Agenda

Science, colonialism, & postcolonial science studies

1. Postcolonial science studies
2. Randomized controlled trials & colonialism
3. Group discussion

Postcolonial science studies

Postcolonialism

- Postcolonialism is a broad approach in the social sciences that looks at contemporary systems, institutions, and cultures in the context of colonialism and imperialism.

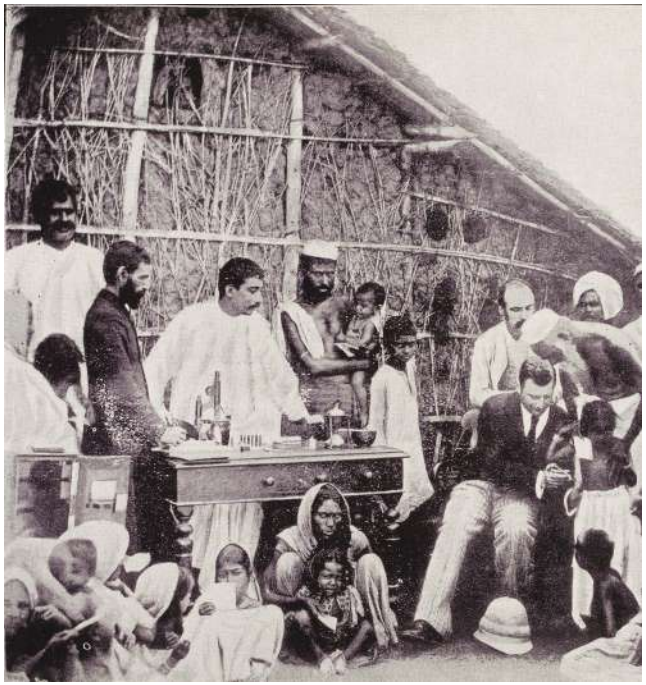
Postcolonialism *in STS*

- How is current scientific knowledge the ***result*** of colonial/imperial institutions?

  e.g. scientific definitions of race

- How do current scientific practices ***exploit and reinforce*** colonial/imperial systems of power?

