

PAPER ABSTRACTS

Listed in alphabetical order of first author

Thursday 6 September 2012

Professions

10:10 – 10:40

Gilbert Murray Seminar Room 3

Allen, D.

Cardiff University

Redistributing articulation work: Business process improvement methods and the limits of delegation

This paper examines Patient Status at a Glance White Boards (PSAGWB) in the work of hospital nurses as one example of the introduction of Business Process Improvement Methods in healthcare. PSAGWB have been introduced widely in the NHS as part of the NHS Institute of Innovation and Improvement Productive Ward series. Drawing on 28 qualitative case studies of the articulation work (Strauss 1985) of adult nurses working in clinically-focused roles and theories of technology-in-practice, the analysis considers first, how far the coordination functions of human actors (i.e. nurses) can be 'delegated' to non-human actors (i.e. white boards) and second, the activities white boards 'prescribe' for nurses. In so doing, it seeks to contribute to current understanding of the effectiveness of different elements of business process improvement methodologies in healthcare contexts and their wider system effects, as well as underlining the importance of a thorough understanding of the work processes these technologies seek to transform if they are to change practice in the direction desired.

Wednesday 5 September 2012

Health Policy

15:55 - 16:25

Gilbert Murray Howard Room

Alo, O., Babatunde, G.

Joseph Ayo Babalola University

Maternal deaths in Southwest Nigeria

Maternal mortality remains one of the most daunting public health problems in developing countries especially in Africa south of Sahara. Reduction in maternal mortality has been identified as a prominent component of the United Nations Millennium Development Goals. The present effort examines the incidence of maternal mortality in Southwest Nigeria and also identifies the social and economic factors associated with maternal deaths with a view of generating policy guidelines that can lead to the reduction of maternal mortality. A five year review (2006-2011) of all maternal deaths in the three teaching hospitals in Southwest Nigeria is presented. A total of 504 deaths occurred out of 15,680 deliveries (MMR 32.14/1000). Hypertensive diseases in pregnancy, late referrals, obstructive labour and native drug intoxication were the leading causes of deaths. Pregnancies at too young and too old ages, delay in assessing health facilities, lack of formal education, employment status of women and being unbooked were also significant risk factors. Public enlightenment to encourage utilization of antenatal care, prompt referral of complicated cases and mass female formal education are suggested.

Thursday 6 September 2012

Methods

14:35 - 15:05

John Foster Hall Tilton Room

Angell, E., Tarrant, C., Baker, R., Martin, G.

University of Leicester

Interviews with elites: challenges in health policy research

The challenges of qualitative interviewing are well-documented. Advice on issues such as how to deal sensitively with participants, probe for further information, welcome silence, and manage upset abounds. Whilst interviews with any respondent can produce difficulties, there are unique challenges associated with interviewing elites (individuals who occupy senior management positions and have significant decision-making influence). As part of my doctoral research, I am interviewing elites within organisations such as the Department of Health and the Cabinet Office. I am tracking the meaning of responsiveness in primary care: how it came to prominence in DH policy, how its salience and value has evolved, and the effects of the change in government.

In this paper, I describe the challenges researchers face when accessing and interviewing health policy elites. I reflect on the difficulties I faced during my interviews, and the methods I used to overcome them. I consider the multiple strategies available to me to facilitate productive interviews, such as ways of gaining trust, using a mixture of open and closed questions, and being flexible about the mode and length of the

interview. I reflect on the successes and failures of my approach, including ways in which I encourage detailed answers throughout the interviews, reduce the power gap, and ask awkward questions.

I will argue that with preparation, perseverance and creativity, fruitful interviews with elites are both viable and achievable. I will also discuss potential ways in which to handle “unproductive” interviews and to learn from them in a positive way.

Wednesday 5 September 2012

15:20 - 15:50

Cancer

Gilbert Murray Seminar Room 5

Arber, A., Odelius, A.

University of Surrey

The “new normal” delivering information about oral chemotherapy in the clinic

As a result of bio-medical research and pharmaceutical advances many chemotherapy drugs and supportive medications are now available orally to be used throughout the illness trajectory and they are the current ‘gold standard’ for treating the cancer called myeloma. Oral agents targeting myeloma cells are highly effective, and have contributed to myeloma becoming a chronic disease which is treatable but not curable and they offer a new treatment paradigm for cancer. The aim of this study is to understand how information about oral chemotherapy is delivered to patients who are starting oral chemotherapy for myeloma. The study draws on a case study approach using mixed methods. Audio recordings of 10 clinical consultations between staff and patients at three NHS trusts were carried out as well as a self-completion questionnaire and interviews with staff and patients. The results identify how staff adopt the ‘information delivery mode’ during consultations about oral chemotherapy. Information was framed in relation to adopting “a new normal”, use of scare tactics to impart a sense of urgency, gravity and risk in relation to the medication. Surprisingly, adherence with the medication regime did not feature as a key issue in consultations.

Friday 7 September 2012

09:35 - 10:05

Health Service Delivery

Gilbert Murray Seminar Room 3

Armstrong, N., Willars, J., Hilton, P.

University of Leicester

More than just a test: the social functions of invasive urodynamic tests

Urodynamic tests comprise a group of investigations which evaluate function of the lower urinary tract; some require catheterisation and are therefore regarded as invasive urodynamic tests (IUT). Several methods are used in the assessment of urinary incontinence, and IUT may form part of this. However, the current position of IUT in the diagnostic pathway is not agreed, and practice varies considerably. Despite the lack of evidence that it improves treatment outcome, and the possible harms such as risk of infection, many regard it as an essential part of assessment, particularly prior to surgical treatment.

We undertook an interview study following a nationwide survey about clinicians’ current use of IUT, as part of a feasibility study for a future definitive RCT. Participants were purposively sampled to ensure a diverse sample including: those who do/do not routinely use IUT; different approaches to when IUT is needed; different perspectives on the planned RCT and willingness to randomise patients.

IUT appears to have a range of functions. Some are the anticipated clinical functions, e.g. adding to understanding of the condition, helping determine best treatment, and facilitating appropriate counselling. There appear, though, to be other functions IUT serves for clinicians and other factors underpinning its use. These include: acting as a safety net to prevent unnecessary or inappropriate surgery; fitting in with local practice and customs; and demonstrating a professional approach by ‘leaving no stone unturned’. How clinicians approach a test that is commonly used but which lacks evidence of clinical utility will be discussed.

Wednesday 5 September 2012

13:00 - 13:30

Professions

Gilbert Murray Seminar Room 3

Ayala Valenzuela, R., Bracke, P.

Please, mind the gap: social class and ethnicity in healthcare professions in the Americas

This paper seeks to work through some troublesome issues of the dominant ways of seeing and thinking professionalism and professional work in healthcare, emphasizing in Chilean hospitals and, particularly, Chilean nurses.

Nursing occupational category has been basically analyzed under two lenses: gender and academization. On the one hand, there is an extensive literature on gender and the ways in which it has an effect in nursing work relationships, particularly shaped as forms of control and exploitation amongst occupations. On the other hand, the effect of further schooling in developing simple tasks into formal occupations, which is reflected in theorization, empirical research and postgraduate studies.

Analyzing nursing, however, cannot longer disregard the significance of social matters such as class and ethnicity in healthcare evolving system. Noticeably, these concepts have been systematically overlooked despite their peculiar social and political relevance in Latin-American countries, or at best unsuitably analyzed under the influence of mostly Anglo-American theory.

The paper thus tries to bridge a very significant gap in the current literature on professional development, taking into account the central concepts of class and ethnicity as they are constructed in labour interactions. On a basis of ethnographic data, the analysis shows how class and ethnicity lead to different outcomes in terms of development and life opportunities for different categories of healthcare workers. The article concludes outlining some strategies and suggestions for future further research.

Friday 7 September 2012

09:35 - 10:05

Experiences of Health and Illness

Gilbert Murray Livingstone Room

Bailey, R.

Doing Impairment: Towards understanding disability/impairment as embodied action

There has been ongoing debate within and between Disability Studies and Medical Sociology about how impairment/chronic illness should be conceptualised. This paper will contribute to this debate by exploring the insights gained by using the concept of "doing impairment", to refer to the everyday practices that the embodied self has to "do" to the body-as-object in order to live through and with an impaired body in a disabling world.

The doing impairment concept was used to analyse data generated from qualitative interviews with 27 disabled people about their experiences of healthcare. This revealed that participants' everyday life included mundane tasks in which the impaired body was implicated and these necessitated participants doing a range of physical, emotional and cognitive acts.

Particular attention was paid to what influenced this doing. One of these influences was the enactment of impairment, the way impairment affected movement, function emotion and cognition. But other conditions of the body, such as age, biography, social status, also influenced doing. Similarly, as the embodied self is always experienced in a context shaped by social structures, context influenced both the tasks that had to be done and the doing of them.

Thus the doing impairment concept understands impairment as embodied action, which is shaped simultaneously by agency and structure, thus avoiding the over-socialised approach of some within Disability Studies and the individualised approach of some within Medical Sociology. It is also rooted in a non-normative view of the body.

Friday 7 September 2012

10:10 - 10:40

Lifecourse

John Foster Hall Rothley / Oakham

Baldwin, K.

De-Montford University, Leicester

Social Egg Freezing: Conceptualising choice, autonomy and responsibility in media discourse

While fertility preservation in those about to undergo medical treatments which may damage fertility has been an option for some time, the improved outcomes of new technologies of vitrification and ICSI have led to the marketing of egg freezing for non-medical reasons, whereby women who are not yet ready to become mothers are offered the possibility of preserving their fertility until such time as they wish to reproduce. This type of fertility preservation has been termed 'Social Egg Freezing'.

This paper presents the key findings from a critical discourse analysis of 30 newspaper articles on social egg freezing (2008-2011) which identified several key themes around discourses of women's responsibility and choice to bear children. This paper will reveal how the representational strategies and lexical choices employed by the creators of the media articles effectively foreground women's responsibility for timely and conscientious childbearing whilst suppressing the structural inequalities which often lead women to delay motherhood.

This presentation will also discuss the assumptions and discourses about women's autonomy which conceptualise them as atomistic beings who make reproductive decisions in a social vacuum, in isolation from influential structures and relations. Finally this presentation will examine the implications of such assumptions, highlighting the absence of a relational approach to autonomy and responsibility in media discussions of egg freezing and women's reproductive decision making more broadly, and will consider the implications of this absence for the way in which women's fertility and childbearing decisions are framed by the media.

Friday 7 September 2012

11:20 - 11:50

Patient-professional Interaction

Gilbert Murray Seminar Room 5

Barbour, R.

The Open University

'Fat chance': The uncomfortable fit between obesity, health promotion and medical sociology

This paper draws on findings from several studies on obesity conducted over the past fifteen years, in order to critically examine the tensions inherent in conducting medical sociological research at this interface. Although our engagement with health promotion research might initially appear to be benign, the health promotion project relies on a set of assumptions and 'reading' of evidence which are both open to question. Empirical research into community views, experiences of weight management in general practice and weight loss post-partum highlight some uncomfortable aspects of this alleged 'fit', and demonstrate that there is considerably more at stake than reluctance amongst the target group involved; rather weight interventions may threaten cherished identities and are open to challenges based on lay knowledge. This is difficult terrain and involves us, as sociologists, in negotiating with professional colleagues as well as our respondents. Focus groups, in particular, can provide a site for performative and subversive social constructions, but, ultimately, can be used as ammunition in designing and marketing health promotion initiatives, and we should take a long hard look at our alignments and responsibilities as researchers in this tricky arena.

Wednesday 5 September 2012

16:30 - 17:00

Mental Health

Gilbert Murray Livingstone Room

Barnes, M., Sherlock S., Kessler D., Thomas LJ., Owen-Smith A., Kuyken W., Lewis G., Wiles NJ., Turner K.
University of Bristol

Depressed patients' struggles with CBT: a qualitative study

Introduction: Cognitive behavioural therapy (CBT) is often reserved for patients who have not responded to medication, specifically those who have treatment resistant depression (TRD). CBT requires a significant commitment from patients and some patients drop out of treatment. However, there are no studies directly exploring what patients find difficult about CBT.

Methods: In-depth interviews were held with patients taking part in the COBALT trial; a multi-centre randomised controlled trial that aimed to assess the effectiveness of CBT in addition to pharmacotherapy for patients with TRD. We interviewed 17 patients who had completed CBT and 9 who had not. We explored patients' views and experiences of CBT and reasons for completing or not completing therapy. Data were analysed thematically.

Results: Patients described finding CBT a difficult process at times, and had struggled to complete homework tasks for emotional and practical reasons. CBT homework was associated with negative school homework experiences, and there were challenges incorporating written worksheets into the patients' day. These difficulties were the reasons why some patients had not completed their course of CBT. Despite struggling with aspects of CBT, most patients felt they had benefitted from therapy.

Conclusions: Patients with depression and GPs will be able to use these findings to discuss the possible challenges and benefits of committing to a course of CBT. Understanding what patients may struggle with can also aid therapists in engaging the patient with CBT, thus ensuring greater success. These findings contribute to the patient experience of depression and its treatment.

Thursday 6 September 2012

11:20 - 11:50

Health Policy

John Foster Hall Tilton Room

Barnoy, S., Gilbar, R.

Tel-Aviv University

Communication of genetic information to relatives in Israel: between privacy and responsibility

Background: Genetic information has implications for the patient's biological relatives and for the patient's spouse when reproduction is considered. Yet, in Western society the patient's rights to autonomy, privacy and confidentiality limit relatives' access to genetic information, as these rights provide the patient with the ultimate authority to decide whether to inform relatives or not.

Aim: To study patients' intentions to communicate genetic test results to their relatives.

Methods: A large quantitative-based study was conducted in Israel in eight genetic clinics regarding patients' attitudes to disclosure of genetic information to relatives. The study examines the similarities and differences between the two largest groups who visit genetic clinics in Israel – for prenatal screening and for carrier testing for cancer.

Results: 564 respondents took part in the study, equally divided between the two groups. The overall rate of intention to inform relatives was high (over 90%). Respondents in the cancer group revealed a more familial-based approach than those in the prenatal screening group. The ability to prevent/treat a disease had an influence on the respondents' intention to disclose. A relatively high rate of non-disclosure was found in the prenatal screening group (7.8%) as compared to the cancer group (2.8%).

Conclusions: These findings, especially the relatively high rate of non-disclosure in the prenatal group, are significant in light of a widespread wish in Israeli society to give birth to a child without a disease or disability. A reconsideration of current practices and guidelines in this area in Israel is therefore required.

Wednesday 5 September 2012

13:35 - 14:05

Inequalities

Gilbert Murray Howard Room

Beagan, B., Bryson, M., Fredericks, E.

'I'm doing many of the same things with everybody, regardless of orientation or gender': Physician experiences providing primary care to LGBTQ women patients.

This paper explores the perceptions and experiences of general practice physicians in two Canadian cities concerning their work with women patients who identify as lesbian, gay, bisexual, transgendered or queer (LGBTQ). Physicians typically enter medicine because they want to help people – they have the best of intentions concerning patient care. Yet even in socialized health care systems, where access issues are less immediate, we know there are systematic inequities in the health care of marginalized groups such as LGBTQ women.

Here we draw on concepts of everyday inequalities and micro inequities to examine how, despite good intentions, physicians' routine practices may perpetuate inequitable care. Based on in-depth interviews with 24 physicians in Halifax and Vancouver, we examine when gender identity and sexual orientation were deemed to matter, and how. The micro-level, everyday social processes through which social inequalities are reproduced during 'business-as-usual' medical interactions are highlighted in the analyses.

Akin to gender-blindness and colour-blindness, physicians frequently denied the relevance of gender identity and sexual orientation, seeking to treat all patients as unique individuals. Many sought to avoid discrimination and stereotyping by avoiding making any assumptions. The predominant approaches assumed professional neutrality and objectivity were possible, and participants desired greater cultural competence in this arena, striving for comfort in their interactions with LGBTQ patients. We challenge notions of 'cultural competence,' and question whether 'comfortable' is a desired attribute in LGBTQ health care interactions. In contrast, we propose the possible value of discomfort, in particular the discomfort attending critical reflexivity.

Wednesday 5 September 2012

15:55 - 16:25

Politics of Health

Gilbert Murray Seminar Room 2

Benzer, M., Benzer, M.

Independence in dependence

The paper presents results from a sociological inquiry into the method of cost-effectiveness assessments of health technologies in the context of health technology appraisals outlined by the National Institute for Health and Clinical Excellence (NICE). The paper discusses two key elements of the mode of procedure delineated by NICE: the enlistment of patients for describing their health-related quality of life by means of the EuroQol Group's EQ-5D-3L questionnaire; and the enlistment of the public for evaluating health and ascribing quality of life weights to health states. The paper critically examines the position that patients are assigned by virtue of NICE's treatment of these two elements of its methodological framework. Centring on the application of the EQ-5D-3L instrument, the first element echoes a commitment to the ideal of independent, self-sufficient living against the notion of the patient as a passive recipient of healthcare. This ideal is affinitive with a model of subjectivity whose dominance is often said to characterise advanced liberal healthcare governance. By contrast, NICE's outline of the second element, which centres on obtaining quality of life weights from the public, re-inscribes the patient into a relationship of (arguably social) dependence and assigns her or him the position of the passive healthcare recipient. The paper suggests that the position thus constructed for the patient betrays a contradiction which might be better understood – perhaps resolved – in view of the basic biopolitical orientation of the cost-effectiveness assessment framework outlined by NICE.

Thursday 6 September 2012

16:20 - 16:50

Screening and Diagnosis

Gilbert Murray Howard Room

Berghs, M.

University of York

Testing the dads: Facilitating informed choice?

Facilitating informed choice among those at risk of recessive disorders is a key NHS policy objective. In 2001, the Department of Health established the Sickle Cell and Thalassaemia Screening Programme. One of the aims of the programme is to provide timely ante-natal sickle cell screening to all couples. If a mother is identified as a sickle cell carrier, her partner should ideally be offered screening, thereby enabling the couple to make an informed choice on the future of the pregnancy. However, trial evidence (Dormandy et al. 2010) suggests fathers are tested in less than 8 per cent of cases during ante-natal care, when their partner is a known sickle cell carrier. Little is known why this is so. This paper represents some preliminary findings from a NIHR-RfB study examining how best to facilitate informed choice and fathers' involvement in antenatal screening for sickle cell. Focus groups were held with people of African, African-Caribbean, and mixed origins to understand prospective fathers' and mothers' attitudes to ante-natal screening for recessive disorders in order to compare the two. Semi-structured interviews were also held to examine fathers' experiences and understandings of ante-natal screening for sickle cell, when their partner is a known sickle cell carrier.

Thursday 6 September 2012

16:20 - 16:50

Health Care Organisation

Gilbert Murray Seminar Room 2

Bishop, S., Waring, J., Jurgens, F.

University of Nottingham

The Patient as Boundary Object: Collaboration, fragmentation and objectification during hospital discharge

This paper examines how patients might be conceptualised as 'boundary objects', especially during instances of inter-professional or inter-organisational working, such as hospital discharge. Boundary objects are artefacts which are understood variously by different groups, but which allow sufficient mutual understanding to develop collaboration (Star and Griesemer, 1989). Identifying patients as a boundary objects does not necessarily keep with the original conception (Star, 1989); certainly it would be reductive to equate patients to passive sources of information, tools or objects. However, applying the concept of boundary object to patient provides three contributions in the context of hospital discharge. First, it locates the patient as the central 'object' around which different professionals with distinct knowledge, cultures and modes of organising construct their practices and allow 'cooperation without consensus' (Star, 2010). Second, it directs attention to the interpretive flexibility with which patients are understood by these different groups as the 'patient' is (re-)constructed (as 'patients', 'service users' and 'care customers') between care settings thereby illustrating conflicts in fragmented care processes. Thirdly, it highlights how patients are often treated as passive recipients of successive care episodes without being fully involved and empowered in their own care processes. Reflecting this concern, we tentatively propose the idea of seeing the patient as a 'boundary subject' which gives greater agency to patients as partners in their own care, whilst retaining the analytical perspectives provided by the boundary 'object' concepts.

Wednesday 5 September 2012

13:00 - 13:30

Lifecourse

John Foster Hall Tilton Room

Borgstrom, E.

University of Cambridge

'I need to ask you a favour...': experiences of a reluctant 'expert'

The request came in the form of a Facebook message – a plea for my 'expert' knowledge about end-of-life care as her grandfather died. Immediately drawn to action as a friend, I was struck by my reluctance to fulfill the expert role she was requesting of me. I was left advocating practical solutions and suggestions I would otherwise be critical of academically. I found my response to be supportive of the rhetoric I spent months deconstructing. And in many places, all I could say was 'sorry, I don't know' – a strange sense of failure I had never anticipated to be part of my research. Whilst there are numerous auto-ethnographic accounts dealing with illness, death, and grief by drawing on personal experiences, this paper seeks to articulate and make sense of what it is like to be called on as an informal 'expert' in the realm of everyday, but life changing, events. Through this experience I attempt to reflect on how, as social scientists, we become to be seen as 'experts' socially, even in our personal relationships, and to question what we can do with this position, particularly at a time when the value of sociological research is contested. Moreover, the conflicts and reflections prompted by this dual role of friend/expert, although blurring boundaries, highlights how such instances might provide fruitful insights into our research and deserve to be explicitly explored in our work. Overall it is a discussion about what it's like to research something everyone experiences – death.

Wednesday 5 September 2012

15:20 - 15:50

Ethnicity

Gilbert Murray Howard Room

Bradby, H., Davison, C., Green, G., Krause, K., Alex, G., Huschke, S.

Diversity and health care access: illness stories in four different European settings

This pilot project uses story-telling methods to investigate personal pathways through the healthcare landscape, attending to individuals' diversity in terms of legal status, demography, family circumstance, economic activity, ethnic background, linguistic abilities and shared cultural values and the structure of the healthcare system. The project sought to interrogate the theoretical and practical uses of the concept of 'superdiversity' and its relationship with access to health care services. Methodologically the study sought to test whether, using 3 simple prompt questions, adults in four different European settings would tell stories that could be analysed in a single framework.

Six interviews each were collected in Germany, Sweden, Spain and England by asking 'How is it that you live here?', and then enquiring about recent use of health services and the most serious instance when health services were sought. Interview material was contextualized in the local health care and social setting.

Despite the enormous variety in the personal circumstances and context of health care, all but one respondent had a story to tell about health care access in their locality. The youngest respondent, aged 18, without legal status, had not sought health care in their local setting. But his story, like all the other respondents, identified navigator figures who had facilitated access to services.

Thursday 6 September 2012

09:00 - 09:30

Lifecourse

Gilbert Murray Livingstone Room

Bramwell, D., Rogers, A., Sanders, C.

University of Mancheser

Exploring the role of employers and managers in supporting people with long-term conditions in the workplace

UK Government objectives to get people with chronic conditions (CCs) back into the labour force, along with the abolition of the default retirement age imply that more people will be working with a long-term illness – and for longer. Furthermore, people frequently cite the importance of supportive workplace relationships as pivotal to a successful working life with a chronic condition. However, little qualitative work exists which explicitly explores this concept from the employers' and managers' perspectives, and much less on their experiences of managing long-term illness within the social context of the working environment. This issue is important to explore because any successful return to work will be largely influenced by employers' and managers' readiness to support people with CCs.

Findings from 40 interviews conducted with employers and managers across all industry sectors, types and sizes suggest that participants, regardless of background, share a common difficulty in their role as a supporter. This arises from frustrations in having to balance both the needs of the employee and the business, whilst also operating within a strict legislative framework and being mindful of other employees. This is further complicated by the often hidden agendas that people bring to the relationship. Exploring potential sources of dissatisfaction and conflict caused by these elements, could be beneficial to all stakeholders in contributing to understandings of what makes work 'work' for someone living with a chronic condition.

Wednesday 5 September 2012

14:45 - 15:15

Ethnicity

Gilbert Murray Howard Room

Brekke, I., Schøne, P.

Health and sickness absence among native and immigrant workers in Norway.

The few empirical evidence on sickness absence among immigrants, indicates that non-western immigrants have higher sickness-related absence than natives. Higher sickness absence among non-western immigrants might be related to the fact that many immigrants come from conflict-ridden areas that have negatively affected their health. The migration process itself can be stressful and risky and also affect their health negatively. Occupational stress and job strain might also increase health problems and sickness-related absence. Non-western immigrants are often employed in jobs that are more physically demanding with less level of control than natives. Following this, we hypothesize that non-western immigrants have more sickness absence than natives, due to poorer health, more mental health problems and more demanding physical work.

The present paper makes use of three data sources: We use register data (FD-trygd) with labour market and sickness absence information linked to two cross-section questionnaire surveys on health: The Oslo Immigrant Health Study (immigrant HUBRO, 2002) including immigrant groups originating from Vietnam, Sri Lanka, Pakistan, Iran and Turkey, and Oslo Health Study (HUBRO), conducted in 2000 – 2001 (including native Nor-wegians) (N=7746).

The preliminary findings in this paper show that non-western immigrants have higher sickness absence than natives, this results applies to both women and men. For women, the differences in sickness absence between non-western immigrants and natives can be explained by lower occupational status and poorer health among the immigrants. For men, occupational status and health only partly explain the immigrant/native differences in sickness absence.

Thursday 6 September 2012

09:35 - 10:05

Experiences of Health and Illness

John Foster Hall Rothley / Oakham

Brewster, L., Sen, B., Cox, A.

'More benefit from a well-stocked library than a well-stocked pharmacy': using bibliotherapy for mental health

This paper focuses on the experiences of people who use reading as a form of therapy to support the self-management of mental health problems such as depression. This practice, known as bibliotherapy, is often mediated by the public library. Bibliotherapy can be used as a form of supportive treatment to manage acute symptoms of mental health problems or as a method of maintaining mental well-being on a long term basis. In the UK, over one hundred public libraries run schemes for adults aiming to improve health and well-being via the reading of self-help texts or fiction. Despite the widespread popularity of bibliotherapy schemes in the UK, there has been little in-depth research about its use in practice and little is known about how bibliotherapy shapes peoples' experiences of mental health problems. This has led to gaps in understanding about how bibliotherapy works to provide information (both about coping techniques and the normalisation of emotions), emotional and social support, and escapism from problems. Research presented here outlines four new outcome-based models of bibliotherapy, based on in-depth qualitative research with people who use bibliotherapy as a source of comfort and support. These outcome-based models differ from previously understood models of bibliotherapy, which centre on the information source rather than the intended outcome of the use of reading as therapy.

Wednesday 5 September 2012

14:45 - 15:15

Cancer

Gilbert Murray Seminar Room 5

Broom, A., Kirby, E.

The art of letting go: Referral to palliative care and its discontents

Accompanying patients from potentially curative treatment toward specialist palliative care is a complex activity that can be fraught with interpersonal challenges. While medical specialists are expected to break 'bad news' to their patients and ease their transitions to specialist palliative care if required, few have received formal training in such interpersonal complexities. Furthermore, there also often exists clinical ambiguity around whether to continue active treatment vis-à-vis refocusing on quality of life and palliation. In this paper we explore the experiences of twenty Australian medical specialists, focusing on issues such as: dilemmas around when to talk about dying and palliation; the art of referral and practices of representation; the problem of hope and allure of active treatment; and, the broader inter-professional politics of referral. The results illustrate the self-reported subjectivities shaping referral to specialist palliative care and how this transitional realm is embedded in the idiosyncrasies of personality, emotions, inter-specialty dynamics, and other biographical issues. We argue that the practice of referral reflects wider tensions between the 'science' and the 'emotions' of modern medicine and that referral should be viewed as a relational and contextually-bound process.

Friday 7 September 2012

10:10 - 10:40

Patient-professional Interaction

Gilbert Murray Seminar Room 5

Busby, H. W.

University of Leicester

Dilemmas in the governance of blood safety: conceptualising relations between patients, professionals and regulators in blood services and transfusion medicine

At a time when key initiatives in the UK have sought to promote patient engagement or involvement, this paper seeks to explore some dimensions of these sought after changes in relation to blood services. It will describe and analyse policy initiatives that aim to increase transparency, participation and information, focussing on themes of risk and safety in blood services. The paper draws upon 25 interviews with professionals, policy actors and patients' groups with a stake in these issues.

The drive to engage patients has to date largely (but not exclusively) focussed on policies relating to informed consent. Strong normative arguments in favour of adopting more robust approach to informed consent for blood transfusion are bolstered by the legacy of the past: asymmetries of access to emerging information about risks in the blood supply were a feature of the landscape until the 1980s, when the 'contamination' of plasma products with HIV and Hepatitis C viruses in advanced healthcare systems

prompted intense criticism. The imperative to involve patients is explicit in the agenda of more recently established regulatory bodies.

Whilst provision of better information to patients is seen as having some positive impact, another aspect of this dynamic is that patients and professionals may be drawn into new roles as 'risk managers' within an expanded system of risk governance. The dilemmas entailed in shifting to more participative governance of risk will be explored in relation to theoretical discussions about 'risk colonisation' and its consequences for regulation (Rothstein, Huber and Gaskell, 2006).

Friday 7 September 2012

09:00 - 09:30

Risk

John Foster Hall Swithland Room

Butler, C.

Newcastle University

The talk about 'The King's Speech': Content analysis of the media coverage of stammering

The film and now stage-play 'The King's Speech' has received enormous critical acclaim. Its success has catapulted stammering into the media spotlight. From a general public viewpoint, this attention is likely to have increased their awareness of speech impediments and their impact on the lives of people who stammer. Alongside, stammering self-help groups and speech therapy centres are likely to have seen a rise in interest in their services and developed approaches to disseminate information about stammering, the activities within their groups, and the support they offer. This study examines the media coverage of stammering from mid 2010, when 'The King's Speech' film was in production, through to the date of its West End debut in March 2012. Content analysis is used to explore: a) popular media such as newspapers and news websites and b) communications from within the stammering support community, examining how stammerers, stammering, the causes and the treatments have been presented.

