

Abstract

**Socio-cultural dimensions of health and illness**

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The collaborators of Lancet and University College London Commission on Culture and Health claimed that “the systematic neglect of culture in health is the single biggest barrier to advancing the highest attainable standard of health worldwide” (Napier et al. 2014: 1). Disregarding socio-cultural dimensions of health and illness and misinterpretation of the concept of culture, can lead healthcare professionals to provide inappropriate and unequal patient care. In this lecture, some misconceptions of the concept of culture, frequently present in healthcare settings, will be analyzed. Healthcare professionals regularly neglect the fact that “culture” does not only influence their patients, but also their own professional work, and that official medicine itself is not universal, culturally neutral but embedded in the environment in which it exists. Oftentimes this is forgotten when a person is recognized as dying, shifting diagnosis from ill and recovering to not recovering, when decision about palliative care should be made, and when diagnosing a person as dead. In such cases healthcare professionals often lean on biomedical conceptions of death based on physiological criteria, losing sight of the socio-cultural dimensions of dying. Researchers observed an interplay between healthcare professionals, patients and relatives, where each person constructs a bit different, often conflicting, expectation of the dying trajectory and time of death, which can greatly influence the course of dying (and later grieving). These beliefs and ideas derive from individual’s socio-cultural context, which orientates people when they are dealing with dying and death.