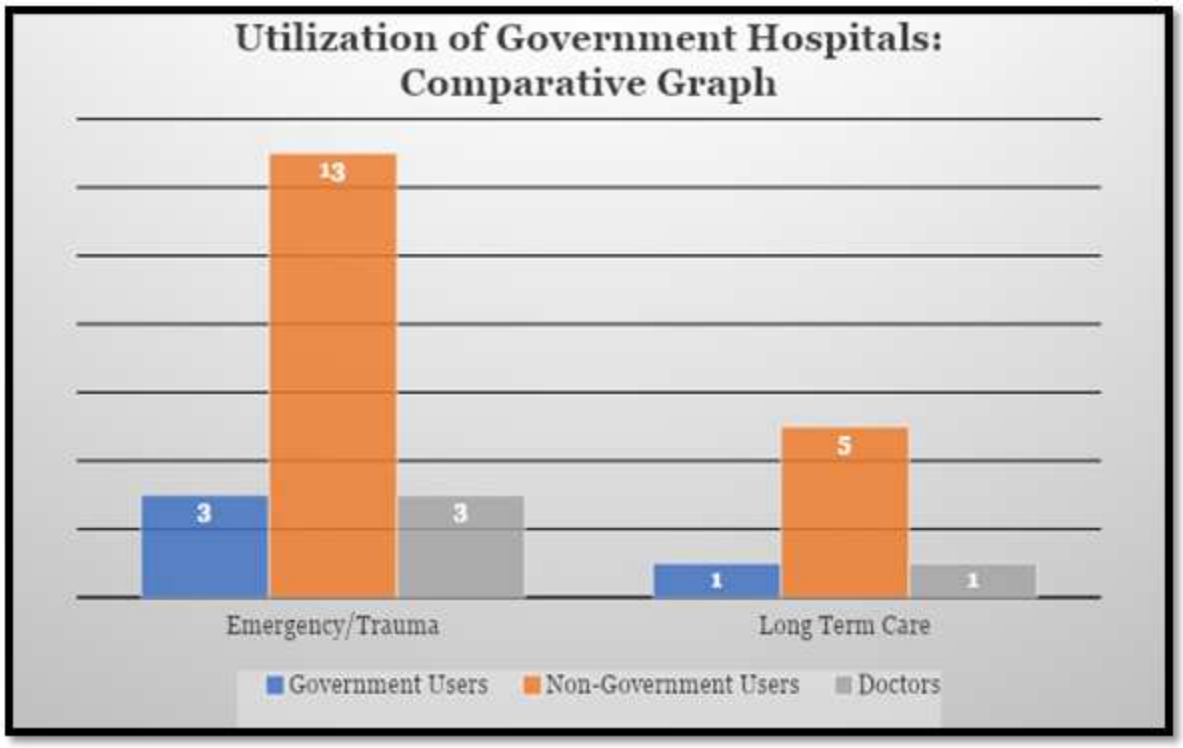

Figure 7.1

As seen in figure 7.1, when comparing lay people and doctors regarding the utilization of government hospitals, emergency/trauma and long-term care were the most common conditions mentioned by all three parties. Of the 7 government users, almost half of them have sought out treatment for emergencies or trauma at a government hospital. All 13 of the non-government users stated that emergencies and trauma would be one of the primary reasons for seeking out treatment at a government hospital. This indicates that out of the 20 lay people, 16 of them would or have utilized government hospitals for emergencies and trauma. While this was brought up by most lay people, 3 of the 10 biomedical doctors stated that emergencies and trauma were common things they treated. Long term care was the second most common treatment mentioned by all three parties. This was mentioned by one government user, 5 non-government users and one biomedical doctor.

2.3 Benefits and Strengths

Table 18. Government/Public Biomedical Doctors: "What is beneficial about your medical system?"

Effective	7/10
Free of Charge	3/10
Accessibility	3/10
Full 3 Stages of Prevention	2/10
Faster Results	2/10
Variety of treatments	2/10
Funds for research	1/10
Secure and well established	1/10
Root Cause	1/10
Surgeries	1/10
Lack of Policies	1/10
Number of patients	1/10
Developing Semi-Government hospitals	1/10

Biomedical doctors were asked about the quality of healthcare at their government hospital. Most felt they excelled at providing care that was effective as shown in table 18. These doctors passed the medical exams required by the Sri Lankan government and have the

qualifications to provide fast yet effective care for all their patients. Some doctors took pride in the fact that their patients could come see them free of charge. With many Sri Lankans living below the poverty line, this provided an excellent option for them to seek out the care and treatment they need. Some doctors expressed appreciation for their accessible hospitals in Sri Lanka. There are several government hospitals scattered around the country which gives patients the freedom of choice as to which hospital they feel would best suit their needs. Some doctors stated that all three stages of prevention are taught and practiced by doctors in biomedical hospitals. Some doctors took pride in the fact that they could deliver fast results for their patients at a government hospital. They felt that Sri Lankans do not have a significant amount of free time in their day to day lives so it is essential that they receive effective yet fast results and treatment. Some doctors stated that they enjoyed the variety of treatments they could offer to their patients. If one medication does not work for one patient, then the doctor can easily prescribe them something else. Another doctor took comfort in the fact that funds for research will always be available if needed. This funding can be used to find new and better ways to treat patients. One doctor expressed that public biomedical hospitals tend to be very secure and well-established. This gives both them and their patients a peace of mind when conducting tests and treatment. Another doctor took comfort in the fact that biomedicine does not just guess what an illness is. Rather, it analyzes the symptoms to diagnose the root condition followed by proper treatment. Another doctor appreciated that major surgeries were available to his patients if they needed it. If a patient is in urgent need of a surgery, that individual can easily go to the government hospital for a safe and effective operation. Another doctor who lived overseas for several years mentioned the more reasonable number of policies in Sri Lanka as opposed to western countries. This doctor explained that healthcare in the West is full of policies that are

completely unnecessary and felt that many medical policies could harm the patient rather than help. Doctors can use their discretion as doctors to treat their patients without having to worry about policies and legality issues. Another doctor viewed Sri Lankan government healthcare to be more efficient than healthcare in the West. This doctor explained that they could treat upwards of about 200 patients a day whereas doctors in the West can only treat a handful of patients a day. Another doctor brought up the fact that Sri Lanka is beginning to establish semi-government hospitals. In semi-government hospitals, the patient will receive the personal, luxury experience of a private hospital while still receiving various testing and services for free.

Table 19. Lay Informants (Government Biomedical Patients): "What are the benefits of government biomedicine?"

Doctor's Competence	7/7
Free of Charge	5/7
Best Equipment in the Country	1/7

For this research, it was important to distinguish between what individuals go to hospitals for and why they prefer those hospitals. It was not enough to understand what they seek treatment for. Understanding why they want to go to a certain hospital for those treatments is equally significant. Of the seven informants who utilize public biomedical hospitals, all of them choose government hospitals because of the competence of the doctors as seen in table 19. Doctors who are employed in biomedical government hospitals have passed a series of exams required by the government that determines if they are able to work in a government biomedical hospital. These informants felt that these exams are more difficult than exams that biomedical doctors must pass. Another significant reason these informants choose government hospitals for their medical needs is because all services are free of charge. Although they must pay for food and transportation, they will usually have family members drive them to the hospital with some food for their stay. One informant believed that public biomedical hospitals must have the best

facilities and equipment in the country. This understanding comes from the fact that government hospitals must have a certain number of modern and up to date equipment and facilities. Private hospitals must pay for their equipment out of the profits they make from their patients.

Table 20. Lay Informants (Non-Government Biomedical Patients): "What are the benefits of government biomedicine?"

Free	5/13
Doctor's Competence	5/13
Emergencies	3/13
Facilities	2/13
Close to Home	1/13
Short Wait Time (Knows Someone)	1/13

Informants who have not been to a government hospital recently or have never even been to one were asked why they think Sri Lankans utilize these hospitals. As shown in table 20, over a quarter of the informants stated that people go to government hospitals because services are free of charge. They added that this is an attractive quality if someone lives below the poverty line. Over a quarter also discussed that the competence of the doctors is a very favorable quality among Sri Lankans. To them, a doctor working in a government hospital means that they have passed exams required by the government to practice legally. Three of these informants also stated that people have confidence that if they have an emergency the doctors in a government hospital can quickly and competently treat them. Some informants also stated that Sri Lankans take comfort in the fact that government hospitals have modern and up to date equipment to ensure their medical needs are met. One informant mentioned that proximity would be a significant reason for an individual to seek treatment in a government hospital. The proximity would help eliminate or minimize the stress of transportation. Another informant discussed that if a doctor's friend or family member is seeking treatment in a government hospital they are often placed in front of the cue, thus eliminating the long wait time.

T*able 21. Government/Public Biomedical Doctors: "What are the benefits in your practice that your patients appreciate?"*

Consistency	8/10
Accessibility	7/10
Faster Results	5/10
Free of Charge	3/10
Social Stigma	3/10
Thorough Diagnosis	2/10
Limited Medications in Ayurvedic medicine	2/10
More Facilities	2/10
More Effective	2/10
Many Areas in Biomedicine	1/10
Private Biomedicine is Ill Established	1/10
Pain Killers	1/10
Ignorance of Ayurvedic medicine	1/10
Single Working Drug	1/10
Certified	1/10
Policy Bypass	1/10

Biomedical doctors were asked why they believe lay people tend to choose their government healthcare and medicine over Ayurveda. As shown in table 21, most believed that biomedicine had more consistency in treating a variety of different diseases and illnesses. Many doctors believed Ayurvedic medicine might work on one person but not another whereas biomedicine was effective in treating everyone. Most doctors also stated that biomedical hospitals are simply much easier to access. They explained that there are only a few Ayurvedic government hospitals in the entire country. Private Ayurvedic doctors are nearly impossible to locate unless recommended by a friend or family. Half of the doctors stated that biomedicine has faster results and can be used to treat the patient without the lengthy process of detoxing that Ayurvedic medicine requires. Some doctors stated that public biomedical hospitals tended to be the safest option when it comes to cost. Overall, these informants stated that people tend to choose government biomedicine when taking financial burden into consideration. Some doctors also mentioned that Ayurveda has a social stigma in Sri Lanka as being outdated medicine that

no longer has any use in society. Some doctors felt concern regarding Ayurveda's methods of diagnosis. They felt that Ayurvedic medicine tends to assume an illness without going through what biomedicine would determine as proper testing. Some doctors expressed that Ayurveda has limited medication for their patients since each medicine has a list of ingredients. If any of those ingredients are missing then the entire concoction is useless. This can be problematic since plants, seeds, and oils that are essential in Ayurvedic medicine are becoming scarce due to deforestation. They discussed that biomedicine does not face the same scarcity regarding medical ingredients as Ayurveda which entices patients to have more trust in biomedicine. Some doctors noted that one reason people tend to be drawn towards biomedicine is because there are more facilities that are up to date in biomedical hospitals. Some informants stated that biomedicine is effective in treating patients whereas Ayurveda does not take care of the condition or problem itself. One doctor expressed that there are many specialties in biomedicine and felt that Ayurveda lacked any sort of variety or specialty. They felt patients need to have a sense of choice and would feel more comfortable being treated by doctors with a diverse background and knowledge in medicine. Another informant expressed that people would go to public biomedical hospitals because private hospitals tend not to be as well established. This individual works in a private hospital and explained that certain facilities and equipment are not always available. One doctor stated that patients often need painkillers for many of their conditions which is something that biomedicine has plenty of. In contrast, Ayurveda does not provide fast acting painkillers to their patients when they are experiencing pain or discomfort. One doctor felt that Sri Lankans have forgotten about Ayurveda and are not attending such hospitals simply because they know nothing about them. Another doctor discussed that one reason biomedicine is seen as an attractive healthcare option is because there is always one working ingredient. This informant

further explained that biomedicine is backed by years of research and there is always at least one powerful ingredient in their drugs and medicine. Ayurveda, on the other hand, has several ingredients that the patient most likely knows nothing about. They added that their patients like simplicity and one working ingredient is simple to understand. One doctor stated that patients tend to pick biomedical government medicine because the doctors working in that setting have been certified by the Sri Lankan government. They felt that their patients are the most comfortable if they know that their doctor is qualified to work in any government biomedical hospital. One doctor expressed that surgeries could not be legally conducted in any Ayurvedic hospital. Because of this, biomedical hospitals get a large percentage of patients coming in for surgery. They also stated that government hospitals tend to be the most common place for patients to go for surgery while private biomedical hospitals do not have the facilities or equipment to carry out major surgeries.

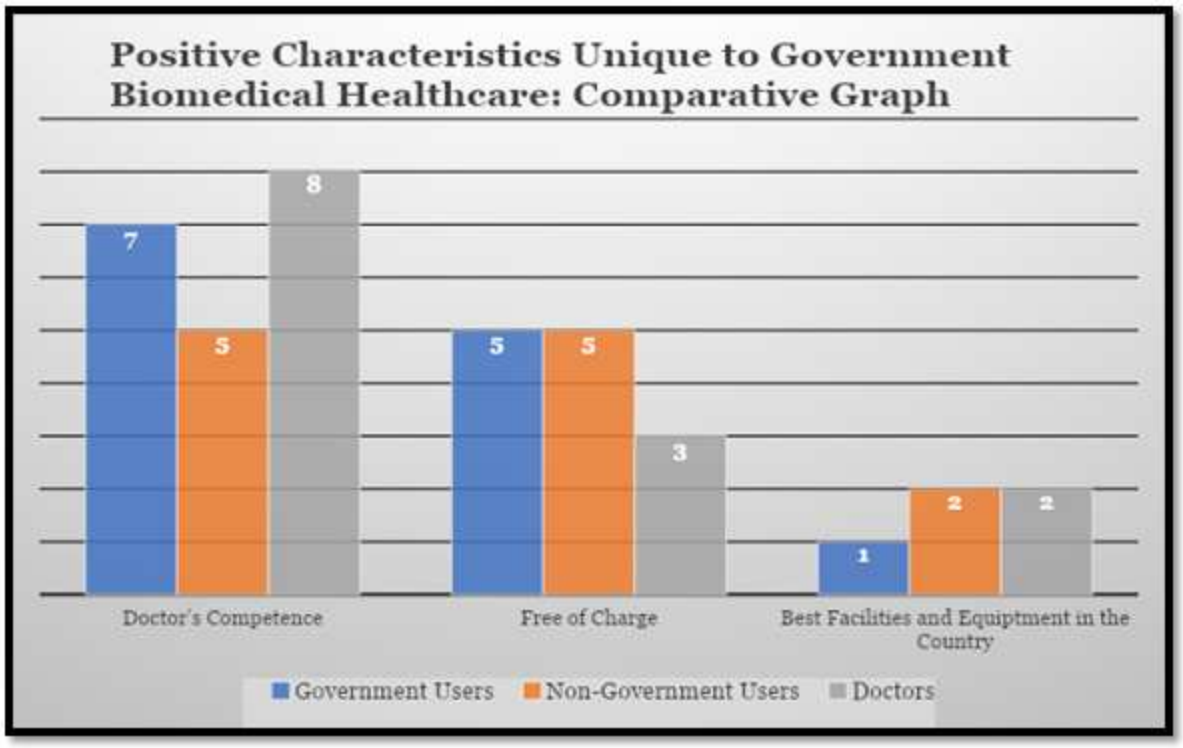

Figure 8.1

Qualities that were mentioned among all 3 parties were compared. The three parties were government users, non-government users and biomedical doctors. As shown in figure 8.1, competence of the doctors, financial situation, and facilities were the three main qualities mentioned by all three parties. As seen in figure 8.1, the level of the doctor's competence seemed to be the most attractive quality. This was mentioned by all government users, almost half of the non- government users, and most of the doctors. This is an important quality given the fact that doctors working in a government hospital are required to undergo very rigorous training that prepares them to work in an overcrowded and hyper fast paced environment. The lack of financial strain was the second quality expressed by all three parties in this section. The quality of government hospitals providing free service for everyone was stated by more than half of government users and less than half of non-government users. Three biomedical doctors also agreed that a free service is an important quality in government hospitals. The third and final quality stated by all three parties was that government hospitals have up-to-date facilities and equipment. This was stated by one government user, two non-government users, and two doctors.

3.3 Drawbacks and Weaknesses

Table 22. Lay Informants (Government Biomedical Patients): "What are some drawbacks or weaknesses you have noticed with government biomedicine?"

Lack of Hospitality and Limited Time with a Doctor	6/7
Long Queues and Wait Time	4/7
Less Facilities	3/7
Lack of Sanitation	3/7
Lack of Organization	2/7
Favoritism	2/7
Indirect Costs	1/7
Doctors' Exams are not Feasible	1/7
Outsourcing Medicine	1/7
Money Oriented	1/7
Corruption	1/7
Negligence and Recklessness	1/7

Along with asking government users why they preferred and appreciated the qualities in public biomedical hospitals, they were also asked if they encountered anything problematic in these hospitals. As shown in table 22, more than half voiced that the lack of hospitality and approachable demeanor is a problem they would encounter when going to a government hospital. They felt that doctors were so busy with other patients that they do not have time to be hospitable and felt they have very limited time to spend with their doctors. The long queues and wait times were problems voiced by more than half of the informants. They often have difficulty fitting a government hospital visit into their busy schedules. To them, they do not see the effectiveness of spending an entire day, maybe longer, to see a doctor. Almost half expressed that although equipment was available in government hospitals, facilities would sometimes be lacking such as beds in wards. Almost half feel that sanitation is not always a top priority in government hospitals. These informants discussed how the bathrooms would not be properly cleaned or bed sheets not changed between patients. Some informants felt that government hospitals lack organization. They added that this leads to overcrowding and patients not always having a clear

idea of where they need to go to get treatment or care. Some informants cited favoritism between patients and doctors. They explained that friends and families of doctors can be placed at the front of the line which forces other patients to wait even longer. One informant expressed that the term “free” is not an accurate word to describe government healthcare. They explained that with traveling, food and lack of work, government hospitals can be quite expensive. This can result in private hospitals being the more affordable option when all expenses are taken into consideration. One informant felt that the exams doctors must pass to work in a government hospital are far too difficult and the reason why competent doctors are still denied a medical license. They felt this is one reason why there seems to be a lack of doctors and specialists in the country. Another informant stated that they were uncomfortable with the fact that Sri Lanka will often purchase medications from other countries that may have different safety and testing requirements. One informant felt that the doctors tended to be highly money oriented. They expressed that this characteristic could lead to patients not being a top priority and can even pave the way to corruption and malpractice. Another informant noted that corrupt use of funds given to government hospitals was a serious issue in Sri Lanka. They felt this is the reason there is a lack of facilities in government hospitals. One informant stated that the doctors in government hospitals are forced to work so quickly that they can misdiagnose patients which could lead to serious complications. Another informant felt that they had very limited time with whatever doctor they had and could not ask them about preventative care, diseases or mental health.

Table 23. Lay Informants (Non-Government Patients): "What are some drawbacks or weaknesses you have noticed with government biomedicine?"

Impersonal/Rude/Egotistic	10/13
Negligence/Recklessness	6/13
Long Queues and Wait Time	6/13
Lack of Facilities	5/13
Corruption	4/13
Lack of Organization/Management	2/13
Lack of Awareness for Mental Health	1/13
Favoritism of Patients	1/13
Outsourcing Medicine	1/13

As seen in table 23, when informants who do not utilize government hospitals were asked if they had concerns, most informants stated that the doctors who work in these hospitals tend to display egoistical behaviors and demeanors that many informants did not respond to positively. Informants felt this can discourage patients from giving doctors information that could be vital to their care and treatment. Negligence was another problem discussed with informants. They added that this was often due to the fast work pace demanded by government biomedical doctors. Almost half expressed that they either knew a patient or have heard of a patient being misdiagnosed by a doctor. Due to time constraints, almost half of the informants stated that they did not have time in their busy schedule to be in a government hospital que. Some informants noticed or experienced a lack of certain facilities such as beds and bathrooms due to overcrowding. Some informants were concerned about corruption within government hospitals. They explained that they did not believe funds were being properly allocated to facilities and hospital equipment. Instead, they believed most funds were going directly to the doctors. Some informants felt there is a lack of management among doctors and believed this was one of the reasons for the lack of organization in government hospitals. One informant felt there was a lack of concern for mental health in biomedical healthcare. They added that they went to a private hospital after not feeling as if their concerns were being heard in a government hospital. One

informant observed favoritism with friends and families of doctors, who often pushed to the front of the line. This was a concern since many of the patients being seen in government hospitals do not always have the funds to simply leave the que to attend a different hospital. If friends and families of doctors are being pushed to the front of the line then the chances of other patients being seen on the same day they arrive decrease. Another informant had a sense of distrust toward some medications that are offered at government hospitals since they do not know who manufactures the medications, where they come from and if they are even effective or safe.

Table 24. Government/Public Biomedical Doctors: "What are some drawbacks or weaknesses you encounter in your medical practice?"

Inconsistent Results with Chronic Aches	5/10
Lack of Communal Connections	2/10
Inconsistent Results with Bone Conditions	2/10
Lack of Relaxation	2/10
Ayurvedic Medicine is Highly Effective with Paralysis	2/10
Lack of Psychiatry/Psychology	1/10
Inconsistent Results with Neuro Conditions	1/10
Ayurvedic Medicine is Highly Effective with Soft Tissue	1/10
Single Working Ingredient	1/10
Ayurvedic Medicine Focuses on Long Term Health	1/10

Biomedical doctors were asked why they thought patients incorporated Ayurveda into their healthcare. As shown in table 24, half of the biomedical doctors stated that Sri Lankans will often utilize Ayurveda to help with chronic aches and pains due to the soothing and comforting care they receive. Some doctors mentioned that for some people, getting a massage and coming back a week later appears more attractive than going into a clinic and getting some painkillers. Some doctors expressed that patients may seek out Ayurvedic treatment due to family advice. They explained that older generations in Sri Lanka will often have close ties to their communities and villages. Many of these communities will sometimes have Ayurvedic doctors who will treat people in that community. Some doctors stated that Ayurveda has been proven to

be highly beneficial in treating bone conditions such as joint problems, arthritis and fractures. Some doctors felt patients may treat an Ayurvedic hospital as a spa. They added that Sri Lankans can enjoy the spa-like treatment in an Ayurvedic hospital while practicing preventative care by indulging in skin and muscle improvements. Some doctors stated that Ayurveda has been proven to provide treatment for individuals suffering from paralysis due to its emphasis on muscle care. One doctor felt patients could talk to Ayurvedic doctors about mental health. This was assumed since Ayurveda tends to incorporate all aspects of health into their healthcare and treatment. One doctor thought Ayurveda helped patients suffering from neurological problems such as autism and mental disorders. While the doctor emphasized that Ayurveda cannot cure such illnesses, it does encourage the patient to live a lifestyle that would assist in easing side effects caused by the disorder. Another doctor stated that Ayurveda emphasizes preventative care for the skin and muscles. They believed that this is one reason why many Sri Lankans tend to seek Ayurvedic hospitals when they experience a variety of skin and muscle problems. One doctor stated that biomedicine has one or two strong working ingredients in their medicine. However, Sri Lankans may take more comfort in the idea of taking one concoction that has multiple working ingredients than one pill that contains one or two working ingredients. Another doctor stated that Ayurveda has been proven to provide patients with treatments that are beneficial in the long run. This doctor added that Ayurveda, when practiced consistently, has been proven to have long term benefits for the patient.

