

Call for Abstracts for a Panel on:

## ***Responsibility and Reciprocity: Shifts in the Praxis and Moral Economy of Care***

Panel organisers:

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In recent years, fundamental changes in the ways in which health care is financed, organised and delivered have resulted in shifting the nature of the relationships between patients and lay health workers as well as the ethos of care that purportedly underpins this relationship. The rise of privatised health care, NGO involvement, and rights-based approaches to care has re-conceptualised patients as 'consumers', 'clients' and 'citizens' – implying a set of relationships and obligations that extend far beyond the 'sick role'. On the other hand, those who provide care in the 'community' (i.e. outside formal health care settings) - variously described as 'caregivers', 'treatment supporters', 'household counsellors', and 'health visitors' - differ widely in the degree to which their tasks are formalised, and compensated for, hence have varying levels of authority and accountability in both the health systems and to patients they serve. This panel draws together papers exploring current shifts in the moral economy of care-giving in health systems, which include changes in the boundaries, content and currency of formal and informal care as well as dynamics of power within the larger health systems. Focussing on a range of different contexts and perspectives, the session will discuss ideas of reciprocity, solidarity, obligation, coercion and control that emerge in relation to local contexts and experiences of care-givers as they negotiate roles in a more complex configuration of health care.

We welcome the submission of empirical papers from a range of disciplines (Anthropology, Sociology, Health Sciences, History, Development Studies) that investigate how the ethos and ethics of 'care' and 'care-giving' are being redefined by local actors in relation to changes in the structure and praxis of health care. We are particularly interested in how recent changes in the financing and delivery of health programmes, a renewed impetus on 'community involvement' in care (yet one relying on different skills than previously defined), as well as the rise of rights-based approaches to treatment and care impact individual notions of responsibility and reciprocity for those providing care in different settings. For example, how does the formalisation of 'informal care' (e.g. through tasks, schedules, training, incentives) and its 'upgrading' to support new medical 'technologies' and programmatic strategies (e.g. delivery of ART, integration of TB/HIV services; involvement of NGO and private sector providers) shift the balance of power and authority, but also trust and familiarity in relationships that carers have with the communities they serve? At the same time, as patients take on professionalized roles (e.g. the rise of the 'expert patient' movement in Brazil and the UK), do they develop a more 'informed' set of expectations towards 'care-giving'? What are the drivers of a new moral economy of care-giving that alters the nature and perceived value of care, as well as the dynamics of responsibility and reciprocity in relationships between patients, carers, and formal health providers?

Please submit your abstract (approx. 200 words) by email to [karina.kielmann@lshtm.ac.uk](mailto:karina.kielmann@lshtm.ac.uk) and [fcataldo@aidsalliance.org](mailto:fcataldo@aidsalliance.org)

**Deadline: 1<sup>st</sup> April 2009**