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Health and indigenous peoples in Chile: A Social Medicine perspective

J Neira

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Neira J. Salud y pueblos indígenas en Chile: una mirada desde la Medicina Social [Health and indigenous peoples in Chile: A Social Medicine perspective]. Salud Problema, Nueva época (Mexico City, Mexico) 2004 July–December; 9(17):57–2.

Objectives: This article has two objectives: to conduct an analysis of the Intercultural Health proposals in Araucanía, Chile, and to identify contributions to horizontalization of relations between medical systems.

Methodology: Descriptive analytical.

Results: The author examined clinical practice proposals for intercultural health care in Araucanía, Chile. The Universidad de la Frontera Faculty of Medicine incorporates content on Mapuche health into its programs through participation by traditional medicine providers and persons familiar with the Mapuche culture. A proposal by Dr. Jaime Ibacache Burgos, called Sociocultural Epidemiology, was also analyzed. Dr. Ibacache carried out a study at the Maquehue Hospital general clinic, where an experience with a complementary, participatory health care model was developed. The study showed that among the Mapuche, as in other indigenous populations, perceptions of the etiology of illness are associated with social practices and behaviors. The author analyzed the composition of a Ministry technical group which included attorneys and health officials among others. The group formulated a proposal to recognize indigenous medicine. They developed a process that would imply a revision of the health code, and would include topics such as illegal practice of the profession and incorporation of traditional medicine practitioners into government health institutions.

Conclusions: To the author, intercultural health care strategies in Chile have neglected to make explicit a particular important ethnic dimension; racism. The author states that in the relationship between stakeholders and institutions, as well as the relationships established between the two cultures in Chilean society, some political, ideological and issues are not debated because constructs such as racism, prejudice and stigma are not made explicit or visible. For this reason, the author concludes, long-term structural transformations are required in order to achieve a true intercultural model of health care. The author also suggests that it is not only up to health care systems, but also the responsibility of government structures jointly with indigenous societies to establish the bases for such a multicultural project.