Thursday 6 September 2012

09:35 - 10:05

Theory

Gilbert Murray Howard Room

Carmel, S. H. M.

University of Essex

Clinical practice and social theory

This paper draws on the 'practice turn' in social theory to develop our theoretical understanding of clinical practice. The broad concept of practice in practice theory encapsulates the nexus of individual action, materiality (human beings exist in a material environment), embodiment (human beings experience the world through their bodies) and sociality (human beings exist in relation to one another).

In the field of health care two overlapping uses of the term practice are 'professional practice' and 'clinical practice'. Professional practice, a historically well established category, refers to the normative expectations regarding the work activities of an occupational group. Clinical practice refers to the work activities which actually take place in particular locations. The normative theorisation differs from (but overlaps with) both the routine, everyday characterisation of practice by workers themselves and the empirically observable activities in any particular situation. Discussion of the relationship between these three types of conception of practice ('official' professional discourse, practitioners' own conceptions, conceptions derived from empirical observation) highlights the importance of conceptions of practice for health care practitioners. It also opens up the possibility of a conversation between generalised social theoretical understandings of practice and conceptions of practice described within, or derived from, health care.

Distinctions between different types of conception of practice have been observed and fruitfully analysed in ethnography and in social studies of science. The paper concludes by considering the specificity of clinical practice and evaluating the possibility of transferring externally derived practice theory to the domain of health care.

Friday 7 September 2012

11:20 - 11:50

Health Care Organisation

John Foster Hall Tilton Room

Carter, C., Moreira, T., Kumar, N.

Building research capacity in the NHS: an ethnographic study of the work of a research promoter.

Existing policy encourages the development of a research culture within the NHS to provide evidence on which to base practice, but there is little knowledge of the factors that underpin the emergence of such culture. Our study is a mixed methods case study of a NHS Foundation Trust's attempts to increase its research capacity. The aim is to provide a sociological, contextualised assessment of research capacity building initiatives to be considered alongside the standard quantitative measures the Trust collects. This presentation reflects on the data from the initial ethnographic stage of the research with the aim of exploring the impact of the Trust's newly appointed Research Promoter (RP). A social worlds perspective is adopted to consider the 'types' of work being done to shape the role and meet set objectives. Initial analysis has led to the formulation of the hypothesis that the successful building of research capacity is underpinned by tacit knowledge harnessed by actors to align varying rhythms of hospital life and coordinate the official and unofficial networks in existence. Mapping this overarching attempt to coordinate the various institutions and individuals involved in research production will be a key stage in understanding the making of 'research culture' and to construct a conceptual model which may be applied to other organisations aiming to build research capacity.

Wednesday 5 September 2012

13:35 - 14:05

Lifecourse

John Foster Hall Tilton Room

Caswell, G., Pollock, K., Walker, W., Harwood, R., Porock, D. University of Nottingham

A qualitative exploration of dying with dementia in the acute hospital setting

Many of the 100,000 older people who die with dementia in the UK each year spend their final days on an acute hospital ward. This setting is often described as an unsuitable place to die, and current health policy promotes an expected preference for most patients to die at home. Realistically, however, an increasing proportion of frail, very elderly persons within the population will intensify the demands for institutional care at the end of life. Care of such patients is set to become the core business of the NHS. It is imperative that acute hospitals adapt to accommodate this reality to provide the best possible end of life care and to meet the particular challenges posed for dying patients affected by severe cognitive impairments such as dementia. This paper presents findings from a qualitative research study which explores end of life care for people with dementia in the acute hospital setting. Based on a series of patient case studies, the study used non participant observation, qualitative interviews and case note reviews as methods of data collection. The paper considers issues around the difficulty of recognising dying among this group of patients, and the consequences this has for the processes of decision making and the management of end of life care. It further examines how the knowledge that an individual is dying and the consequent decisions made are communicated between ward staff, patients and family carers.

Wednesday 5 September 2012

16:30 - 17:00

Pharmaceuticals

Gilbert Murray Seminar Room 1

Chamberlain, K.

Massey University

Medications at home

Medicine reaches into homes in various ways, and homes are becoming increasingly medicalised. Medication technologies provide common and significant forms of contemporary treatment. But medications are complex material objects that have multiple meanings and are involved in diverse practices. In this paper we examine what happens with medications when they enter homes. Although medications carry the 'register' and agenda of medicine and pharmacology, their meanings and practices alter on entering homes, since homes have their own register, their own rhythms, pace and practices. We explore the links and tensions between the register of biomedicine and the register of the home in an ethnographically-inspired study, which purposively sampled fifty-five households from four New Zealand cities to include a variety of household compositions, ethnicities, and medication involvement. Data collection involved multiple methods – mapping the home and locating all medications, asking participants to produce all medications and discuss them as a household group, completing and discussing a medication use diary, a diary reflecting on medications in everyday life, and a photo-elicitation exercise to

show the world of medications. We discuss medication practices in homes to illustrate how the routines and rituals of home support and constrain the biomedical register of medicines. We document how different types of medications - over-the counter, prescription medicines, and alternative medicines – adjust differently to the register of home. We conclude that medication use may be better understood if located within situated practices, and particularly how it is embedded in the temporal and spatial domestic practices of the home.

Thursday 6 September 2012

16:20 - 16:50

Health Service Delivery

Gilbert Murray Seminar Room 3

*Chandler, A., Whittaker, A., Cunningham-Burley, S., Williams, N., Mathews, G., McGorm, K.
University of Edinburgh*

Mother's helper? Exploring the meanings of methadone and diazepam prescriptions for opiate dependent parents

This paper reports on an NHS Lothian funded research project which has explored the parenting support needs of opiate dependent parents during the antenatal and early postnatal periods. Up to three in-depth longitudinal interviews were conducted with nineteen opiate dependent parents. Additionally, four multi-disciplinary focus groups were held with health-care professionals who worked with drug using parents.

Management of prescription drugs was an important feature of accounts of service users and service providers. Stability was a key theme throughout, though was referred to more routinely by service providers. For service users, accounts of stability varied: antenatally many talked about reducing methadone prescriptions; whereas postnatally stability of drug use appeared to be more valued. Diazepam was framed as largely unproblematic during pregnancy and postnatally among service users. Conversely, service providers emphasised the clinically more concerning nature of diazepam during pregnancy. Service users indicated that diazepam, and to a lesser extent methadone, acted to support their parenting practices: enabling them to manage stress, anxiety or depression; or provide 'energy' for completing domestic and childcare duties. Among service providers, stability of drug use (via prescriptions) appeared to be a prerequisite to providing effective parenting support and a central indicator of parenting capacity.

The paper will consider the implications of these findings for the provision of 'parenting support' by NHS services for opiate dependent parents. In particular, the ways that service providers and service users reconcile prescription drug use with both parenting capacity and child protection will be explored.

Wednesday 5 September 2012

15:55 - 16:25

Lifecourse

John Foster Hall Tilton Room

Chapple, A., Ziebland, S.

University of Oxford

Private lives and column inches: a qualitative study of how people bereaved by suicide in the UK perceive newspaper reporting

Objective:

To explore the experiences of media reporting after suicide from the perspective of people who were bereaved and to examine their priorities in relation to media guidelines and codes of practice for journalists.

Design: In-depth interview study with qualitative analysis. Review of four guidelines for journalists reporting suicide.

Participants: A diverse sample of 40 people bereaved by suicide, usually interviewed at home.

Results: Examining our interviews in relation to the issues covered in the guidelines suggests a tension between guidance for the press which aims to prevent copycat suicides (especially avoidance of details such as method used) and the perspectives of bereaved people (who prioritise sympathetic and accurate reporting). Of the four guidelines we reviewed, only the Samaritans guidelines mention that accuracy is particularly important to the bereaved. We found that bereaved relatives were sometimes very keen to talk to the press, especially if they hoped that the media might prevent further deaths. Those who were upset by the press focused on careless reporting, misquoting and speculation which gave an inaccurate impression of the death.

Conclusion: The Leveson enquiry has drawn attention to the damage that can be caused by irresponsible journalism. Guidelines written to prevent "copycat" suicides are very important, but so are the needs of bereaved relatives. Because accuracy matters greatly to the bereaved, it may be in the best interests of families to work with an intermediary such as a police press officer to prepare a statement for the press to minimize the risk of misrepresentation.

Thursday 6 September 2012

16:55 - 17:25

Screening and Diagnosis

Gilbert Murray Howard Room

Chattoo, S., Chattoo, S., Atkin, K.

The NHS sickle cell and thalassaemia screening programme: rhetoric and realities of 'reproductive choice'

Sickle cell disease remains the most common serious genetic disorder in the UK— more common than cystic fibrosis. England was the first country in the world to introduce a twin policy for antenatal and neonatal screening for these conditions. Screening, based on a simple blood test, can identify those who are apparently 'healthy' but carry various traits of these conditions. While trait carriers (diagnosed at different phases of life-course) may never develop the condition themselves, they can pass on the trait or condition to their children (if their partner also is a carrier). The screening policy is premised on a model of governance that pre-empt risk (of passing on the trait/ condition) and colonises the future, leaning on a discourse on 'reproductive choice'. In the UK, there are around 240,000 trait carriers for sickle cell disorders and 214, 000 trait carriers for thalassaemia. We know little about the long term personal and social implications for individuals identified as trait carrier at different phases of their life-course. This paper will analyse the language and cultural content of the national screening policy on haemoglobinopathies in England within the context of rise of new genetics and the rhetoric of reproductive choice. The analysis is part of an ongoing project funded by the ESRC, being carried out at the University of York.

Information about the research

We are carrying out a two year project funded by the ESRC (Jan 2012- Dec 2013), using in-depth interviews and focus groups, to understand the implications of being identified as a trait carrier for sickle cell or thalassaemia on self and identity. The project is based at the Department of Health Sciences, The University of York and is a collaborative venture with De Montfort University, Middlesex University, the Sickle Cell Society and the UK Thalassaemia Society. For further information, please contact Sangeeta Chattoo (sangeeta.chattoo@york.ac.uk)

Wednesday 5 September 2012

16:30 - 17:00

Professions

Gilbert Murray Seminar Room 3

Chew, S.

"Am I a knowledge broker?": Exploring the enactment and conceptualisations of formalised intermediary roles in an academic /practice partnership

Knowledge brokering is a concept which lacks a consistent terminology and definition. Furthermore, the human element of knowledge brokering is under-researched; little is known about enacting formalised knowledge brokering roles in practice. This study explores how theoretical understandings of knowledge brokering relate to its enactment in practice and, in addition, furthers knowledge of individuals' experiences of inhabiting formalised knowledge brokering posts.

This paper draws on an ongoing study of novel, formalised intermediary roles created to fulfil a knowledge brokering role in seven healthcare organisations. To generate insights into their experiences at the 'coal face' of knowledge brokering, the post holders kept reflexive diaries to document the early phases of the roles; in-depth interviews were also conducted.

Analysis revealed that the posts shared a similar developmental trajectory and several key themes were identified. "Managing competing interpretations" reveals how varied understandings of knowledge brokering were problematic and underpinned an ongoing process of negotiation and re-specification of the remit of the posts between post holders and stakeholders. "Tailoring" relates to how local contexts influenced the enactment of the posts. As post holders established their role identities, "Autonomy" was increasingly cited as a positive aspect of the role.

The findings highlighted how terminological and conceptual inconsistencies at the theoretical level led to difficulties when instituting and enacting the formalised knowledge brokering roles in practice. This paper will discuss these findings in relation to the current knowledge brokering literature.

Thursday 6 September 2012

16:55 - 17:25

Health Service Delivery

Gilbert Murray Seminar Room 3

Churchill, H., Canning, V.

Liverpool John Moores University

Migrancy and maternity: experiences of maternity care amongst women seeking asylum in Merseyside

Whilst women seeking asylum are able to access maternity care under the primary care package, social care throughout pregnancy and childbirth may be limited, and there is little evidence to demonstrate whether support is available in forms specific to the complex needs of pregnant women and mothers who are asylum-seekers, including availability of interpreters or cultural and religious knowledge. This research highlights the specific needs and key issues affecting asylum-seeking women and health and social care providers in Merseyside and situates these concerns, positive or negative, in wider social contexts. In uncovering examples of good practice as well as inadequacies in current provision, the researchers are able to make recommendations for policy and future service provision for asylum-seeking women accessing maternity services.

This study explored experiences of maternity care throughout pregnancy and birth of women seeking asylum in Merseyside, an area with a growing asylum community. The aims of this research were to explore women's experiences of maternity care whilst seeking asylum, to identify problems and gaps within this system of care, and ultimately to provide recommendations to relevant care agencies in relation to these issues. The methodology included: focus groups of asylum-seeking women developing discussions of experiences of pregnancy and childbirth, focusing on support received and exploring further support needs, and in-depth semi-structured interviews with Asylum Support Workers and healthcare agencies. The results of the study identified: issues and 'needs' affecting asylum-seeking women; examples of good practice, and inadequacies in current provision.

Thursday 6 September 2012

11:55 - 12:25

Lifecourse

Gilbert Murray Livingstone Room

Cleary, S.

Discourse and dissonance: The role of the midwife in caring for women experiencing domestic violence during pregnancy

Domestic violence is a widespread social issue that has, received limited attention from midwives. Although there is now a growing body of research which identifies domestic violence as a serious public health issue there remain many unanswered questions regarding the midwife's ability to recognise and respond appropriately to domestic violence within their practice.

This qualitative study, through the use of a feminist theoretical framework and ethnographic research techniques, explore the culture of a particular midwifery setting and the influence this culture has on promoting or inhibiting effective responses to women experiencing domestic violence during pregnancy. Participant observation is the main method of data collection. Depth ethnographic interviews were also conducted with midwives who participated in the project.

For the majority of midwives knowledge of domestic violence was limited. Power relationships within the setting had a greater influence on midwives' responses to women than access to educational programmes. The midwives' sense of identity and of 'being' a midwife influenced their level of involvement in an issue that they were yet to fully accept as part of their role. Partnership and multi-sector working was limited. Midwives' decision making was often paternalistic and inflexible. Guidelines were rarely used to support the decision making process. A lack of direction and confidence was evident in many of the midwives' responses to women. The midwives' identity and status within the culture of an ever-changing and more demanding maternity care setting was brought into a much sharper focus through the lens of a feminist ethnographic study.

Friday 7 September 2012

10:45 - 11:15

Embodiment and Emotion

Gilbert Murray Howard Room

Coleman-Fountain, E., McLaughlin, J.

Newcastle University

Re-shaping young disabled bodies: Exploring the implications of and reasons for different forms of medical and self-intervention

Children born with physical impairments can spend much of their childhood receiving medical procedures. In the case of cerebral palsy these procedures include multiple surgeries, wearing splints, regular physiotherapy and frequent injections of chemicals such as Botox. These interventions reshape the child's body, with the aim of minimising the impairment and improving mobility. They also bring with them scarring, pain and discomfort and significant disruption to children's everyday lives as hospital appointments and treatments take them out of school, away from friends and replace other forms of fun. The frequency of such interventions reduces as the child's body develops and they move towards adulthood. This does not mean that attempts to reshape the body end, but instead that the form of intervention may change. This paper explores the perspective of young people with cerebral palsy as they reflect back on childhood experiences of medical intervention and discuss present attempts to reshape their bodies through their own personal interventions. We discuss the different forms of emotional investment the young people place on their bodies through memory and current activity, situating that investment within their location as young disabled people seeking agency and normality in their imagined adult futures. We consider how this is influenced by a context where disability and forms of dependency are seen as troubling a key marker of adulthood – independence. The paper is drawn from an ESRC study in the North of England, working with young people with cerebral palsy using qualitative methods including both interviewing and creative practice.

Thursday 6 September 2012

10:45 - 11:15

Lifecourse

Gilbert Murray Livingstone Room

Conlon, C., Timonen, V., Scharf, T., Carney, G.

Trinity College Dublin

Exploring care, obligation and expectations among family generations using Constructivist grounded theory

The Changing Generations project is a qualitative study engaging 100 men and women across the age and socio-economic spectrums to explore their experiences, practices and understandings of solidarity at family (and societal) level in Ireland. It provides an opportunity to understand changing perspectives on obligation, duty and expectations relating to the care of older family members. The study adopts Charmaz's (2006, 2008) constructivist Grounded Theory method to facilitate an inductive-abductive re-conceptualisation of obligations and expectations around meeting care needs in older age. The study provides for multi-generational understandings as the sample includes grandparents, parents and grandchildren, as well as people who have no children. Emerging themes include (1) low expectations of informal care among the older family generation, arising from perceptions of the pressures of work and family rearing for adult children; (2) persisting centrality of class and gender in shaping practices of caring, at the cost of limiting education and employment opportunities among young women from disadvantaged socio-economic backgrounds; (3) 'Care resistance' by older adults who feel they have been 'put into a cared-for role' against their own wishes; and (4) 'care planning' by well-resourced older adults who expect little or no care from their adult children, and have little faith in the welfare state's capacity to meet care needs in old age. This paper will place our analysis in conversation with those of Bengtson (2001), Ungerson (2005) and Guberman et al (2011) to consider the interplay of structural, relational and self-making processes in care practices and expectations.

Thursday 6 September 2012

09:35 - 10:05

Ethics

Gilbert Murray Seminar Room 2

Cooper, R.

University of Sheffield

Just a few steps more! Ethical issues in promoting physical activity using the built environment

The aim in this paper is to explore the ethical justification of using the built environment –embracing architecture and urban planning - to promote health by increasing physical activity. There is increasing empirical evidence that many interventions in the built environment lead to behaviour change in terms of increased physical activity. Of concern, however, is the lack of any reflection on the ethical justification and

implications of such interventions and proposals. This paper explores the underlying ethical issues at stake, and the rival values involved and develops a typology of different interventions in the built environment. It will be argued that existing physical-activity promoting interventions in the built environment can be categorised as either passive (such as providing more recreation areas, parks), impedimentary (such as prioritising cycling over vehicular travel, making lifts slower) or mandatory (such as increasing the walking distances between locations, banning cars from city centres). Following Holland's analysis of the ethics of health promotion, it is argued that only passive interventions are unproblematic, empowering and 'ethically pristine' whereas impedimentary changes are weakly paternalistic and mandatory changes are coercive and restrict autonomy. The paper offers insights that will be of relevance to those involved in designing the built environment, providing health promotion activities, researchers considering interventions and individuals. The paper concludes with a reflection that understanding these ethical implications are vital as many proposed interventions are ethically challengeable and come into conflict with rival values of liberal autonomy, convenience, and time- and labour-savings, which Western societies value highly.

Thursday 6 September 2012

10:10 - 10:40

Ethics

Gilbert Murray Seminar Room 2

Corrigan, O. P.

University of Plymouth

Understanding the role of values in everyday medicine

Values are at the core of medicine and health care provision. Such values alter according to shifts in societal, individual and professional norms. Currently societal norms attached to economic efficiency and instrumental rationality encourages actions which can conflict with patients' values and professional values. Health care professionals increasingly have to navigate the complex moral problems that arise in medical care, and take care of their own personal and emotional well-being in the face of these challenges. In this presentation I will discuss preliminary observational research of health care practitioners working in ICU as well as prior research on the experiences of junior doctors as they attempt to act in accordance with values such as empathy while at the same time tending to their own emotional well-being. In doing so I will draw on Fulford's (2012, 2004) persuasive argument for an evidence-based approach to values based medicine as well as social theories on values established by founding sociologist's Weber and Durkheim.

Friday 7 September 2012

09:00 - 09:30

Health Care Organisation

John Foster Hall Tilton Room

Cramer, H., Hughes, J., Evans, M., Featherstone, K., Feder, G.

University of Bristol

An ethnography trying to explain outcome variation in cardiac care: the process and findings of the VICC study.

The Variation in Cardiac Care (VICC) study uses ethnography to examine the processes of care for acute coronary syndrome (heart attacks). The aim is to explain the wide variation in 30 day mortality between hospitals, taking our sample as 10 hospitals, half of which have high levels of 30 day mortality and half have low mortality. Our emerging findings lead towards five main areas of possible explanation for cardiac variation. The first is that the variation is caused by the relationships of power and influence of the larger tertiary hospitals towards the smaller district general hospitals. The way the tertiary hospitals organise themselves radically affects and constrains how their smaller neighbours are able to operate. Another strong area of explanation centres on bed management and how well staff are able to juggle beds and make bed spaces available. Which bed you are placed in and which ward your bed is in radically affects the level of monitoring you receive and if you are placed under a cardiologist, all crucial to good care after an NSTEMI heart attack. Other explanations include the identification, sifting and prioritising of certain patients, and the systems of flexibility and technologies of process that are in place such as the use of acute coronary syndrome nurses and risk scores. This presentation will describe the use of ethnography and the process we went through to try and generate new theories and explanation of cardiac variation whilst elaborating on some of these key themes and findings.

Friday 7 September 2012

09:00 - 09:30

Lifecourse

John Foster Hall Rothley / Oakham

Davda, P.

Royal Holloway University of London

Conceptualisations of reproduction and the family in the new reproductive technologies: A literature Review

In this paper, I will outline my review of sociological literature on human reproduction and the family in relation to the new reproductive technologies (NRTs) with donor gametes. The medicalization of reproduction has been a dominant theme throughout this literature, as have debates about the ways in which the use of NRTs challenge and reinforce the dominant ideal of the 'hetero-normative' family. Scholars have critiqued the expansion of medical jurisdiction over reproductive processes from conception to birth and have questioned the fundamentally social nature of medical practitioners' judgments about a person's suitability for fertility treatment based on their own subjective views about who is a deserving patient, or a deserving parent. However, despite being an integral stage within the treatment process the stage at which donors and recipients are matched by clinicians has been overlooked by this wider literature. Little is known about how clinicians and patients negotiate the selection of a particular donor or about the assumptions underlying what is deemed an 'acceptable' or 'unacceptable' match. Instead, existing literature has predominantly focused on patients' meanings of donor selection and has therefore been devoid of considerations specific to the UK context of fertility treatment, where clinic-mediated matching is an institutionalised practice and where matching practices are additionally shaped by a rhetoric of 'ethnic matching' and a shortage of donors. In light of this lack of empirical research in the UK, I will propose my PhD study aiming to explore the social factors underlying donor-recipient matching practices in UK fertility clinics.

Wednesday 5 September 2012

15:20 - 15:50

Pharmaceuticals

Gilbert Murray Seminar Room 1

Davis, C., Abraham, J.

Drug Drivers: Theorizing the socio-political dynamics of pharmaceutical marketing approval

This paper, arising from research funded partly by the Wellcome Trust and partly by the ESRC, presents a theoretical framework to understand how new prescription pharmaceuticals (known as new molecular entities) achieve approval on to the market in Europe and the US. By critically considering contributions from neo-liberal theory, corporate bias theory, disease-politics theory, expectations theory, and marketing theory, we suggest a synthesis capable of capturing the key actors involved together with an evaluation of the significance of their interventions. To assist in this task we examine the role of macro-political institutions, regulators, the pharmaceutical industry, clinical expert professionals, and patient groups in recent decades. We examine the origins and dimension of changes in the pathways to marketing approval for new pharmaceuticals, relating them in particular to the agency (or not) of the various specified actors. In addition, the interactions between the different actors will warrant particular attention in order to sharpen the subtlety of the theoretical construction. Notwithstanding the valuable contributions from existing theories, it will be argued that: (a) neo-liberal theory provides an implausible account of pharmaceutical marketing approval; (b) marketing theory mistakenly neglects the central role of regulatory agencies; (c) expectations theory is underdeveloped in its discussion of regulatory/health outcomes and their links with political economy; (d) disease-politics theory over-emphasizes the role of patient demand; and (e) corporate bias theory needs to develop greater understanding of the interaction between producers, regulators, patient groups, and users.

Thursday 6 September 2012

16:55 - 17:25

Experiences of Health and Illness

Gilbert Murray Livingstone Room

De Wet, K., Wouters, E.

University of the Free State

Lipodystrophy and incorporating HIV into self-identity: narrative accounts of women from South Africa

From a medical point of view it has been found that lipodystrophy can have severe consequences on health-related quality of life among HIV-positive individuals who are on antiretroviral treatment (ART): erosion of self-esteem and lower social functioning can ensue due to this condition (Guaraldi et al., 2008). From a sociological point of view, this occurrence marks the significant influence it can have on the 'lived

body' of HIV-infected people in terms of their identity, experience as well as their bodies (Merleau-Ponty, 1982). The assault is not only on the 'physical self, but also on the person's sense of identity' (Bury 1991: 453). Our research encompasses a longitudinal study among twelve women who are all HIV-positive and on ART that is procured in the public health care sector in South Africa. The study started in August 2011 and will continue until 2013. Using the narrative approach to ascertain how HIV-infection and its concomitant ART treatment influence these women's identity negotiation, several respondents broached the subject of lipodystrophy as a visible and problematic side-effect of this otherwise lifesaving and sought-after treatment. In a country where HIV and AIDS is not only pervasive and stigmatised, but now also treatable since the end of 2003 (ART at public health care facilities were only rolled out after the era of 'AIDS denialism' under the Thabo Mbeki era), this 'externality' of being on ART poses manifold challenges to our participants.

Thursday 6 September 2012

10:10 - 10:40

Complimentary and Alternative Medicines

Gilbert Murray Seminar Room 5

Debons, J.

The homeopaths' careers: a qualitative analysis of 'at the margin' professional trajectories

Conventional medicine is challenged by complementary and alternative medicines. In Switzerland, medical educators, in conjunction with the complementary physicians' lobbies, designed different training modules which are now integrated in the medical curriculum as a unit of postgraduate education. Besides this, associations of complementary physicians put a great deal of effort into the research area. My presentation is based on a PhD thesis in progress (2nd year), which aims at understanding professional identity and careers of medical homeopaths in the French part of Switzerland. The main part of my data is based on qualitative interviews (n= 30, realised between June 2011 and May 2012) in which I try to uncover the career stages of doctors who 'complement' their conventional education with homeopathy. In this presentation, I will try to isolate the objective and subjective aspects of their trajectories by analyzing the meaning they give to their involvement in homeopathy (the question here is: Can we see the involvement in homeopathy in term of a 'conversion?') and the way they use this therapeutic method as an 'operative' type of knowledge (the question here is: How do medical homeopaths deal with the fact that they use both scientific and holistic paradigms in their daily practice?). The discussion will follow the idea of professional (re)socialisation and its concrete implication on trajectories. I will try to describe the singular and common aspects of homeopaths trajectories in comparison with those of non-homeopath GP's (20 additional interviews realised).

Friday 7 September 2012

09:35 - 10:05

Health Care Organisation

John Foster Hall Tilton Room

Dent, M. P.

Staffordshire University

Patient involvement and the medical profession: Choosing and trust in health care

In earlier papers I have written on the subject of patient choice and the medical profession (Dent 2006a & b; Dent and Haslam 2006). I have discussed the development in connection with de Swaan's concept of proto-professionalism (de Swaan 1988). In this paper I extend the discussion beyond choice to include 'voice' and co-production (see Dent et al, 2011) as the three key components of user involvement in health care. The interrelations between these different aspects of user involvement will be discussed in relation to the issue of trust, especially in connection with doctor-patient relations.

My rationale for doing this is threefold. First, the policy of 'patient choice', is not – or not solely – another name for consumerism within publicly financed health care, rather it is designed as a deliberative process intended to give 'voice' to patients/citizens (Hirschman 1970). But this is a relatively new development and it is not entirely clear what the implications will be for the medical profession nor the health service. Second, proto-professionalism is a process that that may have a direct implication for the dynamics of trust relations within health care. Third, it may also provide a construct for comparative research. In this paper I will largely focus on the English health service but with some comparative material from other European countries.

Wednesday 5 September 2012

13:00 - 13:30

Citizenship

John Foster Hall Rothley / Oakham

Dimond, R.

Cardiff University

Mitochondria donation and the 'third parent': questions of identity, patienthood and kinship

Reproductive technologies involving mitochondrial donation provide a timely case study to explore multiple and sometimes conflicting meanings of 'genetic'. Mitochondria are contained within the cytoplasm of a cell and are described as the 'powerhouse'. Cells contain thousands of these 'batteries', each of which has its own genome of 37 genes which was sequenced in the early 1980's. Diseases caused by mutations in mitochondrial DNA are inherited through the maternal line so mitochondrial donation - the replacement of faulty mitochondria with healthy mitochondria - offer the possibility that women with mitochondrial disease can have children free from the disease. As the donated mitochondria would be inherited by future generations, this technique requires a change in the law in order for it to be offered to patients, prompting calls for evidence by the Nuffield Council on Bioethics and the HFEA. In this presentation I consider the perspectives of patients with mitochondrial disease and media representations of these technologies. Firstly, this work sheds light on public engagement with the mitochondrial genome and compares this to the 'iconic' status of the nuclear genome. Secondly, through a case study of the 'three parent embryo', this work raises fundamental questions about the meanings of 'genetic', and the role of mitochondria in the construction of identity, patienthood and kinship.

Thursday 6 September 2012

10:45 - 11:15

STS and Medicine

John Foster Hall Swithland Room

Dingwall, R., Goulden, M.