  e.g. biocolonialism



Anti-cholera inoculation, Calcutta, 1894

Randomized controlled trials & colonialism

Casino capitalism

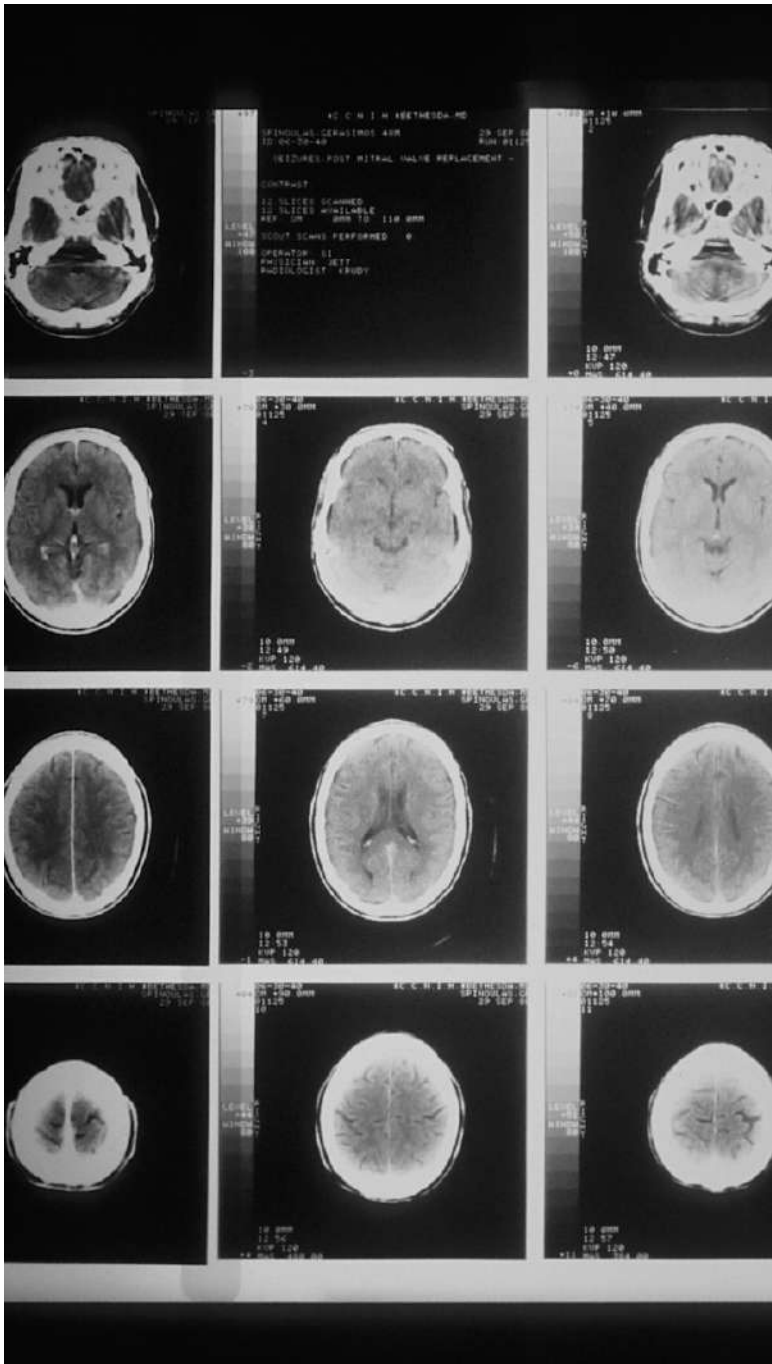
- Vincanne Adams (2002) describes the processes of legitimizing Tibetan medical practices in a Western setting.
- She uses the theoretical frame of "casino capitalism" emphasizing:
  1. the risk-heavy nature of RCTs
  2. the idea that the odds are stacked in favor of whoever decides the rules of the game (the "house")

House rule #1: Categories are universal

> "Because it is assumed that disease labels may change but diseases themselves are universal, few question whose diagnostic instruments or labels should be valorized in clinical research protocols."
> (p. 671)

> The utility of RCTs in determining the effectiveness in treatments pre-supposes the categorization of conditions and symptoms.

> Conditions that are categorized as a single disease in a (Western) biomedical context are understood as multiple distinct diseases in the Tibetan medical context, ***and vice-versa***.



House rule #2: Evidence is unambiguous

- "Here the question that is seldom asked is: 'whose outcomes count?'" (p. 673)
- RCTs assume that the evidence from a trial is incontrovertible and not open to interpretation.
- Tibetan and western doctors center different data and create different evidence when looking at the effectiveness of a treatment.

House rule #3: Isolation of active ingredients

> [I]t is generally assumed that reliable remedies can be reduced to a few basic active ingredients that can be evaluated singularly for their effectiveness." (p. 673)

> RCTs like those required by the NCCAM are often incompatible with the treatments in Tibetan medicine, which might include many carefully prepared ingredients.

> Western science is deeply invested in the idea that physiological processes like disease and the compounds that affect / alleviate them are discrete and can be isolated.

Science, race, and health

Poudrier (2007)

The Geneticization of Aboriginal Diabetes and Obesity

Image credit

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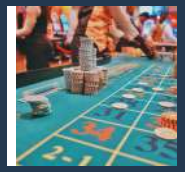

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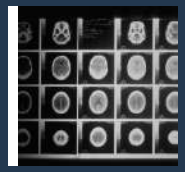

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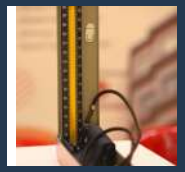

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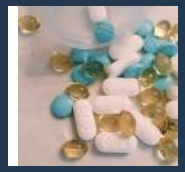

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