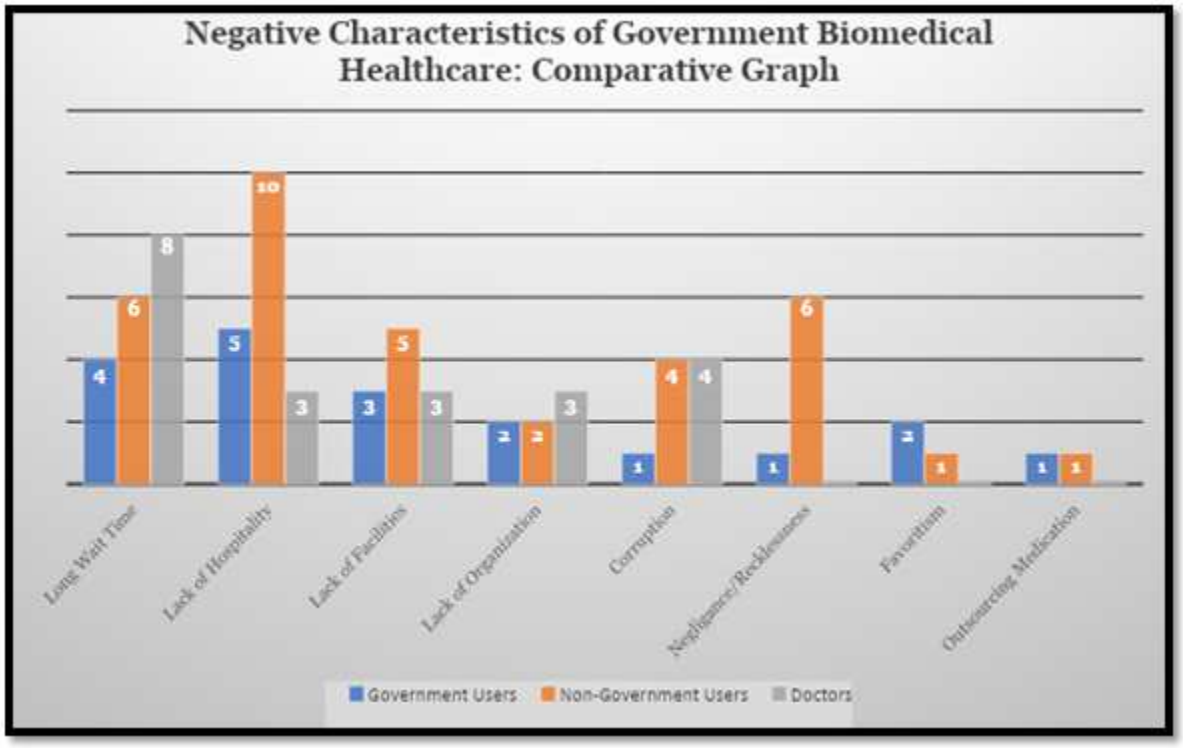

Figure 9.1

Figure 9.1 shows characteristics about government hospitals that informants either struggle with or are concerned about voiced by all three parties. Long wait time and the lack of hospitality were the most common characteristics brought up by informants. Long wait times in the hospital ques were brought up by more than half of both government users and non-government users. Because there is a direct correlation between doctors being rushed and long queues, these problems were included as part of the same concern. The lack of hospitality was stated by more than half of the government users, most of the non-government users and three doctors. While urban government hospitals are a top priority in the distribution of medical facilities and equipment, the lack of these facilities in rural government hospitals was a serious concern addressed by informants from all three parties. Almost half of the government users and non-government users stated that urban government hospitals have up to date equipment and facilities. However, smaller government hospitals are severely lacking these essential items. This

issue was discussed by three biomedical doctors as well. Corruption was another concern expressed by one government user, 4 non-government users, and 4 biomedical doctors. According to these informants, government corruption is a serious issue in Sri Lanka. They explained that some doctors who work directly with the government will take funds intended for facilities and allocate those funds into their own salary. They added that this was one of the reasons why many government hospitals may lack certain facilities and equipment. The lack of organization was another concern addressed by all three parties. Two government users, two non-government users, and three doctors expressed that due to the overcrowding and fast paced environment, efficient organization is difficult to maintain in a government hospital. Some of the consequences of the lack of organization that were brought up include not having enough time to complete patient documents, the spreading of diseases, overcrowding, loss of documents, and long wait times. Negligence and recklessness, though not stated by all three parties, was a concern brought up by both government and non-government users. There were several definitions of negligence and recklessness of doctors in government hospitals. One government user and 6 non-government users stated that negligence could include not listening to patients' concerns. Doctors often feel that they do not have time to listen to their patients. However, some patients can interpret that lack of extra time as negligence. The patient may not have time to give the doctor important information that could be vital to their treatment. Some informants added that doctors can cross boundaries when it comes to advice. They stated that doctors can be highly critical and judgmental towards their younger patients regarding their mental and physical health. Examples mentioned by informants include seeking out medication for anxiety problems, women seeking birth control and lay people looking up information on their own illness that the doctors may not agree with. Informants also brought up the topic of recklessness. According to the

informants, recklessness is a common problem when doctors are working so fast with their patients that they may misdiagnose their patient's condition. Another example included doctors not taking proper notes for the conditions of each patient. Favoritism was another concern that was brought up by informants. Two government users and one non-government have witnessed a sense of favoritism towards certain patients by doctors. They have seen or heard of doctors placing family and friends at the front of the line in hospital ques. These informants added that people can also be placed at the front of the que through bribery. This was a concern because there are many patients who need immediate care and may not receive such care if they are placed further back in the hospital que. This problem was not mentioned by any of the doctors. Lastly, one government user and one non-government user expressed that outsourcing medication was a concerning problem in Sri Lanka. According to these informants, outsourcing medication from other countries may be harmless if the medications work properly. However, they have encountered problems where either they or a family member were given foreign medication that were placebo pills or an entirely different medication.

In summary, lay informants would commonly utilize public biomedical hospitals for emergencies, traumas and major surgeries. Doctors stated that they commonly treat patients for emergencies and chronic aches and illnesses. Lay informants felt that public biomedical hospitals were beneficial since services are conducted by competent doctors free of charge. Doctors stated that their services in government hospitals are effective, free of charge, accessible, and consistent with fast results. However, lay informants felt that the negative attitude of doctors, long queues and negligence were drawbacks commonly experienced in public biomedical hospitals. While doctors acknowledge some of the drawbacks voiced by lay informants, they stated that Sri

Lankans often utilize other forms of healthcare for issues like chronic problems. Some added that Ayurveda tends to produce positive results regarding medical issues that are chronic in nature.

Ayurvedic Medicine: Its Utilization, Benefits, Strengths and Concerns

This section analyzes the answers lay informants give regarding their utilization of Ayurvedic clinics and hospitals along with benefits and drawbacks they have encountered. Ayurvedic doctors were also asked what their patients seek their treatment for along with sharing benefits and drawbacks they encounter in their workplace and practice.

1.3 Utilization

Table 25. Lay Informants (Ayurvedic Patients): "What do you typically utilize Ayurvedic medicine for?"

Bone Conditions (Arthritis, Joints, Fractures, Etc.)	3/5
Repairing Soft Tissue (Skin, Muscle, Etc.)	2/5
Minor Aches and Pains	1/5
Respiratory Problems	1/5

In total, there were five lay informants who stated that they are currently or have recently utilized Ayurvedic hospitals for their medical self-care. More than half of the informants will often seek treatment with Ayurvedic doctors to treat bone conditions such as arthritis or fractures as shown in table 25. Such treatment included therapy and medication. Almost half of the informants will seek private Ayurvedic care for repairing and treating skin conditions. These conditions vary anywhere from acne to severe rashes. One informant suffered from chronic aches and pains due to aging. Informants will typically go to an Ayurvedic doctor to treat these aches and pains on a regular basis. Another informant would seek treatment from an Ayurvedic doctor to help with respiratory problems related to asthma.

Table 26. Lay Informants (Non-Ayurvedic Patients): "What do you think people utilize Ayurvedic medicine for?"

Bone Conditions (Arthritis, Joints, Fractures, Etc.)	10/15
Failure of Biomedicine	5/15
Repairing Soft Tissue (Skin, muscle, Etc.)	4/15
Respiratory Conditions	2/15
Minor Aches and Pains	1/15

Out of all the lay informants, 15 of them stated that they have not used Ayurveda recently, never used it or only know someone who uses it. When these informants were asked why they thought people incorporated Ayurveda into their choices of healthcare, most thought bone conditions were one of the most common reasons people seek out treatment with Ayurveda as seen in table 26. About 1/3 of these informants thought one reason many Sri Lankans seek treatment with Ayurveda could be because biomedicine could not treat their medical condition. They expressed that if biomedicine could not treat someone then Ayurveda would be the next best medical system. Other informants thought people would commonly go to Ayurvedic hospitals for soft tissue treatment like skin and muscles. Others assumed people went to Ayurvedic hospitals to treat respiratory problems. One informant knew several people who went to Ayurvedic hospitals to treat chronic aches and pains.

Table 27. Ayurvedic Doctors: "What do patients typically utilize your practice for?"

Bone Conditions (Joints, Arthritis, etc.)	7/9
Skin Conditions	7/9
Paralysis	7/9
Chronic Illness	2/9
Chronic Aches and Pains	2/9
Women's Health	1/9
Parkinson's	1/9
GI Conditions	1/9
Strokes	1/9
Respiratory Conditions	1/9
Migraines	1/9
Hemorrhoids	1/9
Hair Loss	1/9
Orthopedics	1/9

Ayurvedic doctors were also asked what common conditions they would treat daily. As seen in table 27, most stated that bone issues such as arthritis, broken bones and fractures were among the most common along with skin diseases which included acne, burns, scaring, preventative aging, etc. Most doctors also stated that paralysis was another common condition they treated. Many doctors added that it was very common to see patients with sleep paralysis and a variety of muscle problems resulting from injuries and genetics. They will typically provide therapy for these patients. Some doctors stated that chronic illnesses were common conditions they would treat daily. Some also mentioned that chronic aches and pains were very common reasons people sought out their care. One doctor specifically focused on women's health and treated a wide variety of conditions related to that field. One doctor commonly treated patients suffering from Parkinson's with therapy. Another doctor will commonly treat patients suffering from gastrointestinal problems and will seek Ayurvedic treatment to help with preventative care. Another doctor commonly saw patients suffering from strokes who will go to Ayurvedic treatment for muscle therapy. Another doctor will see patients suffering from a variety of respiratory problems. These patients will seek Ayurvedic treatment to help prevent

these chronic issues from occurring. Another doctor would commonly treat migraines. However, it should be noted that such treatment was preventative. They rarely saw a patient suffering from a migraine when that person was already at the doctor's hospital. Another doctor commonly treated patients suffering from hemorrhoids and other conditions that involve swollen veins. Another doctor would treat patients suffering from alopecia and hair loss. In general, these doctors stated that orthopedics would be the most common branch of conditions they would treat.

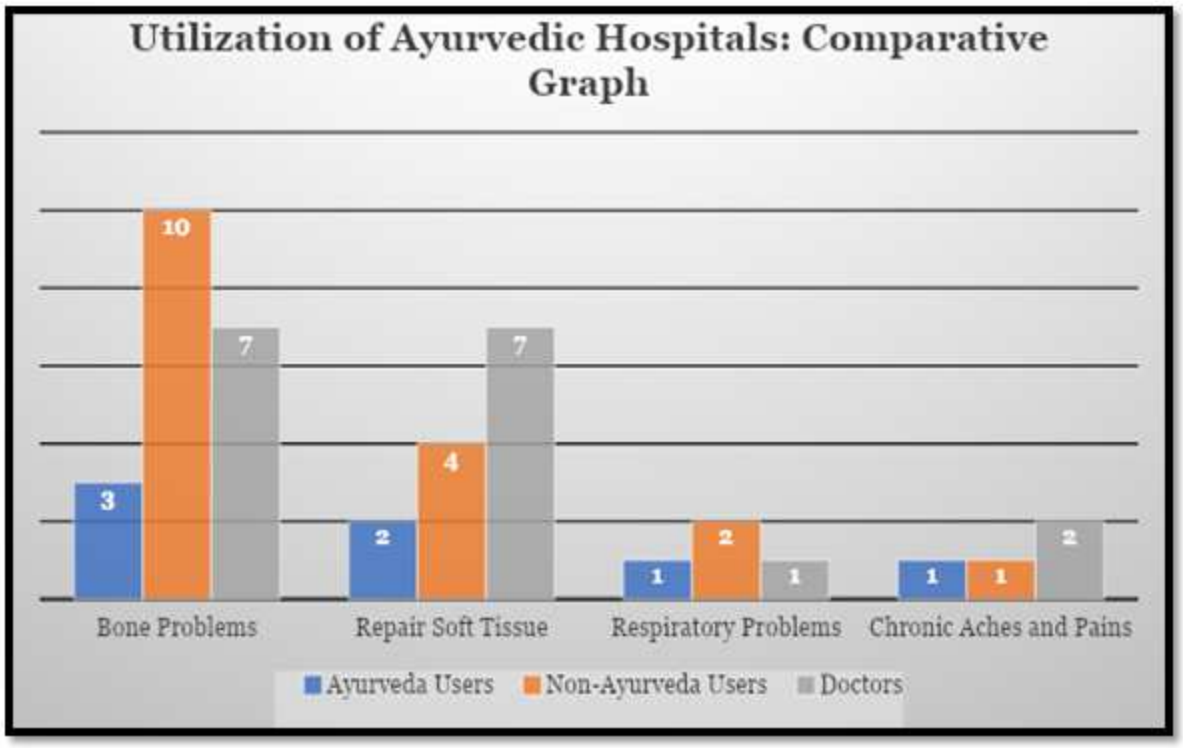

Figure 10.1

As seen in figure 10.1, the utilization of Ayurvedic healthcare is diverse. Of all the conditions treated by Ayurveda, bone conditions were the most discussed by Ayurveda users, non-Ayurveda users and Ayurvedic doctors. More than half of Ayurveda users utilized Ayurveda to help with these conditions. Of the 15 non-Ayurveda users, 10 assumed that people sought out treatment through Ayurveda to treat bone conditions. These answers are consistent with most

Ayurvedic doctors who commonly treat these types of conditions. The second most common utilization of the Ayurvedic medical system that was stated by all parties was the repair of soft tissue such as muscle and skin conditions. Two Ayurveda users and 4 non-Ayurveda users have personally sought out treatment for these types of conditions or have known a friend or family member who was treated for these conditions in an Ayurvedic hospital. Most Ayurvedic doctors stated that this was another very common condition they would treat daily. Respiratory problems were brought up by one Ayurveda user and two non-Ayurveda users. This condition was also brought up by one Ayurvedic doctor. Chronic aches and pains were other conditions expressed by all three parties. One Ayurveda user and one non-Ayurveda user have personally utilized Ayurveda or have known someone to utilize Ayurveda to treat chronic aches and pains. Two doctors stated that they will treat such conditions daily.

2.3 Benefits and Strengths

Table 28. Ayurvedic Doctors: "What is beneficial about your medical system?"

Heals Root Cause of an Illness	7/9
Natural (Less Side Effects)	5/9
Preventative Care	3/9
Many Active Ingredients	2/9
More Than Pain Killers	2/9
Variety of Therapy	2/9
Personable with patients	2/9
Ayurveda Treats the Patient While Biomedicine Treats the Condition	2/9
Effective (With Discipline from Patient)	1/9
Patient is Better Informed and Educated	1/9

When Ayurvedic doctors were asked what was unique and beneficial about their healthcare, most stated that Ayurveda seeks to find the root cause of a condition through a series of holistic tests as seen in table 28. These tests analyze areas of the body and their relationship with one another. Half of the doctors stated that since Ayurveda is a natural and soft medicine, it gives the patients fewer side effects. They also went so far as to say that the drugs given to

patients in biomedicine can be harmful. According to the Ayurvedic doctors, biomedicine may temporarily help, but those medicines are harsh and do harm to the body when ingested for an extended period of time. Ayurvedic medicine, on the other hand, is safe and gentle on the body. If a patient is suffering from a condition, they can take an Ayurvedic concoction for a long period of time without harming the body. Some doctors stated that Ayurveda's specialty is primarily in preventative care. While they feel biomedicine focuses on treating the current condition of a patient, Ayurveda focuses on preventing the sickness from ever occurring. Some doctors stated that while biomedicine contains several ingredients with only one being active, Ayurvedic medicine only contains active ingredients. Each ingredient in Ayurvedic medicine has a purpose. Some doctors also stated that Ayurveda does not treat the patient with painkillers. No matter how minuscule a condition is, they believe painkillers only mask the condition rather than treat and cure it. For example, a biomedical doctor might give a patient a pain killer for a migraine. However, an Ayurvedic doctor finds the root cause of the migraine. Some doctors also stated that there are many kinds of therapies in Ayurveda that aim to treat a variety of conditions. They added that not only does Ayurveda contain a wide variety of therapy for different conditions, but it also has a wide variety of methods for treating one condition. One method to treat a condition may work for one patient but not another. If this is the case, an Ayurvedic doctor can try another method of treating the patient. Some doctors also stated that Ayurveda is quite unique in the relationship between the doctors and patients. In Ayurvedic hospitals, doctors know their patients personally and are often seen as friends. They explained there is a much more personal connection with the doctor and their patient in Ayurveda. Some doctors also stated that biomedicine treats only the condition of the patient. Ayurveda, on the other hand, treats the patient by looking into every health aspect using a variety of holistic detoxing and

medicines. One doctor mentioned that Ayurveda can be just as effective as biomedicine if the patients are persistent and diligent with the rules given to them by their doctor. Although exceptions were mentioned, the doctor explained this is often why Ayurveda tends not to be as effective. One doctor felt that patients were better informed of their conditions and their overall health than patients who never visit Ayurvedic hospitals.

Table 29. Lay Informants (Ayurvedic Patients): "What are the benefits of Ayurvedic medicine?"

Family Oriented and Personable	4/5
Variety of Treatments/ Holistic/ Natural	3/5
Comfortable/Luxurious Treatments	3/5
Affordable	2/5
Alternative to Surgery	1/5

Five informants who utilized Ayurvedic hospitals were asked about the strengths and benefits this medical system had to offer. Most informants stated that the doctors tended to be more approachable and personable than biomedical doctors as seen in table 29. Many of them added that they know these doctors personally through family and friends and appreciate the familiarity they have when they visit them. More than half of these informants felt more comfortable with Ayurveda due to their variety of treatments and natural medicine. They mentioned that their doctors usually explain what is in their medicines and concoctions before the informant takes them. This creates a sense of certainty and transparency with their doctors. More than half of the informants also noted that there are a variety of treatments involving massages and oils that create a comfortable "spa like" experience. Some also noted that private Ayurvedic medicine and care tends to be less expensive than private biomedical hospitals. In a country where some people cannot afford private biomedicine, this provides a useful financial alternative. One informant will choose Ayurvedic hospitals over government hospitals regarding surgery. In Sri Lanka, Ayurvedic hospitals cannot legally perform surgeries. Due to the

informant's fear of surgery, this person will first seek treatment at an Ayurvedic hospital to receive alternative treatment. Ayurveda can sometimes provide alternative care that might otherwise require surgery in cases of broken bones or internal injuries.

Table 30. Lay Informants: "What are the benefits of Ayurvedic medicine?"

Variety of Treatment/Holistic/Natural	5/15
Family Oriented and Personable	5/15
Alternative for Surgery	5/15
Fewer Side Effects	4/15
Alternative to Biomedicine	2/15
Affordable	2/15
Pain Relief	1/15
Culturally Symbolic	1/15
Quick	1/15
Less Chaotic	1/15
Possibility of Curing Cancer	1/15

Informants who have not used an Ayurvedic hospital recently, have never been to one or have only seen family and friends use one were also asked why they think Sri Lankans utilize these hospitals. As shown in table 30, a quarter of them stated that all ingredients found in Ayurvedic medicine are natural and provide a sense of comfort and trust. This often reassures the patient that they are consuming safe medicine. They also added that people like to know what they are consuming. This is information that Ayurvedic doctors gladly provide to their patients. A quarter of the informants stated that Sri Lankans appreciate the approachable and personable atmosphere that Ayurvedic doctors try to provide for their patients. They added that many patients know their Ayurvedic doctors outside of the hospitals as well. A quarter of the informants stated that Ayurveda is well known in Sri Lanka for providing alternative care for conditions involving surgery. They mentioned that this is an alternative option for individuals who fear surgery or who wish for a different path toward recovery. Almost a quarter of the informants also stated that the natural ingredients in Ayurvedic treatment tends to have fewer

side effects. This is due to centuries of research on what each ingredient does to the body. Informants mentioned that some people may seek treatment with Ayurvedic hospitals if biomedicine has not been able to cure or treat them. Some informants stated that Ayurveda tends to be less expensive than biomedical hospitals making it an option for people living below the poverty line. One informant felt some go to Ayurvedic hospitals because of their ability to relieve chronic aches and pains. Another informant mentioned that Ayurvedic healthcare has a much closer and intimate connection with Sri Lankan, specifically Sinhalese, culture. Another informant felt that the queues in Ayurvedic hospitals were much shorter than both government and private biomedical hospitals. Another informant expressed that Ayurvedic hospitals are not as busy as biomedical hospitals thus giving Ayurvedic doctors more time to spend with their patients. One informant heard several rumors that certain Ayurvedic doctors can effectively treat cancer.

Table 31. Ayurvedic Doctors: "What are the benefits in your practice that your patients appreciate?"

Fewer Side Effects	5/9
Personable	3/9
Alternative if Biomedicine has Failed	3/9
Natural Healing	2/9
Heals the Root Cause of an Illness	2/9
Relaxing	2/9
Holistic/Focus on the Body as a Whole	1/9
Simple Diagnosis and Treatment	1/9
Interest Among Youth	1/9

Ayurveda has had a long history in Sri Lanka with thousands of years of practice. When biomedicine was introduced to Sri Lanka, Ayurveda was quickly replaced with a biomedical system. However, Sri Lankans are now beginning to practice Ayurveda, the same medicine their ancestors utilized. As seen in table 31, when doctors were asked why they believe Sri Lankans are beginning to incorporate Ayurvedic medicine into their lives again, more than half of the

doctors expressed that Ayurvedic medicine has natural and fewer harmful side effects. Many of these doctors added that a common concern their patients have is how their medication will impact their work and daily life. They believe their patients take comfort in the fact that they can be treated by an Ayurvedic doctor and not suffer from harsh side effects. Some doctors stated that their patients enjoy the personable and quality time they can have with them. It is during this time when doctors can educate their patients on their illness and give them health advice. Some doctors have patients who have told them that they seek treatment with Ayurveda for certain conditions because it is an alternative to biomedicine. These doctors added that many patients will go to biomedical hospitals first. If biomedical doctors tell them that treatment will either be harsh or impossible, they will utilize Ayurvedic medicine as an alternative. Some doctors stated that natural healing was a common characteristic of Ayurveda that attracted many Sri Lankans. Ayurveda is soft on the body thus aligning with patients' ideas about what is beneficial for their body and what is harmful. Some doctors stated that patients will seek treatment with Ayurveda because it gets to the root cause of the sickness rather than simply giving a patient antibiotics. This is especially attractive for patients suffering from chronic illnesses because Ayurvedic medicine examines the cause of the illness rather than covering it up with medication. Some doctors stated that many patients go to their hospitals simply to enjoy a relaxing treatment to help with aches and pains after a long day's work. These doctors did not mind their patients treating their hospital like a spa since they are both enjoying their experience while practicing preventative care for their skin, bones and muscles. One doctor stated that many patients come to them for treatment because Ayurveda investigates the entire body when treating one condition. This is due to the belief that symptoms are not usually a result of one thing. Ayurveda seeks not only to cure one problem but all problems that may not even seem significant. This doctor

explained that their patients feel as though their entire body has been cured as opposed to just one part of their body. Another doctor stated that Ayurveda is much easier to explain to their patients. They added that treatment, due to simple ingredients like plants, seeds, roots, etc., is easy to explain to their patient. Another doctor stated that younger generations in Sri Lanka may seek treatment simply because it has become a more widely acceptable form of treatment. They explained that this may be because western tourists have shown interest in Ayurveda and have gone so far as to attend government and private Ayurveda hospitals during their visit. They added that Sri Lankan youth tend to adopt many western trends and interest in Ayurveda could be one of those trends.

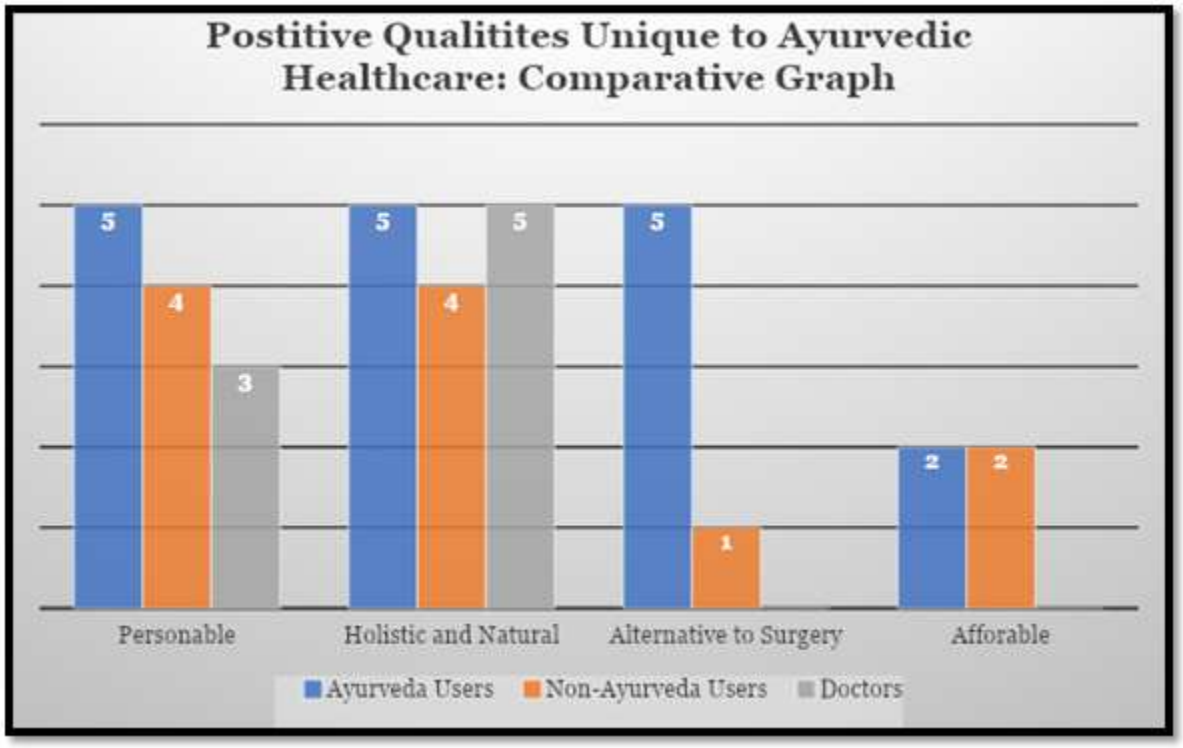

Figure 11.1

Qualities that were stated by at least two parties were included in figure 11.1. One quality that was mostly discussed was the holistic and natural medicine offered by Ayurveda. This quality was discussed by all Ayurveda users, 4 non-Ayurveda users and 5 doctors. The

personable and hospitable attitude shown by the doctors was another quality expressed by all three parties. All Ayurveda users felt welcome in an Ayurvedic hospital and could talk with their doctors about preventative care and ask advice and information about their conditions. Of the 15 non-Ayurveda users, 4 stated that they would enjoy the quality of feeling welcomed by their doctors in such a personable manner. Three doctors felt this quality was one of the favorites among their patients. Another quality that was stated by all parties was that Ayurvedic medicine does little to no harm to the body. Although the following quality was not stated by the doctors, all Ayurveda users and one non-Ayurveda user stated that Ayurvedic hospitals can provide medicine and healthcare that make a great alternative to surgery. Because Ayurvedic hospitals are not given the equipment to perform surgeries, Ayurveda users felt that this can work to the hospitals' advantage. They could provide care to patients who do not wish to go through surgery. Lastly, two Ayurveda users and two non-Ayurveda users found Ayurveda healthcare to be cheaper than biomedical healthcare, especially private Ayurveda versus private biomedical care. This quality was not discussed by the doctors.