Envisioning the futures of health and health care

A problem faced by all human societies is that actions in the present have implications for the future which, by its very nature, is uncertain. However, those actions can be highly consequential. At best, they consume resources that could be put to uses that would be more efficient, effective, equitable or humane. At worst, they can lead to catastrophe. As a result, there is much interest in finding ways to generate visions of the future that provide a stable basis for current decisions. Indeed, this is part of the founding impetus for sociology. While many social scientists have become increasingly sceptical about this possibility, most are reluctant entirely to abandon the claim that their work can lead, at a minimum, to better-informed choices about the future, not least because this would seriously compromise the material base of their enterprise. As such, the social sciences may also become objects of interest for the sociology of futures, for an investigation of the ways in which images and expectations of worlds that do not yet exist, and may never exist, become sources of influence on actions in the present. The medicalization thesis presents an interesting case study. It reformulates a popular critique of medical imperialism from the 1960s and presents it as a more or less inescapable historical pathway into the future, although it may well be culturally specific and has significant empirical limitations. A more plural approach may serve us better.

Friday 7 September 2012

10:10 - 10:40

Screening and Diagnosis

Gilbert Murray Seminar Room 1

Dove-Wallington, D.

Motivations and experiences of seeking and receiving a diagnosis of Asperger's syndrome in adulthood

Increasing numbers of adults are reportedly seeking a diagnosis of incurable lifelong conditions, such as Asperger's syndrome (NAS, 2010). This brings into question both historical notions of diagnosis as a 'mechanism of moral regulation' (Illich, 1976), and contemporary understandings of the impacts diagnosis may have on the self. Under the framework of the Welfare State, diagnosis-seeking was associated with attempts to access excusal from role-responsibility (the 'Parsonian sick-role') and the material benefits associated with chronic conditions ('facilitated exclusion') (Pearce, 2001). Following the neo-liberal turn, which I argue to have been reflected in New Labour's rhetoric of 'Inclusivity', such rights have progressively been replaced by 'facilitated inclusion', leading to a new level of 'un-facilitated exclusion'.

Drawing on preliminary findings of doctoral research, which uses a critical-narrative interview method to investigate the motivations and experiences of adults who seek and receive a diagnosis of Asperger's syndrome, this paper constructs a preliminary sociology of diagnosis-seeking behaviour within the framework of post-Welfare State Britain. Focusing on motivation, I explore whether diagnosis-seeking is experienced as the act of agency it appears to be, or whether this might instead be experienced as a response to 'disciplinary power' (see Foucault, 1975); actors feeling compelled to seek a diagnosis to access inclusion/ avoid exclusion. In terms of experience, I consider whether an actively sought diagnosis is associated with a 'crisis of identity', and whether receiving a diagnosis of a condition defined by emotion and behaviour is still associated with experiences of stigma and exclusion in the 'inclusivity era'.

Thursday 6 September 2012

15:45 - 16:15

Health Service Delivery

Gilbert Murray Seminar Room 3

Dumbili, E.

Brunel University

Determinants of choice of maternal health services by recently pregnant women in Ubulu-Okiti, Delta State, Nigeria

Pregnancy-related problems accounted for increased mortality rate globally and about ninety- nine percent of maternal mortality occurs in developing countries with at least 30 percent of women suffering injuries that often lead to permanent disability. This study examined the determinants of choice of maternal health services utilization by recently pregnant women in Ubulu- Okiti, Delta State of Nigeria. Data were collected through in-depth interviews, focus group discussions and structured questionnaires. Findings reveal that the choice of maternal health facility is majorly made by the husbands because of the cultural belief that if she refuses and later loses the child she will be termed a witch. The study contributes to knowledge in area of Maternal Health Care (MHC) particularly in the rural areas.

Wednesday 5 September 2012

14:45 - 15:15

Lifecourse

John Foster Hall Tilton Room

Ellis, J.

The everydayness of dying: objects, imagination and the materiality of family relations near the end of life

This paper challenges academic constructions of death and its related experiences as inherently crisis-provoking, ruptural and disruptive. Instead, it uses the concept of family practices (Morgan, 1996) to examine everyday family life and to argue that although mundane aspects of living with life-threatening illness have been neglected in theoretical and empirical work in this field, these more 'everyday' things (routines, objects, spaces) are significant because they enable families to 'know' their experiences of illness and dying. To support this argument I draw on data generated from in-depth interviews with families and episodes of participant observation on a hospice ward that were conducted as part of my recently completed PhD research.

The experiences that inform this paper provide a multi-faceted picture of family 'practices' as assemblages of doing, thinking and feeling (Smart, 2007). They focus upon how thinking about and imagining family is part of the experience of 'doing' and being a family affected by severe illness. In particular it discusses how relatives are involved in 'remaking' family – remembering family in the past, present and future - through their use of material objects and by harnessing the imaginative potential that many objects embody.

I conclude by addressing the need for medical sociology and death studies to pay serious analytical attention to the everyday, and discuss how my work suggests a need to interpret the everyday in 'non-transformative' ways, so as not to further displace the 'ordinariness' (Highmore, 2002) of illness experience.

Wednesday 5 September 2012

16:30 - 17:00

Politics of Health

Gilbert Murray Seminar Room 2

Ellis, K., Polzer, J., Kothari, A., & Rudman, D.

Elborn College

'A bold, transformative mandate': Shaping health research and researchers in Canada through the discourse of knowledge translation

Knowledge translation has become a dominant discourse in the governance of health research in Canada, where major health research funders require explanations of how research results will be applicable to decision makers (e.g. clinical, health policy) and/or the inclusion of decision makers as part of research teams. Further, the knowledge translation discourse encourages new roles and responsibilities for researchers and decision makers. Despite research suggesting the challenges in balancing these new responsibilities with existing demands, there has been little critical examination of the impact of knowledge translation on health research or researchers. Informed by a governmentality perspective, this study uses critical discourse analysis to explore how the language of knowledge translation operates to shape the directions of health research and the activities of health researchers in Canada. Findings from ongoing analysis of key public documents pertaining to knowledge translation published by major Canadian organizations that fund health research will be presented. Included are a consideration of how the discourse: (1) positions knowledge translation as the solution to a 'gap' between health research findings and their application in health care practice and policy; (2) draws on other discourses to construct ideal types of health research and to de-emphasize the importance of other kinds of health research; and (3) specifies particular roles and activities for health researchers within a knowledge translation environment. The implications of these findings for the transformative potential of knowledge translation in the governance of health research will be considered.

Thursday 6 September 2012

14:00 - 14:30

Open Stream

Gilbert Murray Seminar Room 2

Fergie, G., Hunt, K., Hilton, S.

What young people want from health-related online resources: a focus group study

The growth of the internet as an information source about health, particularly amongst young people, is well-established. The aim of this study was to explore young people's perceptions and experiences of engaging with health-related online content, particularly through social media websites. Between February and July 2011 nine focus groups were facilitated across Scotland with young people aged between 14 and 18 years. Health-related, user-generated content seems to be appreciated by young people as a useful, if not always trustworthy, source of accounts of other people's experiences. The reliability and quality of both user-generated content and official factual content about health appear to be concerns for young people, and they employ specialised strategies for negotiating both areas of the online environment. Young people's engagement with health online is a dynamic area for research. Their perceptions and experiences of health-related content seem based on their wider familiarity with the online environment and as the online environment develops so too do young people's strategies and conventions for accessing it. Keeping abreast of social media technologies and young people's use of them is beneficial for developing an understanding of constructions of health on the internet by various agents, as well as informing the development of online health-related resources.

Friday 7 September 2012

11:20 - 11:50

Embodiment and Emotion

Gilbert Murray Howard Room

Fixsen, A., Ridge, D.

University of Westminster

Simulated interaction rituals and 'shambolic emotions': An exploration of student CAM practitioner experience of a group reflective practice course.

Psychodrama techniques such as role-play are commonly used as group learning activities for trainee health practitioners, however they have implications for well-being and power relations. Following a heuristic approach and incorporating interaction ritual and organizational theory, we explore the emotional experiences and challenges of complementary therapy students who participated in an undergraduate reflective practice course involving facilitated group work. 10 students and 2 teachers were interviewed, with a secondary analysis conducted by the authors. Acting out unfamiliar rituals that formed the basis for academic assessments was perceived as emotionally challenging by both students and staff participating in the study. Staff participants saw these directed activities as opportunities for students to demonstrate

their transpersonal adaptations and to undergo transformation. Some student participants expressed reservations concerning their relevance and safety. The obligatory disclosure of personal sentiments to "relative strangers" resulted in feelings of intrusiveness, social embarrassment, resistance and conflict, at times producing emotional outbursts. The blurring between real and simulated emotions and scenarios in group interactions caused confusion. Value loaded rituals such as meditation felt empty or forced without the shared moral sentiment (Collins, 2004). Student experiences of interactions depended on the approach of the group facilitator, with antipathy expressed when provocative leadership styles were invoked. We conclude that simulated interaction rituals do not conform to the usual conventions that prevent social embarrassment and loss of face (Goffman, 1972). Participants in our study described a medley of disparate emotional and moral responses which we investigate using the concept of 'shambolic emotions.

Wednesday 5 September 2012

13:35 - 14:05

Citizenship

John Foster Hall Rothley / Oakham

Foster, V.

University of Manchester

'We just want to give something back...' Altruism and data sharing in neonatal services

This paper is concerned with an NIHR-funded study which examines the attitudes of parents and carers, who have or have had babies in neonatal care, regarding their babies' routinely collected health data being used for research purposes. A participatory methodology was employed with a group of eleven parents over the course of eight months to design a questionnaire survey to investigate the attitudes of over 1500 parents in neonatal units across the country on this issue.

Within the NHS there has been much recent discussion on the use of routinely collected patient data for research purposes. Cameron has indicated a strong policy steer toward allowing private health care companies access to anonymised patient data to assist in the development and trialling of new medicines and therapies. In neonatal services, the recent advances in digitised electronic data recording systems and therefore the creation of large datasets on the neonatal care population, potentially create new opportunities for research in this field.

The paper considers the reliance on parents' altruism with regards to this issue. It draws on the data collected during the participatory research meetings as and critically discusses the understanding that informed consent allows people to be 'generous' with their medical data; to have the sense that through their own – often difficult, if not traumatic - experiences they are helping others.

Wednesday 5 September 2012

14:10 - 14:40

Cancer

Gilbert Murray Seminar Room 5

Fredericks, E.

"Some women are just so much better than me": Governmentality enacted through the breast cancer social movement

Breast cancer social movements have increased visibility of the disease and challenged perceptions of women with cancer as victims. Often described as spaces for resistance to medicalisation, there are fewer theoretical discussions of the ways in which social movements employ and construct dominant discourses. I draw on the results of multiple qualitative interviews and online discussion group posts from 12 women with breast cancer in Nova Scotia, Canada, to examine the ways in which governmentality operates through the breast cancer social movement. Following their diagnoses, participants felt betrayed by health discourses of risk and control. In this context of uncertainty, mind-body discourses became the foundation of most participants' efforts to understand what it means to have breast cancer. I examine the mind-body discourses that were most commonly discussed, including: fighting, strength, surviving and thriving, the journey, and positivity. Together, these discourses were the foundation of a social group of women with breast cancer, providing a source of solidarity and meaning. At the same time, they were invested with moralizing tones, created an ideal way of doing breast cancer that many participants felt they could not (entirely) meet, and led to judgments of self and others. These techniques of governmentality simultaneously allowed women with breast cancer to create meaning of their experience, and exercised control over their behaviour through discipline and self-monitoring. Through the production of active patients and willing volunteers, the health care system and support service organizations further their own objectives by perpetuating these discourses.

Wednesday 5 September 2012

15:55 - 16:25

Pharmaceuticals

Gilbert Murray Seminar Room 1

Gabe, J. Pr. Williams, S., Coveney, K., Abraham, J. Royal Holloway, University of London

THE De-Pharmaceuticalisation of sleep? Prescription hypnotics in the news

In this paper we revisit sociological questions concerning the pharmaceuticalisation and de-pharmaceuticalisation of life through an analysis of recent media coverage of hypnotics, stimulated by findings from a study of mortality risks associated with these drugs. Particular attention will be paid to the accompanying published commentaries by sleep experts and reader responses and the associated frames of reference which were invoked. These developments, we suggest, are part and parcel of long-term efforts in the UK to exert downward pressure on the use of prescription hypnotics (vis-à-vis other non-pharmaceutical methods of sleep management), which are perhaps best interpreted in terms of degrees of pharmaceuticalisation and de-pharmaceuticalisation over time, rather than either/or end-states.

Thursday 6 September 2012

14:35 - 15:05

STS and Medicine

John Foster Hall Swithland Room

Gardner, J.

A sociology of medical innovation: Deep brain stimulation and the treatment of severe neurological disorders in children

This presentation will use deep brain stimulation (DBS) as a case study to explore the dynamics of medical innovation. DBS involves using a pacemaker-like device to deliver constant electrical stimulation to problematic areas within the brain. Currently, DBS is used as a treatment for Parkinson's disease, essential tremor, and dystonia. This presentation presents the preliminary findings of an in-depth qualitative study of the day-to-day challenges faced by a multidisciplinary team using DBS to treat children with dystonia in a large hospital in the UK. Like many new medical therapies, DBS presents a range of challenges for those working with the therapy. Firstly, it is not currently possible to determine which patients with dystonia will benefit from DBS. Secondly, media portrayals of DBS tend to be overly optimistic, thus creating unrealistic expectations in patients and their families. Thirdly, because of the large variation in the clinical presentation of dystonia in children, the optimal therapeutic end-point differs for each patient. And fourth, widely accepted clinical assessment tools cannot be applied to severely affected children and are therefore incapable of measuring DBS effectiveness. Rather than relying on established protocols, clinical assessment tools and a body of scientific knowledge to guide their activities, members of the multidisciplinary are therefore required to craft a sense of order in an ad-hoc, case-by-case fashion. These crafting practices simultaneously construct the disease and the brain, enact patients, their families and members of the medical team.

Friday 7 September 2012

10:45 - 11:15

Patient-professional Interaction

Gilbert Murray Seminar Room 5

Gibson, A., Britten, N., Lynch, J.

University of Exeter

Theoretical directions for an emancipatory concept of patient and public involvement

Patient and public involvement (PPI) is now firmly embedded in the policies of the Department of Health in England. This paper commences with a review of the changing structures of PPI in English health and social care, largely in terms of their own explicit rationales, using that as a spring board for the development of a general theoretical framework. Arguing that all democratic states face major dilemmas in seeking to meet conflicting demands and expectations for involvement, we identify the diverse and sometimes conflicting cultural and political features embedded in current models of involvement in England, in a context of rapid delegitimation of the wider political system. We identify some of the major inherent weaknesses of a monolithic, single-track model of patient and public involvement in health and

social care, and suggest why the current structures are unlikely to provide an effective response either to the pluralism of values, ideologies and social groups engaged in the sector or to the valuing of lay knowledge which could potentially sustain the social networks essential for effective participation and service improvement. The paper proposes a four dimensional framework for analysing the efficacy of PPI. These dimensions, it is argued, provide the coordinates along which new 'knowledge spaces' for PPI (Jasanoff 2005; Elliott and Williams 2008) could be constructed. These knowledge spaces could facilitate

and support the emergence of social networks of knowledgeable actors capable of engaging with professionals on equal terms and influencing service provision.

Thursday 6 September 2012

10:45 - 11:15

Ethics

Gilbert Murray Seminar Room 2

Gibson, S., Benson, O., Brand, S. L.

Ethical issues in qualitative suicide research

Based at a national mental health charity, the authors are currently undertaking a programme of qualitative research into the experience of suicide, informed by the need for research based on the first-person perspectives of people who have experienced suicidal feelings, and of the close family and friends of people who have attempted or completed suicide. By exploring subjective experiences of suicidal feelings, we hope to make a significant contribution to existing suicide research, which tends to focus on cognitive, medical and/or professional perspectives. Our aim is to develop a theoretical model of suicidal feelings that will be used to help everyone, including professionals and lay-people, to identify and offer empathic support to those at risk.

In this presentation we discuss the ethical issues encountered in carrying out qualitative suicide research and the ways in which we have addressed these issues, including our use of questionnaires to monitor the impact of the research on participants. We consider the wider debate regarding the process of ethics review, analysing the impact of this process on research into first-person perspectives on suicide. It is argued that while there are particular ethical issues that arise in carrying out qualitative research, some of which come into sharp focus when inviting people to talk about their experience of suicidal feelings, a) this research contributes in an important way to existing knowledge; b) the ethical challenges, while substantial, are not insurmountable and c) the ethics of qualitative suicide research itself requires further conceptual and empirical research.

Thursday 6 September 2012

11:20 - 11:50

Ethics

Gilbert Murray Seminar Room 2

Gilbar, R.

The impact of the duty of confidentiality on the doctor-patient-family relationship: The clinicians' perspective

Doctors owe their patients a professional, moral and legal duty of medical confidentiality. They need to obtain the patient's consent if they want or need to communicate information to the patient's relatives. This duty is protected in professional guidelines such as those issued by the General Medical Council (GMC) and the British Medical Association (BMA). In this paper, accounts provided by 21 NHS clinicians collected through semi-structured in-depth interviews during 2009-2010 will shed light on the practical impact of these influential guidelines when clinicians, patients and their relatives have to make decisions about a long-term illness such as cancer.

The clinicians experienced difficulties when facing tension between their duty of confidentiality and their need or wish to inform relatives. They were dissatisfied with the legal and professional restrictions in promoting an open channel of communication between patients and relatives, which they deem important and beneficial when patients face important decisions about the management of their illness. Some clinicians found it difficult to fulfil their duty of confidentiality when the relatives want to be involved in the medical decision-making process, or when their involvement was needed.

The findings contribute to our understanding of family involvement in the medical decision-making process and to the practical difficulties clinicians face in this context. Based on these findings, several proposed changes with regard to the professional duty of confidentiality will be discussed.

Thursday 6 September 2012

16:20 - 16:50

Experiences of Health and Illness

Gilbert Murray Livingstone Room

Gilbert, L., Schatz, E.

University of the Witwatersand

'My heart is very painful': Physical, mental and social wellbeing of older women at the times of HIV/AIDS in rural South Africa

It is widely acknowledged that the meanings of health and illness as well as people's beliefs about the required response to illness vary according to time and place and represent the culture and society in which people live. In a context of a double burden of disease in rural South Africa – an emerging epidemic of non-communicable diseases alongside high HIV-prevalence – illness is perceived as a 'normal' part of older persons' everyday lives. Against this background we analyse in-depth interviews with 30 women over the age of 60 in a rural community to provide a comprehensive portrait of older women's physical, mental and social wellbeing and how these women make sense of it all in a changing and challenging social and economic context. These women, while making the connections between the various dimensions, view their own physical, mental and social wellbeing as impaired, and make use of a variety of health and help-seeking behaviours in order to feel better. However, poverty and the unavailability of health resources shape older women's constructions of the meaning of their health and their control, or lack thereof, over how healthy or ill they are. This study demonstrates the usefulness of the broader psycho-socio-environmental model in explaining old-age and wellbeing by providing a context-specific and nuanced understanding.

Wednesday 5 September 2012

13:00 - 13:30

Cancer

Gilbert Murray Seminar Room 5

Godfrey, M.

University of Leeds

Managing pain in advanced cancer: complex, dynamic and negotiated

This paper explores the complexity of pain and the strategies for managing it through the lived experience of people with advanced cancer. It examines how, in the concrete context of everyday life, people engage in decision-making and action to manage pain, the contingencies affecting what they do, the resources they draw upon and with what effect as they transition through the illness trajectory. Focus is on the agency of the person with cancer in responding to pain, albeit within the limitations and constraints of sick bodies.

Pain remains one of the most difficult and pervasive problems leading to suffering in cancer. It has a detrimental effect on life quality, caregiver stress and contributes to acute hospital admissions. Despite advances in understanding, prescribing and treating cancer pain, pain prevalence of up to 75% has been reported among people with advanced disease and severe pain is experienced by around 50% in the last three months of life.

The paper draws on data collected as part of the IMPACCT (Improving the Management of Pain from Advanced Cancer in the Community) programme of research. Employing a qualitative, longitudinal design and purposive sampling strategy, in-depth interviews were conducted at 6-weekly intervals over three months with eleven people with advanced cancer and six of their partners (maximum three interviews); four people completed an audio diary. A grounded theory approach to analysis was undertaken, using the method of constant comparison cross-sectionally (between cases) and longitudinally (within cases over time).

Thursday 6 September 2012

14:00 - 14:30

Methods

John Foster Hall Tilton Room

Grant, A., Treweek, S., Dreischulte, T., Foy, R., Guthrie, B.

Process evaluations for cluster-randomised trials of complex interventions: a proposed framework for design

Process evaluations are recommended to open the 'black box' of complex interventions evaluated in trials. Process evaluations are studies which run in parallel to or follow a complex intervention trial to understand the processes or underlying mechanisms by which a complex intervention achieves or does not achieve its desired effect. Despite a growing body of literature advocating the utility of process evaluations there is limited guidance to help researchers in their design. The authors present a framework developed to inform the design of process evaluations of complex interventions.

The framework presents a comprehensive number of interrelated processes that can be candidates for evaluation. The relative importance and choice of candidate processes for evaluation will vary between trials, the aim and objectives of the evaluation and will depend on whether data collection is pre-specified or post-hoc (i.e. depending on the trial results). The authors hold that researchers should pre-specify their research questions and methods in order to minimise bias. The framework is designed to help researchers make their choices of research questions and methods explicit. Both qualitative and quantitative methods can be appropriate depending on the intervention evaluated and the questions asked.

The framework for the design of process evaluations will be illustrated by its application to a current trial of a complex intervention to improve prescribing safety in general practice.

Friday 7 September 2012

11:55 - 12:25

Lifecourse

John Foster Hall Rothley / Oakham

Gravill, N., Cartwright, T., Knight, T., Broom, A., Ridge, D.

University of Westminster

Male narratives of successful ageing and wellbeing

Previous literature around masculinity and wellbeing suggested that ways of “doing masculinity” could work against the interests of men themselves. For instance, it’s argued that some masculine ways doing gender (e.g. stoicism and invulnerability) can mean men have fewer opportunities to develop effective ways of coping emotionally. Such negative portrayals of gender offer little by way of helping men with constructive approaches to their own wellbeing. They also neglect how men’s masculine identity and wellbeing change across the life course. Research on ageing suggests getting older brings about new ways of doing masculinity, though little is known what this means for older men. Thus, the study conducted in-depth narrative interviews with 40 older men (aged between 50-90) in the UK and Australia. Men who felt relatively positive about their experiences of ageing were recruited specifically to investigate men’s constructive approaches to wellbeing. Using a modified grounded theory approach, the preliminary data analysis suggests that some men challenge or opt out of hegemonic masculinities. In fact, older men discuss a wide variety of self-identified constructive approaches to self, including reflexivity, self-care, and a need for increasing social connectivity. Older men work to find constructive ways to engage with dominant masculinity, or renegotiate hegemonic demands in light of their changing position as older men. This trend towards positive reshaping of masculinity in older age suggests an increasingly flexible relationship with hegemony as men age, as well as the need to ground men’s experiences in their bodies and strong contextual frameworks.

Thursday 6 September 2012

15:45 - 16:15

Methods

John Foster Hall Tilton Room

*Green, J. M., Edwards, P., Roberts, H.,
Petticrew, M., Steinbach, R.*

*London School of Hygiene
& Tropical Medicine*

Beyond ‘mixed methods’: the role of sociology in enhancing the credibility of causal inferences in evaluations for public health research

Two major limitations of experimental designs in public health include difficulties in controlling for confounding in non-randomised experiments, and limited external validity in most experimental designs, due to the often low level of abstraction of causal models utilised. This paper explores how a mixed disciplinary approach can strengthen our ability to draw credible causal inferences and increase external validity in evaluations using quasi-experimental designs. Using our study of the public health impacts of the introduction of free bus travel for young people in London as an example, we explore how the sociological component contributed to: framing and refining the overall research questions; developing a credible causal pathway model and adding to the credibility of attributing change to the intervention. For example: qualitative findings in the context of theories of mobility helped specify the meaning of variables related to ‘active travel’ and thus why more bus travel did not reduce young people’s ‘active travel’; inductive findings on the importance of free bus travel being a universal benefit suggested additional pathways linking transport and wellbeing operating at the system level which would not be apparent in a randomised intervention. The importance of sociological contributions to ‘mixed method’ public health evaluations goes beyond adding qualitative data to explore the meaning of epidemiological findings. However, in practice, competing disciplinary expectations about ‘best practice’ in research design (eg whether an iterative approach constitutes ‘inductive analysis’ or ‘data dredging’) present challenges for developing methods for, and presenting, more meaningful and useful multi-disciplinary integration.

Wednesday 5 September 2012

13:35 - 14:05

Cancer

Gilbert Murray Seminar Room 5

Green, T., Martins, T., Hamilton, W., Rubin, G., Macleod, U.

GPs, Risk Assessment Tools for cancer diagnosis and clinical acumen: a qualitative evaluation

The UK has relatively poor cancer outcomes when compared with other European countries and diagnostic delay in primary care has been identified as part of the problem. Analysis of GP case records (the CAPER studies) identified symptoms predictive of cancer; and resulted in the development of Risk Assessment Tools (RATs) for colorectal and lung cancers. However, little is known about the acceptability and utility of such tools to GPs for cancer diagnosis. The RATs were piloted using tables printed on mouse mats and A5 flipcharts with 165 practices (614 GPs). Telephone interviews were undertaken with 34 GPs and project managers to elicit first-hand experiences of the integration of the tool into clinical practice. Findings indicated that the RATs assisted GPs with complex decisions around early cancer diagnosis, especially in cases of unusual presentations. However, the embedding of the RATs into GP practice depended not only on the proven or perceived efficacy of the tool, but also on the implementation process. With reference to Normalization Process Theory (May, 2006), the paper explores what it is that supports the successful, or otherwise, incorporation of complex interventions into clinical practice. It also illustrates that although the tool prompted changes to GP practise, participants perceived it as 'additive'; in other words, the tool did not supersede GPs' intuition, 'gut instincts' or clinical judgement, but rather assisted them in their decision-making and enabled a 're-storying' (Stronach et al, 2002) of professional identity that was integral to GPs' incorporation of the RATs into daily practice.

Friday 7 September 2012

11:20 - 11:50

Experiences of Health and Illness

Gilbert Murray Livingstone Room

Greenfield S., Findlay, A.

University of Birmingham

'And, I confess, despite being a physician I was shamefully sick'(Ovid, 5BC).

GPs experiences of being a hospital patient

Medical socialisation develops awareness of the distinction between doctor and patient roles. This distinction becomes blurred when a doctor is sick. Doctors' experiences as patients are not well researched with most information anecdotal, out of date or unspecific to illness type or speciality. This study investigated GPs' physical illness experiences as hospital patients.

All 572 Worcestershire PCT GPs were invited by e-mail for semi-structured interview and interviewed in the order they replied, to data saturation. Interviews were audiotaped, transcribed and thematically analysed.

Four main themes emerged from 12 interviews; Primary care issues explores the role of the GP's own GP, referral and investigation systems used. Secondary care issues highlights hospital consultants and other staff's approach and GP difficulties being a patient in this setting. General patient experience considers ethical issues, support networks and GPs' behaviour as patients. Other issues and people involved examines the impact on colleagues, patients, family, finance and work.

Medical socialisation and perceived public stereotypes about doctors clearly influenced GPs' experiences and behaviour. Interactions between GP patients and healthcare providers often led to consultation polarisation, either very good or very poor. GPs' behaviour and emotions as patients and healthcare providers' behaviour can lead to unsatisfactory consultations. GPs make reluctant patients, being often too concerned about the effects on others to seek appropriate and timely care. Primary and hospital care experiences varied, primary care seeing GP patients more in control of consultations. Doctors need training how to treat colleagues as patients and how to be patients themselves.

Thursday 6 September 2012

15:10 - 15:40

Open Stream

Gilbert Murray Seminar Room 2

Groenning, I., Tjora, A.

Institutt for sosiologi og statsvitenskap, NTNU

Confessional interaction in an online weight-loss forum

After weight-loss treatment, such as lifestyle therapy and bariatric surgery, patients need information, follow-up and social support. Both online forums, self-help groups and professional follow-up programs are applied, in which practical advice, such as new eating habits, diets and recipes, as well as various forms of emotional support, are exchanged. This paper is based on a qualitative study, applying observation of personal diaries in an online weight loss forum on the Internet and semi-structured interviews of participants in a weight-loss program. It was found that the forum postings that received most feedback had a confessional character. Such postings received 'normalizing replies', on basis of readers' similar experiences or in other ways backing-up and normalizing experiences and actions that were confessed. We conclude that 'confessional interaction' may be regarded as a collective normalization strategy, in our case to better cope with stigma and struggling with personal discipline during radical life-style changes to lose weight.

Thursday 6 September 2012

15:10 - 15:40

Screening and Diagnosis

Gilbert Murray Howard Room

Gustafsson, U.

Roehampton University

Sociology of diagnosis: exploring the route to gender dysphoria

Transpersons challenge the binary divide between male and female that serves as a powerful conceptual norm in our social world. While etically gender dysphoria may imply a way of providing coherent classification to that which is 'other' in this context, emically it also incorporates considerable diversity that remains silenced.

This paper will present data from a pilot study examining the complexity of the diagnosis of gender dysphoria. The data is drawn from a focus group with transpersons focusing on their route to diagnosis, its significance and implications. The sociology of diagnosis provides the location for the exploration of the diagnosis of gender dysphoria. I will employ Jutel and Nettleton's (2011) distinction of category, process and consequence to consider the complexities involved in the diagnosis. The findings suggest considerable potential for conflict in terms of 'patient' and medical narratives, not the least in terms of gaining access to services.

Thursday 6 September 2012

16:20 - 16:50

STS and Medicine

John Foster Hall Swithland Room

Haland, E.

