The Invisibility of the Care of the Chronically Ill. A Qualitative Study in the Neighborhood of Oblatos

L Robles

Follow this and additional works at: http://digitalrepository.unm.edu/lasm_cucs_en

Recommended Citation
http://digitalrepository.unm.edu/lasm_cucs_en/22

This Article is brought to you for free and open access by the Latin American Social Medicine at UNM Digital Repository. It has been accepted for inclusion in English by an authorized administrator of UNM Digital Repository. For more information, please contact disc@unm.edu.
Robles L. La invisibilidad del cuidado a los enfermos crónicos. Un estudio cualitativo en el barrio de Oblatos. [The Invisibility of the Care of the Chronically Ill. A Qualitative Study in the Neighborhood of Oblatos.]

Objectives: To analyze the organization of care for chronic conditions and the use of disciplinary devices in a context of urban poverty in Mexico, with emphasis on the involvement of female care givers.

Methodology: ethnographic study involving 19 female caregivers and 7 male caregivers of chronically ill patients in an urban neighborhood in Guadalajara, Mexico. In-depth interviews and participant observation from 1997 to 2000 were used, during six periods of fieldwork. The data analysis involved the triangulation of various methods and techniques: grounded theory, content analysis, diachronic analysis and genealogies.

Results: The organization of care of the chronically ill is based on three simultaneous lines of work: patient care, home care and biographic supervision. Care actions are arranged so that the caregiver can take advantage of the patient's daily routines, although with different temporal rhythms. Thus, the organization of care over time gives rise to a relationship between caregiver and patient comprised of five phases: initiation, part-time care, intermittent care, increased care and agony. The disciplinary device aims both to ensure the provision of good care to the patient and training to the caregiver, which includes the need to keep the caregiver, usually a woman, a role as guardian of the patient over time. The disciplinary device operation is based on the establishment of standards that define the good care and the traits of a good caregiver. This device works like a prison in Foucault's terms, so that in the process norms are defined similar to the norms of their guards, also the family group composition and even the patient's own profile as well as a system of sanctions and rewards among those involved in the care giving.

Conclusions: The analysis of the organization of care for chronically ill in Guadalajara highlights the mechanisms by which patient care family home is transformed into women's heavy work. The relations of power and resistance are materialized through a disciplinary device.