3.3 Drawbacks and Weaknesses

Table 32. Lay Informants (Ayurvedic Patients): "What are some drawbacks or weaknesses you have noticed with Ayurveda medicine?"

Lack of Facilities	3/5
Negligence/Recklessness	2/5
Too Long Term	2/5
Corruption	2/5
Vague Results	1/5
Medicine is not Attractive	1/5
Lack of Accessibility	1/5
Lack of Sanitation	1/5
Long Queues and Wait Time (in Government)	1/5

Informants who utilized and incorporated Ayurveda into their healthcare were asked if they had any issues or concerns with their healthcare of choice. More than half of the five informants were concerned over the lack of facilities and equipment in government hospitals as shown in table 32. They felt that they would receive better care from government Ayurvedic treatment and would utilize it more if Ayurvedic doctors were given more equipment and better facilities. Two informants felt that Ayurvedic doctors can be reckless when it comes to their diagnosis of a patient and neglect certain symptoms and concerns that their patient might have. They added that this could lead to misdiagnosis with both informants stating that they have known someone to be misdiagnosed by an Ayurvedic doctor. Some informants expressed that treatment from Ayurvedic doctors can be long term. They explained that a faster cure from a biomedical hospital can be much more feasible than continuously visiting an Ayurvedic doctor. Some informants have either seen or have heard of corruption with private Ayurvedic doctors. They explained that private Ayurvedic doctors do not need to pass a series of exams or even have a medical license. Unfortunately, this has resulted in some doctors being exposed for fraud. One informant felt there was always a level of vagueness when the doctor explained the impact that Ayurvedic medication would have. Another concern voiced by an informant was that the medicines offered by Ayurvedic doctors are often not attractive and usually have a pungent smell and unpleasant taste. Another informant stated that there is a lack of accessibility to public Ayurvedic hospitals thus forcing many patients to either travel to a government biomedical hospital or spend money to see a private biomedical or Ayurvedic doctor. One informant felt there was a lack of proper sanitation in public Ayurvedic hospitals but did not comment on private Ayurvedic hospitals. They explained that since such hospitals are funded by the government there should be a standard for cleanliness. Another informant stated that public

Ayurvedic hospitals are growing in popularity which can result in a queue longer than a private biomedical hospital but shorter than a government biomedical hospital. Although this informant noted that this was mostly manageable, this person was concerned about the future impact on Ayurvedic government hospitals of issues regarding organization and wait time.

Table 33. Lay Informants (Non-Ayurvedic Patients): "What are some drawbacks or weaknesses you have noticed with Ayurvedic medicine?"

Too Much Responsibility on Patient	6/15
Too Long Term	4/15
Medicine is not Attractive	4/15
Lack of Accessibility	3/15
Medication can Mask Symptoms	2/15
Vague About Results	2/15
Too Much Variance	1/15
No Surgeries	1/15
Corruption in Private Clinics	1/15
Egotistical Doctors	1/15
Lack of Facilities	1/15
Too Outdated	1/15

Informants who did not utilize Ayurveda or have only known people who utilize it were also asked if there were aspects or characteristics about Ayurveda healthcare that cause some concern. As shown in table 33, some avoided Ayurveda because the treatment puts too much responsibility on the patient. They explained that patients must follow a series of rules and dietary restrictions that they found to be unfeasible. Some informants felt that treatment with Ayurveda was too time consuming and preferred the fast and easy treatment of biomedicine. Some expressed that Ayurvedic medicine is usually difficult to consume due to its pungent smell and strong taste. Some informants also stated that there is a lack of accessibility regarding both government and private Ayurvedic hospitals. There are not many Ayurvedic government hospitals in the country, so traveling can be time consuming, and private Ayurvedic doctors are usually found through friends and family. Some informants stated that Ayurvedic medication can

mask symptoms of a serious condition that the patient or doctor might not be aware of. This can lead to the patient not receiving proper treatment in time and may lead to devastating consequences. Some informants stated that Ayurvedic doctors can be vague when explaining the effects of their medicine as well as the result of the treatment. One informant expressed discomfort with the variety of treatments Ayurveda offers for one condition. This person explained that this may not be evidence of medical competence but rather a result of inconsistency and lack of medical knowledge. Another informant did not like that Ayurveda could not legally conduct surgeries on patients which was something they felt to be quite important. Another informant felt as though there was a significant amount of fraud and corruption in private Ayurveda due to the lack of requirements for credentials. One informant heard of patients experiencing the same type of egoistical mindsets and behaviors seen by biomedical doctors. They added that this can be quite uncomfortable and sometimes belittling for the patient. Another informant was disappointed in the lack of facilities that public Ayurvedic hospitals are forced to work with. They explained that most of the government funding for Sri Lankan healthcare goes directly to the biomedical hospitals. One informant felt that the very practice of Ayurveda was far too outdated to coexist with biomedicine.

Table 34. Ayurvedic Doctors: "What are some drawbacks or weaknesses you encounter in your medical practice?"

Detoxing and Treatment is Time Consuming	4/9
Unable to Provide a Quick Fix	3/9
Unable to Treat Emergencies	2/9
Cannot Legally Perform Surgery	2/9
Medicine is Unattractive	1/9
Ingredients and Medicine Expire Quickly	1/9
Too Much Responsibility on Patient	1/9
Inconsistent Results in Treating Current Condition	1/9
Lack of Facilities	1/9
Biomedicine is More Accessible	1/9

Along with asking why patients prefer Ayurvedic medicine, Ayurvedic doctors were also asked why they think Sri Lankans favor biomedicine. Almost half of the doctors stated that Ayurveda goes through a detoxing stage where the medicine flushes toxins and harmful bacteria from the body as seen in table 34. This process can be uncomfortable and time consuming. Patients usually must visit the hospital more than once to detox themselves completely so the Ayurvedic doctor can treat the root cause of the symptoms the patient is experiencing. Some doctors felt that Sri Lankans have busy lives and cannot wait for Ayurvedic medicine to take effect. They insisted biomedicine was preferable since antibiotics mask the symptoms of a condition. This will happen quickly while working on curing the illness. Some doctors stated that many Sri Lankans go to biomedical hospitals because Ayurveda is unable to treat emergencies. They explained that Ayurveda surpasses biomedicine in terms of preventative care. However, if an unexpected heart attack or serious injury occurs that needs immediate attention, patients must go to biomedical hospitals. Surgery was another reason why some doctors felt that patients would seek treatment at a biomedical hospital over an Ayurvedic hospital. If a patient needs surgery then that person would have to go to a biomedical hospital regardless of their choice of healthcare. This is because surgeries cannot be legally performed in an Ayurvedic hospital. One doctor stated that a common complaint received from patients is about their medicine, primarily how it smells and tastes. This doctor explained that Ayurvedic medicine has a strong taste usually accompanied by a very pungent odor. It is for this reason that many Sri Lankans feel that it is easier to go to a biomedical hospital and receive an odorless medication that cures symptoms quickly. Another doctor also stated that Ayurvedic ingredients expire quickly since all ingredients are natural and do not have a long shelf life. Ayurvedic doctors will write down ingredients that patients must buy and how to prepare their medicine. These ingredients will

sometimes have to be found in the wild. This can create inconvenience in individuals' daily lives if they must constantly worry about their medicine expiring. It is also inconvenient for individuals to have to find ingredients for some of their medicine. Patients also worry about not finding the right ingredients for the medicine that is prescribed to them. Another doctor stated that patients want to do very little in their road to recovery. Individuals like the idea of taking a pill that masks symptoms while they receive treatment. The doctor added that putting responsibility on individuals regarding their own health is a lot to ask for in their busy lives. Another doctor stated that patients like to focus on what they can feel is wrong with them and may have a sickness that they are not even aware of. This can lead to devastating consequences if left untreated. The doctor explained that biomedicine focuses a great deal on the current condition of a patient. Ayurveda, on the other hand, focuses on the current condition but will place heavier emphasis on the prevention of illnesses. Many patients see this as a waste of time and would rather take care of a condition when they begin to feel the symptoms. Another doctor stated that the lack of facilities is a significant reason why patients may prefer biomedicine over Ayurveda. Many patients prefer to be in a hospital that has up to date equipment with the best facilities. Another doctor pointed out that biomedical hospitals are much more accessible than Ayurvedic hospitals. Because of this, it would make sense that a patient would travel a mile away from their home to visit a hospital once for treatment as opposed to several miles to visit a hospital that they will have to visit several times.

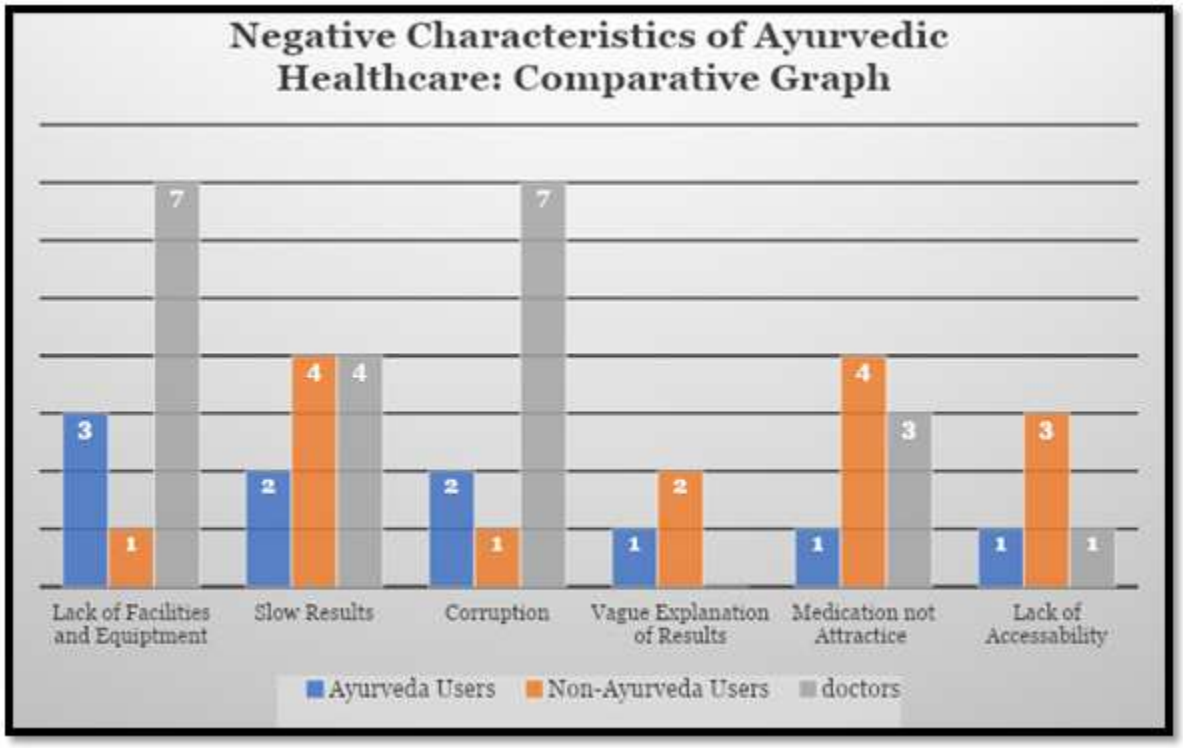

Figure 12.1

As shown in figure 12.1, the lack of facilities and equipment was the most frequently stated concern with Ayurvedic hospitals. More than half of the Ayurveda users, one non-Ayurveda user and most of the Ayurvedic doctors expressed that the lack of facilities and proper equipment is a major problem in Ayurvedic healthcare. Some informants added that the lack of facilities was the primary reason why Ayurveda cannot provide the care they are capable of giving to their patients. Slow results was another serious concern addressed by two Ayurveda users, 4 non-Ayurveda users and 4 doctors. According to these informants, Ayurveda can be valuable healthcare but due to the long sessions of detoxing, many individuals choose to seek treatment in a biomedical hospital. They expressed that their society is fast paced, and people can no longer work with medical systems that provide slow results. Corruption was another serious concern brought up by all three parties. Two Ayurveda users and one non-Ayurveda user mentioned that corruption was a serious problem primarily in private Ayurvedic healthcare. Most

doctors agreed that there are suspicious activities regarding private healthcare. This is because virtually anyone can open a private Ayurvedic hospital in Sri Lanka. Although none of the informants stated that private Ayurvedic hospitals are toxic establishments in and of themselves, all informants expressed that qualifications should be required for one to open an Ayurvedic hospital. The level of attractiveness of medication in Ayurvedic healthcare was another concern stated by all three parties. One Ayurveda user, 4 non-Ayurveda users and 3 doctors stated that this was problematic. Because Ayurvedic medicine cannot "modernize", patients must take medications with pungent odors and strong tastes. This severely hurts the popularity of Ayurvedic medicine as biomedicine is seen to be much more convenient. The lack of accessibility was another concern stated by all parties. One Ayurveda user, three non-Ayurveda users and one doctor expressed that one reason why Ayurvedic healthcare is tossed aside by Sri Lankan culture is due to the lack of accessibility patients must Ayurvedic hospitals. Although there are some successful private Ayurvedic hospitals, public Ayurvedic hospitals and many private hospitals are known to potential patients only through friends and family members. Although the last characteristic was not expressed by doctors, one Ayurveda user and two non-Ayurveda users brought up the concern that Ayurveda tends to provide vague explanations of results from treatment. Although these informants stated that this concern was not a serious one, it can turn patients away who want a clear explanation of what condition they will be in during and after treatment.

In summary, lay informants reported that they utilized Ayurvedic clinics and hospitals for bone and tissue repair along with being a second option when biomedicine has failed them. Ayurvedic doctors also reported that patients will commonly seek their treatment for paralysis, bone and tissue repair. Lay informants stated that Ayurvedic healthcare is beneficial at treating

the root cause of a disease or illness through natural treatment with fewer side effects. They also reported that Ayurvedic healthcare can be a useful alternative when biomedicine fails a patient in a personable and comfortable environment. Some lay informants even stated that Ayurvedic healthcare can be a useful alternative to surgery. Ayurvedic doctors also reported that their patients take comfort in the fact that they can seek alternative treatment from biomedicine with less side effects in a personable and comfortable environment. However, lay informants also stated that Ayurvedic healthcare can be very time consuming before the patient will notice improvement. They also reported that there is a lack of proper facilities in Ayurvedic hospitals and clinics and added that this healthcare tends to place too much responsibility on the patient. Doctors also reported that one serious issue in their practice is that treatment is time consuming and not well adapted to fit the fast paced demands of modern living.

The Progression of Sri Lankan Healthcare

This section concludes this chapter by analyzing what key and specialized informants want to see change in the future of Sri Lankan Healthcare. This includes what lay informants hope to see improve along with what doctors hope will change in their practice. Such questions were asked in hope to gain insight as to possible avenues Sri Lankan healthcare can pursue in the future.

Table 35. Lay Informants: "What are topics in Sri Lankan healthcare that you would like to see progress or improve in the future?"

Increase Disease Awareness	10/20
Improve Hospitality in Government Hospitals	10/20
Better Management	9/20
Less Corruption	9/20
Less Recklessness	7/20
Better facilities and Sanitation	7/20
Increase the Number of Doctors	6/20
Less Money Oriented	5/20
Equal Treatment of Patients	5/20
Minimize or Monitor Placebo and Outsourced Medication	3/20
Increase Ayurvedic Medical Awareness	3/20
Open-Minded to Alternative Healthcare Treatments	2/20
Expand Organ Bank	2/20
Make Healthcare Affordable for Citizens	2/20
Increase Mental Health Awareness	2/20
Dismantle Doctor Prestige	2/20
More Funding	1/20
Expand Semi-Government Hospitals	1/20

Lastly, informants were asked if there were aspects or characteristics in their healthcare that they would like to see change or progress. As shown in table 35, half of the lay informants wished for more awareness of non-communicable diseases such as diabetes. Most of these informants explained that they had many older family members affected by this disease and were disappointed at the lack of preventative care offered by Sri Lankan doctors. Many felt that holding inclusive and accessible classes for lay people regarding preventative care would be a beneficial investment. Some informants insisted that medical conventions and conferences should be cheaper so lay people can also attend. Half of the informants expressed that the lack of hospitality in government hospitals was problematic. Many of these informants also stated that they understood these doctors are under extreme pressure to see as many patients as possible. However, they felt it would be beneficial to the country to offer classes that may assist them in dealing with stress. Almost half of the informants wanted to see better and more organized

management in government hospitals. Several of these informants added that the lack of management and organization is what probably leads to the overcrowding, long lines and corruption among doctors. Many informants felt that having an outside party come to government hospitals to help organize and manage documents, files and doctors in wards would be beneficial. Almost half of the informants stated that corruption was a significant problem that they wanted to see diminish. Many of these informants will not go to certain hospitals due to several rumors of corruption which ultimately harms the country. Many felt there needed to be more policies set into place to prevent financial corruption and malpractice. Almost half of the informants discussed the issue of recklessness among doctors in treating patients. Several informants added that this recklessness is not only seen as ineffective healthcare for patients but can also lead to misdiagnosis. When treating patients, many informants felt that doctors should spend an extra few seconds to listen to the patient and take careful notes. Almost half of the informants discussed that the lack of sanitation and facilities in government hospitals need to be addressed. Some lay people often feel unsafe in some government hospitals and worry about arriving at the hospital with one sickness and leaving with a different sickness that another patient had. They added that catching certain illnesses or diseases can be fatal especially for children and the elderly. Some informants stated that due to the high marks required on exams in medical school, this has resulted in a concerning lack of qualified doctors in the country. They explained that not only has this led to the lack of doctors in government hospitals but has also resulted in Sri Lankans feeling weary and cautious when attempting to find a doctor in a private hospital. They feel the need to visit a doctor who at least has the competence to treat them despite not earning a medical license from the Sri Lankan Government. For Sri Lanka to increase its number of doctors, exams need to be more practical. Some informants expressed concern that

many doctors in Sri Lanka are highly money oriented thus placing the patient in second place on their priority list. Many of the informants expressed the idea of keeping a more diligent watch on all hospitals to ensure corruption is not a problem in both private and government settings. Some expressed that there should no longer be an unwritten rule of allowing friends and family of doctors to the front of the queue in any hospital. These informants felt that this method of treatment is unfair, unproductive and can be seen as a form of corruption. Many felt that Sri Lankan hospitals can be more organized if everyone were treated fairly. Some informants stated that they have heard of or have directly encountered hospitals purchasing cheaper medication internationally. The informants added that corrupt doctors in some private hospitals will have their patients pay for a medication only to have it be a placebo. Many felt that there should be consequences for conducting this kind of malpractice. Some informants felt that the number of diseases and illnesses would decrease if there was more awareness of Ayurveda and its preventative care. They were vocal about the idea of spreading awareness about government and private Ayurvedic hospitals. Some expressed that if Sri Lankan hospitals are to thrive in society then they must be more open minded to other practices. However, they added that because doctors in hospitals are so busy they do not have time to learn new methods of preventative and curative care. Several informants were frustrated with the fact that the older doctors who help train younger doctors are too busy to allow the new doctors to innovate and expand their knowledge. They only have time to treat patients but no time to discover new and more efficient ways to conduct their work. There should be more up to date information available for Sri Lankans going into medical school. Some informants stated that encouraging Sri Lankans to donate their organs would significantly help Sri Lanka's organ bank which was recently legally passed in Sri Lanka. They explained that if a doctor could not treat a patient's organ then they

could at least replace it. Although most of the informants felt as though corruption was the leading cause for private hospitals being too expensive as discussed before, some felt as though this medical system was still far too expensive for the average Sri Lankan family. Informants felt that the government needed to show some concern over the fact that Sri Lankans spend a large amount of money just to visit and use a government hospital despite not paying the hospital itself. Many Sri Lankans must take time off work, pay for transportation and pay for food and sometimes basic amenities like sheets and bedding. Some informants were very vocal about spreading awareness and sensitivity of mental health issues to Sri Lankan doctors. Informants stated that if Sri Lanka is going to lower its suicide rate, depression, and other mental conditions then hospitals need to be more aware of the importance of mental health and how to care for those patients. Most patients stated that recklessness and negligence is often associated with the egotistical and sometimes judgmental behaviors among Sri Lankan doctors. Some went so far as to say that there needed to be some sort of management in place in medical schools to help doctors directly deal with their attitudes. These informants felt that if Sri Lankan doctors want patients to trust them, they need not only to show hospitality but humility as well. One informant felt as though the government should provide hospitals with more funding. This person explained that proper management and dismantling corruption would not be enough to raise funds for the facilities and equipment needed. They believed that there is simply not enough funding no matter what the government or its hospitals do. Another informant was familiar with the new type of hospital that has been emerging in Sri Lanka known as semi-government hospitals. In these hospitals, patients pay for their room and amenities while services like surgeries, treatment and checkups are free of charge. The informant expressed that establishing more semi-government hospitals in the future would help improve Sri Lanka's healthcare. Ideally, the patient would

have the convenience, luxury and hospitality of a private hospital with the facilities, financial relief and competence of a government hospital.

Table 36. Biomedical Doctors: "What are topics in Sri Lankan healthcare that you would like to see progress or improve in the future?"

Manage Overcrowding	8/10
More Facilities	5/10
More Wards in Rural Areas	5/10
Increase Awareness of Preventative Care	4/10
Less Corruption	4/10
Increase Awareness of Empathetic Intelligence Among Doctors	3/10
Better Utilization of Medical Staff	3/10
Increase Mental Health Awareness	2/10
Decrease Unnecessary Patients in Hospitals	2/10
Increase the Number of Medical Specialists	1/10
Drug Management	1/10
A Cooperative Relationship Between Biomedicine and Ayurvedic Medicine	1/10
More Semi-Government Hospitals	1/10

Government biomedical doctors, like many other health professionals around the world, have experienced problems within their practiced medical system. As seen in table 36, when asked if there were any issues that need to be resolved in Sri Lankan healthcare, most doctors expressed that they felt overwhelmed in government hospitals due to the large number of patients they have to treat on a daily basis. They added that due to the fast paced work demanded by their jobs, they feel they do not have time to express hospitality, give advice or teach their patients about preventative care. Some doctors wished that Sri Lanka utilized Ayurveda more to assist biomedical hospitals with preventative care. Half of the doctors expressed that there is an alarming lack of facilities in rural government hospitals. They explained that the government funds all government hospitals and allocates money to where most of the population is. If there are scattered villages near a hospital, chances are that hospital will not have the facilities that the people desperately need. These facilities can include drugs, anti-venom, x-rays, or instruments needed for surgery. This forces people to take days off work and leave their hometown to travel

to get to a hospital that cannot guarantee they will be seen on the same day they arrive. Almost half of the doctors also expressed concern over their patients' lack of preventative care and knowledge. These doctors did state that this was possibly because doctors do not have time to explain preventative care to their patients. Almost half of the biomedical doctors stated that corruption was another serious concern they had in their line of work. They felt that doctors will take funds that are supposed to be used for facilities and put them into their salaries. Some added that doctors will place their friends and families at the front of the line placing other patients, often with lower income, towards the back of the line. They also mentioned that some doctors will even accept bribes from patients who want to be placed at the front of the line. According to these doctors, this is a very common occurrence among their coworkers. These doctors also stated that corruption in private hospitals was a significant concern primarily because anyone with a medical license can practice and open their own clinic. Although this sounds beneficial on the surface, some doctors can get a medical license from a country that does not adhere to certain requirements that the Sri Lankan government demands of doctors. This can lead to a lack of knowledge and qualifications of doctors along with fraud. Another issue that concerned some doctors was the lack of empathy for patients in government hospitals. For these doctors, there was not only a concern with how quickly the doctors were forced to work but how this leads to the lack of empathetic treatment of patients. They felt that doctors will often feel frustrated and sometimes lash out at their patients. Some mentioned that older and more traditional doctors will exhibit highly judgmental mannerisms toward their younger patients regarding their mental and physical health choices. Some doctors stated that there needs to be a system in government hospitals to better utilize doctors and facilities so that there is free healthcare care for everyone in rural areas. They insist that far too many doctors are working in urban hospitals but there appears

to be an alarming lack of doctors in rural areas. Some doctors stated that there was a concern over Sri Lanka's attitude towards mental health, particularly depression and other types of mental conditions. These doctors explained that Sri Lankan doctors, especially the older and more traditional ones, will dismiss patients suffering from depression and other mental conditions. They will instead tell them to simply improve their outlook on their lives. Unfortunately, these doctors believe that medical and cultural dismissal are major factors as to why such conditions often go untreated. Another problem expressed by some doctors was that there appeared to be more patients than necessary in government hospitals. These doctors felt that many patients, especially women, leave their house to either escape abuse or utilize hospitals as a means of social gatherings. They added that many of the individuals that are in the government hospitals are family and friends of the patient. In Sri Lankan culture, going to a hospital with a few family members is seen as normal and socially acceptable. Although these doctors did not state that patients should not enjoy the company of a family member or friend in waiting areas, they did state that there needed to be a better way to organize patients and their family members who join them. They also mentioned that there should be resources available for abused women to seek refuge from their household. One doctor stated their concern over the lack of specialists in both private and government hospitals. They explained that they have witnessed many patients being turned away from both private and certain government hospitals due to the lack of specialists. This is not only frustrating for patients, but it also gives doctors a horrible feeling of failure for not being able to cater to their patients. One doctor expressed concern about the antibiotics and drugs given to patients. This doctor was particularly concerned about the fact that patients do not need a doctor's permission to access antibiotics. It is important to note that this doctor supported allowing patients to use their best judgement to take antibiotics when

needed. However, this informant felt that drugs and antibiotics are overused and prescribed in Sri Lanka and had witnessed some doctors direct patients to the private hospitals where they work. This doctor suspected that coworkers are not concerned for their patient's health as much as they are concerned about making money. Another doctor expressed concern over the tension between Ayurveda and biomedicine. They mentioned that although Ayurveda is not as effective as biomedicine in terms of curative care, it has been shown to provide significant benefits for preventative care. This doctor stated that if Ayurveda and biomedicine worked together in Sri Lanka, preventative care could improve in the country thus helping not only lay people and Ayurvedic hospitals but biomedical hospitals as well in terms of crowd control. Another doctor stated that semi-government hospitals would be a beneficial answer when addressing concerns such as overcrowding, financial strain and corruption. There would also be more organization to minimize overcrowding. Additionally, there would be a reasonable price range for patients and an increase in policies to minimize corruption.