NTNU

Shaping of technology and place in municipal health care in Norway

The introduction of new technologies in health care is changing the way healthcare is organised. Telecare technologies in particular are often highlighted as the solution to major challenges regarding the lack of "hands" in future health care; lack of qualified personnel taking care of a growing number of patients. In addition, various types of technology are often introduced to make competence development of health personnel more efficient and available across geographical borders. Dominant discourses often celebrate how the use of these technologies can erase distance and place. However, Oudshoorn (2011) argues that place is still important, and that technology and place co-constitute each other.

In this paper, I investigate how place shapes the use of technology, and how technology shapes the experience of place. The empirical material comes from observations and interviews with health personnel conducted within a research project evaluating a net based competence development initiative for health personnel in Norway. The technology used is video conferences and a net based discussion forum. The places include the region where the health personnel live (which is quite remote with large geographical distances between the participants), the places where they use video conferences (the class room, a physicians' office, a small meeting room), their work place (municipal health care) and the home.

Relevance to medical sociology: Technologies that presumably transcend the borders of distance and place have received growing interest in modern health care. This calls for more research into how place/technology is shaped and understood by health personnel.

Thursday 6 September 2012

11:20 - 11:50

STS and Medicine

John Foster Hall Swithland Room

Hale, R., Van Tam, J., Dingwall, R.

University of Nottingham

Actor-networks and health professionals' vaccination against pandemic influenza

In the UK, the Department of Health (DoH) has recommended annual immunisation of frontline health and social care workers against seasonal influenza since 1999. The Joint Committee for Vaccination and Immunisation (JCVI) took the decision in August 2009 to prioritise front-line health care workers for pandemic influenza vaccination. This vaccination programme of health professionals began in late October 2009. During the H1N1 influenza pandemic of 2009/10, levels of seasonal and pandemic influenza vaccination among health professionals still remained generally low. This paper will present some of the initial findings from an ongoing, interdisciplinary PhD study exploring health professionals' acceptance and non-acceptance of pandemic H1N1 influenza vaccination during the 2009/10 pandemic in two health boards. These health boards were chosen due to their similarities in terms of size, case mix and urbanicity and due to their differences in terms of opposite profiles of pandemic and seasonal uptake during the 2009/10 influenza season and of their seasonal uptake during the 2010/11 influenza season. An actor-network theory (ANT) approach will be used to provide a thick description of how the influenza virus H1N1 mobilised a network during the 2009/10 pandemic. This thick description will be constructed from the analysis of qualitative interviews concerning key informants' experiences of the 2009/10 pandemic and staff influenza vaccination campaign. An account of both the human and non-human actors, or actants, as mediators (and not as intermediaries), in this network will be traced. The transient nature of this actor-network and future implications will also be considered.

Wednesday 5 September 2012

15:55 - 16:25

Cancer

Gilbert Murray Seminar Room 5

Halls, A.

Durham University

The presence of women, the absence of men: The use of online (male) breast cancer support forums

Previous research has shown that male breast cancer patients may have needs not adequately addressed within the current healthcare system, but it is not well understood why gender may have an impact on the behaviours of both patient groups and how they interact with health care. For this research, forums on the websites of national cancer charities were analysed, using a framework of discourse analysis, which focused on the nature of support; identity and disclosure; personal stories; medical language; and the political. One thread in particular was analysed in detail, due to posts of interest relating to these umbrella themes. The analysis found that the presence of women reflected an absence of men. The assumption found here is that women would be reading the thread, and the experiences shared and advice given may be of use to men themselves, or for the women who read them to potentially pass on to the men in their lives. This in turn reveals the major role that emotional support has to play in these forums, for both male and female breast cancer patients, and their support networks both off and online.

Wednesday 5 September 2012

13:00 - 13:30

Politics of Health

Gilbert Murray Seminar Room 2

Hardy, K., Holliday, R., Taylor, J. S.

University of Leeds

The PIP Scandal: responsibility, redress and (un)deserving bodies

In 2011, 50,000 women in the United Kingdom discovered their breast implants contained industrial, not medical silicone and had an exceptionally high rupture rate. The scandal produced intense public debate about where responsibility for the removal and replacement of these implants lay, a debate that ultimately blamed women for buying them. The NHS agreed to replace only those implants that it had fitted, and only to remove without replacement those that had been fitted in private clinics. The company that manufactured PIP implants declared itself bankrupt and private clinics and individual surgeons and their representative bodies eschewed responsibility, leaving women themselves to act against their clinics or source finance to pay for their replacement privately.

This paper draws on original survey data from, and media representation of, women fitted with (Poly Implant Prothèse) implants, exploring the uneven institutional and public responses to the scandal. We argue that whilst the PIP scandal may offer a precautionary tale against increasing privatization of healthcare, the contours of the debate were also intensely gendered and classed in ways which shifted

narratives of responsibility from both state and privatized medicine to individualised (un)deserving bodies/subjects. We argue that whilst working-class women are frequently evaluated in terms of their looks, attempt to add value through cosmetic surgery can easily fail since breast implants are 'contested commodities'; and that surgeons and their representatives reconstitute women from active consumers to pathologized patients when the market logics of their activities come under threat.

Wednesday 5 September 2012

16:30 - 17:00

Gender

John Foster Hall Swithland Room

Hartley, J.

Public health connections: teenage gendered identities, media, sexual behaviour and alcohol-use

The paper addresses the interconnectedness of two 'health-related behaviours': drinking alcohol and sexual interactions. First, the paper considers the influence of the media on teenagers' expectations of gender-appropriate alcohol-use and of gender-appropriate sexual/romantic practices. It concludes that media are influential, especially in relation to teenagers' expectations of gender-appropriate sexual/romantic ways of interacting. However, and importantly, their relationships with peers play an integral part in this media-influence process. Specifically, the media were influential by virtue of other social relationships with significant other people. Teenagers were influenced in a circuitous way by thinking that a friend or potential sexual/romantic partner had been influenced, and acting on that assumption. Thus there is a complex interrelationship between media-content and social relationships. The media does appear to influence teenagers' expectations of drinking and of engaging in sexual/romantic relationships, but the influence is not simple and direct.

Second, the paper argues that the construction of gendered identities is the hook upon which the interconnectedness of alcohol consumption and sexual behaviour hangs. Teenagers' accounts illustrated how certain ways of drinking and of acting sexually made them appear to conform to more hegemonic or contested femininities or masculinities (Courtenay, 2000). Many participants talked of how sexual activities were often mediated through drinking. Being drunk, or, importantly, pretending to be drunk, may be understood as a process that is useful for teenagers when trying out what they perceived to be gender-appropriate identities as they engage in their relationships.

Thursday 6 September 2012

15:10 - 15:40

Experiences of Health and Illness

Gilbert Murray Livingstone Room

*Hawkins, R., Forster, A., Mellish, K., Godfrey, M.,
LoTS care Adjustment After Stroke Study Team*

University of Leeds

Trajectories of recovery: investigating the processes and mechanisms that shape social engagement following stroke

This paper will explore recovery trajectories from the perspective of those adjusting to and living with the effects of stroke. Particular focus is on the mechanisms whereby people sustain social engagement and a sense of belonging (or not) and the role of resources (social, cultural, economic and physical) in affecting the meaning and process of recovery.

Stroke is the main cause of severe adult disability in the UK. Due to the sudden onset of stroke and residual impairments, many stroke survivors experience dramatic changes in their lives. In particular, people may experience inactivity, loneliness and social isolation. Previous studies investigating adjustment after stroke have tended to focus on the physical and psychological consequences, and individual coping strategies. There is a need to go beyond this and to explore the role of social factors, resources and social support.

This paper draws on data collected as part of the LoTS care adjustment after stroke study. A purposeful sample of 22 stroke survivors and ten informal caregivers participated in the study approximately twelve months post-stroke. A combination of qualitative methods was used: multiple semi-structured interviews, limited observation, solicited diaries, and ego network and resource mapping techniques. A grounded theory approach to analysis was taken.

Individual trajectories were produced from the data collected. Analysis enabled the identification and exploration over time of interacting factors that shaped social engagement and belonging, and thus the meaning and process of recovery post-stroke. The findings will enable steps to be taken to further support stroke survivors.

Thursday 6 September 2012

11:20 - 11:50

Experiences of Health and Illness

John Foster Hall Rothley / Oakham

Heaton, J., Raisanen, U., Salinas, M.

University of Exeter

Control and resistance: young adults' sense of mastery in their accounts of growing up with a chronic illness

This study, which is nearing completion, aims to improve understanding of young adults' experiences of growing up with a long-term medical condition. In this paper, we examine young adults' sense of mastery of their condition and how this relates to medical models of control and self-management. Drawing on work by Kelleher (1988), we show how young adults conceptualise mastery in two different ways: in terms of having control over the condition, through engaging with the condition and its management, and in terms of resisting the threat posed by the condition and its associated regime to their individual autonomy. Young adults' sense of mastery of their condition varied over time and across the sample, depending on whether or not they felt they had achieved the right balance between control and resistance. They also promoted this dual sense of mastery in the interviews, for example, when giving advice to their peers with a chronic illness.

The paper is based on a secondary analysis of over 100 interviews with young adults aged 15-29 with type 1 diabetes, epilepsy and other long-term conditions. The interviews were previously independently carried out by the University of Oxford's Health Experiences Research Group and this paper has been developed in collaboration with two of the primary researchers. The secondary study is funded by the ESRC to the end of 2012.

Friday 7 September 2012

09:35 - 10:05

Embodiment and Emotion

Gilbert Murray Howard Room

Hendriks, R.

Clowning in Dementia Care: On the articulation of a sensitive body

In this auto-ethnographic study, I focus on a special form of clowning for people at an advanced stage of dementia. The miMakkus clown is presented as a specialist in contact with people with whom communication is no longer possible by the usual (linguistic, cognitive) means. I illustrate how the miMakkus clown tries to reach people with dementia, focusing specifically on the role of the sensitive body as an instrument for attunement. In my analysis I draw upon work on body and affect of the psychologist and philosopher Vinciane Despret. As I demonstrate, in their contact, the clown and the person with dementia are involved in a process of mutual articulation.

Wednesday 5 September 2012

15:20 - 15:50

Politics of Health

Gilbert Murray Seminar Room 2

Herrick, C.

King's College London

Shebeens in the news: contesting alcohol control policies in the western cape, South Africa

Media coverage of the "problems" associated with alcohol is now widespread. However, there have been very few analyses either of newspaper coverage of alcohol or media coverage of alcohol policy, especially outside Europe or North America. However, this paper argues that given mounting concern with the long-term health, economic, social and developmental consequences of risky drinking in the Global South, an exploration of newspaper coverage of nascent alcohol policy in such a context is both timely and valuable. This paper therefore explores how two alcohol control policies – the Western Cape Liquor Bill and the City of Cape Town's liquor by-laws – have been debated in two regional, English-language South African newspapers over a four year period between 2007 and 2011. In so doing, it draws out the tensions between alcohol as a source of livelihood in a context of endemic unemployment and chronic poverty and alcohol as a source of poverty, crime, violence, social disintegration and health risks. It consequently argues that in SA, alcohol serves multiple, overlapping and often competing social, economic and political agendas. Furthermore, it contends that the constructive processes guiding public and political opinion are inextricable from the contested and ambiguous nature of alcohol itself.

Thursday 6 September 2012

16:20 - 16:50

Methods

John Foster Hall Tilton Room

Hilton, S.

Medical Research Council

Other than counting words: Using content analysis to examine manifest and latent newsprint reporting on health

Content analysis has been defined as a systematic, objective, replicable technique for compressing many words of text into fewer content categories; but it is more than a method which provides only category and word count measurements as evidence. It is potentially one of the most important research techniques in the social sciences to understand how messages are mediated. Over the past 50 years as mass media technology has advanced, so too has content analysis methodology and the media's influence in shaping public opinions on health matters. Stories about health are a daily feature of life, telling us what's important and what risks we should be aware of. Some news reporting has a positive influence and is supportive of public health measures, for example much of the newsprint coverage of the swine flu pandemic in the UK. However, news reporting can also have a negative influence and undermine effective public health interventions; sometimes stories are skewed towards the dramatic rather than the scientifically sound as was the case during the MMR vaccine controversy. This presentation describes manifest and latent analysis of newsprint reporting on health and highlights how news stories can set the public health agenda and impact on health behaviours.

Thursday 6 September 2012

11:55 - 12:25

Screening and Diagnosis

John Foster Hall Swithland Room

Hindhede, A. L.

The medical diagnosis, on being at higher risk and lay epidemiology: The case of prediabetes

This paper examines the ways in which an attempt to prevent type 2 diabetes through behavioural change is managed by those identified as being 'at higher risk'. Drawing on findings from a multi-site, cross-national lifestyle intervention program, it is demonstrated how the provision of a risk diagnosis becomes part of the way people pursue, maintain and negotiate health and illness. Using the debate that has developed in medical social science circles about lay epidemiology and the prevention paradox which by some is seen as a barrier to public health when the public disbelieves or fails to act on public health messages, this study suggests that despite the discrepancy between laboratory normality and the lived reality of a symptomless disease, 'prediabetic' individuals use and modify science when handling their 'lifestyle' disease. The findings indicate that numerical thresholds have become publicly authorized as the objective truth about health. Although unexplained variation in the incidence of prediabetes did not go unrecognized by the lay epidemiologists, there did not seem to be much scepticism about the worth of behavioural change or overall plausibility of the health promotion messages. In fact, scientific evidence concerning the benefits of changed behaviour was rationally incorporated when practising self-care routines. Various measurement technologies and numbers and thresholds were used to keep track of their health and manage their body. Our data highlight how lay explanatory notions propose a wider causality which can minimise the moral implications of a 'lifestyle' disease and normalise the condition.

Thursday 6 September 2012

15:10 - 15:40

Experiences of Health and Illness

John Foster Hall Rothley / Oakham

Hislop, J.

University of Oxford

Unruly bodies, hot flushes, and the menopause

For many women the menopause is a time of uncertainty and confusion in which an array of symptoms challenge normative expectations of embodiment. In a culture where women are expected to create a good impression both in the private and public arenas, unruly menopausal bodies which sweat and bleed seemingly at random are at odds with the feminine ideal of beauty, youth and fertility.

Drawing on data from a qualitative study of the menopause (N=46) for the website www.healthtalkonline.org, this presentation looks at women's experiences of hot flushes and their impact on sleep, work and relationships. It examines the language women use when describing their symptoms and explores the 'behind the scenes' preventative work which women carry out in an attempt to find relief, conceal symptoms, minimise embarrassment and preserve a sense of normality.

The image of a woman fanning herself, wearing a T-shirt, and opening windows on a winter's day tells only part of the story of hot flushes. Hot flushes are not only unpleasant but are constant reminders of a changing identity as women come face to face with the reality of ageing. Our study of women's experiences of hot flushes highlights the contradictions inherent in societal prescriptions of femininity and the realities of bodily change during the menopause transition.

Wednesday 5 September 2012

13:00 - 13:30

Pharmaceuticals

Gilbert Murray Seminar Room 1

Hogarth, S.

Kings College, London

The ratio of vision to data: pharmacogenetics and the regulation of pharmaceuticals in the USA

This paper will describe how the US Food and Drug Administration moved from sceptical disinterest in genomics to become a champion of pharmacogenetics and its application in drug development and regulatory decision-making.

One of their primary tools for promoting this new science has been adding pharmacogenetic data to drug labels, to encourage doctors to order pharmacogenetic tests to guide treatment decisions. However, healthcare payors have been reluctant to reimburse such testing, on the basis that there is insufficient evidence of benefit. This paper focuses on a pivotal episode in the history of pharmacogenetics - the FDA decision to relabel the drug warfarin, the ensuing public consultation undertaken by the Centers for Medicare and Medicaid Services (CMS) on reimbursement of pharmacogenetic testing for warfarin and CMS's subsequent refusal to cover this testing.

This paper suggests that the FDA's enthusiasm for pharmacogenetics reflects key trends in pharmaceutical regulation, in particular the shift to risk management and an increased emphasis on promoting innovation. This is a highly politicized dynamic involving pressure from industry, patient groups and politicians. Pharmacogenetics offers the possibility of depoliticizing these pressures by reframing them as issues of scientific method and technical standardization. However, conflicts over evidence requirements, the lack of industry commitment and the potential necessity for fundamental industry restructuring all suggest that pharmacogenetics cannot depoliticize pharmaceuticals regulation.

Friday 7 September 2012

10:10 - 10:40

Embodiment and Emotion

Gilbert Murray Howard Room

Holdsworth, C., Lavery, L., Robinson, J.

Keele University

Moral tales of intergenerational drinking practices

This paper will consider how familial drinking practices are shaped by intergenerational relationships. In particular it will explore how parents draw on childhood experiences of family drinking practices in developing their own parenting styles and attitudes to regulating their children's drinking. Parents' articulation of moral tales about family members is one resource that they can use to frame their own behaviour. This suggests a more nuanced interpretation of intergenerational drinking, with some parents actively seeking to do things very differently than their parents did, and this can be in reaction to growing up with family members with drinking problems, or in an abstemious family. Thus the expectation that problematic drinking in one generation will give rise to similar practices in a younger one is challenged in this analysis. The paper explores how family members interpret their own subjectivities through the processes of remembrance and the how the figurative articulation of family 'ghosts' shapes contemporary family health behaviours. The paper presents analysis of biographical narrative interviews with parents of teenage children and thus sets parents approaches to encouraging their children to drink responsibly within a biographical context.

Wednesday 5 September 2012

13:35 - 14:05

Politics of Health

Gilbert Murray Seminar Room 2

Holliday, R., Bell, D., Cho, J. H., Hardy, K., Cheung, O., Hunter, E., Jones, M., Probyn, E
University of Leeds

Locating cosmetic surgery tourism

Cosmetic surgery tourism (CST) is a significant and growing area of medical tourism. This paper aims to explore CST as a phenomenon that assembles a complex set of people, places and practices. By examining the cases of Spain, Thailand, Tunisia and Korea, we explore how tourist destinations parlay

particular ideas, images and myths about place in order to attract visitors, including would-be consumers of cosmetic surgery. We looked at the ways in which popular cosmetic surgery tourism destinations are produced by existing tourist knowledge, the availability of cheap flights and favourable exchange rates, and by essentialist ideas about their citizens, particularly in relation to their caring, amenable or hospitable 'natures'. Also, we investigate the ways in which gender and other intersections of identity interact with notions of space, place and travel to construct particular locations and cosmetic surgery tourist experiences. The relational geographies of skill, regulation and hygiene in discourses of cosmetic surgery risk are also explored. Finally, we consider debates in tourism studies to understand what it means to call our subject cosmetic surgery tourism. Rather than theorizing globalized relations of care in CST in terms of exploitation (Cassanova 2007) or understanding CST as global elites experiencing a homogenized, disembedded experience of place and of cosmetic surgery tourism as enclaved in 'recuperative nonplaces' (Elliott 2008), we argue that individuals with different backgrounds may experience diverse experiences of place and of CST, as the cases of American patients in Costa Rica (Ackerman 2010) and Australian patients in Bangkok.

Thursday 6 September 2012

10:45 - 11:15

Theory

Gilbert Murray Howard Room

Hollin, G.

University of Nottingham

Our Abject Genes: A Kristevan framework for the study of the new genetics?

There is a sense amongst scholars of both Science and Technology Studies (STS) and medical sociology that, in a post-biotechnical revolution world, our relationship with our biology has changed. This fundamental change is purported to be qualitatively different to previous eras; we have moved beyond a biological determinism into an era in which we think about our biology quite differently, an era of enhancement and the supernatural. Frameworks deployed to examine this proposed change have, however, been limited and yielded predictable results. Where we have employed laboratory ethnographies we have seen socio-technical networks, where we have employed Foucault we have seen surveillance. This paper makes a suggestion for a novel framework. Utilising the research of Mary Douglas and Julia Kristeva it will be suggested that genes themselves have become abject objects. It will be shown that biotechnological advances mean that bodily integrity has been destroyed, boundaries blurred, and that genes can be considered liminal entities 'outside' of the body and yet tied to the symbolic realm. Firstly, this talk will seek to differentiate the current project from previous usages of Kristeva within medical sociology/STS. Further, it will be suggested that within this framework significant features of the 'new genetics' that have thus far troubled STS and medical sociology, such as individuals' apparent ambivalence towards their genes, become intelligible and that exciting future research directions begin to become apparent.

Wednesday 5 September 2012

14:45 - 15:15

Citizenship

John Foster Hall Rothley / Oakham

Holme, I.

Death by cupcake: health behaviour in social marketing

Social marketing, "the use of marketing to design and implement programs to promote socially beneficial behaviour change" (Grier and Bryant, 2005 p 319), has been a fascination of marketing departments since the 1970s. Yet, it remains virtually unexamined by sociologists of health, with the exception of Bunon and Nettleton's work in 1995. Social marketing's most high profile use has been within tobacco control (Hasting and Saren, 2005) where it provided a framework to construct the concept of passive smoking, a ban on smoking in public places, removing tobacco advertising from media etc. (Reid, 2005). While traditional health promotion has relied on education, social marketing seeks to create a context where the consumer chooses to 'buy into' a behaviour as a product. To achieve this social marketing draws upon a range of academic areas, including behavioural theory, persuasion psychology, and marketing science. This paper opens by exploring the concepts of behaviour and health which underpins social marketing campaigns and how this raises critical issue for medial sociology. Using a case study of the social marketing campaign, 'Change4life', launched in January 2009, the paper will discuss how the Healthy Weight, Healthy Lives cross-governmental strategy for England has operationalized a particular form of agency and behaviour and questions the role of responsibility and choice. By exploring the definitions of health and behaviour used this section considers how the concept of agency and choice within these campaigns is managed. This paper then moves on to explore how social marketing seeks to achieve behaviour change, and questions what is the target of such campaigns, public health citizens or consumers?

Friday 7 September 2012

10:45 - 11:15

Lifecourse

John Foster Hall Rothley / Oakham

Hudson, N., Culley, L., Denny, E., Mitchell, H., Raine-Fenning, M., Law, C. De Montford University

Men, gender and endometriosis: accounts of chronic illness from the 'well' partner

Endometriosis is a relatively common gynaecological condition affecting up to 2 million women in the UK alone. Common symptoms are chronic pelvic pain, fatigue, heavy painful periods, and a deep pain experienced during sexual intercourse. It is also associated with 40% of attendances at infertility clinics and a poorer outcome in women undergoing IVF. There is no consensus on what causes endometriosis or the most appropriate medical treatment and there is no definitive cure. Research with women living with endometriosis has highlighted the chronic and disabling nature of the condition and its impact across a wide range of life domains. However, very little is known about how male partners of women living with endometriosis experience this condition or about the dyadic components of gendered chronic illnesses more generally. Whilst all chronic conditions will affect the 'well' partner to some extent, endometriosis can be particularly problematic for couples because of its potential impact on fertility and sexual relationships and because of its enigmatic nature. This paper is based on an ESRC funded dyadic study of heterosexual couples living with endometriosis (www.endopart.co.uk). From an analysis of interviews with male partners of women diagnosed with endometriosis, it explores how men make sense of a gendered chronic condition, the impact on men's lives and the kinds of health work that men enact in daily living with a partner with endometriosis.

Thursday 6 September 2012

14:00 - 14:30

Health Policy

Gilbert Murray Seminar Room 5

Hughes, D., Peckham, S.

Swansea University

Patient choice and referral management in England and Wales: A case of loose coupling?

Since 2002 there has been a sharp contrast between English 'choice' policies that allow patients to select a provider for elective surgery, and a Welsh approach that rejects consumer choice in favour of other mechanisms for expressing collective 'voice'. This qualitative study uses interviews with purchasers and providers carried out in 2008-09 to examine referral arrangements and waiting list management. In both countries patients might exercise a degree of choice of hospital provider at several points in the referral process: in the GP consultation, at an intermediate triage stage, when booking hospital admission, and when the chosen provider appears likely to breach waiting times targets. Conversely both English and Welsh patients might be offered a more restricted menu of options than policy would suggest, and were generally referred to pooled waiting lists with little opportunity to select a named consultant. Some specialties in both systems managed demand by triage undertaken by GPs with special interests or hospital-based triage services, which could also affect treatment pathways. Our interviews suggest that Welsh policy was linked closely to the Access 2009 26 weeks total waiting time target, and that Choose and Book in England was being used to direct patients to hospitals with free capacity that could achieve the English 18 weeks target. We argue that, compared to waiting times targets, policies on patient choice were only loosely coupled to core organisational activity and received a lower priority. The policy gap on choice was thus larger in the policy discourse than in practice.

Thursday 6 September 2012

15:10 - 15:40

Methods

John Foster Hall Tilton Room

Hughes, J.

Up close and personal - an ethnography of acute interventional cardiology

Interventional cardiology is a specialist service which has developed rapidly over the last decade and embraced major technological advances of interventionist treatments for heart disease. Yet, there is little record of qualitative work around the literally 'cutting edge' of this work which involves fast tracking acute coronary syndrome patients to have their blocked arteries cleared and to minimise damage to the heart muscle. The Variation in Cardiac Care project gave access to several different UK hospitals to create an ethnography of interventional cardiology work in practice, from emergency admissions to discharge and all points in between. It was possible to observe and record many aspects of this critical work in wards and operating theatres, to recruit patients and staff at many levels and to follow the patient journey during and after the hospital care. The paper discusses the ethnographer's position in these situations and reflects on

being very close to fast moving clinical cardiac intervention work, and the negotiation of access to patients and surgical areas.

Thursday 6 September 2012

11:55 - 12:25

Ethics

Gilbert Murray Seminar Room 2

Jackson, C. Tarrant, C., Dixon-Woods, M.

University of Leicester

Paediatric trial recruitment: How do families decide?

Background: Many ethical and practical challenges are involved in recruiting children into clinical trials, but there is little research on how best to enable families to make choices about participation that are consistent with their values and preferences.

Aims: To explore the experiences of families invited to take part in clinical trials.

Methods: Semi-structured interviews with purposively sampled families. Data were analysed using a systematic and iterative approach, based on the constant comparative method.

Results: A key challenge for families was managing the uncertainty around the possible outcomes associated with the decision. Some families strived to manage the decision-making process by seeking information to reduce uncertainty, and carefully weighing up the pros and cons of taking part. This approach, however, placed a considerable burden on families. More commonly, families relied on simple heuristics which reduced the burden of decision-making. I will reflect on social and structural factors and how these impact on the strategies used by families to decide about participation, before considering how the reliance on heuristics may be both useful and problematic.

Conclusions: If the experiences of potential trial participants are to be improved, the ways in which families make decisions under stress and uncertainty need to be taken into account. The recruitment approach needs to acknowledge the extent to which families rely on heuristic decision-making, and ensure that such a strategy is safe and the assumptions on which it is based are correct.

Thursday 6 September 2012

10:45 - 11:15

Professions

Gilbert Murray Seminar Room 3

Jamie, K.

University of York

Conceptualising contemporary pharmacy practice: sociologically exploring primary, secondary and pharmaceutical care

Pharmacy practice has been relatively neglected in social science research despite pharmacists being increasingly central to the patient experience. In an attempt to fill this void, this paper draws on thirty eight semi-structured interviews with diverse pharmacy practitioners and stakeholders to conceptualise contemporary English hospital and community pharmacy practice.

By drawing on the notions of bioclinical collectivity (Rabeharisoa and Bourret, 2009) and medical technocracy (Serra, 2010), this paper explores the differences in practice structures between hospital and community pharmacy. It argues that whilst hospital pharmacists are relatively well integrated into health care teams and their decision making processes, those practising in community settings are relatively isolated and are subject to more rigid hierarchical organisation.

Underpinning everyday practice in both sectors are good medicines management and optimisation processes. The paper suggests that in working to optimise medicines, pharmacists practise a dual system of pharmaceutical care; one related to formalised, institutionally-focused medicines policies and one enacted through a less formalised, more individualised 'pharmacy gaze'. This pharmacy gaze constructs the patient body, and its relationship with medicines, as a potential toxicity which requires expert management. The specificities of the pharmacy gaze are highly contingent upon the setting in which it is enacted. As such, the paper argues that the hospital pharmacy gaze is collectively and collaboratively developed whilst the community pharmacy gaze is fairly limited in its scope.

The paper concludes by briefly outlining the potential future foci of the hospital and community pharmacy gazes.

Friday 7 September 2012

09:35 - 10:05

Patient-professional Interaction

Gilbert Murray Seminar Room 5

Kelly, M., Rivas, C., Seale, C.

Choosing to self care: analysis of communication in diabetes consultations between patients and nurses

Patient-centred health care for people with chronic illness includes support from clinicians for patients to adopt self care behaviours and self manage their condition. This paper presents findings from a qualitative observational study of patient-nurse diabetes consultations conducted in UK primary care settings where a self care planning approach was used. Data analysis has drawn upon the principles of conversation analysis in order to examine the consultations as interactions in terms of the sequential nature of the talk. Participants were found to engage in a number of strategies when negotiating self care issues. Areas for the patient to work on were selected from an institutionally-driven set of moral health imperatives, including weight, exercise and smoking. Patients tend to actively align with (and at times resist) the focus on self care, though work may be done by both participants in order to reach alignment with the requirements of the self care planning approach. Both nurse and patient orient to diabetes-relevant institutional goals. However, collaborative work often needs to be done in order to identify and agree a goal that the patient can be seen to have chosen. Central to this is the patient naming a self care problem and through this taking responsibility for it. This is in line with policy on the management of long term conditions, where the patient takes responsibility for self care. Implications for patient empowerment will be discussed.

Thursday 6 September 2012

14:00 - 14:30

Experiences of Health and Illness

John Foster Hall Rothley / Oakham

Kenyon, S., McNicol, S., Willars, J., Markham, C., Armstrong, N.

