Dr. Ciara Kierans (5 Recent Publications 2010-2013)

These publications are driven, in the main, from critical perspectives in anthropology and coalesce around studies of medical practices, health, biopolitics and the production of poor and marginal populations.


[http://cus.sagepub.com/content/4/1/101.abstract](http://cus.sagepub.com/content/4/1/101.abstract)

**ABSTRACT**

This paper problematises how the heritage and tradition of poor and working class communities have been harnessed in attempts to engineer Liverpool’s recent urban renaissance. This article traces the ‘social life’ of scouse (the dish) from its historical origins and symbolic links to poverty and identity to its emergence as a repositioned culinary cultural artefact of urban regeneration. It contributes to understandings of culturally driven forms of urban regeneration and new patterns of consumption, which produce new forms of social and class difference. Emerging out of collaborative work, this article reflects broader trends in my work towards the ethnographic investigation of health, inequality, social context and cultural practice, contributing, in the process, to current directions within public health and anthropology more broadly. It is of both practical and theoretical interest to those working on the topics of urban planning and regeneration, food, health and culture, urban ethnography and social class. This paper has led to an invitation BBC4’s Radio show ‘Thinking Aloud’.

(2) **Kierans, C (2011)** “Anthropology, organ transplantation and the immune system: resituating commodity and gift exchange”. *Social Science and Medicine, 73*: 1469-1476.

[http://dx.doi.org/10.1016/j.socscimed.2011.09.008](http://dx.doi.org/10.1016/j.socscimed.2011.09.008)

**ABSTRACT**

This paper is based on ethnographic field work on the culture of kidney transplantation in Ireland and a comprehensive review on the current cross-cultural literature on transplantation. The paper is a critique of dominant analytical approaches in medical anthropology, which focus on gift-giving and commodity frameworks in order to analyse global inequalities in the supply and demand for organs. These frameworks, I argue, tend to fail when it comes to thinking about the wider social, cultural and political implications of transplant technologies. This article is of relevance in both theoretical and policy terms to those in the fields of medical anthropology, bioethics and global health. It underscores the many complex ways in which suffering and inequality are constituted along the variegated chains of supply and demand that are internal to, and made possible by, transplantation practices.


ABSTRACT

This paper critically examines inequalities in access to organs for transplant for those patients classified according to ethnic minority status. It criticises current NHS policies which focus on organ shortages in terms of cultural barriers and on the character of public health campaigns which aim to foster organ donation. In the course of the paper, we show how ethnic populations have come to be problematised in relation to kidney donation; how transplant medicine, in trying to work out a solution to this ‘problem’, has culturalised the issue by treating it as something that falls outside its own domain of practice and that, in doing so, it has entrenched racialised responsibility by mapping donor pools to cultural difference and how the problematic coupling of biology and ethnicity, two domains that have come to be treated as coextensive for the practical purposes of transplant medicine, works to deflect attempts to trace the complex genealogy of this ‘problem’. This paper argues that while we need to take health inequalities seriously as a reflection of social, cultural, economic and historical conditions, the relationship between low donation and ethnicity is not as straightforward as the statistical evidence suggests. The paper has specific theoretical and methodological relevance to those working on the relationship between culture, scientific practices, inequalities and health policy.


http://jhi.sagepub.com/content/18/4/271.abstract

ABSTRACT

In this paper, we examine the contemporary debate about the proper form that the information given to patients in medical settings should take a debate occasioned by, but not restricted to, the rapid proliferation of freely available online medical information resources over the last 10-15 years. A review of the literature in this area reveals a field that is both fractious and fragmented, and which is characterised by seemingly unbridgeable differences of outlook and values. We suggest that much of the antagonism stems from disagreements over how best to define ‘patient information’ and we outline the three main positions that have come to dominate this polarised debate. We suggest that we can resolve much of the disagreement by approaching the problem in a different way. This involves looking at the role information plays in our activities, as something we use rather than as something we have. Our argument, contributes much to those interested in the design of health information and communication demonstrating that by investigating what people do with information we will be in a much better position to design the (combinations of)
information resources patients look for and can put to work as they make their way through medical settings.


Publication date 22nd January 2013

ABSTRACT

This paper reports on the challenges facing uninsured Mexican families attempting to access renal replacement therapy. Recent waves of health reform in Mexico - notably Seguro Popular (Popular Health Insurance) - have sought to alleviate the catastrophic poverty families suffer due to out-of-pocket expenses and a fragmented and difficult to negotiate public health care system. Seguro Popular has been presented (most notably in the Lancet) as an evidenced example of good practice, one from which other low and middle income countries could learn. The reach of Seguro Popular, however, remains contested with little understanding of how it has worked in practice, in different locations. Renal replacement therapies have not been included as part of the treatments covered. Given the disproportionate impact chronic kidney disease has on the poor, Mexican families face increased economic and social impoverishment in the absence of adequate support. This remains a critical public health problem. As we seek to demonstrate in the paper, debates around equitable access to healthcare cannot stop at systems-level analyses. We need to also focus on the practical problems faced by patients and their families as a basis for discussion among international researchers, medical practitioners and policy makers. As a consequence, this paper presents empirical, ethnographic data on the challenges faced by poor Mexican families when attempting to access treatment. We draw attention to the problems they encounter when negotiating health services, health insurance options, financial and social supports. We suggest that their efforts need to be understood in the wider contexts of organisational and systems failures and poor information and administrative infrastructures. Taken together, these failures have exacerbated the catastrophic poverty Mexican families experience when forced to pay for their own treatment.