Table 37. Ayurvedic Doctors: "What are topics in Sri Lankan healthcare that you would like to see progress or improve in the future?"

Better and More Facilities	7/9
Increase Awareness of Ayurvedic Healthcare in Government	7/9
Decrease Corruption	7/9
The Growth of Accessible Ingredients for Ayurvedic Healthcare	6/9
Legally Practice with Anesthesia in Ayurvedic Healthcare	4/9
Upgrade the Government with More Policies	4/9
More Research Regarding Ayurveda Effectiveness	3/9
More Legal Freedom in Ayurvedic Healthcare	3/9
Increase the Awareness of Preventative Care	3/9
Modernize Medicine or Find Ayurvedic Alternatives	3/9
Increase Awareness of Ayurvedic Healthcare for Citizens	2/9
Increase the Accessibility of Ayurvedic Medicine	1/9
Implement Proper Pay for Public Ayurvedic Doctors	1/9
More Policies to Monitor Private Practice	1/9

Like the biomedical doctors, there were some concerns and issues that Ayurvedic doctors also experienced in their practiced medical system. Most Ayurvedic doctors stated that the lack of facilities was a significant problem. As stated by the biomedical doctors, Ayurvedic doctors have often found themselves to be in situations where they are unable to treat their patients as shown in table 37. They have the qualifications, but because they lack the proper facilities and equipment they cannot treat their patients. These doctors added that most government funding goes straight to biomedical hospitals and what little is left is given to the Ayurvedic government hospitals. These doctors voiced that mostly biomedical doctors help decide where the funds are allocated. Most Ayurvedic doctors also expressed that they felt a sense of neglect from the government. Many of these doctors were convinced that the government has funds for Ayurvedic hospitals but chooses to give those funds to the biomedical hospitals. This leads to the next concern that most doctors voiced, which was corruption. Like the biomedical doctors, they also believed that corruption in government funding was a significant problem and a big reason why hospitals are not always given enough funding. More than half of the doctors expressed concern over the fact that Ayurveda has deep roots in the physical and cultural environment of the island. Due to deforestation, finding ingredients for Ayurvedic medicine has become more difficult by the year. Ayurveda is very specific with the ingredients used in its medicine and there are usually no proper substitutions. Another concern that was voiced by some of the doctors was not being able to practice surgery legally. According to these doctors, they went through the series of exams and testing to be qualified to perform surgery. However, the government will not allow Ayurvedic hospitals to practice surgery legally and do not provide funding for anesthesia. Unfortunately, the lack of this drug leads to a lack of patients. Some doctors also stated that the lack of policies has been another concern for Ayurvedic hospitals. They felt that a big reason that

corruption in government healthcare is so prominent is because there are not many policies for ethical money allocations and funding. This allows the government to allocate money to wherever it wants without suffering any consequences. Some doctors voiced the concern over the lack of funding used to research the benefits of Ayurvedic medicine. They believe this is a significant reason why Ayurveda is often not seen as healthcare on a par with biomedicine. Some doctors were concerned over the lack of knowledge of preventative care. These doctors felt that this lack of knowledge is one of the biggest reasons that non-communicable diseases and other illnesses are on the rise in Sri Lanka. Some doctors often found themselves struggling to accommodate their patients when it comes to medicine. They explained that they have tried to modernize Ayurvedic medicine but no avail. Some doctors voiced concern over the future of Sinhalese Ayurvedic medicine. These doctors felt that Ayurveda is such an intimate cultural characteristic of the Sinhala ethnicity, it would be a shame to discontinue the practice in favor of biomedicine. One doctor expressed that there needed to be some sort of solution regarding accessibility to public Ayurvedic hospitals. According to this doctor, this was one of the major reasons that Sri Lankans never bothered to utilize public Ayurvedic hospitals. There would be no sense in seeking slow treatment in a hospital far away when there is a local hospital close by that provides quick treatment. Another doctor stated that the lower salaries of Ayurvedic doctors in comparison with biomedical doctors was a problem. They felt that part of the reason most doctors choose to go into biomedicine is because of the higher pay. Another doctor expressed concern over private Ayurveda stating that it was run much more like a business than healthcare. This informant felt that this is one of the reasons that fraud is such a serious problem in private Ayurvedic medicine.

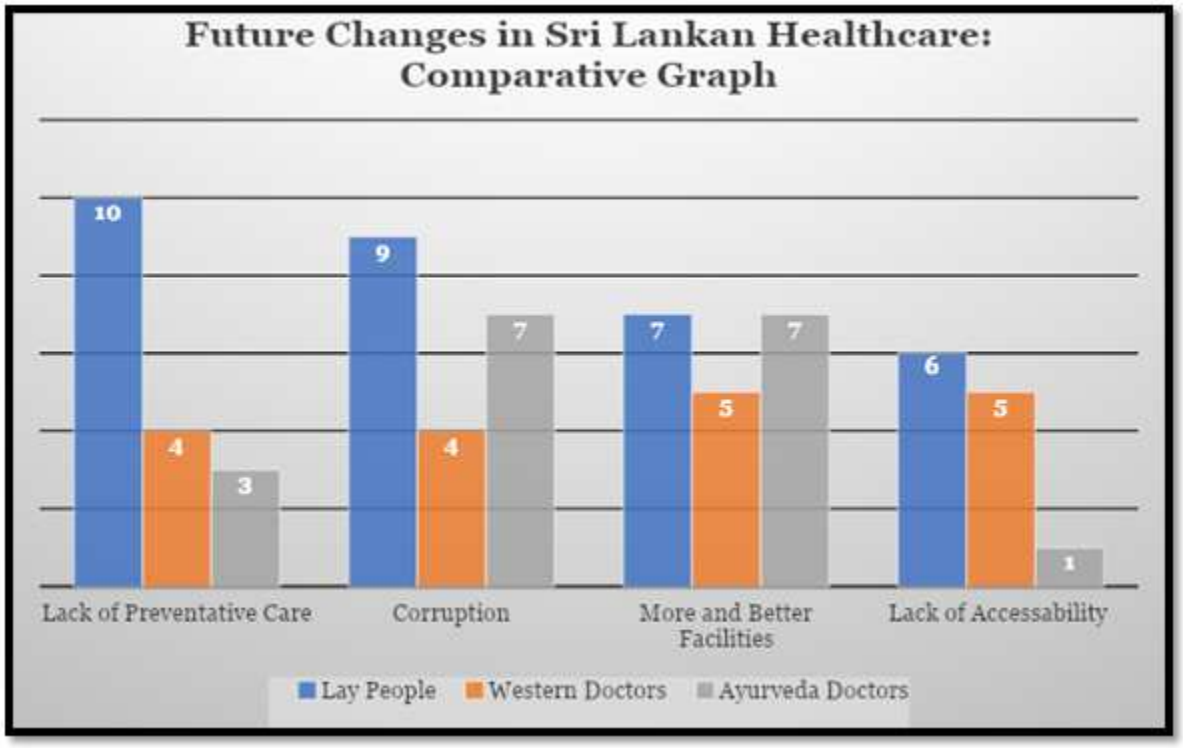

Figure 13.1

As shown in figure 13.1, awareness of preventative care, decreasing corruption, attaining more and better facilities, and increasing medical accessibility were the main topics that all three parties addressed regarding the progression of Sri Lankan healthcare. The lack of preventative care has been a frequently discussed topic of concern especially with non-communicable diseases and suicide being on the rise. Half of the lay people, almost half of the biomedical doctors and 1/3 of Ayurvedic doctors all agreed that this was a topic that needs to progress in Sri Lankan healthcare. Many of these informants stated that Sri Lanka is a very communal society. Although family is close, Sri Lankans often tend to focus so much on the health of loved ones that they often neglect their own health. Diet was another concern mentioned related to this topic. The awareness of proper sugar, carbs and calorie intake was discussed along with proper serving portions during meals. Physical health was not the only concern regarding preventative care. Mental health was also a frequently discussed topic. Many of the informants explained that

mental health is often ignored in Sri Lankan society, which could have serious consequences for the patient if left untreated. These informants expressed that there needed to be resources available for Sri Lankans who are suffering from mental conditions so they can receive quality care. The doctors expressed that government hospitals might not be as crowded if Sri Lankans were aware of what causes certain conditions so they can prevent themselves from suffering those conditions. Some informants also added that spreading awareness of the preventative strengths of Ayurvedic healthcare is needed. This can both boost revenue for Ayurvedic hospitals and result in better health for Sri Lankans overall. Corruption was another frequently discussed topic by all parties when talking about Sri Lanka's medical progress. This was a serious concern that was brought up by almost half of the lay people, nearly half of biomedical doctors and most of the Ayurvedic doctors. As previously discussed, many doctors believed that funds which should go to equipment and facilities do not make it to the hospital. Unfortunately, the funding gets allocated to the salary of doctors who work closely with the government. Other forms of corruption that were discussed include private hospitals charging too much on a patient's bill, making patients pay for unexplained charges and unqualified individuals practicing in a private hospital. According to these informants, more policies should be put into place to prevent doctors from abusing their power along with preventing unqualified people from practicing any form of medicine. More and better facilities, primarily in rural government hospitals, was another topic that was discussed among almost half of the lay people, half of the biomedical doctors and most of the Ayurvedic doctors. According to all three parties, part of the reason Sri Lankans are all too often denied proper healthcare is because government money gets mostly allocated towards heavily populated areas. Villages and other rural areas have government hospitals, but the number of doctors is strikingly low and facilities are lacking. Even Ayurvedic government

hospitals are often tossed aside when it comes to allocating healthcare money. Many informants stressed that minimizing and eliminating government corruption can help allocate funds to rural government hospitals. The funds should also go to rural areas and villages, so patients do not have to travel great distances to receive healthcare and treatment. This leads to the final topic mentioned by all three parties which was accessibility. According to some lay people, half of the biomedical doctors and one Ayurvedic doctor, healthcare is ineffective if a patient cannot even get to the hospital. There are a limited number of accessible government hospitals, especially for patients who do not own a vehicle. For Sri Lankan healthcare to progress in its free care, having accessible hospitals is a very important factor.

As one can note, these topics are very closely related. According to the informants, if awareness of preventative care is increased fewer patients would have to seek curative treatment. Ideally, this would result in less crowding and more available facilities. If government corruption were minimized, more funds would be allocated to both urban and rural areas for facilities and equipment. Funds could also be made available to provide rural hospitals with more equipment. Because more equipment and facilities could be given to government hospitals in various locations, more accessible hospitals would be available for Sri Lankans regardless of where they live.

Chapter 6
Discussion

Anthropological Theories

Specific concepts and theories surrounding health and wellness are not concepts that are human universals. Rather, they are sets of beliefs and values woven together to create culturally specific series of reactions regarding the mind and body. As an anthropologist, I must address the importance of understanding that no beliefs and values carry across all cultures. Even the very concept of the self, the organism that humanity must maintain to survive, is not universally accepted nor understood. It is for this reason that anthropologists must understand health and medicine within the context of the culture they interact with along with developing a basic understanding of how one studies such beliefs and values. Medical anthropology encompasses anthropological studies of health and healing in a cultural setting. Because human biology and culture are interdependent, one must understand them simultaneously. Any conceptualization of health is not a spontaneous outcome due to some biological maintenance or disturbance. They are created, developed and applied by the culture they inhabit. Medical anthropology is a subfield of both cultural and biological anthropology and is one of the fastest growing subfields of anthropology. Medical anthropology focuses on health and healing and on physical, mental and even spiritual wellbeing in the context of culture.

Anthropologists usually understand health and healing practices cross culturally using six basic approaches: biological, ecological, critical, ethnomedical, experimental, and applied (Brown and Barrett 2010, 6). These approaches can overlap and be studied alongside one another (Brown and Barrett 2010, 14). Despite their differences, all approaches share four essential

premises (Brown and Barrett 2010, 6). The first is that illness and healing are human experiences that must be studied within the context of biology and culture. The second premise is that disease is an aspect of the human environment. This environment can even be influenced by culturally specific behaviors and circumstances. The third is that the human body and its symptoms are interpreted through a unique cultural lens filtered by beliefs and epistemological assumptions. The final premise is that cultural aspects of healing systems have important consequences for the acceptability, efficiency and improvement of healthcare in societies (Brown and Barrett 2010, 6). To elaborate, I will introduce these approaches along with demonstrating why such approaches are required if one wants to develop a holistic understanding of Sri Lankan health conceptualization, medical communication, curing and healing, and medical pluralism as well as Sri Lankans' unique hierarchy of resort.

Biology is a complex and multidisciplinary study of living organisms. Through generations of paradigm shifts and theories, biological anthropologists have come to study the evolutionary process, genetics, biophysical variation and the susceptibility of humans to environmental stressors (Brown and Barrett 2010, 6). Such progressive shifts have enabled these and other scientists to understand and explain important factors in human medical history such as why some diseases may not have been around during paleolithic times (Brown and Barrett 2010, 6). However, biological anthropologists do not look at disease or genes alone. They also consider environmental and sociocultural factors and study how these stressors are related to human health (Brown and Barrett 2010, 7). For example, biological anthropologists have studied physiological stress related to racial discrimination among the African American community in the United States and have discussed how this stress may contribute to a higher prevalence of hypertension in this group (Brown and Barrett 2010, 7). Biological anthropologists also analyze

important information on ethnopharmacological aspects of traditional medicine. To put simply, ethnopharmacology is the essential study of indigenous medicine that connects the ethnography of health and healing to the physical composition of medicines and their biological actions and effects. These scientists investigate the medicine's selection, preparation and intended uses within its cultural setting (Brown and Barrett 2010, 7)

Although this study did not utilize the biological approach, I nonetheless acknowledge the importance of multidisciplinary science in studying traditional medicine such as Ayurveda. One concern that was brought to the attention of this study was the lack of research regarding the effectiveness of Ayurvedic medicine. Many of these Ayurveda doctors were quite vocal that if Ayurveda is going to expand in Sri Lanka then more studies rating their medicine's efficacy should be conducted. According to these doctors, Ayurveda has been studying genetics and human variation long before biomedicine became the mainstream science in Sri Lankan healthcare. In fact, these doctors were adamant that biomedicine is part of the reason for a variety of human diseases in Sri Lanka due to its curative, rather than preventative, care. However, according to many Sri Lankan biomedical doctors, Ayurvedic medicine is seen as mere home remedies supported by folklore which holds no biological weight. Despite many potential research questions, Sri Lanka has yet to develop a large number of studies regarding the effectiveness of Sri Lankan Ayurvedic medicine. However, given the number of informants in the present study who have benefited from Ayurveda, it is obvious that this medicine has not survived without some positive outcomes for its patient. Although some informants in this study expressed that their experience with Ayurvedic medicine was less than ideal, the majority of the informants added that a significant reason why they struggled with Ayurvedic medicine is due to the considerable efforts expected of the patient. The Ayurvedic doctors in this study claim they

have tried various approaches to increasing their credibility with the Sri Lankan public. However, funds that may be useful for studying the efficacy of Ayurvedic medicine are lacking. One Ayurvedic doctor felt that funding that could be used for research on Ayurvedic medicine is wasted and instead allocated to the paychecks of biomedical doctors. All Ayurvedic doctors stressed their concern about Sri Lanka's severe lack of preventative care and blind allegiance to biomedicine. However, no Ayurvedic doctor interviewed in the present study advocated for eradicating biomedicine in Sri Lanka. Rather, they all stressed that if Sri Lankans are going to flourish in the biological sense, then education about preventative and curative practices must be made accessible to all Sri Lankans regardless of social class or location. According to both Sri Lankan Ayurvedic doctors and lay people, funding research on the effectiveness of Ayurvedic medicine, education about preventative care, and improving access to Ayurvedic healthcare would greatly improve the biological health of Sri Lankan citizens. Having a strong, biological approach in studying Ayurvedic healthcare and collecting biological data would be highly useful for Sri Lanka's healthcare system.

Building on the concepts of evolution and adaptation is another important approach that anthropologists often take into consideration and is known as ecological approach (Brown and Barrett 2010, 7). The ecological approach is a multi-level approach that is based on three premises (Brown and Barrett 2010, 7). The first premise is that the interdependence of plants, the environment and animals can create their own ecosystem with one another that go well beyond their own component parts. The second premise is that the common goal of a species is homeostasis which is a balance between environmental stresses and the survival of a population. The third premise is that humans create cultural and technological innovations that alter this homeostatic relationship. This can both positively and negatively affect humans (Brown and

Barrett 2010, 8). For example, humans may be able to limit the spread of diseases or infections. However, luck may favor the disease or illness which can result in epidemics (Brown and Barrett 2010, 7). All three of the factors emphasized by these premises constantly intertwine with one another and primarily address adaptation, the leading principle of ecological research (Baer, Singer and Susser 2013, 37). To understand the relationship between humans and the environment, it is important to know what is ecologically considered the "environment". Anthropologists utilizing the ecological approach may define the environment as physical (climate, energy, and materials), biotic (predators, vectors, and pathogens) and/or cultural (technology, social environment and ideology) (Baer, Singer and Susser 2013, 37). This approach can be distinguished by two levels: macro and micro. The microlevel analyzes how cultural beliefs and practices alter the physical environment or the ecological relations between host and pathogen. The macrolevel analyzes the historical interactions between groups and the ecological effects of political conflict, migration and global resource inequality (Brown and Barrett 2010, 8).

One significant reason anthropologists utilize the ecological approach is because science is not free from culture (Baer, Singer and Susser 2013, 36). Therefore, it is impossible for humans to experience a disease in a culturally free state. It is essential for anyone studying a healthcare system to understand that communities do not respond to sickness and disease independently from their culture (Baer, Singer and Susser 2013, 36). From a medical ecological perspective, adaptive practices in medical systems can include anything from shamanism to soul loss to biomedicine (Baer, Singer and Susser 2013, 37). Although disease is separate from human thought, cultural adaptations to diseases are an important part of the human response to these diseases. Historically, shamanism was a common form of healthcare in Sri Lanka.

Individuals, suffering from sickness ranging from physical to spiritual, would seek out the care of a shaman. It was common for shamans to practice demon exorcisms through a series of *tovil* dances and trances. To these practitioners, medical issues were often caused by demons and even curses. According to an Ayurvedic doctor, Sri Lankans also utilized Ayurvedic doctors who would use their remedies and equipment to assist their patients. Historically, Sri Lankan Ayurveda primarily treated pre-colonial sicknesses, illnesses and diseases that occurred in the context of the pre-colonial cultural environment of the people. However, what was once a commonly practiced medical system is thought of as a last resort for patients seeking medical help. According to informants in the study, Ayurveda is an ancient practice that requires very specific ingredients that are only found in certain areas in the country. Such medicine is known only to be effective if created and utilized without error. Pre-colonial Sri Lanka was able to cultivate such ingredients and patients were able to use their medicine and seek treatment effectively due to their relaxed schedules. However, as colonialism began to take hold of the country so did the fast demands of biomedicine. According to some Ayurvedic doctors, Colonization, due to global capitalism, required the average Sri Lankan to leave home and enter the demanding workforce. Many lay informants in the study expressed that they would readily adopt Ayurveda as their primary healthcare if they could fit it into their busy lives. Many of them would rather go to a biomedical center and get a fast working pill than seek out several ingredients, create effective Ayurvedic concoctions and continue long term preventative treatment. In fact, almost half of the lay informants stated they wish they could seek preventative treatment with Ayurveda than curative treatment with biomedicine if such efforts were practical. However, these individuals associate this attitude with wishful thinking rather than realistic expectations. Due to their more relaxed, collective lifestyle Sri Lankans adapted their

preventative care comfortably into their pre-colonial environment. However, global capitalism forced the country to change its medical practices to adapt to the fast paced demands of colonization. To obtain an understanding of Sri Lankan healthcare, its history of medical adaptation due to change in political climate is necessary. According to all informants, the current political climate heavily weighs in favor of biomedicine. Although Sri Lankan biomedicine wants to offer more preventative care for its patients, such care may also be offered by Ayurvedic medicine if Ayurveda is given more funding by the Sri Lankan government. In fact, some biomedical doctors wanted to see patients seeking preventative care from Ayurvedic hospitals. This would take some of the demanding stress away from biomedical practitioners. These informants hope that such measures will help alleviate the hospital chaos found in biomedical government hospitals such as overcrowding, the unmanageable number of patients and the alarming rate of non-communicable diseases in Sri Lanka. Colonialism is not simply the implementation and enforcement of western beliefs in other countries. Informants asserted that it is an attempted annihilation of a country's culture and much of its ecology. According to a biomedical doctor, Sri Lankans had a very close relationship with their environment and ecology prior to colonialism. This informant asserted that global capitalism has forced Sri Lanka out of a harmonious relationship with nature and into a situation in which ecology must be significantly modified to serve the institutional environment of post-colonialism. Such significant changes to the physical environment have no doubt caused demands for cultural modifications. There is a pattern to this dilemma: nature modifies the culture, then culture modifies nature. In short in this research, both doctors and lay people discussed how colonialism and its characteristics, like biomedicine, have been incorporated into Sri Lanka's ecology on a macrolevel.

According to both biomedical and Ayurvedic doctors, the increasing demand for curative and preventative care has forced the country to cultivate as many traditional and essential ingredients as possible that are needed in Ayurvedic medicine. According to the Ayurvedic doctors interviewed in this study, this has resulted in both hospitals and doctors seeking substitutions for ingredients in India that have proven to be much less effective. The ecological effects of this have resulted in loss of required ingredients for traditional medicine thus systematically reducing the efficacy of Ayurvedic medicine. By lessening the efficacy of Ayurvedic medicine in relation to its ingredients, global capitalism and the enforcement of biomedicine in Sri Lanka has impacted Sri Lanka's ecology on both a micro and macro level.

The experimental approach is another common approach anthropologists utilize when looking into healthcare systems in societies. This approach places illness at the center of their analysis. Such illnesses can include pain, suffering, disability, and even the awareness of one's own mortality (Brown and Barrett 2010, 10). Anthropologists focus on three aspects of illness which include the informant's narrative, experience with the illness and the way in which sense is made of the illness. Although each aspect has its own strength, they cannot be studied independently (Brown and Barrett 2010, 10). For example, the patient's narrative can provide a venue for negotiating the meaning of an illness and shared meanings can shape the culturally bound narrative of the individual (Brown and Barrett 2010, 10). This approach is especially useful when trying to analyze illnesses that are very much culturally influenced. Utilizing this approach, the anthropologist can analyze the sick role and its meaning in a society which can change if the disease progresses or subsides (Brown and Barrett 2010, 10). Medical anthropologists use this approach to make sense of how patients' stories convey their experiences and the meaning behind those experiences (Brown and Barrett 2010, 11).

The experimental approach is one that was not commonly utilized in this study. Although some informants chose not to discuss their specific illnesses, others were highly vocal about their illnesses and how they make sense of them. For example, extreme social anxiety was commonly mentioned by some informants. However, rather than addressing such issues with their doctor, they choose to internalize their illness due to their cultural beliefs and the cultural stigma surrounding such an illness. According to these individuals, they were not informed by doctors about mental health issues. Their experience involved a considerable amount of self-guilt combined with common symptoms associated with anxiety such as paranoia, social fears and lack of interest in social gatherings. What was most discussed was their journey of how they made sense of their illness. According to these informants, mental health is usually not an important aspect of healthcare in Sri Lankan culture. In fact, these informants stated that they had to go through many doctors to find one that would take their concerns seriously. The long and tiring journeys these informants went through stem from the stigma regarding mental health in Sri Lanka. Another example could be the different reasons Sri Lankans seek the medical attention of an Ayurvedic doctor and a biomedical doctor. The informants develop their own personal narrative of an illness. In other words, they conceptualize what is wrong with them through a process of symptoms such as bone problems versus muscle problems. These symptoms are the experiences they endure which influence how they make sense of their illness which, ultimately, dictates who they choose to seek treatment from. The Sri Lankan informants in this study conceptualized illness the way biomedicine conceptualizes illness. However, just because biomedicine was able to spot their illness did not mean they chose to seek treatment for it. Many informants sought out treatment with Ayurveda for bone and muscle problems due to the social ideologies surrounding Sr Lankan Ayurveda. Many Sri Lankan lay informants felt that Ayurveda

placed more of its focus on bone and muscle tissue. When they made sense of the pain they were experiencing, some sought out alternative treatment through Ayurveda.