When choices become limited: women's experiences of delay in labour

Choice and patient involvement in decision-making is a strong theme of contemporary healthcare. One of the most striking areas in which this is played out is maternity care - recent policy has focused on choice and on supporting normal birth. However, birth is sometimes not straightforward and unanticipated complications can rapidly reduce the scope for choice, although not necessarily involvement in decision-making.

This presentation draws on the accounts of 18 women who experienced delay during labour with their first child. Delay in labour occurs when progress is slow and syntocinon is administered to strengthen and regulate contractions. Once delay has been recognised the clinical circumstances mean choices are more limited.

Although they often found it upsetting, women accepted that their plans were no longer feasible as their labours were no longer normal. The majority were happy to defer to clinical staff who they regarded as having the necessary technical expertise, while some women actively rejected involvement in decision making altogether. Only a minority wanted to continue involvement in decision-making and were unhappy when they felt they were being left out of decisions.

In situations where progress is not normal and clinical circumstances set the agenda, women appear to accept their ideals of choice and involvement have to be abandoned. Women understood that the clinical circumstances legitimately changed events. These were women having their first child and there was some recognition that they were 'planning in the dark' as they had little idea what labour and birth would be like.

Thursday 6 September 2012

09:00 - 09:30

Complementary and Alternative Medicines

Gilbert Murray Seminar Room 5

Kovandzic, M., Kovandzic, M., Stambolovic, V.

University of Liverpool

An odyssey of exploring CAM in the context of primary care in Serbia

National 'scenes' of complementary and alternative healthcare practices have been left behind in the knowledge industries of healthcare.

The aims of this study were: (a) to explore diversity of complementary and alternative medicine (CAM) in Serbia between 2003 and 2006; (b) to investigate the possibilities of establishing an integrative primary care. The case study was crafted using policy ethnography, and drawing on institutionalisation theories and the sociology of professions. The fieldwork was conducted in several stages, from recording the existing therapies, to policy analysis and exploration of 'integrative relations' between the key actors of the potential endorsement of CAM in the public primary care (policy makers, primary care managers and leads of the exemplar 'homeopathic scene').

In the observed period, the 'CAM scene' in Serbia was vivid and marked by at least sixty three different CAM therapies with various patterns of institutionalisation and variable degrees of prominence. In addition, the national healthcare policy significantly changed towards endorsing integrative healthcare by legalisation of CAM in the 2005 Healthcare Bill. However, these factors were found not to be sufficient conditions to achieve integration in publicly-funded primary care. As identified in the example of homeopathy, visions of integrative healthcare, and necessary conditions for this to happen, vary among the key actors. These differences show complex patterns and need to be acknowledged and mediated for successful integration, and in order to reduce the inequalities in access to primary care.

Key findings will be discussed in parallel with methodological and political challenges faced.

Friday 7 September 2012

11:55 - 12:25

Patient-professional Interaction

Gilbert Murray Seminar Room 5

Kristiansen, T. M., Hørslev-Petersen, K., Primdahl, J., Antoft, R.

Bringing everyday life into patient education

Background - This fieldwork was part of a project which aimed to develop education for people with rheumatoid arthritis (RA). Health professionals at two hospitals, two community healthcare centres and five people with RA took part in the project. The study took a "patient perspective".

Objectives - The objectives were twofold: firstly, to explore how conditions in everyday life affected opportunities to participate in the project group and, secondly, to explore the kinds of experiences and knowledge the five people with RA brought to the project and how this affected the educational programme which was developed.

Methodology - The fieldwork was carried out between November 2010 and January 2012 and consisted of participant observation, participation in the activities of the project group and repeated individual interviews. The study was inspired by a social phenomenological perspective within everyday life sociology.

Tentative results - Different conditions in everyday life and different ways of handling these conditions affected how the five people with RA participated in the project and how they defined their own role and contributions.

Everyday knowledge and experiences were drawn directly into the design of a new patient education initiative and effectively influenced both the structure and the outcome of the programme. Meeting others with RA was integrated as a central mean to the end and the people with RA were integrated as members of the multi professional team in the education programme.

Wednesday 5 September 2012

15:55 - 16:25

Mental Health

Gilbert Murray Livingstone Room

Lane, P., Harrison, C.

My budget, my choice: A narrative analysis of mental health recovery budgets

As part of the 'personalisation' agenda, mental health 'recovery budgets' are now being offered to service users and carers giving them an opportunity to support their own journey of recovery, or to assist carers with the role of caring. This paper is based on an evaluation of recovery budgets in the East of England. Using narrative analysis, the researchers examine the practical and symbolic meanings that service users and carers attached to their recovery budgets. Our findings suggest, that for many carers, their recovery budgets act as a 'permissive signifier' and so it 'allows' them to take time out from their daily responsibilities. In contrast, our research with service users suggests that they predominantly used their budgets for experiences that do not relate to their 'service users identity' (i.e. being mentally ill) but focus on other aspects of their identity. While recovery budgets cannot be seen as a panacea for wider social issues such as inequality or stigmatisation, our research suggest that recovery budgets can play a positive practical and symbolic role in the lives of service users and carers and that this can help to support their personal journey of recovery. Note:- We would also like to show our short film on recovery budgets.

Thursday 6 September 2012

11:20 - 11:50

Professions

Gilbert Murray Seminar Room 3

Langer, S., Salmon, P., Hunter, C., Drinkwater, J., Guthrie, E., Chew-Graham, C.

Continual professional support in chronic illness: creating dependency or enabling effective self-management?

In health policy, improving patients' self-management skills is advocated on the grounds of cost-effectiveness and clinical outcomes, yet so far results have been equivocal. In this presentation we argue that established relationships with health care professionals (HCPs) are essential to patients' ability to self-manage. We draw on qualitative research conducted within a NIHR Programme Grant (ref: RP-PG-0707-10162) focussing on unscheduled care (UC) by patients with common chronic conditions in Northwest England. UC refers to non-routine face-to-face healthcare. Fifty patients with asthma, diabetes, chronic heart disease, or COPD were sampled and interviewed about significant health crises, situated in the context of their overall care: self-management, routine care, and emergency care. Data analysis was by constant comparative method. Patients' accounts of activities that could be considered as effective self-management reflected the regular involvement of key HCPs whose expertise and guidance was drawn on by patients. Thus HCPs were reported as supporting patients through crises, and as enabling self-care by providing continuity and reassurance. Locating our argument in the literature on the relationship between body and person in chronic illness, we suggest that close ties between patients and HCPs should not be interpreted as dependency. Instead professionals' support may enable patients to manage well, enhancing their autonomy and ability to self-care. Our findings have implications for practice as they suggest that successful self-management is built on a valued relationship between patient and professional. This means that encouraging patients' self-management skills is not an alternative to professional care.

'This abstract presents independent research commissioned by the National Institute for Health Research (NIHR) under its Programme Grants for Applied Research scheme (RP-PG-0707-10162). The views expressed are those of the author(s) and not necessarily those of the NHS, the NIHR or the Department of Health.'

Thursday 6 September 2012

14:00 - 14:30

Experiences of Health and Illness

Gilbert Murray Livingston Room

Lariviere, M.

Carrying/Being: Life histories with haemophilia

Michael Bury's 'biographical disruption' has been a useful theoretical concept to ground the experiences of chronic illness for thirty years. With its focus on how life events and knowledge are disrupted from the normal life-course, it is useful to highlight the disruptive qualities of illness that are apparent with conditions that develop later. However, haemophilia is a chronic bleeding disorder that is present at birth. If chronic illness becomes to be known and understood as perceptions of the self develop, can it be disruptive? This paper will explore how haemophilia is and is not a disruptive force in a person's biography by drawing from my research on the life histories of British haemophiliacs and carriers, as well as my own experiences with haemophilia, conducted during my dissertation for my Master of Public Health. Based on my background in anthropology, I suggest that biographical disruption represents an etic/analytical way for describing experiences of illness, but does not necessarily replicate or describe the lived experience/emic perspective of people with the condition.

Friday 7 September 2012

11:20 - 11:50

Critical Public Health

Gilbert Murray Seminar Room 2

Laverty, L., Hinton, D.

University of Liverpool

Public health, and intensive parenting discourses: Children as active agents in negotiating health in the family

Parents are increasingly subject to public and politicised discourses on how best to raise their children, and subsequently are spending greater time and resources in child-rearing than previous generations. This is known as "Intensive Parenting" and is relevant in the field of public health and lifestyle behaviours where to parent intensively is to protect the health of the family, and parents (particularly mothers) viewed as responsible risk managers for their children. Within these discourses however there is little consideration for the role of children, indeed they are often portrayed as passive subjects and future citizens rather than active agents. The current paper explores the findings from a study looking at perceptions of health and

alcohol use with parents and children living in Liverpool. Focus groups with 13-14 year olds in schools, and narrative interviews with parents living in the community were conducted. The study found that children do not passively absorb public discourses around parenting and health but are active in constructing and negotiating these discourses. Children were often active in utilising public health messages to influence the lifestyle behaviours of their parents and demonstrated attempts to manage the portrayal of parents who they viewed as not conforming to moral 'norms' around health. These findings will be discussed within the backdrop of public health messages using stigma and guilt as prevention tools, and the increasing utilisation of children as vectors to deliver messages to adults. The ethical considerations of these new approaches will be considered.

Wednesday 5 September 2012

14:45 - 15:15

Mental Health

Gilbert Murray Livingstone Room

Lavis, A., Lester, H., McCarthy, L., Birchwood, M.

University of Birmingham

"The days just seemed like huge voids:" Subjectivities and uses of time among caregivers of individuals affected by a first episode of psychosis

Among relatives of individuals with severe mental illness 'carer distress' is acknowledged. Yet, the contents of, and ways of coping with, such distress and the many small changes to daily life, remain underexplored. Drawing on semi-structured in-depth interviews with over 60 relatives of young people with first episode psychosis in English Early Intervention Services, this paper explores multiple dimensions of temporality in caregivers' narratives. Two interrelated strands emerge; how time's shape, texture and possibilities shift throughout the process of caring is accompanied by caregivers' mobilisations of time as a coping strategy.

That caring may comprise being alone in the house while a relative sleeps evinces enforced stasis in which time is present yet lost, and juxtaposes with recounted moments of sudden crisis. Time's increasing transformation into a charged commodity, in turn, elucidates intimate affective shifts within families. And, the uncertainty of 'getting by day-by-day' illuminates a narrowing of caregivers' social worlds. Yet, alongside these narratives, agentially being both 'in and out of the moment' emerges as a coping strategy; individuals 'snatch' moments of solitude and stillness that temporarily distance them from, but also serve as stepping stones that permit a continuation of, the caregiver role.

Paying attention to subjectivities and uses of time amongst caregivers of individuals with first episode psychosis therefore illuminates their often-hidden practical and affective experiences; wider recognition of these is fundamental both to caregivers' own emotional and physical health and healthcare needs, and also to the individuals for whom they care.

Thursday 6 September 2012

16:55 - 17:25

Methods

John Foster Hall Tilton Room

Lee, R. P., Hart, R., Watson, R., Rapley, T.

Newcastle University

Slowing down synthesis: applying reciprocal translation to studies of carers, decision-making and transition

Over the last decade the diversity of approaches to synthesising qualitative research has grown steadily and has itself become a topic for review. It is evident that many of these approaches to interpretive synthesis share a common history, methodologically rooted in the application and development of meta-ethnography (Noblit and Hare, 1988) and politically located in efforts to establish the value of qualitative research. In this paper we re-examine the defining features of meta-ethnography - interpretation and translation - reflecting on their use in existing syntheses and undertaking three new syntheses with a focus on the reciprocal translation of studies relating to carers, decision-making and transition.

First, we situate the developments in interpretive synthesis through a concise reading of the history of qualitative research in the medical sciences. We then examine how meta-ethnography has been used and adapted. Though reciprocal translation is a core feature of meta-ethnography, it receives limited attention in final accounts of syntheses. We note here our own concerns over the number of studies incorporated into recent meta-ethnographies, Noblit's call to "slow" the synthesis process and preserve difference (Thorne et al, 2004), and our own experiences of conducting reciprocal translations. Drawing on our worked examples we reflect on the procedural, methodological and philosophical implications of this approach to conducting meta-ethnography and consider its continued relevance. We analyse the potency of recent critiques and revisions to meta-ethnography and we make a number of practical observations regarding the conduct of interpretive syntheses.

Thursday 6 September 2012

14:35 - 15:05

Experiences of Health and Illness

Gilbert Murray Livingstone Room

Lempp, H., Hofmann, D., Hatch, S. L., Scott, D. L.

King's College London

Patients' views about treatment with combination therapy for Rheumatoid Arthritis: a comparative qualitative study

Background - Although combinations of disease-modifying anti-rheumatic drugs (DMARDs) are increasingly used to control active rheumatoid arthritis (RA), there is little information about patients' perspectives, their expectations, concerns and experiences of this intensive treatment.

Method - We interviewed a purposive sample of 18 patients from a single tertiary outpatient clinic, stratified by gender, ethnicity and age. Patients with early RA (<2 years) received combined conventional DMARDs; patients with established RA (>2 years) received combined conventional DMARDs or DMARDs with biologics.

Results - Four main themes emerged from the analytical framework: (i) patients' expectations about the combined treatment focuses mainly on physical symptoms; (ii) the impact of the treatment and quality of life varied with the new medication in both groups (iii) concerns about new interventions concentrated mainly on potential side effects; (iv) combination therapy can be self-managed in close collaboration with clinic staff, but this requires individualised management approaches. These themes resonate with von Korff's collaborative management of chronic illness.

Conclusion - Patients have generally positive views of combination DMARDs. Within routine practice settings, achieving medication concordance with complex combined DMARD regimens is challenging, and the concerns vary between patients; careful individual assessments are essential to successfully deliver such intensive treatment.

Thursday 6 September 2012

15:45 - 16:15

Gender

Gilbert Murray Seminar Room 2

Lennox, J., Sweeting, H., Emslie, C.

MRC/CSO Social and Public Health Sciences

'I never detag photos. I see it like a medal - Oh look at me being sick last night': Gender and online drinking cultures amongst young adults

Young women's alcohol consumption has increased much more markedly over the past 20-30 years than that of young men. Despite more similar consumption levels, qualitative research suggests persisting gender differences in drinking behaviours and the use of alcohol as a tool to construct identities. The rise in the use of social networking has seen alcohol based gendered identity construction move on-line. Young people increasingly use sites such as Facebook to plan, document and share drinking occasions, stories and photographs. It has been argued that such displays may further normalise alcohol consumption, leading to the creation of 'intoxigenic digital environments'. However, there is a lack of research into how young adults interpret such environments or how they use alcohol to construct a gendered identity online. This paper draws on pilot work for my PhD research. Qualitative data were collected from four friendship groups of young adults (aged 18-28) relating to gender differences in talk around alcohol use, the use of alcohol in the construction of gendered identities both off-line and on-line; and how behaviours in these two environments may influence each other. Early analysis suggests that Facebook plays a central role in alcohol consumption practices of young adults but that engagement is influenced by gender and identity management concerns. Gender differences are also evident in respect of interaction with alcohol promotions online and the use of Facebook in alcohol-related health campaigns. Results suggest that the nature of friendship on Facebook is blurring the boundaries between socialising and alcohol marketing.

Wednesday 5 September 2012

15:20 - 15:50

Lifecourse

John Foster Hall Tilton Room

Lerum, S. V.

Living in a home with motor neuron disease: the perspective of family carers

Motor neuron disease (MND or amyotrophic lateral sclerosis (ALS)) is a devastating neurological condition. Neurons controlling voluntary muscles deteriorate, and life expectancy is 3-5 years after onset. To this relentlessly progressive disease there is no known cause or cure. Profound amounts of care work have to

be performed to compensate for lacking functionality, and to maintain an everyday life. An individual is afflicted but an entire home becomes deeply involved. Several studies have contributed to describe this situation. In a qualitative study the term biographical abruption was used (Locock et al 2009), as the diagnosis signified that life was already over. However, Olsson et al 2011 used a quantitative approach, and found that the mental quality of life (QoL) to be marginally lower among ALS afflicted and family carers compared to the general population. With a similar design Leirvik et al 2007 found no significant difference of QoL between afflicted and the general population. Rabkin et al (2009) found caregivers to be distressed, but clinical depression was rare. All in all the level of distress among MND family caregivers does not seem to be universal. This is an indication which our study intends to explore further. By semi-structured interviews with MND family carers in Norway, we explore what may contribute to a sense of normality, within this extraordinary difficult situation. Especially, we focus on the performance of care work as a meaningful activity, and how interaction with the welfare state may contribute to this.

Wednesday 5 September 2012

15:20 - 15:50

Mental Health

Gilbert Murray Livingstone Room

Lewis, S.

Diagnosing Anorexia: Using and refuting diagnostic criteria to create community in online anorexia forums

This paper seeks to illustrate how two very different online anorexia forums use the same diagnostic criteria to create community. Using grounded theory this study combines non-participant observation and interviewing to gain insight into a pro-recovery community and a pro-anorexia community. While the motives of both communities are different- the former seeks to encourage and facilitate recovery from anorexia, while the latter seeks to support members in their decision to maintain the condition- they are both critical of the DSM –IV diagnostic criteria for eating disorders, their reactions to the 'psychologists bible' create in and out groups on both sites and also mark the boundaries of acceptability.

Within the pro-anorexia community they not only refute the DSM- IV for the emphasis placed on weight but also revere it as something to aspire to, it allows members to assert themselves as psychologically ill and abandon the notion that anorexia is about choice.

The pro-recovery community are highly critical of the DSM-IV criteria, they express a belief that eating disorders go beyond physicality and suggest that the numbers and measures used by the medical profession are redundant. This challenging critique creates an empowered and positive community that sees recovery as a choice, something that must be fought for using the 'recovery spirit'.

Thursday 6 September 2012

10:10 - 10:40

Lifecourse

Gilbert Murray Livingstone Room

Lie, M., Lindsay, S., Brittain, K.

Newcastle University

Technology and trust: older people's perspectives of a home monitoring system

With demographic changes, advanced economies face a deficit of care for their older population. This gap is being filled by a migrant workforce in the formal economy and active elderly in the informal economy. Increasingly, developments in technology are being seen as the solution to the care deficit and loss of autonomy among older people. For older people who do not see themselves as old or frail enough to require personal care, and who prefer to maintain their identity as autonomous and independent individuals, the development of assistive technologies such as ambient home monitoring systems is one answer. However this involves careful negotiations about safety and privacy, and older people's understandings and relationships with technology, their carers and relevant service providers. In two trials funded by the Technology Strategy Board to test a home monitoring system, older people were interviewed pre-trial and post-trial about their perspectives on these issues. This paper examines and interprets the qualitative data using a sociological framework of trust developed by Barbara Miszral in her book "Trust in Modern Societies" (1996) that considers habitual action, relationships with kin and with wider institutions. The research found that older people rely on established habits and norms, which enable them to maintain a sense of safety and security. The success of the system depends on relationships between the older person and her 'custodian' (or monitor) based on trust, as well as institutional providers who need to instil or earn trust.

Friday 7 September 2012

09:00 - 09:30

Health Service Delivery

Gilbert Murray Seminar Room 3

Lindenmeyer, A., Dale, J.

University of Warwick

The oral health care needs of people with diabetes living in deprived areas: can primary care make a difference?

The link between oral health and diabetes is twofold. Poor oral health and diabetes, and the cardiovascular complications that can follow, share common behavioural risk factors such as poor diet, alcohol and smoking. However, inflammatory conditions such as chronic periodontitis negatively impact on blood sugar levels and vice versa, potentially leading to a vicious cycle. While the need to integrate oral health into routine diabetes care is now being promoted by official bodies such as the International Diabetes Foundation, there is very little recognition of the complex socio-economic and genetic factors that make it most likely for people from deprived areas and minority ethnic backgrounds to be affected both by diabetes and poor oral health.

The proposed paper draws together research on the socio-demographics and patient experience of diabetes and oral health, and aims to unpick some of the complex interactions between ethnicity, deprivation, depression and distress that can lead to significant oral health problems. We will then outline the possibilities to tackle this issue in primary health care. Both people from ethnic minority backgrounds and those living in deprived areas are less likely to access dental care; however, many people with diabetes will be regularly attending their primary care practice. There may be a distinct group of underserved people with diabetes and poor oral health, likely to also be affected by other health conditions. Primary care and other community health services may need to contribute to developing and evaluating outreach programmes to improve the oral health of this group.

Friday 7 September 2012

10:10 - 10:40

Health Care Organisation

John Foster Hall Tilton Room

Lotherington, A. T., Lotherington, A.T., Halford, S., Obstfelder, A. Northern Research Institute, Norut Tromso

The second twist? Information infrastructures as a force in the transformation of clinical work

The growth of managerialism in healthcare has provoked extended debate about the implications for the medical profession and the erosion of medical authority in the running of healthcare services and the extension of managerial practice across healthcare work are well documented. Digital information technologies have been central to these changes and have – consequently – been widely understood as tools of ‘managerialisation’. However, in this paper we draw on a longitudinal study of digital technologies in healthcare (conducted in Norway 2005-12) to suggest that there is more to it than this: that new digital technologies are also changing the nature of clinical medical work, a development which may have even more profound implications for the future of the medical profession.

Our analysis is grounded in an understanding of clinical work as heterogeneous, situated and performative, co-constituted with the tools and artefacts of hospital life. Our research reveals subtle transformations in clinical work, linked to new digital information infrastructures e.g. electronic patient records. Unlike the shift towards general management, where clinicians have been able to take on managerial roles for themselves (whether enthusiastically, or otherwise) doctors have been marginal to the design and implementation of this new infrastructure and, consequently, in a ‘second twist’, may be losing control over the performance and development of their own practice.

Thursday 6 September 2012

10:45 - 11:15

Open Stream

Gilbert Murray Seminar Room 5

Lowe, P. K., Brady, G.

Aston University

Narratives of difference: ‘Expert’ knowledge and ‘neurobehavioural’ conditions

Conditions such as ADHD and Autism are increasingly understood as the outcome of imperfectly wired brains. Although the causes are debatable, there is an increasing emphasis on early identification, surveillance and intervention to ensure that adequate ‘development’ of those who are diagnosed takes place. This process constructs and reinforces a narrow conception of normal behaviour within a linear

model of child development. Those outside the boundaries are labelled as 'at risk' and/or diagnosed and thus become subjects of medicine. Whilst a range of professionals from health, education and social care can be involved, the emphasis on multi-agency working has led to the increasing dominance of biomedical understandings across the other disciplines. This deficit model of child development is problematic because it fails to consider neurobehavioral diagnoses as lived conditions. At a time when the general conceptualisation of the child is one of an empty vessel that can be perfectly shaped through the 'correct' parenting practices, children who are indentified as 'flawed' present a potential challenge to this model. This paper will argue that the construction of conditions such as ADHD and Autism as neurodeficiencies separates and divides those who are diagnosed from their 'neurotypical' peers. Drawing on empirical examples we will illustrate the extent to which the concept of 'faulty' brains has come to dominate both cultural and individual understandings of such conditions. In addition, it has the potential to shape the identity and limit the agency and of those who are different.

Thursday 6 September 2012

09:35 - 10:05

Lifecourse

Gilbert Murray Livingstone Room

Lowton, K., Hiley, C., Higgs, P.

King's College, London

Adult survivors of childhood liver transplant: Personal narratives of an emerging 'new' ageing population

Alongside the profound social and economic changes arising from general population ageing, the past half century has seen the emergence of what have been termed 'new' ageing populations (Lowton, 2009; Iles & Lowton, 2010; Lowton & Higgs, 2010). These populations have been created through rapid medical progress in tandem with changes in social attitudes to issues surrounding disability and chronic illness. This has led to increasing numbers of people with rare and/or complex disease or disability surviving into adulthood and living considerably longer lives than was historically possible. Many are pioneers; it is likely they will face issues as they age that have never been encountered before, either by themselves or by professionals leading their treatment and care.

We report an ongoing study of the very first cohort of paediatric liver transplant recipients in the world. Childhood liver transplantation, initially an experimental procedure, began in the early-mid 1980s in the UK and North America. Thirty years later, many of the British pioneers are living adult lives yet have never been discharged from specialist centre care. While clinical outcomes have been well documented, social and ontological issues for these adults, who have lived their whole lives within the context of their body as a project, have never been studied.

We explore not only the health and social implications of living with transplanted livers from infancy but also the wider existential questions of having had such transforming 'experimental' surgery within the context of a much more reflexive and ontologically insecure society.

Thursday 6 September 2012

11:20 - 11:50

Open Stream

Gilbert Murray Seminar Room 5

Macdonald, S., Macleod, U.

University of Glasgow

Considering the importance of 'distant proximity' in the formation of health beliefs?

Considering the importance of 'distant proximity' in the formation of health beliefs?

Numerous studies have contributed to our understanding of lay concepts of health, both in terms of conceptual models (Klienman, Young and Chrisman) or their content (Herzlich, Blaxter, Cornwell). Davison and colleagues (1991) introduced lay epidemiology and coronary candidacy and show that an understanding of coronary heart disease and risk is arrived at via the observation of CHD events from an array of sources, at micro, meso and macro levels. Hunt and Emslie (2001) though acknowledging that societal level information is important propose that events at the family level will have greatest resonance. This paper presents findings from a study of lay epidemiology and cancer. Here we focus on participants' observations of cancer and comment on the relative salience of micro, meso and macro level events in the development of beliefs about health.

Methods - A series of in-depth semi-structured interviews, with members of the lay public in Glasgow.

Findings - Although 'proximity', or having a close experience of cancer impacted on overall understanding of cancer and cancer risk, events outwith the family clearly matter. 'Distant proximity' was important in shaping views of cancer. While the intricacies of cases might have been missing from narratives, participants did proffer views and insights into the disease experience of not just family, but friends, and wider social networks. Discussions about illness are regular occurrences in social networks and many of these half-known cases were critical to views about cancer.

Wednesday 5 September 2012

14:45 - 15:15

Gender

John Foster Hall Swithland Room

MacLean, A., Hunt, K., Smith, S., Wyke, S.

Medical Research Council

Reconstructing moral integrity? Differences and similarities across men's and women's retrospective accounts of responding to symptoms of lung cancer.

Understanding the factors influencing time taken to consult with symptoms of cancer is key to improving survival rates. A metasynthesis of qualitative studies of the experience of help-seeking and delay in cancer presentation suggested that gender and gender roles may play an important role although an assessment of the time taken to consultation with symptoms of lung cancer did not show significant difference between men and women. These findings suggest the relationship between gender and help-seeking for cancer warrants further investigation. In this paper, we will present findings of secondary analysis of 44 qualitative interviews conducted with newly diagnosed lung cancer patients in two cancer centres in Scotland. The data were analysed using a theoretical framework which integrates sociological and psychological models of responses to symptoms and help-seeking. We will present differences and similarities in men's and women's accounts of the process of experiencing, interpreting and acting on their symptoms. We focus in particular on the way in which they drew on gendered cultural expectations of illness behavior, and discuss the implications of these findings for furthering understandings of constructions of masculinity and femininity. We will discuss the implications of our findings for reducing the time between first recognition of symptoms and consultation in men and women with lung cancer.

Wednesday 5 September 2012

15:20 - 15:50

Citizenship

John Foster Hall Rothley / Oakham

Maguire, K.

Public and patient involvement in theory and practice

Public and service user involvement in the creation of public goods is something being promoted widely across the public sector and across political parties. It is fundamental to the concept of the 'Big Society' and central to present government policy. Engaging in the production of social goods is increasingly expected of responsible citizens.

In health and social care, a growing number of funding bodies expect researchers to involve members of the public throughout their studies, from framing of the research questions through to the dissemination of results.

However this involvement has been criticised on the basis that those who do participate are unrepresentative of service users as a whole; causing concern that this might increase inequalities rather than address them. It has further been argued that lay involvement in research should be confined to funding decisions, prioritisation of research agendas, research governance and ethical review in order to protect 'genuine layness'.

This paper presents early results from a study of participants in a range of activities, from identifying questions through the conduct of research as well as fulfilling governance roles on ethics and funding committees. It highlights what participants identify as important for them about involvement including: voice/views; being useful; enjoyment/interest; learning; self interest; self esteem; altruism; social justice; and impact on research/researchers/services.

It then places these concepts in theoretical and historical context utilising Mills' ideas of the interplay of biography and history, Mauss' 'Gift' and Foucault's concept of knowledge/power.

Wednesday 5 September 2012

14:10 - 14:40

Politics of Health

Gilbert Murray Seminar Room 2

Mair, F., Browne, S., Macdonald, S.

University of Glasgow

Healthcare access: does candidacy aid our understanding of the experience of chronic conditions?

For those with chronic illness an essential part of patienthood is access to suitable services. Traditionally our understanding of access centred on the availability and utilisation of service but this has been criticised for ignoring the impact of personal, social and organisational factors. Moreover, a one dimensional

approach obscures the complexity of the association between access and inequity. Service use alone is not evidence of needs being met.

Candidacy, a model that describes the continual negotiation and renegotiation between individuals and health service, arguably simplified but deepened understanding of the access debate (Dixon-Woods et al 2006). From the time that an individual first appraises new or unusual symptoms until the point at which they make decisions about longer-term engagement with health care, candidacy for health care being considered by patients and professionals alike. Others have extended the candidacy model to consider the impact of particular symptoms (Kovandzic et al 2011) or social factors (Klassen et al 2008). We propose that notions of candidacy are facilitated or challenged by the representation of illness.

Method - A secondary analysis of qualitative data from three data sets gathered between 2006 and 2011. Interview transcripts from colorectal cancer patients, heart failure patients and professionals will be re-visited to conduct an amplified analysis that looks across data sets (Heaton 2008).

