Afterword:
Who Cares? Remedies, care and cultures of healing in the twentieth century

Godelieve Van Heteren

Who cares?

On the brink of yet another biotechnological therapeutic revolution, this time involving genes, biomaterials, chips, data-matching and — profiling, e-commerce, patenting of biological substances, multimillion corporate investments and deadly competition, it is indeed fascinating to reflect on the question: Remedies, who cares? At one level, simple answers can be given. Today, most patients care about effective, quick and painless remedies for their ailments, which restore and prolong good quality life; remedies preferably delivered to them at little personal expense and devoid of side effects. Most Western doctors also care about such remedies in caring for their patients. In addition, they may wish remedies publicly underscore their professional power to heal, and may feel strongly about advancing research and opening new avenues for the development of such remedies.

In turn, biotechnological companies and pharmaceutical industries have their own cares about remedies. Their concerns are mainly inspired by the drive to stay commercially afloat in a market where experts predict that only a handful of global players will survive into the twenty-first century. Consequently, innovative industries care primarily about developing remedies which lead to profit maximisation and market control. Finally, national governments care anxiously about remedies, since for them remedies not infrequently signal danger. For health departments increasingly desperate to control costs, new remedies in particular can be a threat to healthcare budgets. In 1998, in most West European countries, expenditure figures on pharmaceuticals grew officially by 6 to 10 per cent, an annual growth rate way out-of-line with the ‘autonomous’ growth levels of 2.3 to 3 per cent in health care which most
Governments consider ‘acceptable’. Governments, therefore, fear that new remedies – pharmaceuticals especially – could undermine their already greatly strained budgets.

In the face of all these diverse forms of ‘caring’ about remedies on the part of patients and providers, producers and cost-controllers, who will care about historical attempts to study remedies as indicators of cultures of healing in the twentieth century? That, I assume, depends. It depends on the extra ammunition that historical analyses can offer to the critique of modern healing practices. It depends on the critical insights which historians bring to bear on the rapid changes in products and procedures of healing which have materialised during this century. In short, it depends on how historians answer the question: What do remedies tell us about the political, social and moral economies of healing in the modern world?

Assessing healing cultures by their remedies: building blocks for further research

One might expect that by putting ‘twentieth century remedies’ centre stage, the spotlight would fall on specific dimensions of modern healing cultures: on their material aspects and economics; on the specific requirements of therapeutic research and control that have emerged; on the high levels of technology involved; but equally on the specific beliefs still vested in remedies in a secularised world. The articles presented in this volume, of course, cover just a tiny selection of remedies: opium, homoeopathic remedies, streptomycin, contraceptives, interferon and taxol. And even though the remedies’ roles in history are being examined in multifarious ways, by historians who draw on the best of anthropology, the social and political sciences, and ethnography, the contributions are only a beginning of the endeavour to compare cultures of healing. Yet from the articles, important building blocks for larger historical frameworks can be assembled. Five areas for further immediately suggest themselves:

I. Remedies: indicators of changing powers and dependencies- their social dimension

II. Remedies: indicators in healing and health care of the role of economy and patterns of productivity – their economic dimension.

III. Remedies: indicators of material interaction and the ‘life of things’ in healing and health care – their radical social-philosophical implications

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