In anthropology's history as a social science, there existed a sense of racial superiority which imposed itself onto what was often considered "empirical" data and research. During the decolonization movement in the 1960's, a desire to understand a culture within its own context rather than through a lens of white supremacy began to take hold in the social sciences. Such movements inspired anthropology to understand meanings in cultures that shape the reality of the people who live in those cultures (Baer, Singer and Susser 2013, 40). The power dynamics between researcher and informant changed. The informant became the cultural interpreter for the researcher. Medical anthropologists utilize this approach to understand cultural meanings regarding disease, health, sickness, and the people who experience them from their informants. This is known in anthropology as the interpretive approach (Baer, Singer and Susser 2013, 41).

Fieldwork experience focusing on the cultural dynamics of medical utilization among Sri Lankan adults is certainly relevant to previously discussed topics in this research. While it may have been more convenient for the research to focus entirely on biomedical disease and sickness, Sri Lankan cultural roots were all too evident in discussion with informants. While most discussed health and sickness in a biomedical sense, how the informants responded to such sicknesses and health concerns were often heavily influenced by their culture. For example, many informants discussed their medical preference by using biomedicine as their very first choice when seeking medical care. While this may seem mundane to some, there is some cultural basis for their preference. Informants have stated that Sri Lanka tends to see Ayurveda as an inferior medical practice. However, many informants stated that they have spoken to Americans who are more open to the idea of utilizing alternative medical practices over biomedicine. While

there is little peer reviewed evidence to support this claim, most of the Sri Lankan informants who have traveled were confident that western cultures tend to be more open to the idea of Ayurveda than Sri Lanka as a whole.

Due to colonial influence, there are many biomedical concepts about health and wellness that Sri Lanka has been adopted as the cultural norm. Although most informants adhered to biomedical concepts of health, many discussed their family members and how their definitions of health, sickness and treatment varied from the informant's. For example, one informant has a family member who believes people are prone to curses. This family member believes this because negative emotions and misfortunes are thought to be amplified by demons. Such demons have the power to inflict severe physical and mental harm on someone. Examples of such harm can be a medical disease such as diabetes, dengue, fever, etc. while other examples include spiritual sicknesses such as a lack of Buddhist merits which are forces accumulated through good deeds and actions. According to the informant, this family member would travel to a trusted location to engage in a *tovil* dance in hopes of driving the demon away. Another informant discussed a family member's diabetes and how this person sought advice and counseling from a local shaman. However, the family member did not contact the shaman due to the diabetes but instead periodically contacted him because the family member claimed to see spirits periodically in his room. It is important to explore other ideas of nonphysical medical concerns when analyzing healthcare in any culture. However, it is equally important also to be aware of what is culturally defined as a medical concern. Most lay informants stated that they were aware that diabetes and other noncommunicable diseases are on the rise in Sri Lanka and all stated that they have taken precautions to avoid such diseases. However, many younger informants expressed concern over the difficulty of maintaining a low carb diet in their homes. In traditional Sri

Lankan culture, rice is not only seen as a staple diet but is also considered healthy to consume due to the years of the importance of farming in Sri Lankan culture. According to many of the lay informants, older generations tend to consume more rice than curries and other dishes. One informant discussed her difficulty in losing weight due not only to the lack of support from her parents but also due to differences in what is considered a healthy diet. This informant explained that she tries to consume more curries than rice during her meals. To continue this diet, the informant admitted that she will hide how much rice she really is consuming from her parents. While having an interpretive approach may be useful in understanding the values and concerns of older Sri Lankan generations, it does not necessarily place priority on what is considered healthy or harmful from a global perspective. According to some doctors, there is little evidence to confirm or deny the existence of cancer, diabetes and other noncommunicable diseases in pre-colonial Sri Lanka. These doctors explained that rice and other carbs may very well have been healthy when combined with original Sri Lankan cultivation methods and cultural lifestyles. However, as the world has become more globalized, many crops found in Sri Lanka may now contain various chemicals and noncommunicable diseases that could result in the rice and carbs being harmful for human consumption when eaten in large quantities. While the research may not have found evidence to confirm this claim, it is an avenue worth pursuing for future research regarding Sri Lankan health and wellness. The interpretive approach may not be as useful when analyzing what science and biology has done to the ecology and food consumption in Sri Lanka. However, it still sheds light on the cultural values and concepts related to Sri Lankan food consumption and the possible harmony or chaos it may inflict on some individuals and their social groups.

Many informants also asserted that their approach to mental health is different from that of biomedicine. Most informants who discussed mental health claimed that Sri Lanka tends not to see mental health as a priority despite the alarming rate of suicide and depression in the country. These informants claim that due to their family's perceptions of mental health they choose to hide medications that they may use for their mental well-being. One informant described suffering from depression and social anxiety from an early age. This informant had no idea that the concept of anxiety has its own term in the medical field and that this lack of knowledge was due to the cultural stigma mental illness carries. This informant has been taking medication and seeing a therapist for years while living with family members who are unaware of his medication. The interpretive approach in anthropology may not stop at the narrative of just one group. There have been many studies and ethnographies of anthropologists and other researchers who have discovered cultural doors that provide valuable insight into the shared beliefs and values of the people they study. However, many of these researchers did not find that door alone; they sought help from professionals who provided answers to their questions. This is one of the many reasons why doctors were also recruited in this research. Discussing mental health among Sri Lankan adults is a perfect example of how beliefs and values may differ depending on the professional background of the individuals and their knowledge about the questions being asked of them. Informants who were Ayurvedic doctors provided valuable knowledge about Sri Lankan concepts of mental health. One Ayurvedic doctor stated that the concept of mental health in traditional Sri Lankan culture was evident in pre-colonial times but not in the way it is often defined. According to many of the Ayurvedic doctors, mental health, physical health and spiritual health were not seen as separate aspects of wellbeing. In traditional Ayurvedic medicine, the mind and the body may be separate, but they are too interrelated to be

studied individually. One doctor gave the example of a headache. If patients are experiencing chronic headaches and go to a biomedical hospital, they will be given a prescription to relieve their suffering. If patients go to an Ayurvedic hospital or doctor, doctors may give the patient medicine, but they will also check into the patient's daily life which often contains decisions and choices driven by the patient's mind and emotions. If the patient goes to a biomedical hospital for depression, the doctor may give the patient antidepressants and encourage weekly therapy. However, if that patient goes to an Ayurvedic hospital for depression, then the doctor may provide various forms of therapy, but will also encourage the individual to change his or her lifestyle completely. These examples stem from the fact that the mind and the body are seen to be intimately intertwined in traditional Ayurvedic medicine. According to many of the Ayurvedic doctors, pre-colonial Sri Lanka focused on both mind and body simultaneously but with varying remedies and therapies. When biomedicine was introduced and enforced, it removed the spiritual and mental attributes found in indigenous medicine and replaced them with the sole biological emphasis on the physical body. As the therapies and medicines treating mental health increased so did the need for that aspect of health to be heard and recognized. While biomedical doctors stressed that this was a concern that biomedical hospitals are trying to address, they admitted that Sri Lanka is still in its infancy in emphasizing the importance of mental health again.

Like the interpretive approach, the ethnomedical approach is a popular way in which anthropologists analyze healthcare systems and beliefs placing cultural values and conceptions at the forefront of their research (Brown and Barrett 2010, 9). Ethnomedical anthropologists focus on various areas of research to understand medicine and health. One area focuses on ethnographic descriptions of the healing process. In this line of research, anthropologists learn

different ways in which illnesses are named and categorized. They typically must consult a local healer for this information (Brown and Barrett 2010, 9). Ethnomedical anthropologists also investigate explanatory models which are personal interpretations of the diagnosis, treatment and outcome of a sickness. Such models typically fall under two categories: personalistic belief systems and naturalistic belief systems (Brown and Barrett 2010, 9). A personalistic belief system can be described as an explanation of a sickness as a result of being inflicted by some negative supernatural entity or force. A naturalistic belief system can be described as an explanation of a sickness as a result of natural forces such as germs and biomedicine (Brown and Barrett 2010, 9). Ethnomedical anthropologists also explore linguistic taxonomies of illness categories which assist in the cultural view of sickness utilizing language (Brown and Barrett 2010, 9). Other areas include analyzing health-seeking behaviors, the efficacy of ethnomedical systems, and the comparison of and interaction between ethnomedical systems in a globalizing world. This approach stresses and encourages cross-cultural comparisons (Brown and Barrett 2010, 9). Cross-cultural comparisons are essential in anthropology because it is through these comparisons that one can identify human universals as well as human diversity. However, it is no surprise that there is significant diversity within any given society. Therefore, many anthropologists often utilize this approach to compare biomedicine with indigenous medicine within a society rather than between societies (Brown and Barrett 2010, 9). Although this approach has proven itself to be useful when comparing medical systems within a society, such approaches do beg the question of what indigenous and biomedicine are (Brown and Barrett 2010, 9). For example, although Sri Lankan Ayurveda is an indigenous Sri Lankan medical system, its doctors currently still go to an institutionalized establishment to learn medicine that is different from what it was in pre-colonized Sri Lankan culture. Nonetheless, all ethnomedical

systems are believed to have three interrelated parts: a theory of the causation of any given illness, a method of diagnosis based on the theory, and a description of appropriate therapies based on the diagnosis. These interrelated parts are essential in studying any kind of medical system regardless of origin (Brown and Barrett 2010, 9).

In this research, collecting data on the perceived cause of an illness, the method of diagnosis and treatment was essential when analyzing how Sri Lankans perceived health. Ayurveda and biomedicine conceptualize, diagnose, and treat illness and health differently. This ultimately dictates who Sri Lankans will see for their medical practitioner. Ayurveda conceptualizes health in a very holistic way. According to Ayurvedic doctors, every part of the human body is intimately interrelated with other parts of the body. It is for this reason that Ayurvedic doctors will urge their patients to change many aspects of their lives such as dieting and sleep patterns in addition to receiving medication. According to informants, Ayurveda will diagnose a certain illness based on factors such as the eating habits of the patient or level of exercise. Ayurveda's treatment is not limited to medicine, it encompasses many actions and practices in a patient's everyday life. According to Sri Lankan informants, their conceptualization of an illness will often dictate which practitioner they see. If they believe their illness is caused by a multitude of factors or if they wish for a friendlier treatment of their bodies, they will often seek treatment with Ayurveda. Biomedicine, on the other hand, primarily focuses on one area that patients have concerns with. According to informants, biomedicine is not as holistic as Ayurveda and therefore does not require the same amount of energy in treatment. Biomedicine conceptualizes illness and health in the context of western science. Thus, illness is also diagnosed in the context of western science. For example, because western science cannot, or chooses not to, prove that diagnostic techniques used in Ayurveda are effective, such

techniques would not be considered valid from a biomedical perspective. As previously stated, the treatment in biomedicine tends to be more efficient for individuals living a demanding and busy lifestyle. Because Sri Lankan informants can better identify with biomedicine, they often choose that path of treatment. According to many, Ayurveda would be their first choice if they lived in pre-colonial Sri Lanka, as modern diseases and illnesses were not major concerns and preventative treatment was the norm.

Based on the data analyzed in this study, it is apparent that any social scientist can go into a country and study its healthcare systems and dynamics. However, despite any scientist's best efforts, there are two concepts that are essential to recognize if one wishes to advocate one's study within medical anthropology: colonialism and global capitalism (Baer, Singer and Susser 2013, 42). It is important to note that there is a debate within anthropology about how influential colonial frameworks and dynamics are in medical global systems (Baer, Singer and Susser 2013, 42). On one hand, some scientists believe that only a few informants are needed to analyze how a culture understands, diagnoses and treats an illness. Although this is certainly a step in the right direction, most scientists will admit that in order to understand the grand scheme of a medical system in any given culture, one must also understand how history has impacted and shaped those medical systems. This topic is the basic principle of Critical Medical Anthropology (CMA) (Strathern and Stewart 2010, 213). Critical Medical Anthropology asserts that many nonempirical, political concepts are embedded in social science. Thus, CMA analyzes health related issues in the context of post-colonial influence (Baer, Singer and Susser 2013, 42). Westernized, colonial concepts are embedded in biomedicine and while that does not necessarily make it false, it does bring to light many factors that CMA seeks to address (Baer, Singer and Susser 2013, 44). Some of these factors include the question of who has power over biomedical

agencies and how is this power delegated. This dilemma is important because biomedicine currently holds dominant power over medical agencies in most countries. It is important to note that such power is expressed and utilized differently depending on the country and how its medical systems function (Baer, Singer and Susser 2013, 44). CMA also analyzes how such power is expressed and practiced through social relations and groups. According to CMA scientists, these medically centered interactions are never without some influence from global capitalism (Baer, Singer and Susser 2013, 44).

CMA was an important approach with many valuable ideas that were important throughout this research. All informants in this study voiced concerns over the integrity of their government when it comes to universal healthcare. Even the doctors who benefit from such healthcare admitted that they see corruption on varying levels but are not confident they have the tools necessary to change the system itself. Informants, especially lay individuals, expressed the need to ensure the integrity of all hospitals as many individuals compared the honesty of their government to their hospitals. According to these informants, due to global capitalism, Sri Lankan government healthcare is not as free of charge as it claims. Within the walls of government hospitals lie low key corrupt practices that have severe impacts on those economically underserved. For example, many informants stated that if a patient knows a doctor or is of upper middle class, they can simply pay their way to the front of the queue, thus requiring those who cannot afford to pay out of pocket to wait longer. These individuals most likely have already taken time away from their jobs to seek treatment. Many patients travel long distances just to make it to a government hospital that would have the equipment to treat them. Sometimes, patients can come to the hospital to seek treatment for a sickness only to catch a different sickness while in the hospital due to overcrowding. Long waits in the queues that can

last for days due to bribery combined with time off from work, traveling expenses, and the fear of additional diseases can have devastating consequences on economically disadvantaged populations. According to some informants, many Sri Lankans who live below the poverty line feel as though spending the funds needed for their health would be an unwise decision for them and their families. Unfortunately, these individuals often make the decision not to seek out professional treatment and continue to live with their disease and illness. Even individuals who are middle class can suffer at the hands of medical corruption. One informant described being conned by a doctor in a private hospital. This informant discussed taking a family member to a private hospital only to find that the bill was over three times more than what was discussed during the meeting with the doctor. They remained in the hospital room for several hours before the doctor even came in to see them. It is important to note that this was unusual for a private hospital. When asked about these hidden fees and charges the doctor told them that one charge was for how long they were at the hospital, not necessarily how long the doctor spent with them. Another charge was for equipment which not only included machinery but cotton swabs and any and every sort of bandage used during the visit. This informant added that the doctor used far more bandages and equipment than necessary on the family member to keep increasing the bill. Unfortunately, because private hospitals are not regulated by the government, there was little the informant could do to take legal action against the hospital. Some informants stated that they have had terrible experiences in private hospitals due to the doctors' lack of qualifications. They had central air conditioning in their rooms, a private room, a comfortable bed, but not a properly trained professional. They explained that doctors who have international degrees cannot work in a government hospital, but they can open their own hospital or work for a private one. Although this did not bother all the informants, some expressed concerns over the corruption of bribery

and favoritism within medical universities overseas. One informant explained that some countries do not always require medical students to pass all their exams if their parents are friends of medical school professors or if their parents had the wealth to simply bribe the university to pass their child. Many biomedical doctors commented on this issue related to the qualifications a Sri Lankan doctor should possess. Most biomedical doctors mentioned that the credentials of doctors who work in private hospitals that are not managed by the government. While some informants felt that such programs would provide a great avenue for competent medical students to get their degree in a less strenuous and overly demanding environment, other informants felt as though providing private medical educational programs would only increase corruption and bribery if wealthy families know powerful individuals. While Sri Lanka may have a variety of medical systems to utilize, it is apparent from the stories and examples provided by the informants in this research that such systems cannot be analyzed without understanding the effects higher entities and outside forces have on these systems. It is one thing to listen to the accounts of a doctor or patient, but it is another thing to know that seemingly isolated clinical interactions are in fact part of a powerful medical system influenced by tradition and global capitalism.

Critical Medical anthropologists using a CMA perspective explore medical systems on different levels. These social scientists argue that one can start with the individual on what is called the individual level. From there, one can expand to what is known as the microlevel (Baer, Singer and Susser 2013, 51). The microlevel primarily focuses on the doctor-patient relationship which explores the two parties' roles, responsibilities and perceptions. Although these interactions may seem mundane, these anthropologists argue that such interactions are never without higher social influence (Baer, Singer and Susser 2013, 51). Critical medical

anthropology describes the primary area of social relations as the intermediate level (Baer, Singer and Susser 2013, 49). On this level, scientists analyze the influence that different groups in the economic hierarchy have over medical teaching institutions, hospitals, health foundations and even non-profit medical centers (Baer, Singer and Susser 2013, 49). Finally, the macrosocial level is the level that CMA is well known for. This level investigates the capitalist world system and corporate state sectors (Baer, Singer and Susser 2013, 46). According to the perspective of CMA, medical social scientists have no choice but to analyze the capitalist world system because of one crucial fact: colonized nations cannot completely decolonize (Baer, Singer and Susser 2013, 47). CMA scientists argue that many of the colonized elites collaborate with international agencies, foundations and bilateral aid programs to determine health policies. Unfortunately, many of these policies do not always work in favor of the citizens as such policies tend to focus more on curative care rather than preventative care (Baer, Singer and Susser 2013, 47). These policies can be detrimental to the economically disadvantaged who cannot always afford curative care. Because of such policies and the politics behind them, biomedicine is legitimized by law thus placing itself at a systematic advantage over ethnomedicine and alternative medicine (Baer, Singer and Susser 2013, 49). Biomedicine has been able to keep itself at the top of the medical hierarchy and has been known to limit and even prohibit other forms of medicine as previously discussed (Baer, Singer and Susser 2013, 49). Ayurvedic doctors asserted that most of the medical funding in Sri Lanka goes to the biomedical hospitals. This leads to lack of equipment and resources for patients seeking treatment in Ayurvedic hospitals. Some doctors added that this is the primary reason why Ayurvedic hospitals are not taken seriously as medical institutions. One doctor discussed often seeing patients who simply want a spa treatment rather than proper preventative care. This stems from the fact that Ayurvedic hospitals are not given any funding

for medical equipment. This turns some hospitals into spas rather than actual medical centers. One Ayurvedic doctor, a gynecologist, even described having to bring instruments from his own home because proper instruments were not available at his hospital. Although the doctor stated that the instruments are cleaned before and after exams, he feels distress over his patients' lack of the kind of medical treatment and care that Ayurveda can provide under better circumstances. Other Ayurvedic doctors stated that they can conduct safe, professional surgery for their patients depending on the type of operation. However, because Ayurvedic hospitals cannot legally perform surgery and because they are not provided with any anesthetics, doctors are very limited as to what they can do for their patients if they need a surgical operation. While biomedical doctors questioned the competence of Ayurvedic medicine in terms of surgery or other major medical procedures, Ayurvedic doctors expressed confidence in their ability to provide much more to their patients than what the government allows. International and domestic entities in Sri Lanka provide most of the funding to biomedical hospitals despite evidence that Ayurvedic hospitals have provided quality care to their patients. Ayurvedic hospitals cannot reach their full medical potential while biomedicine remains the dominant medical system despite proper medical training and education. Both biomedical and Ayurvedic doctors asserted that Ayurveda, while lacking in curative care, can provide substantial preventative care to Sri Lankan citizens. According to both kinds of doctors, Ayurvedic patients tend to have a better, more holistic understanding of their health and how to lead a healthy and proper lifestyle.

Despite criticism, CMA does explore the individual and the micro level while connecting both with the macro level. The individual was one level that was heavily utilized in the methods of this research. This study did not place emphasis on numbers and quantitative data. It primarily focused on the views and perceptions of the individual and analyzing how those perceptions

played a role in Sri Lankan healthcare. The microlevel can be analyzed by understanding the interview questions. The microlevel was essential in understanding how doctors and patients interact with one another and how those interactions play a role in the way Sri Lankans utilize their healthcare. For example, the interactions of doctors and patients was considered extremely important to most Sri Lankan patients. While some informants expressed that they did not care about their interactions with doctors, most stated that their most vivid experiences in hospitals centered around such interactions. Many Sri Lankan informants stated that private biomedicine, government and private Ayurvedic hospitals provided a friendlier, more inviting atmosphere which enhanced their confidence in their treatment. Many of the informants who sought out private healthcare did so because the facilities were nicer and the interactions with their doctors were friendly. It is through these interactions that the patients felt better informed of their health and felt as though they could educate themselves by asking their doctor questions that they would otherwise not have time for in a government hospital. The individual and micro level of healthcare will be further discussed when analyzing the conceptualization of health and illness along with the interactions between doctors and patients. While the individual and micro levels are important when studying healthcare, CMA provides a strong argument that the macro level of healthcare is of the utmost importance. CMA certainly has a strong argument; no matter how much one studies Sri Lankan healthcare one cannot separate the individual from the micro level and the micro from the macro level. Such levels are far too intertwined for a researcher simply to ignore any of the levels in Sri Lankan healthcare.

For many years, anthropology was not seen as a science concerned with the wellbeing of people nor was it associated with social justice. Anthropologists answered many questions that western countries asked to understand other countries and cultures. However, as globalism began

to take hold so did the need for social change. Other narratives and voices began to emerge in social science (Brown and Barrett 2010, 12). A social science which encompasses only a narrow range of theories and perspectives is of limited value and led to the development of applied anthropology as a subfield of the discipline (Brown and Barrett 2010, 12). Through diversity, anthropology began to take a more progressive turn to survive in an ever-changing world. Such conditions helped paved the way for the expansion of applied approaches in anthropology. Applied anthropology takes anthropological theories and concepts and applies them to a variety of workplaces, human problems and causes (Brown and Barrett 2010, 12). Such approaches enable companies, corporations and organizations to employ anthropologists to assist with social problem solving and investigations. However, some anthropologists choose to utilize their expertise in areas of social justice and preserve cultural sovereignty. Medical anthropologists apply their work in the medical sector in two settings: clinical (working in a hospital) and public health programs (organizations) (Brown and Barrett 2010, 12). These settings will utilize anthropologists to develop explanatory models, consultations, doctor-patient interactions, and work with epidemiologists (Brown and Barrett 2010, 13). Some medical anthropologists even study nongovernmental organizations in global health to expose cultural and bureaucratic assumptions toward public health. They also seek to minimize obstacles to the implementation of locally relevant, effective and culturally sensitive programs (Brown and Barrett 2010, 14).

Sri Lanka is in the midst of many social changes, with its medical systems being of high priority. While most Sri Lankan doctors voiced concerns about overpopulation and overwhelming work environments, many hoped for help from other organizations to minimize these crises. Most Ayurvedic and several biomedical doctors were quite vocal about the idea of implementing outside, unbiased, organizations to assist in not only crowd control and stress

management for doctors but also to assist in the integrity of governmental affairs as well. In fact, nearly all informants expressed concern regarding the allocation of medical funding by the Sri Lankan government. Many of these informants believe that the funding necessary to help manage many issues in Sri Lankan hospitals go into the pockets of government officials. Some informants believe that international players such as the World Health Organization also take a large portion of Sri Lanka's medical funds. Regarding what avenues social scientists should pursue in studying Sri Lankan healthcare, it is clear that these scientists cannot conduct research solely within the safe confines of hospitals. Social scientists need to analyze the allocation of medical funding and assist in the implementation and enforcement of policies that will ensure governmental integrity. Unfortunately, one cannot separate issues within a Sri Lankan hospital from the government. Consistent with the perspectives of CMA, biomedical hospitals are a product of global capitalism. Therefore, problems caused by global capitalism (lack of services, cultural solidarity, accessibility, etc.) will be evident in its products. Government hospitals are not the only medical entities facing challenges in the medical field. Private hospitals also face their fair share of issues daily that may be better managed with increased social awareness and activism. Private biomedical hospitals, especially in rural areas, are not equipped with proper instruments and facilities. According to biomedical doctors, this is primarily because they lack proper funding and cannot charge rural citizens enough to keep these hospitals up to date regarding facilities and equipment. According to these doctors, proper medical equipment and instruments are far too expensive for regions in the country that face economic disadvantages. Therefore, private hospitals often cannot provide the care their patients need and have no choice but to send them to the nearest government hospital which may be several miles away. For patients who do not own a vehicle or cannot afford to take time off their work, this can be

detrimental to their health. Medical activism, while still in its infancy in Sri Lanka, may be able to marshal the resources required to provide the specific medical equipment that each rural hospital needs to care for the majority of its patients. For example, several doctors noted that areas which may have a higher rate of cancer should be capable of providing proper medical care for cancer patients without sending them away to another hospital. Many of these doctors also added that such areas should provide cancer awareness and preventative care to all citizens regardless of ethnicity, gender or social class. If certain areas in the country are more prone to NCDs then accessible programs should be available to all citizens in that area. As stated before, hospitals in that specific area should be able to provide medical care to their patients suffering from NCDs and should never be sent away to a government hospital. Like private biomedical doctors, Ayurvedic doctors who own their own private hospitals also fall victim to financial obstacles for their patients. One Ayurvedic doctor who works at a private clinic discussed the varying degrees of medical injustice due to economic disparities in her patients. According to this doctor, she tends to attract tourists and other foreigners who often have no financial issues paying their bills after their checkups. Most of these checkups involve a variety of therapeutic procedures used to prevent issues such as bone and muscle problems. This doctor stated that she educates her patients on these procedures and how to prevent medical issues from arising. However, for every economically privileged patient who comes to her office, there is always a financially disadvantaged patient seeking medical treatment from her. She explained that many of her patients go to an Ayurvedic hospital because it is simply their only option; a private biomedical hospital is too expensive and the nearest government hospital that could cater to their needs is too far away. This doctor admitted that Ayurveda is far too often unable to treat patients suffering from progressive diseases and illnesses. Throughout the interview, she consistently

expressed regret for not being able to help her patients and for the fact that the lack of access and education regarding preventative care takes a significant toll on her patients. This doctor was adamant that if awareness of and education about preventative care were available to all citizens there would be fewer patients seeking curative care in biomedical hospitals and more patients seeking preventative care in Ayurvedic hospitals. She added that as the number of patients for Ayurveda increases, so would the need for and acceptance of Ayurvedic doctors increase, thus challenging the negative stigma related to the lack of efficacy of Ayurvedic medical care. In fact, several Ayurvedic doctors asserted that, if there were greater awareness of preventative care among Sri Lankans, diseases and illnesses such as CD's and cancer might decrease due to changes in Sri Lanka's medical care.