Friday 7 September 2012

09:35 - 10:05

Lifecourse

John Foster Hall Rothley / Oakham

Manzano-Santaella, A., Pawson, R.

Evaluating consent to deceased organ donation: The need for programme theory

Transplantation is a fairly new medical therapy constantly adding new transplantable organs to its achievements. The combination of a progressively aging population and outstanding transplantation advances constrain the donor pool and leads to higher numbers of potentially preventable deaths. Advances in organ donation have not followed at the same speed and the demand for donated organ has grown exponentially. Societies are expected to increase their donation rates and they do this with great variation across regions and countries. To date, research has struggled to understand the reasons behind those variations and policies have been unable to overcome them.

Deceased organ donation involves conceptual issues that travel across clinical, social sciences and public health theories. One final outcome (transplantation) requires the coordinated effort of hundreds of players, with different motivations. We are confronted with an example of a complex adaptive system in health care (Plsek & Greenhalgh, 2001). This paper is a thought piece that illustrates this complexity with examples from the literature and initial observations of how this system works in practice. First we highlight that donation research is dominated by single lever theories based on interventions as the solution to blockages in the system. Then we draw a map of the donation process and stop i some phases to expose their complexity. Finally, two of the interventions to increase consent rates currently tested in the UK are analysed. This exercise is used to explain how a system embedded with technical, material, human and emotional complexities can be evaluated.

Friday 7 September 2012

09:00 - 09:30

Experiences of Health and Illness

Gilbert Murray Livingstone Room

Marrable, T.

'Invisible disability' – autistic spectrum conditions and the struggle to be seen

'My autism is invisible – if I were in a wheelchair no one would be asking me to take the stairs! They can see the problem.' (Man with autism, age 53)

Autism has been called an invisible disability (Mills & Francis 2010); it is 'not easily recognised and as such [does] not attract the same attention from society as more obvious physical disabilities' (Barnard et al 2000:6). People with an autistic spectrum condition (ASC) can have strong abilities alongside multiple disabilities, diagnosis can be complex and difficult, and the route to support is often in the context of another disability.

This paper reports on the findings from a practice enquiry carried out for the Social Care Institute for Excellence (SCIE) where participants - adults with ASC, family carers and service providers - were asked about their access to services, including physical and mental health services. It will use Ian Hacking's notion of 'making up people' (2006) to consider individual versus structural associations of disability. A lack of understanding about autism and what it means for individuals amongst health and social care practitioners led to many participants speaking of their experiences in terms of war and battle. Exclusion from everyday services as well as more specialist services was a common experience, often with significant consequences for the lives of participants. The struggle to be visible as a disabled person was described as pushing people into further mental and physical difficulty.

Wednesday 5 September 2012

14:45 - 15:15

Professions

Gilbert Murray Seminar Room 3

Martin, G., Armstrong, N., Aveling, E. L., Herbert, G., Dixon-Woods, M. University of Leicester

Professionalism reinvigorated or professionalism redundant? Harnessing clinical communities to improve healthcare quality

Efforts to instigate improvement in the quality of healthcare have become dominated by approaches that rely on managerial command and market-based incentives. The professional values and norms of doctors, nurses and others plays a relatively marginal role in the governance of improvement; where once the professions were seen as the bastions of healthcare quality, professional autonomy is now constructed more as challenge to be managed. Yet some commentators, following Freidson's characterisation of professionalism as a 'third logic', have suggested that certain properties of professionalism give it unique potential in the task of improving healthcare. To date, however, there has been limited discussion of the form this professionalism might take, and little empirical examination about its form, strengths and weaknesses in practice. We seek to address this theoretical and empirical gap, using findings from a study of a healthcare quality improvement initiative that was premised explicitly on an attempt to harness clinical professionalism for quality by supporting clinically led and owned improvement projects. Drawing on 137 interviews and over 450 hours' ethnographic observation across three purposively sampled case studies, we examine professionalism in action. We find that professionalism remains a powerful mobilising discourse for many clinical professionals, but that there are challenges with turning this will for change into real and sustained action. Fulfilling the potential of professionalism requires sensitive leadership, creative use of intra-professional peer influence, and—sometimes—alignments with other logics of governance that sit uneasily with traditional notions of professionalism, but which seem crucial in making improvement happen.

Friday 7 September 2012

11:55 - 12:25

Embodiment and Emotion

Gilbert Murray Howard Room

Martin, G.

'How do I look?': Body, self and normality in obese and overweight children in Malta

The 'obesity epidemic' is over – sociologically speaking it is now 'endemic' in late modern societies. Malta, where children consistently lead European obesity rate statistics, clearly has a fertile social environment for generating 'fatness'. Remedies tend to be aimed at 'correcting' individual lifestyle choices and/or countering structural obesogenic factors. This paper uses analysis of empirical data to offer a departure from the individual vs. the environment debate by focusing on relational dynamics that are at the core of the process of embodiment in overweight children. A Symbolic Interactionist perspective, and Bourdieu's concepts of Habitus and Symbolic Capital are used to focus on the complex societal dynamics that intrinsically and dialectically influence the 'body' and the self's reflexive evaluative differential of this body.

Research was carried out over one year, using ethnographic methods in a primary school setting, working with young children (n=134) in two age groups: aged 5 and 10. Data was gathered/created using using participant observation, semi-structured interviews, and original creative child-centered techniques.

Findings show a marked difference in the two age groups. The obese/overweight 5 year olds, buffered by robust protective strategies within their primary group, seem to be unaware of the fact that they are 'different'. This situation changes dramatically in the ten year old group where the overweight child is clearly labeled as 'deviant' and develops private coping strategies to deal with the physical disadvantages, taunting and exclusion by their peers.

Friday 7 September 2012

11:20 - 11:50

Risk

John Foster Hall Swithland Room

Maunula, L.

Cautionary tales: A Foucauldian discourse analysis of Canadian print news representations of H1N1 risk

The 2009-2010 outbreak of H1N1 thrust issues of individual and collective risk into the news media spotlight. Following emergency protocol, Canadian authorities collaborated with news media to communicate with the public during an outbreak. Much of the news coverage reported on individuals and families grappling with H1N1 risk, specifically through regulation of the self and the body (i.e. by taking up officially recommended infection control approaches such as vaccination and social distancing). As well, a

number of news stories reported on tragedies that followed when the recommended infection control behaviours were not followed. Representations of H1N1 risk in news coverage are important because the media plays a significant role in shaping the ways in which we view pandemic scenarios and ourselves, collectively and individually, within them.

In this paper I explore discursive representations of risk within Canadian print news media coverage of the 2009-2010 H1N1 outbreak. Drawing from governmentality and risk literature, I then engage in a theoretical critique, exploring the implications of those discursive representations for subjectivities and notions of citizenship in the context of late neo-liberal political rationalities. This study contributes to sociological research on how public understanding of H1N1 risk is shaped in particular, and of risk and health in the media more generally.

Wednesday 5 September 2012

15:55 - 16:25

Experiences of Health and Illness

John Foster Hall Rothley / Oakham

McCormack, P., Wienroth, M., Hopkins, C., Joyce, T.

Newcastle University

When technology fails patients: perspectives of people with faulty metal-on-metal hip replacements

Until very recently hip replacements had been a medical and technological triumph, celebrated as “the operation of the century” (Learmonth et al. 2007), which improved the lives of hundreds of thousands of people. In the past few years though, some of the latest models (metal-on-metal), designed for use in younger patients have been failing in large numbers and leaking metal nanoparticles, of cobalt and chromium, into patients’ bloodstreams, causing health problems for those concerned.

This paper will discuss our findings from focus groups and surveys from people who have faulty metal-on-metal implants. Patients have a number of concerns arising from their iatrogenic illness. Not only has the very therapy which was meant to improve their health, caused further health problems, but many patients feel badly let down by those aspects of healthcare and regulatory systems which are designed to protect them.

Thursday 6 September 2012

09:35 - 10:05

Health Policy

John Foster Hall Tilton Room

McDonald, R., Cheraghi-Sohi, S., Bayes, S., Morriss, R., Kai, J. University of Nottingham

Competing logics and compartmentalised care: medically unexplained symptoms and incentives in English primary medical care.

This paper draws on over 100 interviews from 2 studies to examine the impact of recent reforms in English primary medical care. These reforms changed reward and accountability structures giving doctors a collective responsibility for care delivery and incentives to take a systematic, organisational (as opposed to reactive, individual) approach to patient care. We draw on institutional theory, which tends to conceptualise fields (such as primary medical care) as being organised according to one dominant institutional logic. However, we identify the co-existence of two logics, following recent reforms with a ‘population based medicine’ logic characterising incentivised conditions and ‘medical professionalism’ persisting in relation to patients with medically unexplained symptoms. Whilst ‘population based medicine’ has been characterised as threatening holistic care and disrupting continuity, it is not clear that the ‘medical professionalism’ logic is preferable, with regard to these patients. Furthermore, our data highlight puzzlement, as opposed to power and resistance on the part of medical professionals, as a key factor which helps sustain the logic of medical professionalism, in the context of patients with no obvious diagnosis.

Thursday 6 September 2012

11:55 - 12:25

Theory

Gilbert Murray Howard Room

McGovern, P., Nazroo, J.

Manchester University

Health inequalities in later life: a bourdieusian quantitative analysis

In this presentation, I will outline the research design and findings from a quantitative study of the relationship between social class, conceptualised within a Bourdieusian framework, and the trajectory of health in later life. This study uses data from the English Longitudinal Study of Ageing.

Occupational class is often used as a proxy for social class, but this is likely to be a less theoretically robust variable to define stratification and life chances once people retire. In Bourdieusian terms, it is

reasonable to suppose that the secondary properties (lifestyle) of social class may be more important in determining the social position of people post-retirement, and hence their health, than the specific occupational capitals that marked their social position during working life. In retirement, people may maintain their former lifestyles (their mode of living, tastes, cultural and physical activities, hobbies etc.) and may also develop new activities that are linked to their material circumstances, social connections and personal skills. They may retain capitals that result from a continuity of lifestyle and also develop new competences from the new activities in which they engage.

In this study, the links are explored between aspects of lifestyle (within the categories of economic, cultural and social capitals) and changes in the health of people in later life. Using path analysis, findings from this investigation will be presented with comments on their implications for public policy and on the limitations of the study design.

Thursday 6 September 2012

14:00 - 14:30

Screening and Diagnosis

Gilbert Murray Howard Room

McNaughton, R., Shucksmith, J.

Teesside University

Patient experiences of cardiovascular disease (CVD) screening and understanding of CVD risk

This paper draws on evidence from a study that explored patient compliance with the Department of Health's (DH) NHS Health Check (NHSCH) Programme. In 2009 the DH introduced a national screening programme for adults aged 40-74 for risk of cardiovascular disease. The success of the NHSCH programme is reliant on sustained patient compliance with drug treatments and lifestyle advice offered to those with a greater than 20% chance of having 'an adverse event' in the next ten years. Thus, unusually for a screening programme, it facilitates the identification of potential risk rather than existing conditions. This has serious implications in terms of patient understanding and compliance.

Sociology offers tools to frame thinking around how patients take on board information about their health and evaluate their risk of illness. This paper presents findings from qualitative interviews with patients (N=30) across the Tees Valley, who were identified as 'high risk', had been given lifestyle advice and in many cases prescribed medication to reduce risk factors. In order to engage with the NHSCH programme patients need to interpret risk so that they will perceive a problem that they want to address. In this paper we will explore the views and experiences of patients as they engage with the concept of risk. We will discuss how patients perceive risk in relation to their everyday lives, self-identity and how they understand risk in the context of their current health status. We will explore how patients use lay epidemiology to frame their understanding of risk.

Friday 7 September 2012

10:45 - 11:15

Health Care Organisation

John Foster Hall Tilton Room

Melby, L.

Norwegian University of Science & Technology

Changes in interprofessional and interorganisational collaboration after the introduction of an electronic messaging system

A major challenge in today's organisation of Norwegian healthcare is related to the fragmentation and differentiation of services. Many patients have frequent contact with a number of care providers across different settings. Ineffective transfer of information between the providers threatens patient safety and quality of care.

The purpose of our ongoing study, 'Bridging the Information Gap in Patient Transition', is to investigate how the introduction of an electronic messaging (e-message) system affects the collaboration between home care providers and GPs, and how this new mode of communication may contribute to more seamless patient trajectories.

The paper draws on a combination of data from semi-structured interviews with care providers (N= 71) and participant observation of home care nursing (85 hours). Based on these data I discuss how the introduction of the e-message system leads to new and improved ways of communication between home care and GPs, compared to 'traditional' synchronous communication (telephone, face to face meetings), and how this in turn may strengthen collaboration across professions and organisations. However, the switch to asynchronous communication via e-messages also made home care nurses and GPs raise issues related to e.g. them being estranged from each other, information content being poorer (short, removed from context), and the uncertainty of whether the recipient had read the message.

Increased insight into how health personnel collaborate and how new modes of communication affects collaboration is relevant for medical sociology.

Wednesday 5 September 2012

13:35 - 14:05

Professions

Gilbert Murray Seminar Room 3

Meul, I., Schepers, R.

KU Leuven

'Every disease a physician' - The professionalization of Belgian medical specialists

The evolution of scientific knowledge at the end of the 19th century led to the emergence of medical specialities all around the world. This had a severe impact on the organization and structuring of medicine as a profession. This paper suggests that in Belgium, the introduction of a compulsory health and disability insurance through the implementation of the Health Insurance System (HIS) in 1944 triggered the establishment and consolidation of medical specialists as a professional segment within the medical profession. Drawing on historical records gathered in several archives, this paper examines the emergence and evolution of the professionalization process of Belgian medical specialists. Therefore it will focus on the establishment of the union of medical specialists, the construction of self-regulation and control over entrance, and the negotiation of boundaries concerning fields of expertise with the other actors at work in the Belgian health care system, like general practitioners, sickness funds and the state. The Foucauldian concept of governmentality, which emphasizes the close involvement of professions in the process of government, is used to shed a light on the interplay and negotiations between the different actors within the Belgian HIS regarding medical specialization. The paper concludes that the constant renegotiation of boundaries on the one hand between general practitioners and medical specialists, and on the other hand between the specialists themselves, ultimately shaped the Belgian HIS to what it is today.

Wednesday 5 September 2012

14:10 - 14:40

Professions

Gilbert Murray Seminar Room 3

Moffatt, F., Timmons, S., Martin, P.

University of Nottingham

The construction of productivity in the UK National Health Service – Towards a new professionalism?

The UK's NHS has faced numerous so-called 'crises' since its inception in 1948. The latest incarnation of these 'crises' is framed in terms of inefficient resource use, with the NHS reportedly facing the greatest productivity crisis of its history. This paper seeks to explore the construction of productivity in the NHS, analysing it via the Foucauldian concept of governmentality. In this manner the 'crisis' is presented from a perspective of neo-liberal self-governance whereby individuals or collectives are rendered responsible for failing healthcare productivity and charged with its resolution.

Contemporary policy and service development documents pertaining to NHS productivity were selected over the period 2000-2012. These were analysed using a discourse analytic approach aiming to examine the way in which productivity was framed and how responsibility for inefficient resource use and possible solutions were constructed. Interviews with Emergency Department employees were also conducted in order to elucidate healthcare professionals' notions of productivity.

The documentary data reveals the notion of productivity as problematic, with the professions as key protagonists. A narrative has become commonplace in recent years which identifies traditional NHS command and control principles as having failed to engage professionals or having been actively obstructed by them. In contrast, new narratives around productivity promote a 'new professionalism' in which productivity is identified as an individualised professional duty. The interview data suggests that whilst there is some acceptance of this 'new professionalism', traditional professional values persist and may represent a source of resistance to productivity improvement strategies.

Wednesday 5 September 2012

16:30 - 17:00

Cancer

Gilbert Murray Seminar Room 5

Montgomery, A., Seale, C., Kelly, M.

Prostate cancer interfaces: resonance and dissonance in the strategic and dialogic framing of prostate cancer in the UK

Prostate cancer has been described as 'a unique and controversial disease' (Mazhar and Waxman 2002) and as seeming to affect every male 'from the Lockerbie bomber to Adrian Mole (aged 39¼)' (Profumo and Dineen 2010). I use the Goffmanian concept of framing which isolates the ways 'of understanding available in our society for making sense out of events' (1974) and its revival by Benford and Snow (1988) in their influential approach to social movements to understand how actors around prostate cancer

struggle over the meaning of this illness. I draw on three data sources: 1) narratives of men with prostate cancer (MWPC) in UK print media 1990-2010; 2) interviews with actors around prostate cancer organisations in 2010; and 3) interviews comparing the experience of MWPC in 2010 and 2000. Frames around prostate cancer matter: I ask what are these frames and how, when and how much do they matter in affecting the experience of a man with prostate cancer? I take a dialogical framing approach (Steinberg 1999), which readdresses the scant attention paid to discursive and contested processes of framing, to critically extend the dominant strategic frame resonance approach. A dialogic perspective highlights the 'tension between repetition and variation, between expectation and surprise, and between consonance and dissonance' (Bell 2011). I provide evidence of temporal and contentious elements to prostate cancer frames and conclude that a dialogic analysis offers a more encompassing approach to understanding frames than one which addresses the strategic processes alone.

Thursday 6 September 2012

10:10 - 10:40

Experiences of Health and Illness

John Foster Hall Rothley / Oakham

Morris, R., Morris, R.L., Sanders, C., Kennedy, A., Rogers, A. University of Manchester

Evolving 'self'-management: a longitudinal qualitative study exploring the role of social network typologies on individual chronic illness management

Work done on "small world" problems within sociology raises the opportunities of utilising a social network approach for understanding and responding to health and illness. There has been little research on the role of social networks in the management of such conditions. This is relevant at a time when policy emphasis is placed on individual self-care and assumptions are often made about social support. Sociologically it is important to ascertain the nature of connectedness between people in a network and the functions and role that they play. This study used a longitudinal qualitative design with initial face-to-face in-depth interviews (n=30), telephone follow-ups over a year and final face-to-face interviews using sociograms to elicit network structure. Analysis demonstrates that who is in the network, and the types of relationships which are present, influence how management practices are framed and engaged with. Resources available to an individual through the network changed over time and supported or undermined management. Networks included family, friends, GPs, nurses and pets. The amalgamation of different relationships in the social networks were characterised by three network typologies (family, friend or health care professional focused). This paper challenges 'self'-management as an individual construct as many practices of illness management involved support and/or negotiation of roles with others. The data also suggests changes in illness management, either positive or negative, were framed around critical moments. Critical moments are key points where normalised management practices are challenged. Future interventions might foster these critical points to facilitate changes in management routines.

Thursday 6 September 2012

11:55 - 12:25

Professions

Gilbert Murray Seminar Room 3

Nascimento, R., Corrigan, O.

Peninsula College of Medicine & Dentistry

Everyday work of general practitioners (GP): imagining medical professionalism(s)

This paper draws on the initial stages of a PhD study in progress. The research is designed to explore social and moral aspects of the contemporary medical professional practice of general practitioners (GPs) in the Southwest Peninsula of England. Ways of seeing what medicine is, and how to practice it, vary among people, across cultures, and over time. Industrialized societies have organized Western medicine into a professional practice that has become a dominant work regime internationally. Lately, however, ethical and structural changes in the emerging global order have raised concerns about the universality and continuity of this professional system. How does a foreign researcher gain access to a GP's experience of professional life? Why focus on the everyday values and practices of a GP's working life? I have been granted access to carry out an ethnography observing individual GPs' daily activities at work, to notice practices, meanings and values expressed as s/he makes sense of and lives out his/her everyday working life. Using preliminary findings from the early stages of fieldwork, I will present provisional insights drawn from accounts concerning consent, self-presentation, participation, and data production. I will discuss the tacit negotiation required to textually represent the collaboration between a GP and a researcher as they (co)invent a contemporary everyday life and (co)create a research fieldwork. I will share contradictions and difficulties in carrying out this study; for example, will it remain an interpretation of a particular occupational culture, or will it focus on articulating the notion of professionalism?

Friday 7 September 2012

10:10 - 10:40

Critical Public Health

Gilbert Murray Seminar Room 2

Nettleton, S., Green, J.

University of York

Mobilising the body: running and cycling as social practice

In the context of increasingly sedentary lifestyles, human physical mobility is a key public health matter. A significant body of research explores ways to increase population levels of physical activity and tends to focus on individual and social factors that hinder and/or enhance activity. Taking two fields of social practice that involve mobile physical activity (running and cycling) we focus here instead upon the embodied and embedded aspects of these practices. They entail complex processes of aligning what Urry (2007) calls, 'lumpy, fragile, aged, gendered, racialized bodies' with 'other bodies, objects and the physical world multi-sensuously' (p.48). 'Going for a run' or 'riding a bike' comprises a series of pragmatic solutions to mundane, everyday challenges, both experienced and anticipated.

We report on data from 2 studies that were not generated in the context of asking specifically about 'health related behaviours'. Indeed framing such practices as 'health behaviours' potentially undermines any meaningful understanding of why and how people do them and is likely to reify 'health' in accounts in ways that do not necessarily reflect lived experience. A methodological ramification of our arguments is that research into physical activity must refrain from a hitherto over-reliance on interview and focus group data as this may obfuscate the subtleties associated with the ways in which social practices related to health are achieved. We urge a renewed interest in 'thick description', drawing on 'mobile methods' which incorporate participant ethnography.

Friday 7 September 2012

09:35 - 10:05

Screening and Diagnosis

Gilbert Murray Seminar Room 1

Nyanzi, L., Shucksmith, J.

Teesside University

The national child measurement programme: Its value and impact

Rising rates of childhood obesity have become a pressing issue in public health, threatening both the mental and future physical well-being of children. Attempts to halt the rise take many forms, one of which is the National Child Measurement Programme (NCMP) which assesses primary children at reception and in year 6, with results being fed back to parents. This is controversial and criticised in some quarters as unethical, being a form of screening programme with no clear or effective interventions available for those detected as having a problem.

This paper reports one component of a mixed methods study undertaken in North East England. Children (21) and parents (16) were interviewed after receiving their 'fat letter', i.e. weight/height feedback from the Primary Care Trust.

The reactions of parents/guardians whose children have weight problems follow a sequence of behaviours ranging from shock, disgust with the programme, through denial and self-blame to acceptance, worry and help seeking. Reasons for these responses relate in many cases to the way the weight problem is portrayed to the parents. While health authorities are keen to portray this problem as a medical one, parents/guardians see it as social one. The roots of overeating and lack of exercise are seen as lying in the complex social and cultural milieu in which this sample of people live. Associating this problem in feedback letters with dangerous diseases like cancer, and advising parents to visit GPs to resolve child weight issues, seems inappropriate to the recipients and causes controversy and anger.

Thursday 6 September 2012

11:20 - 11:50

Lifecourse

Gilbert Murray Livingstone Room

Nordqvist, P. S.

University of Manchester

Keeping it close. Secrets, lies and genetic origin in the context of donor conception

An increasing number of men and women conceive using assisted reproduction and donated sperm, eggs and embryos. A policy shift in recent years means that parents are now encouraged to be truthful about a donor conceived child's genetic origin. Notwithstanding that people may agree with this in principal, following through on the idea of letting go of information to the child but also to others might not be straightforward and may have difficult and complex social consequences. In this paper, I explore the narratives of heterosexual and lesbian parents of donor conceived children, and also grandparents in both

family contexts, who keep information about having used donated sperm, egg or embryos close and secret, or disclose only to a select few. I draw on qualitative interview data from my ongoing ESRC funded study 'Relative strangers: Negotiating non-genetic kinship in the context of assisted conception' (PI Prof Carol Smart). In the paper, I explore the perceived meaning attached to sharing information openly, and how guarding against openness may affect people's personal life and family relationships. I suggest that sharing information about genetic origin is a process that needs to be understood as situated within complex webs of relationships and conditions of everyday life and which affect individual men and women's personal life in multilayered ways. I argue that decisions about information sharing can result in complex negotiations that shape and are shaped by power and knowledge embedded in relationships and everyday life.

Wednesday 5 September 2012

14:10 - 14:40

Mental Health

Gilbert Murray Livingstone Room

Norvoll, R., Molewijk, A., Pedersen, R.

The European and US initiatives to reduce coercion in mental health services

In the last decade there has been increasing focus in US and Europe on the reduction of, or alternatives to, coercion in mental health services. This focus has been followed by various health policy initiatives and quality improvement projects in mental health clinics and research.

The presentation will be based on a systematic review of international literature and experiences from two Norwegian research projects: 1) A project that explored alternatives to coercion through trailing research on development projects in acute wards (BAT-project, 2008-2009), 2) a large new project (MEC-project, 2011-2015) that will produce knowledge of the ethical challenges that care providers, patients' and next of kin's experience in relation to patient participation and coercion, and how to secure adequate management of ethical challenges in practice. An intervention with use of ethical reflections groups in workplaces will be tried out.

The main themes of the presentation will be as follows: a brief summary of the international initiatives to reduce coercion and the experiences drawn from them, as shown in research literature and results from the BAT- project. Further, a short presentation of MEC-project, as one such initiative, will be given followed by a discussion of the implications of this research for sociological perspectives on mental health services. Empirical results from MEC-project will be presented in future BSA MedSoc conferences.

Friday 7 September 2012

11:55 - 12:25

Health Service Delivery

Gilbert Murray Seminar Room 3

Nwankwo, I.

Socio-cultural factors affecting the effectiveness of leprosy control programmes in Anambra and Ebonyi states of South- East Nigeria

Leprosy is one of the oldest diseases of mankind. It has a unique social dimension whereby victims and even their care givers were often rejected by society. The disease seldom kills, but has remained a public health problem in some developing countries. It is also one of the leading causes of permanent disability worldwide. Nigeria is ranked at the fifth position among 'high leprosy burden nations' in the world and second in Africa behind Republic of Congo. The National Leprosy Control Programme was established in Nigeria in 1988 to achieve leprosy elimination and eradication. This goal seems to have become a mirage. Socio-cultural factors affecting the effectiveness of leprosy control programmes in Anambra and Ebonyi states of South-east Nigeria was examined in a cross-sectional sample survey. The provision and outcome of social and economic rehabilitation activities for persons affected by leprosy was also studied. A sample size of 1116 adults, considered adequate for applicable statistical techniques constituted the study participants. They were selected through a combination of cluster and random sampling methods. Qualitative data were generated from persons affected by leprosy chosen from State Registers through systematic sampling technique; and leprosy control staff who were purposively selected. A uniform set of structured questionnaire schedule administered on the general public, complemented by Focus Group Discussion (FGD) administered to persons affected by leprosy and In-Depth Interview (IDI) of leprosy control staff and officials of World Health Organization and the donor agency operating in the two states provided data for the study. The Statistical Package for the Social Sciences (SPSS) software was employed in analysis of data. Frequency tables, percentages, bar charts, chi-square and multiple regressions were used for presentation, analysis and in testing the stated hypotheses. It was found that leprosy was considered as a serious health problem by most of the respondents (66.5%). The level of awareness about the disease which has several local names in the area was relatively high (89.6%). There was no significant difference in the level of awareness between older and younger respondents, income generating and non income generating respondents. However, significant differences exist in

levels of awareness about leprosy between respondents with different educational attainments ($X^2=43.916$, $df=8$, $p=0.000$), across urban and rural residents, male and female respondents, and between different religious affiliations. Multiple regression analysis conducted to predict the net and pure effects of socio-demographic variables on awareness of leprosy when the factors act simultaneously showed that religion, income and locality were positively associated with awareness while age, gender, education and occupation have negative association. On the other hand, the results showed that knowledge level about the causes, early danger signs, place of treatment and curability of leprosy were very low in the two states. The major socio-cultural factors affecting leprosy control were belief system, lack of community participation, poverty, poor political commitment/ funding, low literacy level of patients and the public. One hypothesis test showed that more respondents with low income perceived a link between adequate funding and effective leprosy control programme than those with higher levels of income ($X^2=190.427$, $df=70$, $p=0.000$). It was recommended that aggressive public enlightenment through public, private and local media; incentive package for health workers; socio-economic empowerment for effective rehabilitation of patients; prohibition of socio-cultural practices that promote the spread of leprosy etc; be adopted to enhance leprosy control in Anambra and Ebonyi states.

Wednesday 5 September 2012

16:30 - 17:00

Health Policy

Gilbert Murray Howard Room

Ogundana, F.

Ekiti State University,

Towards an effective and sustainable malaria control: ownership and use of insecticide treated nets by pregnant women in Ekiti, South West, Nigeria

Malaria is a global health problem. The burden is, however, not evenly distributed, and sub-Saharan Africa accounts for 90% of global malaria cases (WHO, 2000). It is indeed, a major cause of morbidity and mortality in Nigeria (Netmark, 2001; NHHS, 2008; FMOH and NMCP, 2009). Although everyone is at risk, pregnant women are especially, at the highest risk of infection. Malaria can in fact be classified as the leading condition in terms of maternal and reproductive health problems in Nigeria (NMCP, 2009).

Given the foregoing and other negative impacts of malaria, Nigeria is committed to making the success of global and regional attempts towards controlling and reducing the scourge of malaria a reality. In this respect, a Strategic Plan for 'Roll Back Malaria (RBM)' was developed for the 2001-2005 period. This had been updated to cover 2006-2009 and 2009-2013 periods respectively (FMOH and NMCP, 2009). Key interventions towards malaria control, as contained in these plans, include universal access and use of Insecticide Treated Nets (ITNs), and pregnant women have been part of the main targets.

Studies have shown that ITNs are effective in reducing malaria episodes and related mortality (Longeller, 2000; DHHS, 2004). Apart from the benefit to the individual, ITNs use has also been shown to offer indirect protective benefit to the community at large (Lancet, 2007). Against this background, therefore, this paper would attempt to describe levels of ownership and use of ITNs among pregnant women in Ekiti, a state in the Southwestern part of Nigeria.

