HAL
open science

Cancer, the making of proof and the evaluation of CAM in the USA

Geoffroy Carpier

To cite this version:

Geoffroy Carpier. Cancer, the making of proof and the evaluation of CAM in the USA. Workshop on the ethnography of the sciences, Jan 2017, New York, United States. hal-02274707

HAL Id: hal-02274707

https://hal.science/hal-02274707v1

Submitted on 30 Aug 2019

HAL is a multi-disciplinary open access archive for the deposit and dissemination of scientific research documents, whether they are published or not. The documents may come from teaching and research institutions in France or abroad, or from public or private research centers.

L'archive ouverte pluridisciplinaire **HAL**, est destinée au dépôt et à la diffusion de documents scientifiques de niveau recherche, publiés ou non, émanant des établissements d'enseignement et de recherche français ou étrangers, des laboratoires publics ou privés.

CANCER, THE MAKING OF PROOF AND THE EVALUATION OF CAM IN THE U.S.

January 2017 – NYU Anthropology, NY, NY, USA

Org.: Emily Martin et Rayna Rapp, NYU Anthropology, NY, USA

Author:

Geoffroy Carpier, Ph.D. Research Scholar, DySoLab (EA 4701), Normandie Université - Université de Rouen, France ; Visiting Research Scholar, NYU, Anthropology, USA

under the supervision of

Patrice Cohen, University Professor of Anthropology, DySoLa (EA 4701), Normandie Université - Université de Rouen, France

Fundings : INCa (French National Cancer Institute), January, 2015 – January, 2018 Contacts : carpier.geoffroy@gmail.com ; patrice.cohen@univ-rouen.fr

ABSTRACT

Drawing on an inductive socio-anthropological and socio-historical approach, my ongoing research focuses on the very particularity of the American health system which, after having initiated a model of complementarity by articulating a legitimization of CAM, is recently instituting an integrative model, more particularly regarding oncology. This research attempts to analyze the "federal making of legitimizations towards cancer CAM" understood as the whole of practical and discursive processes structuring and restructuring the treatment, prevention and experience of the disease. To do so, this research focuses on three main objectives: public health policies, medical research and the translationality of the latter.

Since the 1990s, this original institutionalization is implemented through the creation of two federal entities in charge of medical research on CAM: the NCCAM and the OCCAM at the NCI both part of the *National Institutes of Health* (NIH).[1] These medical researches on the efficacy,

[1] NCCAM : National Center for Complementary and Alternative Medicine. NCI : National Cancer Institute. OCCAM : Office of Cancer Complementary and Alternative Medicine.

safety and placebo effect of such CAM are mainly structured around cancer and chronic illnesses. Since 2014, a new turning point is emerging: “integrative oncology”, part of the “integrative medicine” movement, as shown by different articles in systemic journals and the new name of the NCCAM, the *National Center for Complementary and Integrative Health* (NCCIH).

This new wave of the institutionalization of CAM is co-constructed by a plurality of agents mobilizing a variety of discursive and practical elements such as the complementarity and the integration of such CAM, terms and practices that I consider as many social, historical, political and economical characteristics of the legitimizations I try to analyze.

These two federal institutions dedicated to medical research on CAM question the different, sometimes competing and conflicting, modalities of evaluating the efficacy of CAM, research ethics, public health policies and health practices regarding cancer and CAM and the various challenges at stake in the legitimizations of an integrative model towards cancer CAM. It addresses the issues faced by agents within processes of evidence building for such CAM, practices which are often hardly fitting in experimental frameworks.

The focus on cancer answers not only to the historical context and shifts in CAM research but also to the missions of the institutions at stake. It reveals the manners how the medical evaluation of CAM and its legitimizations are part of the co-construction of the medical work, namely the management of patients’ care, the prevention and treatment of the disease, and the advice offered to the patients by healthcare teams, the constitution of “integrative” wards and in particular the task allocation between biomedical and CAM practices. It investigates how medical research on cancer and CAM impacts the meanings and directions of this medical work as well as the experience of the disease. This “negotiated order” is the product of interactions between a variety of both institutional and individual agents. It questions the significance of this making on “cancer stages”, on the agents and spaces upon which they depend, and the influence of such legitimizations on “therapeutic itineraries or trajectories”.

This research also examines the management of the heterogeneity of health practices, its shaping and reshaping, by sets of multiple agents and institutions belonging to different networks of interrelations. The question of the plurality of medical practices, conceptualized under the term of “medical/therapeutic pluralism”, is at the core of different historical, legal, philosophical, economical and sociological studies, both in Europe and in the U.S., more particularly interactions between medicine and CAM. Nonetheless, only very few sociological and anthropological investigations focus on the scientific evaluation of CAM in this regard. This question of the

plurality of medical practices usually involves about five broad categories of agents: the State and its apparatuses, the medical profession and its institutions, other medical practices, and patients and their respective institutions. This on-going research also departs from these broader questions and participates in studies aiming at understanding more closely the mechanisms at stake within the complex construction of plural medical practices.

This presentation will be articulated around five main points:

1. Research aims and methodological perspectives

2. CAM and medical research: An institutional setting

3. Different regimes of proof in the evaluation of CAM

4. The plurality of CAM categories and models of integration

5. Mapping the variety of networks, agents and interactions