As stated several times throughout this chapter, biomedicine and Ayurvedic medicine need to come to a compromise regarding their role in Sri Lankan healthcare. While this statement may seem obvious, measures taken to implement such changes are another matter. The purpose of introducing medical anthropological theories and approaches here is to provide possible avenues for understanding Sri Lankan healthcare in a more social scientific sense than what was expressed by informants. However, many of the informants discussed several anthropological theories without their knowing. As stated by all professional informants, it is one thing to study Sri Lankan healthcare from a strict biological viewpoint. However, once culture and social/political climates are introduced into the larger scope of health such topics become intertwined with symbolism, meaning and multiple cultural dimensions that enable an individual to make sense of their health and illnesses. Sri Lankan biomedicine and Ayurveda must be analyzed holistically rather than being studied strictly within the confines of biomedical science. Their relationship with disease and culture along with the broader social/political climate they

inhabit must also be brought to the forefront of research. This means that the concepts and assumptions about illness and how such experiences make sense to the individual and culture should be taken into consideration. Understanding how a culture perceives health is important, but researchers cannot study a culture's conceptualization of health without appropriate theories and approaches to help organize the data they have collected. A layman's example could consist of multiple intertwined factors. One can study each factor, or one can study the relationship among these factors. However, without an attempt to untangle these factors, one has no way of analyzing and focusing on specific ones. Anthropologists are not studying the entire knot at once; they are studying the strands and links that make that knot. Whether they study culture utilizing the material or the interpretive approach, anthropologists use theories and approaches to make sense of what they are trying to untangle. It is for this reason that a variety of approaches were utilized in this research to explore cultural ideas and assumptions regarding health.

The Conceptualization of Illness

Doctors and their patients have a unique relationship with one another. This interaction is filled with cultural cues, symbols, gestures, and values that can ultimately make up the course and outcome of that interaction. But one cannot simply sit through a medical checkup if one wants to understand such an interaction on a deeper level. A researcher must first understand a culture's medical system and its definitions of health, disease, sickness and illness to understand any healthcare setting competently (Kleinman 1980, 25). To understand health in the context of culture there are topics that need to be taken into consideration. Such topics include understanding the internal structure in that culture's healthcare system, understanding that

system in a culturally bound context, using that context to understand the conceptualization of illnesses, and being able to apply this information cross culturally (Kleinman 1980, 24).

A healthcare system is a concept that consists of socially organized responses to diseases which constitute a socially acceptable system (Kleinman 1980, 24). Although this concept is often constructed by the researcher, there is evidence to suggest that some cultures conceptualize their own healthcare system and that researchers can use this culturally based concept (Kleinman 1980, 25). This system is derived from the way people act and use its components. These components include how people may perceive, label, explain and treat their illness (Kleinman 1980, 26). As one would guess, these systems may vary as much as social reality can vary across different aspects of cultures such as religion, gender, age, social class, ethnicity, etc. This means that these activities within such systems are influenced by social institutions, social roles, interpersonal relationships, social/political constraints and available treatment (Kleinman 1980, 26). In other words, the healthcare system is a product encompassed by the culture it resides in.

The internal structure of a local healthcare system is usually composed of three overlapping parts: popular, professional and folk sector (Kleinman 1980, 49). There are different interpretations of clinical realities within these sectors and they often reflect different systems of meaning, norms and power (Kleinman 1980, 50). One could even say they are their own medical cultures. The largest sector, and typically the most overlooked, is the popular sector (Kleinman 1980, 50). This sector contains multiple variables such as family values, social networks, communities and beliefs of individuals and the people they are affiliated with. This sector is often where the illness and sick role are first identified, and health care activities are first initiated (Kleinman 1980, 50). Choices and measures taken by the patient in this sector are anchored in cognitive and value orientations of the popular culture which assist the patient in

determining which sector to utilize next (Kleinman 1980, 50). Patients utilize this sector as a consolidation period by confiding in their parents, friends, family, co-workers, and other loved ones in determining whose advice to comply with, what alternatives they have to switch to, if such advice and alternatives are effective and if they are satisfied with their method of treatment (Kleinman 1980, 51). People with whom the patient affiliates will often consider behavior exhibited by the patient as normal or will validate the sick role (Kleinman 1980, 52). Such measures may seem ordinary, but it is through these measures that the patient is partaking in health activities. This sector is often used as a hub between the professional and the folk sector as it contains entrances, exits and interactions between the other sectors (Kleinman 1980, 51). This sector can be summarized as self-treatment by the individual and the family and is typically the first measure taken when compared cross culturally. The individual is not necessarily cognitively preoccupied with the illness or the sick role. They are typically more preoccupied with health and maintenance (Kleinman 1980, 53). This sector is also a place where the individual can take time translating the medical languages they learned in the other sectors (Kleinman 1980, 52). They can make sense of their illness from their culturally bound perspective. Such perspectives are products of the overall cognitive values of the popular culture that they inhabit. Because this sector tends frame the consciousness of the individual, preventative care has gone unnoticed by many professionals including anthropologists (Kleinman 1980, 53).

Sri Lankans are no exception, as all lay informants mentioned that it is their own understanding of their symptoms that dictates where and who they seek treatment with. According to lay informants, they often try to avoid going to a hospital or clinic if they know they can treat their illness at home with remedies such as detoxing with a humidifier or drinking a certain beverage. Many informants discussed the communal dynamics within a typical Sri

Lankan family. When a family member is sick, the family typically cares for that person unless the disease or illness requires professional attention. Once the decision is made by the individual and possibly his or her family to go outside the popular sector, they then decide where and who they should seek treatment with. In the case of many of the lay informants, they will seek treatment at a government biomedical hospital if the illness is an emergency. If the illness is not an emergency, many will seek treatment at a private biomedical clinic if they know the specialist and if they have the funds to do so. However, some informants may go to an Ayurvedic hospital or clinic depending on what illness they have. According to the informants who utilized Ayurveda, they make the decision to seek treatment if their illness involves bone, soft tissue or respiratory problems as these are typical issues that people go to Ayurvedic practitioners for. These informants also mentioned that they may go to a private Ayurvedic doctor for more preventative care or maintenance. One informant stated that she only goes to a private Ayurvedic doctor for her acne prevention and facial maintenance. Informants also discussed how they maintain their health and treatment after coming back from a hospital or clinic. According to these informants, this is the time when they get to test out the instructions given to them by the specialist. For example, one informant discussed his father's diabetes and how his doctor told him to be careful with his diet. However, his father struggled with this instruction because he had to completely change a diet that he had been eating since childhood. One informant stated that she had difficulty maintaining instructions given by her Ayurvedic doctor who told her to put ointment on her sprained foot three times a day. She explained that the ointment smelled odd which made it difficult for her to apply the ointment three times per day as her doctor asked. She was in the comfort of her own home during these incidents and felt as though there was a lack of accountability when patients leave the clinic. This informant is not alone, many informants

mentioned that continuing medical care at home can be difficult when not under the supervision of a medical specialist. Ayurvedic doctors all voiced concern over the lack of initiative taken by patients when they leave their hospital or clinic. They claim this is one of the biggest reasons why Ayurveda does not always produce results desired by their patients. Some lay informants shared stories of their parents or grandparents having an easier time following through with medical instructions requested by the doctor due to the fact that preventative care was much more commonly practiced in the home generations ago often without the requirement of a medical specialist.

According to many medical doctors, Sri Lankans do not practice preventative care and folk healing as much as their ancestors. Sri Lankans visit hospitals and clinics more than ever before due to the westernization of the country and credentials required to practice medicine in a government hospital. Curative care has also come into the forefront of concerns for many Sri Lankan doctors and their patients. It is for these reasons that the professional healthcare sector has become such a widely utilized sector in Sri Lanka.

The professional healthcare sector contains organized healing professionals who practice what is often known as “modern medicine” (Kleinman 1980, 54). This sector is composed of medical practitioners receiving their education at an institutionalized level. It is important to note that the professional sector does not necessarily refer solely to biomedicine as many may think (Kleinman 1980, 54). The professional sector will be different in each culture. This is due to both the fact that indigenous medicine can be practiced at an intuitional level and through the process of decolonization (Kleinman 1980, 54). In Sri Lanka, while biomedicine is recognized as professional healthcare, Ayurvedic doctors go through the same institutions and take the same series of exams and tests. While the professional sector is often associated with what is culturally

deemed as “reliable medicine”, social scientists can overlook some aspects that can have a rippling effect within a society (Kleinman 1980, 55). For example, medical relationships, access to modern medicine and urban areas versus rural areas are all significant variables within the professional sector. Such variables are considered social realities which can have a powerful influence over all sectors (Kleinman 1980, 55). For example, biomedicine is the dominant form of healthcare among urban Sri Lankans. However, due to socioeconomic statuses, biomedical accessibility and traditional conceptualization of health, Ayurveda is more readily available in rural areas to help fill in the lack of accessibility that Sri Lankans have to a biomedical hospital. While the professional sector tends to be a popular choice for many patients, it is not without its criticisms. According to many medical anthropologists, there tends to be a hierarchy between the professional and the folk sector (Kleinman 1980, 57). This hierarchy is often implemented by the professional sector which views other sectors of health as less effective and even dangerous to the individual (Kleinman 1980, 57). Another criticism faced by this sector within biomedical systems is that it tends to place biological aspects of health are too often considered the only important aspects of health. This designates cultural and psychological aspects of health as less important (Kleinman 1980, 57). Some biomedical doctors even went so far as to state that the funding to Ayurvedic government hospitals is a waste of money. One felt as though Ayurvedic medicine tries to focus too much on the mental and spiritual aspect of the individual. While they did not have an issue with mental or spiritual wellbeing, they saw Ayurvedic medicine as neglectful of physical medical wellbeing. Another criticism of the biomedical professional sector is the stereotypical assumption that professionals within this sector are often insensitive toward other healers and tend to display arrogant or condescending attitudes toward their patients (Kleinman 1980, 57). Such accusations have been voiced by informants in this study. Many

informants felt as though biomedical doctors in government hospitals negated and even ignored concerns voiced by their patients. Although Ayurveda can be placed within the professional sector, informants stated that there was a bias within this sector placing biomedicine above Ayurveda.

According to several Ayurvedic doctors, funding for government Ayurvedic hospitals is often neglected by the Sri Lankan government partially because doctors who work directly with the government are mostly biomedical doctors. Such doctors place biomedicine above Ayurveda in terms of care and practice. This results in Ayurveda not only having to battle for approval from the government but for patients as well. According to both Ayurvedic doctors and many lay informants, Ayurveda is a socially stigmatized medical system within Sri Lankan healthcare. While Ayurveda is known for its specialty in repairing bone and soft tissue along with preventative care, it still faces the social stigma that it is inherently inferior to biomedicine. Such a reputation proves itself to be a barrier for many Ayurvedic doctors and their ability to provide accessible care to the public. According to Ayurvedic doctors, this is especially difficult due to all that Ayurveda has to offer in terms of physical, mental and spiritual care.

Many lay informants in this study were also concerned about the lack of treatment and care in biomedicine regarding mental and spiritual wellbeing. Lay informants in this study who currently practice mental maintenance often go to a mental health specialist at their personal business rather than a clinic or hospital. One informant stated that he does not visit a mental health specialist because he is unable to access a clinic that provides such services. No lay informants in this study mentioned that they would seek mental or spiritual treatment with Ayurvedic medicine. However, several Ayurvedic doctors stated that their medicine and care can be especially useful for individuals suffering from mental illnesses or disabilities. Some lay

informants mentioned that they will seek out Buddhist priests/priestesses for mental health and spiritual therapy before thinking about going to a medical specialist. One informant explained that Sri Lankans will often seek out a religious specialist for mental or spiritual comfort or health due to the nonjudgmental, trustworthy care expected from a priest or priestess.

The attitude of biomedical doctors was another concern voiced by several informants including some medical specialists. As previously discussed, many lay informants and Ayurvedic doctors stated that rudeness and arrogance was a serious problem in biomedical hospitals and clinics. However, many biomedical doctors addressed this concern stating that they often experience mental burnout and stress during their job. Such stress causes them to lash out at coworkers and patients and even negate concerns voiced by their patients and other medical practitioners.

The third and final sector is known as the folk sector. This sector is characterized by its non- bureaucratic specialists who come from non-institutionalized forms of medicine (Kleinman 1980, 59). This sector contains many components but is more closely related to the popular sector than to the professional sector due to the strong cultural and psychological undertones it carries (Kleinman 1980, 59). The folk sector is also classified into sacred and secular parts, but such parts are often blurred and overlap in practice. The folk sector is grounded in culture. This entails that folk healing and treatment are more closely associated with sacred and secular values (Kleinman 1980, 59). Sri Lankan Ayurveda, though institutionalized in the government sector, is still recognized as folk healing by the Sri Lankan public. According to informants, while Ayurvedic doctors who work in a government hospital go through a similar institutional level to earn their medical degrees, private Ayurveda can abide by a very different list of credentials. For many traditional, private Ayurvedic doctors, they take their exams by partaking in an

apprenticeship with a superior doctor. These doctors typically have their own clinic in a house in rural areas. According to most informants, Ayurveda is not only seen as a healthcare system but also as a symbolic staple of Sri Lanka. Ayurveda is considered a lifestyle by encouraging not only a healthy relationship between patient and specialist but also a healthy physical, mental and spiritual way of life. Many informants added that such care for one's own body is reflective of how Sri Lankans lived in pre-colonial times.

Like the professional sector, folk medicine endures its fair share of criticisms. Minimal empirical work has been done testing the effectiveness of folk medicine and the research that has been conducted is often only done from the perspective of western science (Kleinman 1980, 59). The reality is folk medicine is difficult to measure due to variables such as the sick role, illness, the individual, the culture, etc. (Kleinman 1980, 59). For example, the treatment of a disease in the professional sector may result in the complete annihilation of that disease. However, the illness and even the sick role may still be in effect. Treatment within folk medicine may not always eliminate the disease but it may heal the illness or sick role. All these variables can be measured, but controversy ultimately involves the effectiveness of what is deemed most important by the individual and the culture (Kleinman 1980, 59). Some informants stated that not only have they encountered situations where Ayurvedic medicine failed to work but they have also heard of cases where it inflicted more harm than good on the individual. One informant shared that she had a friend who went to an Ayurvedic doctor to fix a minor sickness. However, the concoction given to her friend not only failed to heal her but masked more serious symptoms. She had to be admitted to a government hospital due to the severity of the illness. As one can see, Ayurvedic medicine is not just a combination of oils one can simply buy at a store. These

are powerful medicines that, like biomedicine, can have serious consequences if abused, used or administered incorrectly.

Like many indigenous medicines, Ayurveda has also been criticized for being too outdated, thus causing complications with treatment and healing. One informant's father went to an Ayurvedic doctor for a broken shoulder. While it was still usable, the shoulder did not heal correctly under the care of this doctor. Ayurvedic doctors were insistent that, while complications, malpractice and failure have been present within Ayurveda medicine, biomedicine has had its fair share of the same issues as well. They explained that Ayurveda is a medicine that depends on mutual responsibility. While it is the responsibility of the practitioner to diagnose, cleanse, treat and heal the patient, it is also the responsibility of patients to follow through with the instructions and medicine their practitioner gives them. Failure on either side will cause the medicine and care not only to fail but may cause devastating consequences. These doctors were confident that under the right care and through consistent discipline of the patient, Ayurveda can heal many types of diseases and illnesses. Sadly, some mentioned that any research done regarding the effectiveness of Ayurveda is not readily available to the public which would provide valuable insight into Ayurvedic medicine and healthcare.

Understanding health in cultural context is not something one research paper can adequately analyze. This is a multidimensional, multilayered realm within culture altered by multiple cultural shifts over time. It is an elastic concept shaped by culture and society and must be studied within a larger sociocultural and political economic context (Baer, Singer and Susser 2013, 5). For example, many mental conditions have been more pronounced in some cultures than in others. These are considered culture specific syndromes (Brown and Barrett 2010, 221). Mental conditions that may seem straightforward and easy to interpret may not be considered the

same mental condition in another culture. Even emotions have been analyzed by social scientists in culturally conscious contexts (Brown and Barrett 2010, 221). For example, in the western world, there is typically one concept of guilt. However, in Sri Lanka, Ayurvedic doctors have claimed that there are varying kinds and levels of guilt. One doctor explained that an individual may feel guilt within their own lifetime, but they may feel karmatic guilt for their next life for fear they will be affected after their rebirth. Different cultures tend to have their own ethno-psychiatric systems of diagnosis and curing an illness which are based on cultural assumptions and expectations (Brown and Barrett 2010, 222).

Many criteria for health issues and concepts contain proximate and ultimate causes. Proximate cause refers to the immediate reason for some physiological disruption while an ultimate cause refers to why such a disruption even occurred (Wiley and Allen 2017, 24). These concepts are important when analyzing Sri Lankan biomedicine and Ayurveda. According to the biomedical doctors, NCD's and other diseases are caused due to lack of proper diet, exercise and even the lack of education about prevention. However, according to the Ayurvedic doctors, these diseases are inflicted on someone not just for the lack of diet and exercise but also due to their lack of a healthy mental and spiritual development. Two lay informants, both of whom were over 40 years of age, stated that their karma was part of the reason for the status of their health. When asked to elaborate, both explained that if one practices good merits along with respecting their bodies with good food and spiritual health then they will be rewarded later in life.

The concept of health is one that dictates all healthcare in any culture and in any setting. Although NCD's, mental health, addiction, and preventative care have all been discussed, it is also important to assess the concept of disease, sickness and illness. What is the sick role in Sri Lankan Ayurveda? Would a lay Sri Lankan wholeheartedly agree with a biomedical doctor on

what a disease is? What is considered an illness in Sri Lankan culture? Unfortunately, the answers to all these questions are not cut and dried. As discussed before, disease is a physical alteration that impacts the body and must be supported with clinical evidence. The concept of disease in Sri Lankan culture is a bit easier to understand as biomedicine is currently the dominant sector in Sri Lanka. However, Ayurvedic doctors in this study have stated that their definitions of a disease also align with their biomedical counterparts. Nonetheless, sickness and illness contain more multilevel definitions and beliefs between the two systems. Possibly the most popular topic discussed among the informants was the strikingly different treatments of physical sickness and mental sickness in both biomedicine and Ayurveda. Such treatments appear to stem from cultural ideas about expectations and responsibilities of the patient along with stigmas associated with such sicknesses. Nearly all informants under the age of 40 felt that physical sickness is sympathetically and similarly understood within both healthcare systems. For example, if a patient is experiencing a fever, they will have a list of symptoms that they will expect such as experiencing physical pain and constantly sleeping. Such symptoms are expected in both systems with different instructions as to how to eliminate the illness or sick role. However, more westernized abstract sicknesses such as depression, anxiety, addiction, schizophrenia, chronic stress, or learning disabilities are not always equally recognized in both systems. It is important to note that these sicknesses are categorized based on biomedicine. Such sicknesses may not be recognized as the same in Ayurvedic healthcare and in many Sri Lankan cultures. A surprising number of younger informants noted that such sick roles may be accepted as legitimate sicknesses in one system but not in another. The informants explained that mainstream Sri Lankan culture tends to value collective perceptions and responsibilities. Sick roles associated with anxiety and depression tend to be perceived as selfish because the patient

does not live up to their collective responsibilities in the home and in society. Therefore, it can be argued that the sick role associated with mental health is recognized and categorized differently in mainstream Sri Lankan culture. Some informants discussed addiction and its distinct perceptions, especially among the upper and middle class. These informants mentioned that addiction is not widely recognized as an illness and, therefore, contains no recognized characteristics that constitute a sick role. Informants stated that when an individual suffers from addiction, they are not sick but merely selfish and irresponsible for not caring for their family. While some Ayurvedic and biomedical doctors did state that mental sickness are very real illnesses, others felt as though it is up to the individual to care for themselves and change their attitude for their families, friends and society. Some biomedical doctors felt that such responsibilities included medication so that they would not experience the roles associated with such mental illnesses. However, some Ayurvedic doctors stated that such roles can be cured with a specific diet, therapy, concoction, spiritual and mental assessment or a combination of several treatments. While the ideas of disease and sickness are similar within both Ayurveda and biomedicine, it appeared in this study that illness, especially in relation to mental and spiritual health, tended to be the most distinctive and unique within both systems.

Illness is unique from sickness and disease in that it can be defined as an interpretation of symptoms. Such interpretations are embedded in individuals through a culturally changing system of meanings that are embodied through lived experiences (Kleinman 1988, 17). These experiences are inherently subjective and include varying motives and behaviors to alleviate the discomfort inflicted by the illness (Wiley and Allen 2017, 16). The aspects of an illness include its epidemiology, symptomatology, illness behavior, course and outcome (Brown and Barrett 2010, 223). In other words, the life cycle of an illness can be defined by identifying what

constitutes as an illness, the symptoms associated with the illness, the intended sick role and behaviors displayed by the individual, the course of the illness and whether the illness is cured, healed or chronic (Kleinman 1988, 3). It is also important to note that the process inflicted by the illness does not limit itself to the individual. Family members and loved ones also experience the illness by living with the individual and responding to symptoms imposed on the individual. Both the individual and their loved ones are faced with illness problems which are primary difficulties that symptoms and disabilities create in their lives (Kleinman 1988, 43). Informants who have taken care of relatives suffering from NCD's, and illnesses associated with old age discussed how their lives were altered due to the illness or disease of their relatives. For example, one informant's father suffered from diabetes. He shared the ways in which his life changed such as hiring an in-home caregiver, changes he had to make in his home to make it more accommodating for his father and even how he had to make accommodations so he could ensure his father made it to all his appointments. Not only can these experiences be life altering but some are chronic, imposing consistent discomfort onto the individual.

A chronic illness can be defined as the sum of many events that occur in an illness career (Kleinman 1988, 8). As stated in the research, Ayurveda tends to attract individuals who either wish to practice preventative care or who suffer from chronic pains or problems. One informant's mother had arthritis and chose to seek the consistent care of an Ayurvedic doctor due to her fear of surgeries. While the informant voiced that he would have just gone in for surgery if he knew it would heal him, his mother was a traditionalist who saw Ayurveda as an alternative avenue to avoid surgery and to practice other methods to prevent other chronic bone problems. Many patients who received treatment with Ayurvedic doctors did so because biomedicine could not cure their chronic illnesses. For example, one informant talked about her chronic migraines

and the medication that her biomedical doctor gave her for pain and symptom relief. However, she felt as though the medication was only masking the symptoms rather than curing the migraines. She then received treatment from an Ayurvedic clinic and followed instructions given to her by her Ayurvedic doctor. In less than a month, she no longer suffered from migraines. While she stated that she appreciated and even preferred biomedicine, she admitted that Ayurveda was more effective for her chronic problems. She was convinced that there were probably several root causes of her migraines that Ayurveda was able to treat all at once due to its holistic approach. Another informant stated that he too suffered from migraines and had to be very diligent with his aftercare instructed by his Ayurvedic doctor. This informant also noticed that his migraines were gone within two weeks after using the oils and treatments given to him along with changing his diet. One informant who suffered from chronic gastritis was unsatisfied with biomedical treatment because the medicine only masked symptoms associated with the illness. He went to an Ayurvedic doctor who gave him medicine and diet restrictions. While he still must be mindful of his diet, he stated that he never experienced any issues after beginning his Ayurvedic treatment. Another informant discussed her cousin who suffered from a learning disability. She explained that biomedical doctors could give no solution to her family regarding treatment and therapy. However, she saw a significant improvement with his mental health when his parents took him to Ayurvedic doctors for therapy and treatment. While he still suffers from a learning disability and must continue lifelong therapy, she is confident that Ayurveda was the right choice for her cousin's treatment.