Friday 7 September 2012

09:35 - 10:05

Critical Public Health

Gilbert Murray Seminar Room 2

Olive, P.

What is the Point? Troubling 'domestic-violence-as-health-issue'

Findings from this study together with previous research indicates that the health service response to domestic violence is somewhat haphazard, reported as a mixture of positive and negative experiences which appear to follow no particular pattern. This paper focuses on the sociology of diagnosis of domestic violence to better understand health care trajectories and service-user experiences. Considering the emergency department as one site of possible health service intervention, the paper discusses data collected from health records and from interviews with service users, health practitioners and independent domestic violence advocates (IDVAs) about emergency department health contacts for health concerns related to domestic violence. Examination of this data indicates tensions in relation to competing notions of violence, health, well being and goals of emergency department health consultation. These tensions create difficulties in clearly and consistently conceptualizing and operationalizing domestic violence in consultations which in turn seem to explain the haphazard nature of health service responses. I further examine the ways that domestic-violence-as-health-issue is or is not perceived as a matter of concern for Health as opposed to other institutions and contend that the myth of domestic violence as distinct from 'common couple violence' serves to disadvantage the majority of patients seeking attention for health consequences of partner violence. I argue that a reframing of domestic-violence-as-health-issue could unlock greater possibility for early intervention and this paper creates space for the Health Service and

allied professionals to reconceptualize the problem of and response to 'domestic violence' as an issue of and for health.

Friday 7 September 2012

11:55 - 12:25

Health Care Organisation

John Foster Hall Tilton Room

Olsvold, N.

Lovisenberg deaconal university college

Acknowledging complexity in health care: Organisational forms and professional performance

Health care is becoming more and more complex requiring new ways of understanding the nature of health care work and its relationship to organization structure. The administrative and professional bureaucracy, based on linear, segmented, hierarchical design principles, is still the dominant structural form of health care organisations however. The development of Patient Care Information Systems (PCISs) and NPM inspired reforms tend to exacerbate the problems associated with this model of organising.

In this presentation I will first give a brief account of the constraints of bureaucratic ordering principles and contrast these with organizational design principles derived from complexity theory. The relevance of these principles for understanding the nature of health care work will be discussed using examples from an ethnographic study of professional work in an intensive care unit. Finally, I will argue that new organizational forms are necessary in order to support the interdependent, non-linear, spontaneous and intuitive character of professional work in hospitals.

Thursday 6 September 2012

09:00 - 09:30

Experiences of Health and Illness

John Foster Hall Rothley / Oakham

Owton, H.

Embodied, emotional and performing sportspeople with asthma

The very nature of sport and asthma is arguably a very embodied, emotional and performative activity. Allen-Collinson (2009), Phoenix (2010), and Sparkes (2009) are among those who argue that sensorial experiences are important because sensory relationships are essential domains of cultural expression and communication and are the means by which values are enacted. Many highlight the crucial role that senses play in how sport is experienced and understood particularly those with asthma who experience 'laboured breathing'. Hockey and Allen-Collinson (2007) both argue that there might be a direct relationship between respiratory patterns and an athlete's subjectivity, which might produce emotional states and consequently raise issues of identity management. Given the fluid nature of emotions and identity, poetic inquiry seems the most appropriate way to represent participant's stories since poetry rejects static or unitary meaning and instead reveals the multiplicity of meanings (Leavy, 2009). Additionally, like poetry, visual images are unique and can evoke particular kinds of emotional visceral responses. So I also explore the ways in which arts-based multiple methods might work together and unite to offer new ways of 'knowing' and seeing. The power of this integration, if closely aligned, might heighten the ways these felt bodily states produce affective experiences in others, and hence create a more experiential understanding of those sportspeople with asthma.

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Wednesday 5 September 2012

13:35 - 14:05

Pharmaceuticals

Gilbert Murray Seminar Room 1

Ozieranski, P., McKee, M., King, L.

The politics of health technology assessment in Poland

This paper investigates the political processes associated with the scientific evaluation of drugs considered for state reimbursement in Poland. Drawing on 109 in-depth semi-structured elite interviews and documentary data, it analyses the relationships and balance of power between the Agency for Health Technology Assessment (AHTA) and multinational drug companies. First, it argues that recommendations issued by the Agency are instrumental in blame avoidance and credit claiming by political elites. Second, it identifies direct and indirect strategies of influence utilised by drug producers. The direct strategies include attempts at securing access to AHTA analytical staff through lucrative career offers, and involving AHTA experts in situations where they have a conflict of interest. The indirect strategies employ leaders of opinion in the medical milieu, patient organisations, the media, and political elites to support policy positions favourable to drug companies. These endorsements are generated by drug companies using a variety of "coercive" and "cooptive" methods. Third, the rising proportion of drugs positively recommended by the AHTA, which often are neither cost effective nor supported by robust scientific evidence, indicates that the interests of multinational drug companies are often favoured over those of the postcommunist state. Finally, the paper compares the nature of relationships between the AHTA and drug companies to findings from the research on drug regulation in the UK and discusses to what extent the Polish case meets the characteristics of the model of "neoliberal corporate bias".

Friday 7 September 2012

10:10 - 10:40

Experiences of Health and Illness

Gilbert Murray Livingstone Room

Parsons, J.

University of Plymouth

Food Therapy? Conceptualizing food as treats and food as treatment

Many of the seventy five respondents in my doctoral study exploring food and identity, presented their food histories as a type of transformation narrative or journey in which they detailed a shift in consciousness from unknowing child to all knowing adult, with the past explored through a modern day lens. One of the dominant themes was the 'healthy' narrative journey, in which respondents expressed a heightened awareness of healthy eating discourses. Either they were making food decisions to treat health problems for themselves (Acid reflux, Allergies, Asthma, Candida, Eczema, Gastric Problems, High Blood Pressure, High Cholesterol, IBS and Rosacea) or for their children (Eczema and Drug Resistant Epilepsy). Or they were now eating healthily as a means of expressing their belonging to a certain class habitus, in which controlling one's diet is seen as desirable. Food decisions in these narrative journeys tended to be based on knowledge of what constituted 'good' and 'bad' food and framed within moral and ethical terms. This paper will outline some of the strategies employed by respondents when transgressing the moral boundaries of healthy eating, as well as the implications of having to seemingly break healthy eating rules in order to treat certain conditions. For example, the ketogenic diet as a treatment for drug resistant epilepsy in children.

Thursday 6 September 2012

10:45 - 11:15

Experiences of Health and Illness

John Foster Hall Rothley / Oakham

Patel, N., Eborall, H., Stone, M.

University of Leicester

Multiple meanings of control for people with type 1 diabetes

The level of cognitive, emotional and behavioural adaptation required following a diagnosis with type 1 diabetes (T1DM) means that adapting to living with the condition is often referred to as a struggle. The central focus of this struggle is the goal of achieving and maintaining glycaemic control; sub-optimal glycaemic control can lead to serious health complications. There is, however, a current trend for healthcare professionals involved in the care for people with diabetes to avoid using the word 'control' due to possible prescriptive and judgmental connotations, preferring instead to talk in terms of 'management' or 'balance'.

Using data from a multiethnic sample of people with T1DM (N=21), we demonstrate not only the dominance of the word 'control' in people's accounts, but also the complexity of the concept - evident in the different meanings that emerged. In linguistic terms we noted different ways in which participants

talked about control: participants talked about a 'state' of control, but on closer inspection there was a clear distinction between talking about physiological state of control and a psychological one. Furthermore, it was possible to achieve one state without the other. In addition, when examining participants' talk about the influences on these two 'states', such as barriers and enablers, a further meaning of 'control' emerged – associated with everyday behaviour and self-control.

We draw upon work on the language of control related to other conditions, and consider the relevance of cultural connotations of control. Lastly we consider the implications for practice.

Friday 7 September 2012

10:10 - 10:40

Risk

John Foster Hall Swithland Room

Patterson, C., Hilton, S.

University of Glasgow

The normalisation of obesity in UK newspaper images: a visual content analysis

Obesity represents a major and growing global public health concern. The mass media play an important role in influencing and shaping public understandings of health, and the issue of obesity has attracted much media attention over the years. This study offers the first content analysis of images illustrating UK newspaper articles about obesity. The manifest content of 119 images and their accompanying text from five national newspapers was thematically coded. The data were analysed with regard to two seemingly conflicting phenomena: the normalisation and stigmatisation of obesity. A figure rating scale was used to approximate the body mass index (BMI) of pictured subjects. Our findings demonstrated a tendency for article text to describe image subjects as being of lower BMI categories than they appeared to be based on the figure rating scale. In addition, we identified a tendency for images to negatively portray subjects described as overweight and obese. Our analysis illustrates two ways in which news media reporting on obesity may be harmful: firstly through contributing to the normalisation of obesity, and secondly through stigmatising obese individuals.

Thursday 6 September 2012

16:20 - 16:50

Experiences of Health and Illness

John Foster Hall Rothley / Oakham

Pelters, B., Wijma, B.

A Missionary for health: a case example of personalized health religiosity

Beyond the figurative and metaphoric description of 'health as present-day religion' it can be demonstrated that definitions and descriptions of health qualify health as a de facto religion. Religiosity comprises then a personal interpretation of this health religion which shapes the way of thinking, behaving and justifying oneself in everyday life. This subjective approach can be analyzed by surveilling the dimensions of religious belief, practice, feelings, knowledge and ethical impact (Stark & Glock 1965).

Using this concept, the case example of the 23-year old, BRCA-positive Lisa Schall is presented for whom the implicit tension of the health religion, the struggle for flawless quasi-platonic divine health in the face of her actual health becomes especially apparent. Acting on the knowledge about her vulnerability conveyed by a positive breast cancer gene test result and a family history of cancer, she turns the result into a justification for a health mission: On all levels of belief, Lisa's diligence, reliability, persuasiveness and moral integrity award her as agreeable to the divine health and as an agent of the sacred in her social context.

The consequences of both intensity and interruption as characteristics of the health-religious experience are discussed: Whereas the genuine intensity of Lisa's conviction sheds a new light on the discussion of what is known as "illusion of control", the interruptive potential reveals a new perspective when applied on the "paradox of health". Both aspects indicate arguments for a religious perspective on health.

Thursday 6 September 2012

16:55 - 17:25

STS and Medicine

John Foster Hall Swithland Room

Petrakaki, D., Klecun, E.

Customization as a distributed process of cycles of translation: Producing an electronic patient record in England

The implementation of Electronic Patient Records (EPR) presupposes customization of technology to meet the needs of the organization. The paper discusses the complexities associated with EPR customization drawing upon findings from the implementation of the National Care Record Service, a part of the National

Programme for Information Technology, in an English Trust. The paper draws upon two concepts from the STS studies, 'domestication' (Pollock et al, 2003) and 'translation' (Czarniawska & Sevon, 2005; Latour, 1988) and makes two arguments. First, customization is not confined to a single locale (a hospital) but is a distributed cognitive and political process that occurs within and across boundaries (geographical, professional, cultural). Identifying these boundaries is important for understanding the assumptions (e.g. about the nature of health, healthcare organizations and professional work) embodied in an EPR and the nature of its customization. Second customization is not a one-off process but involves cycles of translation as technology gets dis-embedded and re-embedded in different contexts. These conclusions contribute to the debate concerning standardization of healthcare through technology. Specifically, the paper argues that customization constitutes both an obstacle and a condition for standardization of EPR and healthcare, depending on who is involved in them and who makes decisions for their termination.

Thursday 6 September 2012

10:10 - 10:40

STS and Medicine

John Foster Hall Swithland Room

Pickersgill, M. D.

University of Edinburgh

Ethics, expertise, emotion: Configuring mental healthcare

Over the last three decades, Anglo-American psychiatry has come to increasingly (re)emphasise the place, role and impact of the biological within aetiological models of mental disorder and on their clinical presentation. These shifts – carefully monitored by STS scholars - have been associated with the proliferation of neuroscientific knowledge, technologies and products, not least of which have been antidepressants and other forms of psychopharmaceutical. Nevertheless, neurobiological narratives are not hegemonic within psychiatry – nor, especially, are they always overtly evident within other forms of praxis that form the interdisciplinary domain of public mental health. In this presentation, I consider the dynamics of mental health care and policy that exist beyond those that sociologists of biomedical knowledge have most closely attended to. Drawing on observational and documentary research conducted as part of a Wellcome Trust Fellowship project, I will discuss some of the ways in which the design of health services and practices of care embed moral and ethical discourse, and how this in turn articulates with emotion. Ethics and emotion are central to the on-going displacement of psychological knowledge production to sites that lie beyond those more commonly understood as central, producing new kinds of experts and expertise. Through attention to these issues and developments, I seek to contribute to recent STS debates on the ontological politics of representation and on the diverse entanglements between ethics, emotion, and knowledge production.

Thursday 6 September 2012

15:45 - 16:15

Patient-professional Interaction

Gilbert Murray Seminar Room 5

Pilnick, A., James, D.

University of Nottingham

"I'm thrilled that you see that": Seeing success in interactions with children with deafness and autistic spectrum disorder

Children with deafness who are also on the autistic spectrum are a group with complex support needs. Carers worry about their ability to communicate with them), and are often uncertain about what constitutes 'good' communication in this context. This paper analyses the use of a therapeutic intervention, Video Interaction Guidance (VIG), which originates in developmental psychology and focuses on the relational aspects of communication. VIG is based on observation of real life communication, between carer and child, captured on video. Excerpts from this video are then selected by the guider and played back to the carer, to demonstrate what the guider has identified as successful communicative events and to aim to co-construct an understanding of the success of the moment. In this way it is hoped participants will perceive existing positive contingencies and be able to build upon them in future communication. Early evaluation of the intervention indicates a significant impact (Fukkink 2008), but its success ultimately relies upon the process of co-construction, so that aspects of communication can be mutually perceived as successful. In this paper we draw on an ethnomethodological/ conversation analytic framework, and in particular Goodwin's (1994) work on 'professional vision', to show how the ability to see 'success' is a socially situated activity. Since what counts as success in this setting is often far removed from everyday ideas of good communication, how guiders facilitate particular 'ways of seeing' are critical for both the support of carers and the impact of the intervention.

Thursday 6 September 2012

11:55 - 12:25

Open

Gilbert Murray Seminar Room 5

Pollock, K.

Planning the good death

The management of dying poses particular challenges within advanced industrial societies. Extended life expectancy often results in protracted decline and frailty moving into a prolonged and indeterminate process of dying. This transition imposes great demands on social, economic and health care resources with substantial implications for how individuals plan and live their lives. Current policy relating to end-of-life care is framed within a consumerist ideology of individual choice, self-determination and 'empowerment'. Patients are encouraged to assume responsibility for planning how and where they should be cared for at the end of life. In a society widely characterised as 'death denying' and regarding talk of death as 'taboo', there is a concerted effort by government and professional agencies to engineer a cultural shift in attitudes and the incorporation of death planning and awareness as a form of routine health management and behaviour. However well intentioned, and despite being framed within a populist rhetoric, this rewriting of a cultural script for 'the good death' is not yet supported by evidence from empirical studies about public attitudes and individual preferences and expectations of death and dying. Available literature about patient perspectives points to a degree of uncertainty, equivocation and complexity at odds with policy discourses about advance care planning and 'the good death'. This paper considers issues arising from the current gap between policy and evidence and the effort to normalise a particular form of death awareness and associated responses within the general population.

Wednesday 5 September 2012

14:45 - 15:15

Politics of Health

Gilbert Murray Seminar Room 2

Polzer, J. C., Knabe, S.

University of West Ontario

How to be "one less" cervical cancer mortality: Global biopolitics and statistical constructions of lives worth saving in HPV vaccination discourse

The federal decision to inject human papillomavirus (HPV) vaccination into Canada's public health system is contentious given that mortality from cervical cancer is low, particularly in relation to developing countries with little or no public health infrastructure. Furthermore, this decision was made during a massive marketing campaign by vaccine manufacturers which encouraged vaccination for girls so they could become "one less" cervical cancer statistic. This paper presents findings of a critical discourse analysis of popular Canadian print media and advertisements on HPV vaccination published between 2006 and 2009. We focus on how global statistics on cervical cancer mortality mobilize particular framings of cervical cancer (the most common "killer" of women worldwide), vaccination (a "lifesaving" technology) and responsible citizenship (demonstrated by women who "choose" to vaccinate to manage risks for cancer). We interpret these through the theoretical lens of biopower to place emphasis on how popular media constructions of risk operate in relations of power by effecting distinctions between those who are "made to live" and those who are "let to die". Drawing on Judith Butler's insights about how news media operate as sites for the construction of "lives worth mourning", we consider how statistics on cervical cancer mortality function to communicate messages about "lives worth saving" in the context of global biopolitics, and question how such statistical devices create a sense of urgency for some (Western) women to exercise responsible citizenship through vaccination and obscure inequities that render marginalized women particularly vulnerable to the potentially lethal effects of HPV.

Friday 7 September 2012

11:55 - 12:25

Experiences of Health and Illness

Gilbert Murray Livingstone Room

Quinn, C., Owens, C., Porter, I., Byng, R.

Peninsula Medical School

Sense making and chaos narratives: Offenders' co-creation of acceptable and recognisable illness stories

Offenders are often poor account givers; yet communicating a coherent account is often a pre-requisite for gaining access to healthcare.

The COCOA project demonstrated that offenders (200) had high levels of common mental health problems and correspondingly low levels of accessing and accepting care. A sub-set of the semi-structured

interviews (22), were purposively sampled and transcribed verbatim. A narrative analysis was undertaken and compared with Arthur W. Franks' tripartite illness narrative typology (restitution, chaos, quest).

The accounts were dominated by chaos and conflict; isolated elements of restitution and quest did occur. The chaotic narrative tropes included: A lack of a sense of linear progression; a lack of realistic hopes for the near future; overly ambitious long-term aims; the presentation of conflicting information.

Participants gave conflicting information firstly, when they wished to hide something, reverting to recognisable 'acceptable prison wing' stories, and secondly, when they felt threatened, reverting to narratives about control. The 'spectrum of control' ranged from those who abdicated control to those who asserted self-control; some demonstrated both.

Participants also co-created narrative 'sense' with the research interviewers, crafting more coherent stories, sometimes for the first time.

Previous studies have applied Franks' chaos narratives to make sense of illness experiences after a 'chaotic episode', such as in schizophrenia. This presentation will show that it is possible to both apply Franks' typology to on-going chaos and to work with those living chaotic lives to improve their account giving and thus potentially their access to healthcare.

Wednesday 5 September 2012

16:30 - 17:00

Experiences of Health and Illness

John Foster Hall Rothley / Oakham

Rai, T., Lambert, H.S., Ward, H.

The consequences of HIV diagnosis on the lifecourse of migrant families in India

Background - Past studies have explored how discovery of long-term illness provokes shock and biographical disruption, sometimes leading to re-definition of individual and social identities, livelihood arrangements and long-term ambitions.

Aim - To explore the consequences of an HIV diagnosis on the lifecourse of rural-to-urban, circular male migrants and their families.

Methods - In-depth qualitative interviews at an HIV treatment centre in northern India. Data were analysed using framework and thematic content analysis.

Results - 20 men and 14 women were interviewed. Short-term, circular male migration to urban areas for work secured an improved economic livelihood for many rural families, but increased the risk of acquiring HIV. Following infection, having a migrant status delayed contact with government-funded HIV services, depleting household savings and sometimes transmitting the infection to other family members. Once on treatment, some respondents found themselves re-visiting the stage of their lifecourse where they had first decided to migrate for work, but now they faced serious economic debt, an inflexible treatment regimen and significantly reduced physical strength. Insecure job markets, monthly collection of antiretroviral medicines from the clinic and discriminatory employment policies further hampered migration plans. HIV often increased the need to migrate again and forced some people to make choices that compromised their long-term health and livelihood.

Discussion - HIV is a risk in the lifecourse of migrants, however the interaction between HIV and migration is not just at the point of infection but continues to intrinsically shape the lives of those affected.

Wednesday 5 September 2012

13:00 - 13:30

Inequalities

Gilbert Murray Howard Room

Randhawa, K.

Discriminatory experiences of healthcare among recent UK migrants

This paper is concerned with discrimination (both structural and perceived) and stigmatization experienced by recent international migrants to the UK whilst using health services.

Goffman's conceptualisation of stigma (1963) placed categorisation and labelling of people at the centre of his argument and focused on stigmatisation being the spoiling of the identity of those discredited. The concept was widely used, and has been freshly developed by Link & Phelan (2001 and 2006) who have framed stigmatisation in terms of discrimination.

Since enlargement of the European Union in 2004 there has been constant interest in gaining an understanding of the lives of migrants, and studying possible effects of the arrival of new migrants on longer settled populations and public services. The diverse sample of 40 migrants included in this study were economic migrants, refugees, asylum seekers, undocumented migrants, spouses and students. This project is concerned with illness and health care experiences of recent migrants who have suffered serious

illness, injury or childbirth. The qualitative methods used were semi-structured interviews. The paper focuses on two aspects of Link & Phelan's framework; first on structural discrimination inherent in the current NHS policy concerning overseas visitors and second on personal discrimination drawn out of the illness narratives. The data implies that recent migrants are likely to experience discrimination and stigmatisation.

Thursday 6 September 2012

15:10 - 15:40

Health Service Delivery

Gilbert Murray Seminar Room 3

Rayment, J., McCourt, C., Rance, S., Sandall, J.

Ensuring safety and quality at the boundaries of maternity care

Examining the boundaries of a service can shed light from a new angle on some of the barriers to safety and quality experienced by staff, service users and commissioners. The data for this paper were collected between 2010 and 2012 from eight organizational case studies of maternity services: four case studies from the Birthplace in England Research Programme, which examined quality, safety and access in different birth settings; four taken from a follow-on study of staff and service users in hospital 'alongside' birth centres. These eight English NHS Trusts were in both urban and rural areas, with different configurations and levels of deprivation. Data included Trust documents; interviews with staff and stakeholders (n=129) and users and birth partners (n=79); and observation of key events (n=60 transcripts).

This presentation reports on the experiences of NHS managers, healthcare professionals and birthing women as they negotiate systems challenged by staffing and resource constraints. The findings from fieldwork suggest that the safe movement of women across physical borders (e.g. when complications develop in labour) was contingent on good relationships across professional boundaries; and that the proximity of some units created competition and tensions that manifested themselves in ideological differences which undermined effective team working and safety. An exploration of the provision of care at the borders and boundaries of these eight services uncovered a number of lessons about how maternity care may best be provided to ensure it is of high quality and responsive to women's needs.

Wednesday 5 September 2012

14:10 - 14:40

Gender

John Foster Hall Swithland Room

Reed, K.

University of Sheffield

What will be will be, why worry? Exploring the role of family genetic history on men's attitudes towards health and disease

Since the late 1990s research on men's health has tended to focus on exploring their health as a 'social problem'. In particular links are often made between men's lifestyle, lower life expectancy and traditional forms of masculinity. We can see two notable omissions in existing research: first, the role of genetics in men's accounts on health remains underexplored and second men's attempt at monitoring or improving their health is also often neglected. Drawing on the findings of a small scale online survey in the UK, this paper seeks to explore men's understanding and beliefs about the importance of genetic family history on their health status and behaviours. The findings of the survey show that while men sometimes take a fatalistic approach to health, they do also articulate knowledge about both chronic and serious illnesses within the family. They also show concern about the affects these might have on their own and their children's health. Some men in particular monitored their health and lifestyle in order to avoid hereditary disease, or consulted their primary care physician about predictive genetic screening. The paper will conclude therefore by suggesting that genetics does inform men's understanding of health along with a complex array of other factors. Furthermore, while at times men's attitudes do appear to conform to traditional male perspectives on health, their increasing awareness of their own and their family's health are also indicative of broader complex changes in the gender order.

Wednesday 5 September 2012

15:20 - 15:50

Gender

John Foster Hall Swithland Room

Ridge, D.

'You know about cars, I know about therapy': How narrative professionals construct men and distress

While rejecting the idea that treatments should be tailored towards 'traditional' masculinities, many commentators have called for greater 'gender sensitivity' in the ways in which men are assisted with their mental health problems. However, male sensitive approaches remain controversial. Nevertheless, qualitative research is increasingly pointing to the distinctive ways in which men process, express and cope with their mental distress. However, the ways in which health professionals and institutions respond to distress in men are less well understood, although there is some data for conditions like cancer and depression. One oversight in this literature pertains to the perceptions of professionals who routinely trade in male narratives of distress. The current study used a maximum variation sample of talking therapists, semi-structured interviews and a modified 'constant comparison' approach to analysis. Participants pointed to anger, acting out, self-medication, crisis and emotional isolation as characterising male distress, and pointed to the ways in which their work with men was animated by aggression, sexualisation (not always one-way) and threat. At the same time, participants were positive about the work with men. This paper includes an exploration of 'male sensitive' approaches participants described that were a significant departure from standard practice. It will be argued that professionals have power in the patient-professional dyad to define the importance of gender performativity in their work with men. Masculinity should be conceptualised as a 'currency' in care that develops performativity, and the importance – and meaning – that professionals attributes to masculinity varies.

Thursday 6 September 2012

14:35 - 15:05

Health Service Delivery

Gilbert Murray Seminar Room 3

Robbins, B., Gordon, A., Gladman, J. R. G.

Uncomfortable bedfellows: Discourses of care and business in the delivery of health care in UK care homes

The NHS was set up in 1948 to provide health care without prejudice. In 1990 the NHS and Community Care Act witnessed the foundations of the privatisation of the care of vulnerable older people. Their care is undertaken by a mixed economy of providers but primarily delivered by a privatised care home industry. In spite of this NHS primary care is still responsible for providing health care to care home residents. However, inappropriate hospital admissions indicate that the delivery of health care in homes is not effective. This paper explores the delivery of health care in a sample of UK care homes. Specifically it examines the discourses employed by care home staff and NHS professionals as they describe and defend their health care practices. This analysis is based on thirty-two interviews with care home staff and health professionals and fieldwork. The social construction of care is born out of essentialist ideas around compassion, mothering and advocacy. In contrast the ideology of business confers ideas around targets, profit and turnover. These two ideologies sit uncomfortably with each other as the participants in this study encountered moral ambiguity as concerns for care and business influenced their delivery of health care. Moreover as the NHS is given more or less constitutional form, it conceptualises moral justifications for exercising certain forms of power.

It has been argued that care home residents in the UK are medically dispossessed despite their profound disability and vulnerability.

Friday 7 September 2012

09:00 - 09:30

Critical Public Health

Gilbert Murray Seminar Room 2

Robertson, S., Williams, R., Hewison, A.

Leeds Metropolitan University

Men's health, inequalities and policy: contradictions, masculinities and public health in England

The aim of this paper is to consider current socio-economic and health policies, discuss how they influence preventive health strategies aimed at men, and identify the implications for managers, researchers and practitioners working to improve public health in the primary care sector in England.

Although men may be perceived as a 'hard to reach group', insufficient consideration has been given to how health policy facilitates or restricts successful preventive health work with men. The 'gender duty', which has recently been introduced in England, presents an opportunity to build on earlier successful public health work with men. There is some evidence that innovative public health strategies, informed by an understanding of gender, with men are being developed. This may enable primary care trusts to more successfully, and creatively, target and engage men in health improvement activities. However, the current dominant ideology in public health policy in England is grounded in a perspective that emphasises individualistic biomedical, neo-liberal and psychological explanations of health and wellbeing. This hegemonic ideology neglects the relationship between gender, social inequalities and health inequalities. Recognition of the links between gender and poverty, in particular, is a priority when planning preventive health work with men. If such inequalities are to be redressed, social and economic policies underpinned by values of equity and social justice are needed, incorporating a more nuanced understanding of the role of gender in health.

Friday 7 September 2012

10:45 - 11:15

Critical Public Health

Gilbert Murray Seminar Room 2

Robinson, J.

University of Liverpool

Unreasonable demands? Why smoking cessation and protecting children from secondhand exposure is 'work' for parents

After nearly a decade of public health campaigns around the risks to children's health from secondhand smoke, recent research suggests that while some parents have stopped smoking, many women still smoke during all/ part of their pregnancy, and men and women caring for babies and young children continue to smoke, and some smoke in their homes. Theories as to why, where and when parents smoke or quit are complex, with researchers framing behaviours in terms of addiction, habit, structural disadvantage, neighbourhood, risk perception and lay health beliefs. However accounts from men and women in successive studies around parenting and smoking behaviour suggest that theories linked to solely place, health and the body omit a critical perspective, namely that changing smoking behaviour represents a form of labour. For many smokers, deciding to quit smoking represents a significant investment of time and mental energy and resource. Successful quitting is linked to regular attendance at support groups, accessing and remembering to use a range of products, changing personal habits, and patterns of socialization, and regulating any associated behaviours. Protecting a baby from secondhand smoke can require parents to intensively regulate their own and other peoples smoking, actively resist the urge to smoke, to move into other rooms or leave the house, and primary carers need to ensure their child(ren) are safe throughout. Conceptualising changing smoking behaviour for parents as 'work' at a time when they are already stretched aids a more nuanced understanding of relapse and their apparent unwillingness to moderate their smoking.

Thursday 6 September 2012

09:35 - 10:05

Professions

Gilbert Murray Seminar Room 3

Roe, B.