While some informants were pleased with the results produced by Ayurvedic medicine, some were not satisfied with their treatment. Some informants who tried Ayurvedic medicine stated that they saw no signs of improvement. One informant's mother showed no signs of

improvement with her arthritis even after Ayurvedic treatment. Other informants had too many reservations about their Ayurvedic medicine and treatment. One informant tried Ayurveda for her skin treatment but could not follow through with using her oils due to the strong odor that would linger on her face after use. Another informant's expensive shoes were stained due to the Ayurvedic oils she would put on her ankles and feet. Both informants said that they struggled with their chronic problems when seeking treatment with Ayurveda due to the unattractive medicines and felt it was easier simply to seek treatment with a private biomedical clinic. Another informant said she attempted Ayurvedic treatment for her wheezing as a child but did not experience any improvement due to not following through with the at home treatments. While Ayurveda and biomedicine can work in providing balanced treatment for a wide variety of people, such treatments do not always produce the same result for every individual. Doctors from both Ayurveda and biomedicine explained that the human body is not the only variable in medicine and treatment. Culture, lifestyle, socioeconomic status, family and even location can affect how one receives treatment both within a medical setting and at home. As previously stated, not only can these be complicated variables but even illness itself is a broad term containing many meanings.

An illness typically has or conceals more than one meaning for the individual (Kleinman 1988, 8). This is because the course and outcome of an illness is often influenced, in part, by culture. It is for this reason that anthropologists need to understand how symptoms and illnesses have meaning by first understanding normative conceptions of the body in relation to the self and world (Kleinman 1988, 13). Because illness is partially culture bound, symptoms of an illness can vary cross culturally. For example, the concept of a split personality in the West is much more commonly accepted due to the definition of what the individual is (Brown and Barrett

2010, 229). Nonwestern cultures may include individuals who may exhibit similar symptoms of a split personality, but that does not entail the same diagnosis (Brown and Barrett 2010, 229).

The illness experience is a unique path with an equally unique outcome depending on the culture and demographics of the individual. The manner in which one manifests one's disease or distress is a social product constructed by categories of personal and cultural meaning combined with strong political and economic forces that shape the individual's daily life (Baer, Singer and Susser 2013, 8). While this may seem like a very broad way to describe one's illness experience, it can be best understood by analyzing what anthropologists call the "Mindful Body" (Wiley and Allen 2017, 23). The Mindful Body is a concept of three combined entities of the overall experience of the individual. The first entity includes the individual who is the sole host of the disease or illness (Wiley and Allen 2017, 23). The second entity is known as the social body which connect the individual with the social world he or she inhabits. Social scientists have found that the social body inflicted with social inequality, divisions or conflict is more likely to harm the individual (Wiley and Allen 2017, 23). As stated by many informants in this study, social and economic inequality is one of the primary reasons why healthcare can be such a difficult luxury to attain in many rural areas in the country. Sri Lankans living below the poverty line often cannot afford to take time off work to go to a government hospital and certainly do not have the economic means to seek treatment at a private clinic. The third body is known as the body politic which includes ways in which social, economic or political forces control, and sometimes inhibit, opportunities for optimal health for the individual (Wiley and Allen 2017, 23). For example, political forces ultimately decide where medical funds are allocated. Unfortunately, according to many informants, areas that receive the most funding are in urban areas that have a lower percentage of individuals living below the poverty line. Areas higher in

poverty may only have a few options of where to seek medical treatment. It is also important to note that several informants mentioned that biomedical doctors tend to move to urban areas due to the easier, less traditional lifestyle. Living preference is certainly not the only way in which social and political factors control Sri Lanka's healthcare. According to many doctors in this study, private schools offering medical degrees is a controversial topic in Sri Lanka resulting in strikes across the country by doctors who earned their degrees from the government. According to some informants, many doctors believe these private schools are not as strict as they should be and feel as though degrees are being handed to students from wealthy families. Some informants even added that government doctors will even pressure their peers to go on strike. One doctor mentioned that he has personally encountered doctors harassing and bullying each other into going on strike. Unfortunately, this has resulted in a shortage of doctors being able to provide medical care to their community. The idea of the Mindful Body lives up to its name in that individuals cannot be medically analyzed by themselves. The social body and the body politic of the individual is a more mindful, thorough approach in analyzing one's illness experience.

While the illness experience encompasses the concept of an illness, its course, and overarching variables that dictate how healthcare is managed, it also includes which professional healers are sought out for treatment (Kleinman 1988, 4). The illness experience is a complex and long journey starting with what the individual would label as an illness. Once an illness has been identified, the individual will deal with it within their social and cultural means (Brown and Barrett 2010, 230). However, anthropologists studying the illness experience know that one cannot simply stop at the treatment in and of itself. The individual, the social body and the body politic need also to be taken into consideration to understand medical utilization within any given society (Wiley and Allen 2017, 23). Such analysis can provide context and insight into perhaps

one of the most commonly studied interactions within medical anthropology: the relationship between healers and their patients.

Communication Between Patients and Medical Specialists

Communication between doctors and their patients has often gone overlooked by social scientists throughout history. In the past, medical anthropologists would exclusively study the role and responsibilities of medical specialists (Kleinman 1980, 205). However, understanding that input by the patient can prove itself to be just as important, anthropologists began studying and interviewing lay informants while paying no attention to the nature of the interaction between the two parties (Kleinman 1980, 205). While such interactions are important when analyzing their relationship, it does have its limitations. Not only does studying the isolated interaction between the doctor and their patient impose western medical views of clinical reality on a universal scale but it can even distort the understanding of medical systems in the context of a culture (Kleinman 1980, 206). This isolated interaction can also promote the idea that such relationships only concern those two parties. However, other participants like family members, loved ones, and even otherworldly beings can also be involved in the doctor/patient relationship (Kleinman 1980, 205). The relationship between a doctor and their patients is not neutral. Each party brings something, whether expressed or concealed, into the interaction which can strongly influence such an encounter (Strathern and Stewart 2010, 197). Many factors can influence communication between doctors, their patients and other parties involved. All parties involved bring positive and negative personal experiences along with them as they work together to bring a result of curing, healing or a unique mixture of both (Strathern and Stewart 2010, 198). Many

anthropologists rely on setting up an interaction criterion to help them maintain cross cultural comparison to the best of their ability. While there can never be a clear-cut set of criteria to cross culturally compare different medical systems, it does help one to understand how each medical system operates. Such understandings can help the researcher analyze the communication between doctors and their patients (Strathern and Stewart 2010, 198).

When studying communication between doctors and their patients, three factors often influence such interactions and encounters. One factor is the foci of interest within each medical system in a society which can play a significant role in the process of diagnosis and treatment (Strathern and Stewart 2010, 198). Another factor is the fact that all doctors and healers have an already existing framework of ideas and knowledge that can both enhance and constrain their approach and level of communication (Strathern and Stewart 2010, 199). Lastly, another factor includes the particular social contexts that both doctors and patients are a part of which place them in relation to each other in terms of education. Such education can range from a non-bureaucratic to an institutionalized level (Strathern and Stewart 2010, 199). These three factors are demonstrated by power on all parties involved. Such factors are resources that can produce power or lack thereof to determine how decisions regarding diagnosis and treatment are made. These factors can then act as resources which can determine how those decisions are followed or not followed by the receiving parties such as the patients (Strathern and Stewart 2010, 199). While these factors can help researchers in analyzing communication between doctors and their patients, such factors can also help put into context sets of criteria utilized by many anthropologists when systematically collecting ethnographic data.

Introduced by renowned medical anthropologist, Arthur Kleinman (1980), a criterion for framing cross cultural comparisons along with systematically collecting ethnographic data has

been utilized by many medical anthropologists (Kleinman 1980, 207). According to these criteria, there are a total of five things that can be determined for any type of interaction between doctors and their patients. These five aspects of doctor patient communication include the institutional setting of the interaction, the characteristics of the interpersonal interaction, the idiom of communication, the medical system's clinical reality, and the therapeutic stages and mechanisms utilized by the medical systems (Kleinman 1980, 207). The institutional setting refers to the specific location of where the interaction is taking place. Characteristics of interpersonal interaction can include the number of participants, time coordinates of the encounter, quality of the relationship and the overall attitudes of the participants (Kleinman 1980, 207). Idiom of communication the mode and explanatory models used during the encounter (Kleinman 1980, 207). Clinical reality refers to whether the encounter is sacred or secular, disease or illness oriented, involves symbolic or instrumental interventions, therapeutic expectations such as treatment style, and the expected locus of responsibility (Kleinman 1980, 208). The therapeutic stages and mechanisms can include whether the interaction follows a tripartite organization or other structure, mechanisms of change, adherence, termination and evaluations of outcome (Kleinman 1980, 208). While each aspect will not be discussed at a great level, they will be mentioned when discussing how each medical system operates in Sri Lanka according to the informants interviewed.

Communication between biomedical doctors and their patients in Sri Lanka is strikingly different from their medical Ayurvedic peers. This can be because biomedicine tends to operate under different conditions with different sets of ideas of what is important in the process of diagnosis and treatment. Biomedicine recognizes a distinction between symptoms and causes (Strathern and Stewart 2010, 203). It also recognizes causes involved belonging to a category of

disease-bearing pathogens (Strathern and Stewart 2010, 203). Biomedicine also recognizes that causes are often hidden from the patient and can only be identified by a biomedical professional. If such a cause cannot be found, such conditions are out of the doctor's sphere of investigation and then resort to tests used to rule out potential causes (Strathern and Stewart 2010, 203). While such tests have proven to be potentially effective, such measures may unnecessarily upset the patient along with risking the doctor losing interest or urgency if more serious tests come back with a negative result (Strathern and Stewart 2010, 203). Given the logic by which biomedicine operates under, it is quite apparent that the success in diagnosis depends on broadening the doctor's decision-making process. While biomedicine argues that causes for an illness is often hidden from the patient, communication is crucial to aid doctors in broadening their decisions in treating a diagnosis. Chronic illnesses and diseases are no exception to this rule (Strathern and Stewart 2010, 204). In fact, the more doctors know about each individual patient through communication, the more effective their diagnosis and treatments will be. Most of what physicians know stems from not only their medical textbooks but also from their experiences with their patients (Strathern and Stewart 2010, 205). It is for these reasons that most biomedical clinics try to enforce doctor patient continuity by matching the patient with the same doctor whenever they can (Strathern and Stewart 2010, 205). Transparency and open communication have been proven to enhance the relationship between doctors and their patients. When they are unable to visit their typical doctor, biomedicine tries to enhance effectiveness of diagnosis and treatment by taking meticulous notes on patients (Strathern and Stewart 2010, 205). This is so that doctors can maintain communication with each other while following proper ethical guidelines enforced by each country or society. Much of what biomedicine tries to accomplish through communication tends to be most successful in private hospitals. One informant stated

that she had no difficulty communicating with her doctor and obtaining her records upon request. She felt there was a strong level of transparency and professionalism. Another informant stated that they can attend military government hospitals which often have better facilities and conditions than typical government hospitals. They also noted that they were able to spend time with their doctor to talk about their symptoms and concerns. Because the doctor had the top equipment and facilities in the country, they were able to effectively diagnose him with whatever symptoms or illness he was experiencing. All informants who utilized private clinics stated that doctors in such clinics have time to listen to them and ask them questions that prove to be crucial in their diagnosis. They felt a sense of rapport with their doctor and some even learned to build trust in their doctor. These same informants added that they follow through with treatments due to the level of trust they have with their preferred doctor. They also have noticed faster recovery time and a sense of holistic healing rather than being cured of their disease or illness. While some informants were lucky enough to have a preferred doctor whom they trust, some Sri Lankans do not have that luxury. For example, one informant discussed her involvement in the Sri Lankan Cancer Society. She shared her experience with Sri Lankan women and their lack of access to a doctor that would place their needs above the needs of those around them. In other words, because traditional women in Sri Lanka are taught to put the needs of their families above their own, women are highly susceptible to many types of illness and diseases due to lack of preventative care. According to this informant, all the energy that a traditional Sri Lankan woman could be using on her health gets utilized on her family. Not only is this apparent with many lay informants but doctors as well. Some biomedical government doctors who work in rural areas discussed their interactions and encounters with certain female patients who come into their clinic. Upon arrival, these women will usually list common symptoms such as

migraines or nausea. However, few government doctors choose to communicate with these patients rather than simply sending them away with medication. During such interactions, the doctors quickly discover that some of these female patients are not sick at all. As stated in the previous chapter, they simply want to get out of the house or want to find a temporary sanctuary away from the demands of their husbands and families. These doctors mentioned that this is very common among families whose husbands suffer from alcohol abuse. Such interactions cannot be concluded without the essential communication between doctors and patients. These informants also stated that most government doctors are unable to communicate with their patients in this manner. Private clinics cost money so most women who suffer from this dilemma choose to go to a government hospital. Interactions of this nature are proof that even an effective medical system is not without its drawbacks when it comes to its communication with patients.

Communication is crucial when a Sri Lankan biomedical doctor is communicating with their patient. However, what is just as important is ensuring that such interactions are not riddled with failed communications. Biomedicine is based on the distinction between the symptoms which are reported by the patient and the true cause of the disease which is determined by tests run by the doctor (Strathern and Stewart 2010, 199). And Overreliance on one or the other poses a great risk for inaccuracies. Biomedicine is reliant on the patient to give the doctor relevant information to find the cause of the symptoms, but such information may not always be accurate (Strathern and Stewart 2010, 199). The doctor or patient could overestimate or underestimate the severity of the symptoms along with attempting to test something as subjective as pain tolerance (Strathern and Stewart 2010, 199). Some inaccuracies could be the result of speech registers or confusion as not all medical terminology is common knowledge for many patients (Strathern and Stewart 2010, 205). Patients may also be discrepant with their doctor if their illness is not well

defined in the biomedical clinical reality (Strathern and Stewart 2010, 205). For Sri Lanka, the mind and body are traditionally seen as inseparable whereas biomedicine has historically seen them as acceptable dichotomies. While biomedicine is moving away from this distinction, one informant stated that older Sri Lankan doctors are very much in favor of the older biomedical approach separating the mind and body. Other inaccuracies could be a result of the doctor being overzealous or running unnecessary tests due to financial motives (Strathern and Stewart 2010, 199). While machine-based tests can be effective and useful, they usually exclude one or a few possibilities and gives no positive indication to aid future diagnosis (Strathern and Stewart 2010, 204). This is when doctors must rely on their own medical training and experience. However, according to many biomedical doctors, these avenues for miscommunication are difficult, sometimes impossible, to overcome.

Many biomedical doctors stated that they can see 100-200 patients per day. Such a number makes it impossible to have a good quality interaction with each patient. Many doctors explained that several patients do not even have a disease or illness. Government hospitals are often seen as social gatherings, thus adding more unnecessary appointments to their already busy schedule. One doctor's patients would sometimes tell him they saw a disease or illness on television and now want to know if they have it. Another doctor stated that television, medical rumors and the media can make patients overly concerned about their health. Younger doctors voiced concern over the lack of change expected from their older coworkers. As is reflective of the culture, they explained that there is a hierarchy based on age in most government hospitals. Older doctors tend to make all the major decisions for the hospital and patient care. These doctors expressed that this results in outdated doctor/patient communication and the prevention of interns and young doctors to innovate and expand their practice. They added that this often

results in a lack of passion for their job. The same young doctors stated that some older coworkers follow outdated information and are unwilling to incorporate medical machines into their practice. This results in Sri Lankan hospitals remaining stagnant and outdated regarding their facilities, testing and equipment. Unfortunately, doctors are not the only ones who experience problems due to poor quality doctor/patient encounters. Not only did several patients state that they have witnessed unprofessionalism in government hospitals, but some have even experienced harassment. One informant encountered harsh criticism and harassment by a doctor for requesting birth control. She stated that Sri Lankan women are often harshly criticized for taking care of their sexual health due to the traditional concept of abstinence. Several female informants mentioned that they have either personally encountered or have heard of a woman experiencing criticism and even harassment by a medical doctor for taking care of their sexual health. Other informants mentioned that they have a sense of powerlessness in government hospitals because they have no control over their diagnosis and cure. One informant stated that it is nearly impossible to receive their records from a government hospital because records are not well created or kept. Another informant voiced concern over the fact that she is completely powerless in deciding who she wishes to see during her visit to a government hospital. She added that she has no idea of the doctor's level of competency or if she will like that doctor.

Despite the lack of proper communication between doctors and patients during interactions and encounters, some informants felt as though there are potential solutions. Two doctors stated that producing more semi-government hospitals would also help with the number of patients in government hospitals. These hospitals function like a private clinic, but one that is given a board appointment by the government to handle finances and administration. The government would charge certain services, but the costs are low. They mentioned that this would

uphold policies while maintaining all the benefits possessed by private and government biomedical establishments. They also stressed that such hospitals would be able to provide the proper services and communication to their patients. About half of biomedical doctors interviewed stated that their job would be much more manageable if the country and government saw the potential that Ayurvedic healthcare has to offer. If both medical systems worked together, the number of patients in biomedical government hospitals would be better managed. This would result in doctors spending more time with their patients and improve the quality of communication along with financially strengthening the Ayurvedic hospitals and clinics. Unfortunately, these doctors also added that this would be a difficult thing to accomplish due to the already existing tension between the two medical systems. One doctor explained that Sri Lankan biomedicine and Ayurveda are in competition with one another when they should be helping each other.

While biomedicine has attempted to negate and even eliminate Ayurvedic healthcare in Sri Lanka, this form of healthcare has proven to have its benefits and continues to be the second most utilized medical system in the country. Sri Lankan Ayurveda is not only known for its outstanding preventative care but also its reflection of Sri Lankan hospitality and sense of community. According to Ayurvedic doctors, rapport building is one of the most crucial aspects of Ayurvedic healthcare. Without rapport building, the doctor is unable to maintain a sense of mutual power and negotiation with patients. Without such qualities, patients do not get the opportunity to trust their doctor and without trust, diagnosis, treatment and healing is less effective. There is always a process of negotiation between a doctor and patient and Ayurvedic healthcare relies on such negotiations to build trust and ensure the patient is healed (Strathern and Stewart 2010, 209). Unlike biomedicine, Ayurveda tends to draw on cosmology, ontology,

epistemology, understanding personhood, and religion for expression (Strathern and Stewart 2010, 208). As a result, Ayurveda is more of a patient-centered form of medicine that caters to the patient's individual needs and preferences. Such analogies have also been reviewed by medical anthropologists (Strathern and Stewart 2010, 209). As stated before by Ayurvedic doctors, patients have been known to heal faster when there is a balance of mutual power between the doctor and patient (Brown and Barrett 2010, 137). Such empowerment typically encourages the patients to ask more questions about their symptoms or illnesses thus leaving the clinic with a better sense of their health (Brown and Barrett 2010, 138). Such education also allow patients to help mitigate the effects of their illness by making better informed decisions about their health and how they wish to practice both curative and preventative care when they leave the professional sector of the clinic and into the popular sector of their everyday life (Brown and Barrett 2010, 138). Such statements and explanations align with what many medical anthropologists have discovered about doctor patient communication and power dynamics. Ayurvedic doctors have also stated that treatment and healing is much more effective when the patient believes in the effectiveness of such treatments. The only way this can be accomplished is by encouraging patients to ask questions and educate themselves about their health from the most important source of information available to them: their doctor (Brown and Barrett 2010, 140). Some Ayurvedic doctors even discussed their training to allow the patient to understand their illness and diagnosis. This is done by explaining step by step in layman's terms how the patient got to their current condition and why they must follow through with treatments instructed by their doctor. They further explained that biomedicine only gives their patients the most basic explanation of their condition. However, due to the importance of communication, Ayurveda encourages patients to be fully educated about their condition and why such treatments are

necessary. One Ayurvedic doctor stated that patients who follow through with their treatments due to their informed decisions are not only cured of their illness, they are fully healed physically, mentally and spiritually.

Sri Lankan biomedicine and Ayurveda have strikingly different criteria throughout their encounters with their patients. Biomedical doctor and patient encounters usually take place in an institutionalized setting ranging from an hour to several hours depending on whether the institution is government or privately owned. The patient's family members may also be present during the visit. Such relationships are typically formal and belong to a naturalistic explanatory model. The clinical reality of such interactions is typically secular and incorporates instrumental interventions with traditional biomedical therapeutic expectations. The locus of responsibility weighs heavily on the doctor and concludes with patients being cured of his or her disease or managed if the disease is chronic. Ayurveda, on the other hand, takes place in an institutionalized setting or in a personal house. Characteristics of the interactions typically involve the doctor, patient and family members and the time in the clinic or hospitals can range anywhere from 30 minutes to a few hours. The quality of the relationship is typically informal to establish rapport and usually belongs to an explanatory model drawn from a pluralistic belief system. The clinical reality of the encounter is a mixture of secular and sacred using a combination of both symbolic and instrumental interventions. The locus of responsibility usually weighs on all parties involved thus changing some aspects of the patient's daily life catering to a holistic treatment style.

As one can see from some of the criterion, Sri Lankan biomedicine and Ayurveda live up too much of the common expectations in their medical systems regarding operation and its effect on communication. While biomedicine has proven itself to be highly effective at curing a patient, opportunities to communicate with the patient can be pursued. And while Ayurveda does have its

drawbacks in terms of curing the patient, the communication between the doctor and patient has been stated by informants to be quite effective. There is a significant amount of evidence to indicate that the nature, character, personality, behavior and style of doctors can greatly influence human responses to active medication, treatment and healing. When these qualities are pleasantly performed, patients tend to be encouraged to ask more questions. By doing so, patients are successful in obtaining information and being provided with informational programs and packages in a clear manner by their doctor. When such elements are present, the doctor and patient tend to agree about the nature of the problem and the need for follow up. The power of decision making is possessed by all parties involved. When such an encounter occurs, the patient's anxiety, pain, mood and stress lessen and their role in the encounter, education received and healing increases (Brown and Barrett 2010, 138). It can be concluded that the key to a successful doctor/patient encounter involves the professional diagnosis and treatment along with sensitive and skilled attention to a patient's own perceptions. This is the key to ensure the patient can be cured or healed (Strathern and Stewart 2010, 211). However, many doctors interviewed in this study did not use the terms curing and healing interchangeably. It was quite apparent that they viewed these terms as very different concepts. While many lay informants used both terms interchangeably, the doctors recognized a striking difference between the two. Like the doctors in this study, medical anthropology also recognizes differences between the two concepts.

The Relationship Between Curing and Healing

The relationship between curing and healing is one intertwined with culturally based conceptualizations of the physical and mental body. While many cultures and societies recognize the physical and mental body as the same entity others recognize them as distinctly different. To

maintain consistency, the two terms will be addressed in the traditional western perspective which aligns with both biomedical and Ayurvedic doctors in the study. Curing refers to the act of successfully treating a specific condition (Strathern and Stewart 2010, 7). Healing refers to the whole person since the body is seen as an integrated system with both physical and mental components (Strathern and Stewart 2010, 7). These concepts can be looked at as a classification tool with curing being associated with disease while healing being associated with illness (Strathern and Stewart 2010, 219). While not all cultures focus on both concepts, such dichotomies can rely on each other if they work together (Strathern and Stewart 2010, 219). This is the case for many cultures as medical pluralism tends to incorporate many medical systems that focus on each concept differently. In Sri Lanka, biomedicine tends to focus on curing patients while Ayurveda tends to focus on healing them. It is important to note that some cultures do not have medical systems that are as distinguished from each other as Sri Lanka's. Sri Lankan healthcare systems also do not exclusively focus on one concept.

As previously stated, a medical system is an organized set of ideas referring to a particular healing tradition. In the case of western culture, biomedicine is the ethnomedicine of the west concerned primarily with biologically oriented methods of diagnosis and cure (Strathern and Stewart 2010, 102). As medical technology has grown in Sri Lanka so has the prestige and professionalism of biomedical doctors. Sri Lankan biomedicine has historically focused almost exclusively on curing the patient (Strathern and Stewart 2010, 102). One doctor stated that it is not the job of the doctor to heal the patient. It is up to the patient to heal themselves with the support of the doctor. If the patient seeks healing from a medical specialist, then Ayurveda can be highly beneficial for the patient. While the informants stated that Sri Lankan biomedicine tends to focus on curative care, that does not mean that every biomedical doctor does not try to

incorporate healing or preventative care into his or her practice or try to recognize the patient as a whole person rather than just a condition. One biomedical doctor stated that he does everything he can to incorporate and support holistic medicine into his practice. Another doctor admitted that he himself would see an Ayurveda doctor on a regular basis for pain management because he recognized the importance of both curing and healing himself of his conditions. Another biomedical doctor felt that mental health deals primarily with healing rather than curing. This doctor sees veterans who suffer from severe mental illness and PTSD due to the civil war. He explained that 20-25% of Sri Lankan veterans have lost social skills due to the war and the only way for them to heal is to address not just the patient's condition but the whole person. He discovered this is the only way to properly help patients suffering from conditions that are not exclusively physical. He added that most conditions that may appear exclusively physical often contain underlining mental distress that cannot be remedied without the care of both the doctor and patient. Another doctor stated that curing and healing do not always happen simultaneously. An example he used was the process some rural Sri Lankans use when seeking out curative and healing treatments. He explained that some rural Sri Lankans will seek the help of a biomedical doctor for curing them of their disease but then seek the treatment of soothsayers or Buddhist priests/priestesses to heal them of any mental or spiritual distress the disease inflicted on them.

Medical systems tend to follow two principles that are known as naturalistic or personalistic systems. Naturalistic systems tend to have etiological explanations that are restricted to the disease system ontology and a single level of causality (Brown and Barrett 2010, 106). In other words, such systems tend to focus on pathogens that contribute to the development or cause of a disease. Personalistic systems extend to domains of social relations and is commonly referred to as folk medicine or healing (Brown and Barrett 2010, 106). Both systems

are not very clean and neat to categorize because ethnomedicine systems contain both naturalistic and personalistic characteristics as what will be discussed with Sri Lankan Ayurveda (Brown and Barrett 2010, 106). Another reason is because many societies have multiple medical systems operating simultaneously within each unique medical pluralistic culture (Brown and Barrett 2010, 106). Because there is commonly a single level of causation, naturalistic systems usually require curers specialized in symptomatic treatments who know the proper herbs, foods, and medicine to treat the patient with (Brown and Barrett 2010, 105). These systems tend to focus on curing the condition with an emphasis on the physical body. Such systems typically allow room for accident or chance for an explanation of an illness and argue that diseases are caused by natural forces or conditions (Brown and Barrett 2010, 105). Diagnosis is often done by the patient within the popular sector and travel into the professional sector for expert verification of the diagnosis followed by treatment (Brown and Barrett 2010, 108). Treatments and prevention tend to encourage the patient to avoid certain behaviors or aspects of lifestyle (Brown and Barrett 2010, 109). Sri Lankan biomedicine would be considered a more naturalistic system despite doctors' efforts to try to encourage healing practices as well.

While Sri Lankan biomedicine tries to incorporate some support of healing practices, the same could be said about Sri Lankan Ayurveda as well. While Ayurveda is known primarily for its preventative and healing practices, that does not mean that such practices do not incorporate curative care as well. One Ayurvedic doctor stated that Ayurveda does not concern itself with only healthcare in the biomedical sense. Ayurveda incorporates a circle of health which encourages patients to practice a holistic lifestyle when taking care of their health. This means that preventative care is something people must be mindful of every day. Another Ayurvedic doctor explained that Ayurveda practices three stages of diagnosis which are the cleansing

process, the distribution of medication or treatment and the curing and healing process. The cleansing process includes flushing the body of harmful bacteria or other pathogens inflicting illness or disease on the body. This is when the distribution of medication and treatment is administered. Once both stages are in effect, not only are patients being healed in a holistic sense, but they are being cured of their disease or illness as well. For chronic diseases, the patient may not be able to be cured and heal themselves of their illness. This means that sufferers must reshape their lives to manage their chronic illness (Brown and Barrett 2010, 122). One Ayurvedic doctor stated that chronic illnesses are common conditions he treats because the need to reshape the patient's life is demanded by both him and their illness. One Ayurveda doctor stressed that the combination of both curing and healing are the best methods of treating a patient as they are recognized as equally important. While curing may refer to the recovery of the biological body, there is a connection between healing and a sense of identity and personhood which can play a role in crisis situations of abrupt change. In fact, it is for this reason that anthropologists can study healing cross-culturally since the identity proceeds and performs differently in different cases and cultures (Strathern and Stewart 2010, 223). Sri Lankan Ayurveda is a case where it contains characteristics associated with both naturalistic and personalistic systems. While Sri Lankan Ayurveda possesses some naturalistic characteristics previously stated, it also expresses some associated with personalistic systems as well. Personalistic systems tend to extend the domains of social relations. In other words, it encourages the patient to involve other parties in their diagnosis and treatment (Brown and Barrett 2010, 105). Such parties can range anywhere from a family member to an otherworldly being. Personalistic systems explained disease as a condition due to active, purposeful, intervention of an agent which can be toxins, humans and even spirits (Brown and Barrett 2010,

105). The patient is seen as the victim of an unfortunate event with illness being a special case in the explanation of misfortune (Brown and Barrett 2010, 105). These misfortunes could be a harmful lifestyle due to ignorance of health, astrology and even harmful spirits. In most personalistic systems there are two levels of causality: the force that is causing the illness and the instruments or techniques used to harm the individual (Brown and Barrett 2010, 107). With multiple levels of causation, this requires curers with supernatural skills because the patients and families are often not concerned with the immediate cause of the illness but rather with who inflicted it and why (Brown and Barrett 2010, 109). Personalistic curers sometimes deal with the immediate cause of the illness along with addressing the underlying social rifts that provoked the illness (Brown and Barrett 2010, 105). Unlike naturalistic systems, personalistic systems tend to encourage patients to engage in positive actions for preventative care rather than avoidance (Brown and Barrett 2010, 109). While there are many characteristics listed in personalistic systems that Ayurveda does not display, there are many that are quite apparent in its healing practice. For example, Ayurveda not only wants to address the immediate cause of an illness but also the underlying reasons why the informant has the illness to begin with.

Sri Lankan Ayurveda is not only seen as a medical system among informants, it is even seen as a staple of the country as it reflects Sri Lankan cultural identity. Medical anthropologists recognize that the healing process is linked to the rights and responsibilities of the sick role and involves three social levels or actors (Brown and Barrett 2010, 122). The first level of the belief in healing is that the healer must believe in their abilities to heal or symbolically communicate confidence in that knowledge (Brown and Barrett 2010, 123). The second level is that the patient must believe in the power of the healer, such belief enhances the desire to get well. This level usually starts with the patient seeking out help since such efforts reflect an act of faith in the

healer (Brown and Barrett 2010, 123). The third, and potentially most important, level is that the social group must believe in the power of the healer and possibly the patient as well (Brown and Barrett 2010, 123). According to one Ayurvedic doctor, many patients who seek out the help of an Ayurvedic doctor do so because biomedicine failed to heal them. She explained that such disappointments create room for hope for alternatives. This is usually when some Sri Lankans begin to practice the second level of the belief in healing. The doctor also added that the reason biomedicine failed the patient is because the biomedical doctor only tried to cure the patient with drugs rather than trying to heal by finding the root cause of the disease, symptoms or illness. Perhaps the most difficult level for Sri Lankan Ayurveda would be level three as demonstrated by the government and people. According to many Ayurvedic doctors, Ayurvedic medicine was historically very effective in terms of curing and healing illnesses. One of the reasons for its effectiveness is because of the years of research and testing by doctors to ensure that medicine given to patients contains all active ingredients. If one ingredient is missing or substituted this can result in the medication being completely ineffective due to the complex chemistry behind the medicine. Several doctors stated that once biomedicine became the dominant medical system in the country essential ingredients for Ayurvedic medicine became scarce and even non-existent due to deforestation. According to one Ayurvedic doctor, there have historically been policies or protocols set in place to protect ingredients used in Ayurvedic medicine. As a result, another Ayurvedic doctor stated that not only is the medicine not as effective as it once was but some of the ingredients used as substitutions are often quite expensive. This means that patients who need certain concoctions cannot afford the required ingredients. Another Ayurvedic doctor stated that she has had to warn patients about certain Ayurvedic clinics that will sell them concoctions that have no active ingredients and contain none of the plants quoted in the medicine. Another

Ayurvedic doctor added that because of government regulations which prohibit the use of anesthesia they are not able to perform low risk surgeries despite the fact that Ayurvedic government doctors went through the training and have the knowledge to perform safe and effective surgeries on their patients. This doctor stated that such regulations speak volumes about how the Sri Lankan government feels regarding Ayurvedic hospitals and healthcare. Several Ayurvedic doctors felt as though such a lack of faith in the government and community really limits their ability to provide safe and effective medical care and fulfill the final stage of the belief in healing.

Another characteristic associated with healing is the use of symbols. All acts of healing, however mundane, have an important element of ritual and drama (Brown and Barrett 2010, 101). Such elements cannot be accomplished without the use of symbols. The use of symbols is essential to the healer's role by signifying their authoritative knowledge along with communicating meanings of the illness and the process of healing (Brown and Barrett 2010, 101). All medical systems manipulate symbols to invoke and enhance belief which can be directly involved in the healing process (Brown and Barrett 2010, 102). In biomedicine, this phenomenon is known as the placebo effect and can, in the form of the nocebo effect, make a patient sick as well as healthy without the use of invasive medication (Brown and Barrett 2010, 102). Ayurvedic medicine makes use of many symbols that can be present during each encounter with patients. Such symbols could include the objects hung on the wall in the exam room, the aroma of oils used during treatment, the instruments that are utilized when working directly with patients. Symbols have a powerful influence over both the doctor and the patient, thus enhancing the patient's experience (Brown and Barrett 2010, 102). Even the importance of rapport building, and hospitality expressed in Ayurvedic healthcare can be used as a symbol when working with

patients. Symbolism between doctors and patients was not consciously and thoroughly discussed in the interviews. Overall, the Ayurvedic doctors were more vocal about symbolism in their healing practice. However, many lay informants discussed other healthcare systems that have also been known to incorporate symbolism into their healing practices. One informant called in a shaman for his father who was suffering from hallucinations. The shaman manipulated many symbols and instruments in his trances when communicating with otherworldly beings. While the father was not cured of his diabetes, he was healed of his hallucinations. Another informant's family called on a shaman to do a traditional assessment of members of his family. The informant remembers the shaman going into a trance-like state reciting both Hindu and Buddhist chants. Once the shaman was in an otherworldly state, each family member sat in front of him so he could call on devas and spirits to assess each one of them. The purpose of this ritual was to educate the patient on what his strengths and weaknesses are and how he can improve his life for the future. The patient said the shaman told him he lacked concentration and that he would need to study harder in school. A common Sri Lankan ceremony associated with these rituals is known as *Tovil* dancing. These dances are conducted by a shaman used to honor and receive blessings from devas along with warding off evil spirits known as *yakshas*. *Yakshas* are entities known to carry harmful energy which can negatively impact a person, thus inflicting them with an illness (Scott 1994, xxiii). Another informant stated that these dances are used to both cure a patient and heal them of any ailments they may have. Such practices align with anthropological research regarding trances and consultations among healers. Trances, song, and consultation have been proven to be quite common and important in a healer's practice (Brown and Barrett 2010, 102). Such symbolic rituals allow healers to go into other realms of reality where the actual cause of the illness or prevention of a potential threat may reside (Brown and Barrett

2010, 102). As previously discussed, these practices and medical systems align closely with characteristics associated with personalistic systems. Sri Lankan shamanism would be the classical definition of a personalistic system.

Another informant noted that Sri Lankan preventative care and treatment can even be practiced in a religious context. One informant was a Buddhist priest who explained that traditional Sri Lankan mental health is often hand in hand with spiritual health. He explained that Sri Lankans will go to his temple to give thanks to the Bodhi tree by engaging in symbolic practices. These practices are performed in hopes that devas will bless them. He also added that many Sri Lankans believe that the air a Bodhi tree gives off contains healing properties. It is for these reasons why engaging in symbolic rituals with a Bodhi tree is so important for many Sri Lankans. While the Bodhi tree may not cure anything, people feel a sense of healing after their ritual practices. This also allows the individual to possess power over who they wish to negotiate and communicate with regarding their health. The same informant also stated that finding out an astrological reason why an individual may be experiencing an illness has also been known to help them heal. In traditional Sri Lankan culture, astrology gives an explanation of how diseases and illnesses are related to one's own karma. He explained that even if the individual does not know how they got a disease or illness, it brings a level of comfort and healing to find out why they are suffering from such conditions. Karma is a concept that is indisputable. It provides an explanation that cannot be altered and gives the individual a sense of healing and closure by accepting what they cannot change.

Curing and healing, while strikingly different in practice, tend to work side by side in the realm of medicine. As anthropologists have focused more on the interplay between the two concepts rather than studying them exclusively, more understanding of their relationship

becomes apparent. This helps them in analyzing how doctors cure, heal and interact with their patients.

Chapter 7
Sri Lankan Healthcare: Moving Forward

Limitations and Future Research:

Individuals in any healthcare setting will make decisions when selecting a particular form of medical treatment. Such decisions may be influenced by the treatment offered by the practitioner, costs involved, and the religious or political environment which the individual resides in (Strathern and Stewart 2010, 97). For Sri Lankans, some of these influences are interrelated. As stated by informants, the relative costs of a hospital are related to whether they received funds from the government. Although Sri Lankans may enjoy the idea of spending time with their doctors and having the option of talking to them about their health, they may not get that luxury due to direct and indirect costs involved. It is important to note that not every individual will get to go to the healthcare system or practitioner of their choosing. Some Sri Lankans, especially those living below the poverty line, may have to seek treatment at a hospital and see a practitioner who they have no desire to visit. Medical alternatives may act as safety nets but that does not mean that the patient is content with such alternative systems. Not only were Sri Lankans living below the poverty line not accessed for this study, but some medical systems may not even be what a patient is interested in seeking. It is for this reason that researchers should not assume all medical systems mentioned in this study exist because all Sri Lankans utilizing them are content with their treatments.

Another possible study for future research could be the utilization and accessibility of medical systems for Sri Lankans living below the poverty line. Because Sri Lankans tend to associate with individuals of the same socioeconomic class, Sri Lankans living below the poverty line were not readily available nor were they recruited for the research. In addition to this limitation, Sri Lankans who were recruited for this study provided information relating to Sri Lankans living below the poverty line but were primarily middle and upper middle class. In other words, informants in this study provided information about Sri Lankans below their socioeconomic status but the research was unable to verify that such information was accurate.

Another possible future study could be a closer examination of the relationship between patients and their experiences with government and private Ayurvedic hospitals and clinics. Government and private Ayurvedic medicine were not strictly divided throughout this research because most informants often referred to both methods of treatment and rarely distinguished the two. Another issue was that not enough informants utilized exclusively private Ayurvedic healthcare for them to represent an adequate number of Sri Lankans. A more thorough analysis of Ayurvedic healthcare and its relationship with its culture and patients could be a potential topic for future research.

Another potential study could be similar but from the perspective of a Sri Lankan researcher. Anthropological research starts with the researcher and the questions they ask ultimately influence the data they gather. The possibility of inadequate questions or cultural knowledge may have been prevalent throughout this research and could be improved with the input of a researcher intimately familiar with Sri Lankan culture. Furthermore, this research solely focused on the relationship between biomedicine and Ayurvedic medicine. As previously stated, many healthcare systems are apparent in Sri Lankan culture and are often utilized due to

religious or ethnic distinctions. Analyzing how all Sri Lankan medical systems are utilized could be another potential area of study.

As previously stated, the popular sector is the most commonly, and often most neglected, sector. The research presented was unable to gather information on how patients utilized this sector at home. Questions regarding family or social influences were not thoroughly discussed. Having such insight may provide valuable information on how Sri Lankans practice medical treatment at home and how often they utilize the professional and folk sector.

Finally, another potential avenue for future research could be regarding the healthcare systems themselves. Very little information regarding the effectiveness of Ayurvedic healthcare has been released to the public. Providing readily available information regarding the effectiveness of Ayurvedic healthcare in the Sinhalese language could be beneficial to Sri Lankans. Applied approaches in medical systems could also be useful. As stated by several informants, having an organization assist the Ministry of Health in providing resources that hospitals could utilize to improve management and organization in government hospitals could greatly improve Sri Lankan healthcare.

Conclusion:

Anthropologists have utilized many theories, methods and concepts to help answer questions regarding cultural spheres or meaning and human universals. One such concept that has been frequently referenced in this study is a healthcare system. Healthcare systems have relationships with one another that are as unique as the cultures they inhabit. While Sri Lanka may have a unique relationship between their biomedical and Ayurvedic healthcare systems,

many characteristics common with medical pluralism are still present. Medical pluralism is the coexistence of healthcare systems and these relationships can vary as far as whether these relationships are cooperative or competitive (Baer, Singer and Susser, 2013, 10). In Sri Lanka's case, Ayurvedic healthcare provides many holistic, painless benefits to their patients while biomedicine provides fast acting medication and treatments necessary for Sri Lankans living in a fast-paced environment.

These medical systems, while offering a variety of treatments to patients, have different concepts of health and illness. Sri Lankan biomedicine primarily focuses on curing the patients of biologically legitimized diseases. However, other concepts of illnesses are treated by Ayurvedic doctors. These illnesses are not recognized as exclusively biological in Ayurvedic medicine. Ailments such as paralysis, mental disorders and illnesses, bone and soft tissue damage are seen as just as much social as they are biological. This goes back to the concept of treating the root cause of an illness in Ayurvedic healthcare. For example, if one is suffering from copious amounts of stress from their everyday life, they may develop aches, pains, skin conditions or mental illnesses. This differs greatly from Sri Lankan biomedical doctors' concepts of illnesses who view ailments as primarily biological with social influences. This is one reason why both medical systems tend to work alongside one another. Perceived causes, treatments and illnesses are greatly influenced by culture (Strathern and Stewart 2010, 97). Sri Lanka has historically viewed health and illness as biological, mental and spiritual. Sri Lankans would not exclusively seek out the treatment of a shaman for mental health, a Buddhist priest for spiritual health or an Ayurvedic doctor for biological health. They would seek treatments with these practitioners for a wide variety of health and illness related issues. While Sri Lanka may have incorporated biomedical perceptions and conceptualizations of illnesses as the norm, there are

still strong elements of pre-colonial views of health and illness found in Ayurvedic medicine. Such views and perceptions would have perished with Ayurvedic medicine if such views did not still play a valuable role in Sri Lankan culture.

Not only is the concept of illness different between the two systems but the manner in which the practitioner communicates with their patients also differs. Sri Lankan biomedical doctors focus on curing the patient. To do that, they need to treat the biological cause of their illnesses or concerns. When this is the only thing that needs to be treated in a timely manner, visit times do not have to be time consuming. While doctors in private medical clinics still talk with their patients and try to treat each one as an individual, they do not have to display the same communicative nature as Ayurvedic practitioners. Ayurvedic doctors attempt not only to cure the patient of an illness, they also need to discover the root cause of each patient's illness. While two patients may experience the same illness, the causes of the illness may differ due to illnesses being just as social as they are biological. This means that Ayurvedic practitioners cannot gather the necessary information from the patient during a one-hour visit. Several hours of quality time with two-way communication between the patient and the doctor is essential if Ayurvedic doctors hope to treat the patient. The functions of these medical systems can be summarized by stating that Sri Lankan biomedicine, while it encounters shortcomings in healing patients, displays highly competent and effective practice at curing them. Ayurvedic medicine, on the other hand, may not have as advanced curative care as shown by biomedicine but excels at preventative care while maintaining a close relationship with patients. Such cares and relationships have proven to help heal patients.

While these medical systems could help one another in many ways, the relationship appears to be more competitive than cooperative. Because they no longer abide by pre-colonial

lifestyles as much as they did in the past, Sri Lankans feel the need to choose more convenient treatments provided by a cosmopolitan level healthcare system like biomedicine rather than a regional level healthcare system like Ayurveda. Patterns of medical pluralism tend to reflect hierarchical relations within the context of a larger society which may include class, caste, ethnic, regional, religious or gender distinctions (Baer, Singer and Susser 2013, 11). This study concludes that the medical pluralism in Sri Lanka does reflect some of these distinctions. Private clinics tend to attract middle and upper middle-class Sri Lankans unless they must visit a government hospital for emergency related treatments. As stated by the informants, Sri Lankans living in urban areas are much more likely to seek the care of a private clinic while rural areas below the poverty line tend to seek treatment through a government biomedical hospital or an Ayurvedic hospital or clinic. In this case, Ayurvedic healthcare along with government biomedical hospitals provide alternative avenues for Sri Lankans seeking treatment. Ayurvedic healthcare also tends to reflect the slow pace lifestyle of Sri Lankans in rural areas.

As previously stated, while biomedicine tends to dominate other healthcare systems, this does not mean that Ayurvedic healthcare is not without its benefits. In fact, both healthcare systems are characterized by a wide variety of utilizations, benefits and shortcomings which seem to complement one another. While private biomedical clinics seem to visit patients for routine checkups and anything non-emergency related, they are not effective at treating emergencies or major surgeries. Such ailments are mostly treated by government biomedical hospitals in an effective manner. And while biomedicine in general tries to cure their patients through biologically recognized perceptions of health and wellness with little emphasis on preventative care, Ayurvedic healthcare excels at treating the patient in the context of recognizing illnesses as both biological and social. Such ailments Ayurvedic commonly treats

include bone and soft tissue damage, mental illnesses and disabilities, paralysis, chronic illnesses and preventative care. Problems that Ayurvedic healthcare cannot treat such as emergencies, severe illnesses or ailments requiring curative treatment are often taken care of by biomedical hospitals and clinics.

According to the informants, the benefits and drawbacks of each of these medical systems also seem to complement one another. While government biomedical hospitals are highly effective at treating patients free of charge in a timely manner by the best doctors in the country, patients have little time to spend with them due to their chaotic and disorganized work environment. Luxurious incidentals such as air conditioning and comfortable beds are nonexistent and when patients do get to the hospital they have to wait for hours, sometimes days, in a long queue. To combat such shortcomings, patients have the option of seeking treatment with a private biomedical clinic. These clinics are convenient and accessible with luxury facilities provided by a doctor who can spend time discussing their health with them in a less stressful environment. When shortcomings such as lack of medical equipment, corruption or financial burdens become apparent to the patient, they can choose to seek treatment in a government biomedical hospital with the best equipment operated by the best doctors in the country free of charge. However, when health problems are social as much as they are biological, patients can choose to seek treatment at an Ayurvedic hospital or clinic. Such establishments work to heal the patient by finding the root cause of any ailments using natural measures without inflicting the patient with harmful side effects. The patient can receive treatment from a personable doctor in a comfortable environment. These hospitals and clinics are highly useful alternatives to invasive surgeries or when biomedical measures have not been effective. While Ayurvedic healthcare is highly useful, such clinics and hospitals are not readily available and do

not always have effective equipment. Treatment can be a long process with unattractive medicine and tends to place too much responsibility on the patient. Such problems can easily be taken care of in biomedical hospitals and clinics.

As one can see, while there is competition between biomedicine and Ayurvedic medicine, such systems can easily work alongside one another for mutual strength and improvement. However, mutual respect must be present if Sri Lanka wishes to strengthen and improve its already valuable healthcare. According to informants in this study, many goals need to be addressed by the Ministry of Health. These goals may be attained if both healthcare systems were utilized in a competent and honest manner. Disease awareness and preventative care was a frequently discussed topic throughout this study. If preventative education is implemented in Sri Lanka then perhaps Ayurvedic healthcare can flourish as it once did in the country. This would require both biomedicine and the public to expand their knowledge and acceptance of alternative forms of medicine proven to be valuable for preventive care. Not only would this assist in the recognition and acceptance of multiple forms of health, but it may also help dismantle the overbearing arrogant attitudes displayed by some biomedical doctors. By deemphasizing the social class of all doctors, medical schools may modify their curriculum to ensure studies are approachable to newcomers and may increase the number of competent doctors rather than decreasing them.

In addition to expanding the awareness of preventative care by implementing the acceptance of Ayurvedic medicine, Sri Lankan healthcare needs also to implement strategies in their hospitals to ensure better management. According to all informants, there appears to be a lack of management in government biomedical hospitals. By encouraging patients to seek preventative care in government Ayurvedic hospitals, this would help alleviate the stress and

workload experienced by government biomedical doctors. By making their workload more manageable, doctors in government biomedical hospitals can spend time with their patients. This may improve hospitality which can encourage the patient to ask more questions so they may be better informed about their health. This would allow less room for mistakes resulting from recklessness and neglect. With more patients seeking preventative treatment at government Ayurvedic hospitals, this would result in shorter queues and wait times. Government biomedical hospitals would also not be the only professional beneficiaries. Government Ayurvedic hospitals would be able to see more patients and improve their patient numbers. If government hospitals were more manageable then perhaps funds would be easier to allocate which could result in expansions such as the organ bank or more semi-government hospitals.

Management is crucial in any hospital and one thing that can certainly destroy it would be corruption. As expressed by many informants in this study, corruption is a problem within both medical systems. Corruption harms government hospitals because money does not get allocated strategically. If done correctly, the implementation of policies and management may result in funds being allocated to the proper areas. This may result in government hospitals receiving the facilities they need. If queues were more manageable and if there is less corruption, patients would be treated equally and seen in the order they arrive. This would result in patients being seen in government hospitals in a timely manner. Government hospitals should not be the only medical establishments trying to end corruption. As stated by several informants, laws and policies should be enforced for private clinics that would protect patients against overpriced items, ineffective medication and frauds. While this feedback may not be as cut and dry as what some informants suggest, such suggestions can provide valuable avenues that the Sri Lankan

Ministry of Health can pursue regarding the improvement of Sri Lankan medical utilization, care and treatment.

This study analyzed the utilizations, benefits and drawbacks of biomedical and Ayurvedic hospitals and clinics. This data was gathered from Sri Lankan lay informants and medical doctors who all provided valuable insight into their healthcare systems. Biomedicine and Ayurvedic medical systems vary in terms of their conceptualization of illnesses, their method of communication and even their foci of interest regarding curing and healing. However, this does not mean that such systems cannot work in a cooperative environment. It is hoped that Sri Lanka may be able to discover new and effective ways of utilizing Ayurvedic healthcare while improving the organization of biomedical hospitals. Such efforts may result in a harmonious relationship between the two systems so they may work alongside one another to provide effective care and treatment to Sri Lankans.

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