University of Nottingham

Who do you think you are? : Constructing nurse identities

The nursing profession has undergone profound structural, educational, and political change since the introduction of Project 2000. These reforms coupled with the increased administrative, technical and temporal requirements of nurses, service reconfiguration, and changing patient expectations, have led to increasingly fractured nursing identities. The new strategy of preceptorship is aimed to transform the socialisation of nursing through 'moulding' and 'modifying' the attitudes and behaviours of newly qualified nurses. Through enhancing the confidence and competencies of novice practitioners policies envisaged enhanced productivity, innovation and patient experience. The process and consequences of this policy are little understood and NHS programmes remain largely experimental. This prompts consideration of how such a policy is translated, and able to influence the learning, socialisation and identity formation of newly qualified health professionals. Based in an NHS Trust, this ethnographic case study examines the political and turbulent process of learning and transformation of an identity in 'real-time' practice as nurses actively integrate with the context. It was found that preceptorship policy is translated differently by government, professional bodies, management and practitioners. What it means 'to be' a contemporary nurse has become the focus of reconstruction by different groups who hold different assumptions about nursing knowledge, behaviours, cultures and ethos. This has important implications for managing the expectations of nurses, managers, patients and and impacts onto policies that seek to improve quality.

Thursday 6 September 2012

09:00 - 09:30

STS and Medicine

John Foster Hall Swithland Room

Rooke, C. G.

University of Edinburgh

Constructing nicotine-containing products and their users in the UK

This paper is concerned with the discourses and relations that frame the regulation and use of nicotine-containing products. The various forms of nicotine-containing products available to UK consumers fall under different areas of regulatory governance. Cigarettes are governed by a variety of legal instruments which control the way that they can be advertised, marketed, sold and consumed but exert little control over the content of products. In contrast, nicotine replacement therapies are regulated as medicines, with safety, efficacy, manufacturing and marketing standards strictly controlled. Outside of these regulatory regimes lie various 'lifestyle' products such as e-cigarettes, which are currently controlled by consumer protection regulations. Recently, there has been growing concern within the public health community that this division of regulatory responsibility is having an adverse effect on the availability of acceptable alternatives to cigarettes, as products are not regulated according to their relative harmfulness.

The analysis presented investigates recent changes that have made this particular problematisation visible. I trace how ideas about nicotine dependence and harm reduction have made it possible to think about "nicotine-containing products" as a category. Further, I consider the ways this problematisation imagines these products and their users. To explore these shifts, entailing as they do a heterogeneous range of technological artefacts, medico-scientific ideas and regulatory regimes, I employ the science and technologies studies' concept of sociotechnical networks. My analysis draws on documentary analysis and twenty qualitative semi-structured interviews with key stakeholders in the area of nicotine regulation.

Thursday 6 September 2012

15:45 - 16:15

Screening and Diagnosis

Gilbert Murray Howard Room

Rousseau, B., Vassy, C.

Global tool, local uses. Comparison of first trimester fetal ultrasound practices in England & France

In many western countries, medical care during pregnancy includes an ultrasound scan at the end of the first trimester. At this stage of the pregnancy, a scan can provide plentiful information about the fetus (number, liveliness, age...) and may be used to screen for some fetal anomalies (Down's Syndrome, for example).

International quality standards for obstetrical ultrasound in the first trimester are defined in the biomedical literature. Similar universal bioethics principles – like the informed consent principle – are widely used as a normative framework in the countries where screening programmes for Down's Syndrome are implemented.

However, practices of ultrasound screening vary by country. In order to identify these differences and understand the reasons behind them, we have conducted sociological research observing, recording and transcribing ultrasound consultations of first trimester pregnant women in an English hospital (n=53) and a French ultrasound clinic (n=28). We have also analyzed official documents created by public authorities to regulate sonography and guidelines of good practices from professional groups in each country.

Our research study shows differences in the organisation of work among health practitioners and in the interactions between ultrasonographers and pregnant women. In France, the scan is done only by doctors and midwives. It lasts for a long time, allows for a precise evaluation of several fetal characteristics, and the consultation often includes a systematic Down's Syndrome screening. Pregnant women are in a situation of opting out, rather than opting in to the screening programme. The scans we observed in England show opposite features.

Thursday 6 September 2012

09:00 - 09:30

Methods

Gilbert Murray Seminar Room 2

Rowa-Dewar, N., Amos, A., Cunningham-Burley, S.

University of Edinburgh

Too old to draw? Introducing the use of floor plans in smoking in the home research with young people

This paper discusses a new method developed in a study exploring children and young people's accounts of smoking in the home. While drawings are often used in research with young children, as a 'child-friendly' and familiar approach that transcends literacy issues, it is rarely used in research with young people. Drawing on a study with young people of their views and experiences of smoking in the home, this paper will explore the potential of such an approach for the generation of rich, nuanced and different data. The challenges of analytically merging this data with that derived from the visual stimulus material, interviews and focus groups with the same participants will also be discussed. The notion of triangulation of data will be challenged and the potential for wider application of floor plans will be discussed.

Friday 7 September 2012

10:45 - 11:15

Experiences of Health and Illness

Gilbert Murray Livingstone Room

Ryan, S. S., Ziebland, S.

Pets; an easily dismissed population in medical sociology

Over twenty years ago, a National Institute of Health workshop on pets concluded that no future study of health should be considered comprehensive if pets are not included (Beck and Glickman, 1987). This conclusion was later reiterated with the reflection that health evidence remains inconsistent and pets remain easily dismissed in health research (Beck and Katcher, 2003). Pet ownership has been the subject of cross-disciplinary examination as the importance of non-human interactions in everyday life has become more widely acknowledged. We now recognise that animal bodies have always been part of the constitution of human societies - whether as food sources, sacred entities, goods to think with or companions, - and so part of how human health is realised and perceived (Rock et al, 2007).

We contend that pets remain an easily dismissed population in medical sociology. Using a secondary analysis, we explore the ways in which pets feature in people's narrative accounts of their experience of seven long term conditions. We demonstrate the multi-faceted nature of people's relationships with their pets, and the complex, deeply embedded and embodied ways, in which human animal interactions are played out, both in real time during the interview, but also in recollections of illness recovery or everyday experience. For many participants, pets are perceived as family members and, as such, have a position within the narrative that is often overlooked by the researcher and other less recognized actors in the research process.

Wednesday 5 September 2012

14:10 - 14:40

Pharmaceuticals

Gilbert Murray Seminar Room 1

Salmane- Kulikovska, I.

Riga Stradins University, Latvia

Do they need unbiased information ? The opinion of consumers regarding availability of non-commercial information about medicines in Latvia

Patients are no longer passive recipients of instructions - they want to get more involved in decision-making process and to be more informed. There is evidence to imply the connection between positive health outcomes and patient involvement, leading to improvement of overall health status of the population in the long run. An access of consumers to good-quality information is a pre-condition of effective patient empowerment. Commercial information aims to sell the product or the service, often emphasizing benefits of the product and non-commercial, unbiased information is targeted at disclosing all aspects of the product or the service, help informed decision-making. The results of the two studies, clarifying the opinion of medicines' users regarding the availability of non-commercial information about medicines in Latvia are presented.

The first study – a quantitative research (2010), exploring use of medicines in cases of common cold (n=1,700) stated that only 19.7% of the population consider non-commercial information about medicines completely available in Latvia. A part of the second study – a qualitative research (2011), examining choice and use of nasal decongestants for small children, disclosed the overall presence of sceptical opinion regarding the availability of unbiased and non-commercial medical information.

A strong bias of the information for consumers' of medicines is perceived by the public. It is essential to ensure a source of the unbiased information source about medicines and other healthcare issues in Latvia. Medical professionals should encourage use of such source in order to raise the overall knowledge level.

Wednesday 5 September 2012

14:10 - 14:40

Citizenship

John Foster Hall Rothley / Oakham

Salter, C., Stöckl, A.

University of East Anglia

The new emerging paradigm of health literacy: lessons in complexity reduction

Health literacy has been defined as an individual's capacity to 'obtain, process and understand basic health information and services needed to make appropriate health decisions' (IOM, 2004). In the rapidly expanding literature poor health literacy is 'associated' with poor outcomes (Keller et al., 2008; Eichler et al., 2009; DeWalt et al., 2004).

In this paper, we regard health literacy as an emerging public health paradigm; we argue that it takes the much-discussed medicalisation thesis to a new level because it assumes that only patients who are capable of cognitively understanding medical concepts are 'good' patients. Proponents of health literacy assume that communication between doctors and patients, and thus health education is a linear process, thereby excluding most other aspects of the illness experience which medical sociologists have been arguing for over the last 40 years, namely that personal experience of illness and expression of pain and suffering follow non-linear patterns.

We approach this emerging paradigm of health literacy from a complexity theory perspective (Taylor 2001; Law & Mol 2002), arguing that it is a standardising and reductionist practice (Timmermans & Epstein 2010) with potential to influence the experience of health and illness. Similar to models of health promotion that assume the individual is a rationalized, unified self making conscious masterly decisions (Lupton, 1995:9) proponents of health literacy appear to make several assumptions about the individual and their relationship with their health-world.

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Thursday 6 September 2012

09:00 - 09:30

Professions

Gilbert Murray Seminar Room 3

Salvage, A.

Who'd be a hospice nurse? The pursuit of an ideal in nursing

This paper presents selected findings from recent doctoral research exploring nurses' accounts of their journeys into hospice nursing in the UK.

Aims: The main aim of the research was to develop an understanding of how individuals understand/construct the factors influencing them to work as hospice nurses.

Methodology: The study adopted a phenomenological approach based on the work of Heidegger and Gadamer. Semi-structured interviews were conducted with a purposive sample of 30 qualified nurses working in three hospices in southern England.

Selected results: For the nurses interviewed, the choice of hospice nursing represented a response to conflicts between management discourses of effectiveness and efficiency and nursing discourses of

individualised, holistic care. A central theme was the drawing of contrasts between the nurses' experiences of working and training in NHS hospital or community settings and of nursing in a hospice environment. Three dimensions of these contrasts are examined using material from the interviews: attitudes to death, working conditions for nurses and the nature and quality of nursing care.

Conclusions: Through their search for occupational congruence, the nurses had reached a point of equilibrium, having found an environment in which their nursing ideals could be put into practice. This state of balance, however, was seen to be under threat, with hospices seen to be increasingly subject to financial pressures and to be becoming "more like the NHS".

Friday 7 September 2012

09:35 - 10:05

Risk

John Foster Hall Swithland Room

Samuel, G.

Translation of discourse about experimental neurotechnologies from scientific peer reviewed paper, via the mass media, to the public

Many scholars have shown that the mass media's portrayal of innovative technologies tends to be overly optimistic. Because the mass media is a major source of public information about innovative technologies, such overly optimistic portrayals can have a strong influence on what/how things come to be constructed socially, and may influence policy. It is thus important to sociologically explore how and why the mass media report on innovative technologies as they do, and how such reporting affects public interpretation about such technologies. To do this, this project adopts a case study approach to explore an experimental neurotechnology - functional magnetic resonance imaging (fMRI) for individuals with a disorder of consciousness.

Typically, discourse regarding technologies gets translated from the peer reviewed scientific paper to the mass media/public via a press release. Via an analysis of press releases and press officers, this project examines how portrayals of studies about fMRI for individuals with a disorder of consciousness are produced. This project also examines what affect these portrayals have on public beliefs about the technology.

Specifically, in this paper I present an in-depth analysis of the media portrayal of two studies, conducted by Owen and colleagues, which used fMRI to diagnose and communicate with individuals with a disorder of consciousness. I also discuss some preliminary results from interviews with individuals who have a relative with a disorder of consciousness regarding their beliefs about this technology, as well as some preliminary results from interviews with press officers about their role in science communication.

Thursday 6 September 2012

15:10 - 15:40

Patient-professional Interaction

Gilbert Murray Seminar Room 5

Sanders, T., Konstantinou, K., Dunn, K., Van Der Windt, D., Hay, E.

Keele University

Managing 'sciatica' in the physiotherapy consultation: a qualitative study

Patients who complain of low back related leg pain suffer more severe pain and disability and take longer to recover, than back pain alone. There is limited evidence on the mediators of low back-related leg pain. Clinical characteristics and indexes of risk however, are not the only variables affecting outcome. The effect of interaction style (level of patient participation, engagement of the clinician with patient concerns, elicitation of patient preferences, and reassurance) on patient health outcomes has received limited attention in the literature.

The study (currently ongoing) aimed to investigate: the effect of physiotherapists' approach to clinical assessment and treatment negotiation with patients on outcomes such as a) perceived recovery from pain, b) disability and c) adherence to treatment advice. Over 50 consultations at two clinics in the UK were observed and digitally recorded, with supplementary field notes made immediately following each observed episode. The consultation and interview data were analysed thematically.

Analyses of the observations and interviews are ongoing, but early indications suggest that physiotherapists' overall 'approach' to the interaction, advice giving, and disclosure of the clinical findings affected patients' self-management of their leg pain symptoms. The giving of reassurance and treatment advice appeared to increase patients' understanding of their leg pain, improved their adaptation to their symptoms, and reduced re-consultation to primary care services. This stands in contrast to existing evidence which purports that 'manual therapy' is the main mediator of pain related recovery from musculoskeletal pain. Further data will be presented following full analysis.

Thursday 6 September 2012

14:35 - 15:05

Experiences of Health and Illness

John Foster Hall Rothley / Oakham

Sanderson, T., Kumar, K., Calnan, M., Hewlett, S., Morris, M., Raza, K.

Culture and stigma: Exploring the moral experience in stigmatisation of rheumatoid arthritis (RA) among UK Punjabi women

The concept of moral experience, of what is most at stake for actors in a social world (Yang et al. 2007), provides a framework for understanding the experience of stigmatisation. By examining what is threatened by chronic illness, the social space in which felt and enacted stigma is constructed can be illustrated. 16 indepth interviews with Punjabi women with RA were conducted in three UK cities, using a nurse researcher as interpreter when required. Purposive sampling for illness length and severity, age, first/second generation status, English proficiency, and religion ensured a diversity of illness experience and societal forces. Narratives of deeply held cultural values about gendered duties and responsibilities to family illustrated a social context in which illness could lead to devaluation and greater susceptibility to stigmatisation. RA was shown to undermine individuals' social roles and sometimes lead to seclusion and isolation. For the older Punjabi women, Goffman's (1963) 'moral career' is made explicit through their illness narratives; making sense of the development of RA as a result of past "bad" actions, in a karmic explanation that leads to their 'discreditable' status. The interaction of multiple devalued statuses (i.e. ethnic minority and chronically ill) is explored to show how individuals were excluded from meaningful activities, such as paid employment, but how this is mitigated by education among the younger UK born Punjabi women. Finally, the influence of migration and acculturation on the concepts of stigma and biographical disruption (Bury 1982) are considered.

Wednesday 5 September 2012

14:45 - 15:15

Pharmaceuticals

Gilbert Murray Seminar Room 1

Saukko, P.

Loughborough University

Juggling contradictory causes, cures and morals: Clinicians discuss primary prevention of heart disease

The UK government has recommended all 40-75 year-olds to be screened for cardiovascular risk. There are hardly any studies on primary care clinicians' views on and experiences of screening. We conducted focus groups with clinicians from six general practices (n=30), recruited from a primary prevention trial, on their views of heart disease prevention. We identified three contradictions or conundrums--having their roots in contemporary conceptualisations of heart disease--facing clinicians. First, they fluctuated between biological and behavioural understanding of heart disease. In individual cases clinicians wondered if a patient's cholesterol was due to 'genes' or poor lifestyle, and whether they should treat it immediately with cholesterol lowering statins. Second, they were caught between pharmaceutical treatment and lifestyle intervention. Clinicians were aware that medications were much more effective in lowering cholesterol than behavioural change. However, they were concerned that prescribing medications would encourage patients to continue poor lifestyle and lower their risk with medications only. Still, clinicians were also aware that patients were reluctant to take medications and often 'prepared' them for prescribing by asking them to change behavior first, and after this proved ineffective or insufficient offered them medications. Third, clinicians acknowledged that heart disease risk was associated with social deprivation. Some considered deprivation induced poor lifestyle beyond their sphere of influence, something that needed to be tackled by educational system or regulation of food industry; others took special measures to reach deprived populations and offered them special support. Mainstream public health discourse represents biological, behavioural and social roots of heart disease, and its prevention by pharmaceutical, lifestyle and social interventions as if seamless and self-evident. The discussions with clinicians reveal irreconcilable contradictions between different conceptualisations of heart disease. The presentation concludes with discussing how clinicians juggle between these contradictory positions, and moral values embedded in them, by swapping between different interpretive registers.

Thursday 6 September 2012

10:10 - 10:40

Health Policy

John Foster Hall Tilton Room

Scalabrini, S.

Swansea University

Constructing roles and relationships within English local involvement networks (LINKs) and Welsh community health councils (CHCs): differing conceptions of patient and public involvement (PPI) and their consequences

LINKs and CHCs are citizen engagement organisations that respectively form part of the health care systems of England and Wales. Staff members in both organisations have a duty to “support” volunteers and must interpret what this involves in practice. Drawing on ethnographic data from my doctoral study investigating the comparative process of construction of patient and public involvement (PPI) within two LINKs and two CHCs, I explore how organisational actors conceptualise their roles and, on the basis of these understandings, how relationships develop. Using the theoretical approach developed by Herbert Blumer (1969), the assumption is that people consider “the expectations and demands of others” in order to form the shared meanings that guide interaction. My data show that members of staff and participants within LINKs had unclear expectations concerning their mutual roles which resulted in difficulties in building working relationships. On the other hand, definitions of roles within CHCs appeared to be relatively unproblematic until the reconfiguration that occurred in April 2010, after which significant relational tensions arose in one of the CHCs studied. However, despite these differences in how roles were interpreted, my analysis shows that responsibilities for building PPI were understood in both countries as a duty imposed by the statutory framework on officers and members, who saw themselves as engaging with a public “out there” and at a distance from the internal work of the organisations. As a consequence there was a lack of reflexivity in how participants defined aspects of their role concerned with supporting PPI.

Thursday 6 September 2012

14:00 - 14:30

Health Service Delivery

Gilbert Murray Seminar Room 3

Scales, K., Scales, K.

University of Nottingham

Evidence-based/embodied practice? Exploring the understanding and practice of person-centred care in long-term care for older people

Background - Although evidence-based practice must be realised through effective knowledge translation, our understanding of the mechanisms of knowledge translation remains limited – particularly at the very frontlines of care and in non-acute settings. This represents an important area for further exploration, since the extent to which direct-care staff implement “best practice” significantly affects service users’ quality of life and care outcomes.

Methods - The purpose of this study is to develop a critical understanding of how direct-care staff in residential long-term care facilities engage in knowledge translation about person-centred care. The study uses critical ethnographic methods, including approximately 500 hours of participant observation as well as interviews, focus groups, and document analysis, to investigate direct care staff’s understanding and delivery of care to residents in two private care homes located in the East Midlands and the northeast United States.

Results - Drawing on preliminary findings from the two ethnographic case studies, as well as relevant literature on knowledge translation, evidence-based practice, social learning, and embodiment, this paper will present an emerging conceptual framework for knowledge translation among the long-term direct care workforce. Key factors to be explored will include education and training, vertical and horizontal communication, regulation and reporting, and conflicting imperatives, with differences between the two socio-political contexts taken into account.

Implications - This research has considerable significance in light of our ageing population, pressures on the long-term care system, the increasing prevalence of dementia, and the emphasis on evidence-based practice across health and social care.

Thursday 6 September 2012

09:35 - 10:05

STS and Medicine

John Foster Hall Swithland Room

Schwennesen, N.

University of Copenhagen

Unpacking the black box of patient education: patient involvement in practice

Patient education is a complex social technology aiming at providing a chronicle ill patient with knowledge and skills in order to facilitate long term behaviour change. In the last decades, patient education has moved away from didactic presentations, aiming at patient compliance, towards self-management based models, emphasising active patient participation, goal setting and collaboration between patient and professional. While several RCT's have reported on the effectiveness of such programmes, we know little about what happens inside the "black box" of patient education, when principles of patient participation are translated into practice. Drawing on an ethnography of a programme of patient education in Denmark targeting adult patients with diabetes, this paper analyses the social and material processes through which patient involvement is practised and knowledge is produced and translated from an educational setting to an everyday life setting of the patient. It takes as point of departure the concept of authorisation developed by the science study scholar Vincianne Despret (Despret 2004) and suggests that patient education may be seen as a process through which patients is authorised to become responsible or irresponsible. The paper argues that patient education conducts a form of power that works through health professionals' expectations and normative ideals about health and patients' willingness to participate and commit to change.

Thursday 6 September 2012

09:00 - 09:30

Health Policy

John Foster Hall Tilton Room

Segar, J.

University of Manchester

The emerging roles of GPs and managers in the new clinical commissioning groups

The Health and Social Care Bill became law in March 2012 after a long and turbulent passage through parliament. This legislation allows for a major restructuring of the health service including the abolition of PCTs and the emergence of Clinical Commissioning Groups (CCGs). CCGs comprising primary care clinicians, supported by managers, are now to control and manage their own budgets.

This project has tracked the development of CCGs from autumn 2011 to May 2012. Eight case studies from across England have been investigated using qualitative methods. Researchers have observed meetings; collected and read associated documentation; and interviewed key participants at all sites. In addition, two questionnaires seeking baseline data about CCG organisation have been administered to all CCGs in the country. Data are currently being coded and analysed across the sites using a commonly agreed coding framework with the aid of Atlas ti software.

The findings presented here demonstrates shifts in power and roles as clinicians take on commissioning and are obliged to focus on cost savings, incentive schemes, and issues around governance, organisation and accountability. While some managers face job cuts and an uncertain future others are relishing the prospect of new ways of working. All are part of a fragmented and complex picture. It is difficult for the participants themselves to discern their new roles as they are caught up in the frenzy of activity associated with this re-organisation. What is clear is that policy change has set in motion new sets of relationships between individuals and groups.

Wednesday 5 September 2012

13:35 - 14:05

Mental Health

Gilbert Murray Livingstone Room

Shepherd, N., Meehan, T.

Support workers in mental health care: what are the implications for the "system of occupations"?

In Australia there has been a rapid expansion of the role non-government (not-for-profit) service providers in the care of people with serious mental illness since the late 1990s. These providers offer a range of services, including the provision of lifestyle support to people with serious mental illness in their homes. The shift of care from the clinic to the home has diminished the role of health professionals in the provision of ongoing care. What this means for the system of occupations is explored by drawing on data collected as part of an evaluation of supported housing programs for people with serious mental illness operating in Queensland, Australia. Qualitative interviews were conducted with 40 clinical case managers from

government health services and 37 non-clinical staff from non-government service providers in 2010 and 2011. The paper focuses on the perceptions staff in each organization have of the work of the other, and their accounts of negotiating the boundary between “clinical” and “non-clinical” work. Drawing on Abbott’s insights into the system of professions, it is possible to observe what kind of “settlement” has taken place in the care for people with mental illness in the community. The implications of this for our sociological theories of the health workforce will be discussed.

Friday 7 September 2012

11:20 - 11:50

Health Service Delivery

Gilbert Murray Seminar Room 3

Sitton-Kent, L.

LEAN times in the NHS? The implementation of productive ward

LEAN working in the Public Sector has become an ever increasingly discussed topic. The NHS Institute for Innovation and Improvement have developed a hospital ward based programme using LEAN principles to reduce waste and streamline processes called The Productive Ward. NHS organisations have invested significant resources in this process – however, rigorous academic examination of the programme is lacking. Published work tends to take an anecdotal or operational focus, looking at either one clinical area in detail, or more superficially across many Trusts. Using interviews, observation and analysis of secondary data - and the theoretical context of Translation Theory, this research focuses in at the micro level within one large NHS Trust. The research examines the individual’s rhetoric and actions to understand the process, its successes and failures and how it is modified by pre-existing issues and constraints.

The NHS is a very complex institution with a history of clinical and managerial tension, a constant programme of change and a key role in the current political ideology. Translation Theory allows the theorizing of an innovation, identifying and concentrating on those aspects that really do influence whether or not it is adopted in such a multifaceted institution. Doorewaard and Van Bijsterveld’s (2001) work on the confrontation of ideas, merging of concepts and (re)interpretations of meaning to achieve a new set of values, is central to this work. This research also aims to contribute to the continued development and refinement of Translation Theory through the analysis of the implementation of The Productive Ward.

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Thursday 6 September 2012

11:20 - 11:50

Theory

Gilbert Murray Howard Room

Solbraekke, K., Engebretsen, E., Bondevik, H.

Stories of what? Questioning preconception of knowledge in the field of narrative medicine

In recent years a narrative shift in medicine and health sciences has emerged. This theoretical and methodological interest has brought forward a whole range of narrative perspectives and concepts. Taking a closer look at this field though, the concepts and perspectives represented seem to encompass rather diverse philosophical assumptions and intentions. The paper addresses and questions four widely used approaches in the field of narrative medicine, - i.e. the phenomenological, the ethical, the narratological, and the epistemological. Especially what type of knowledge these respective approaches claim to produce is questioned. Introducing the concept of ‘polyphonic realism’ we will in particular scrutinize a rather conventional claim within narrative medicine that bringing complementary stories together can increase the resonance of each and thereby reveal universal truths about illness and health. Building on Bakhtin and Kristeva we argue instead that the principal aim of narrative theory is to demonstrate that illness and health is multifaceted and polyphonic in nature.

Thursday 6 September 2012

11:55 - 12:25

Health Policy

John Foster Hall Tilton Room

Speed, E., Gabe, J.

University of Essex

ConDeming the NHS: Countervailing powers and the passing of the Health and Social Care Act

Since the 2010 election, the UK Coalition Government has pursued a controversial programme of health care policy reform, culminating in the 2012 Health and Social Care Act. Critics have argued that this legislation marks a fundamental departure from the founding National Health Service (NHS) principles of 'free universal healthcare, whilst proponents have stated the necessity of the reforms if these self same principles are to be preserved. In this paper we use a countervailing powers framework to explore how these reforms were introduced and enacted. We consider the public responses of four identified groups: the state, the professions, the public/patients and private /third sector organisations. Through an analysis of documentary sources (commencing with the introduction of the Coalition White Paper, through to the enactment of the bill), we trace the ongoing engagement with the legislation across these four groups. We demonstrates that this legislation survived its controversial passage due to four factors; firstly, a fragmented professional response, secondly, simple political arithmetic coupled to a lack of effective political opposition, thirdly, a failure to sufficiently mobilise patients/public and fourthly, (oftentimes implicit) support from the private sector. In conclusion the passing of this legislation marks a failure of the professions, the patients/public and private/third sector groups to act as a countervailing force against the state. The implications of this failure regarding free, universal healthcare in the UK remain to be seen.

Thursday 6 September 2012

09:00 - 09:30

Theory

Gilbert Murray Howard Room

Spencer, I. H.

Durham University

Psychiatry and patients rights: towards a marxist perspective

The rights of the psychiatric patient have long been the subject of sociological discourse. Legally, the focus is on the tension between the rights of the patient, on the one hand, and the need to protect the public on the other. The academic counterpart is a critique of psychiatry which has been enormously influential on sociology. Some critics came from the political right, such as Thomas Szasz and Erving Goffman. Others came from the, so-called, 'new left' such as R.D. Laing and Michel Foucault. While these had insights they lacked a coherent theory to explain the link between capitalism, patients' rights and psychiatry.

I argue that the Marxist perspective can illustrate this link by showing that, while rights under capitalism offer some protection to the patient, they are rooted in the poverty and exploitation that is essential to capitalism. I will draw the link between abstract labour and universality, essential to human rights, and argue that the necessary corollary is human alienation and atomisation of the proletariat. This, in turn, is a fundamental factor causing a great deal of what we call mental illness. Moreover, I will argue that a Marxist account provides the best possible explanation for the development of 'moral control' in psychiatry. Namely, that it is the counterpart of commodity fetishism.

Wednesday 5 September 2012

15:55 - 16:25

Professions

Gilbert Murray Seminar Room 3

Spooner, S.

A poetic representation of contemporary medical practice

The professional lives of doctors have radically changed over the last few decades, partly in response to increased public access to information; the presence of public debates in the media over the efficacy of treatments and quality of service provision; and the evolving expectations of service users.

Drawing on biographical narrative interviews with senior medical colleagues which explore how clinicians develop and maintain a sense of identity and purpose as they negotiate their different working lives, I consider how 'rewrapping' these narratives in a poetic rather than narrative form may convey a more meaningful account of their contemporary medical experience. By selecting extracts from the narratives and therefore removing non-essential words, I reflexively combine these textual fragments (in sequence) to form a series of distinct, co-created poetic representations. Although contextual links in the text remain, this open poetic structure provides a new space to reflect on sense-making and further develop ideas

arising from the data, and represent a powerful means of conveying meaning to wider audiences, including clinicians.

These poetic representations frame pivotal events which clearly affect feelings about issues of identity, work settings, team dynamics and the challenges of multiple and contradictory expectations. They also illuminate participants' frustration when structural elements of health provision impede patient care and the ways in which professional and personal relationships can prove supportive but also destructive and ultimately damaging. Through these poetic forms I present fresh perspectives which contribute to a wider understanding of many complex issues in current medical practice.

Thursday 6 September 2012

09:35 - 10:05

Complimentary and Alternative Medicines

Gilbert Murray Seminar Room 5

Spurr, S.

Expectations and challenges experienced by shiatsu practitioners: an ethnography

This paper will present the preliminary findings of a doctoral study exploring the expectations and challenges experienced by one group of UK Complementary and Alternative Medicine (CAM) practitioners – Shiatsu – in relation to healthcare provision.

Shiatsu, a distinct CAM practice, has a role in maintaining and enhancing health and may have the potential to make a cost-effective contribution to healthcare.

Despite this contribution, little is known about Shiatsu practitioners. This study aims to address this gap by exploring the following questions:

- How do Shiatsu practitioners understand and explain their practice?
- What experiences are reported when Shiatsu practitioners move from pre- to post-qualification and how do these experiences relate to current practice?
- What are the views, attitudes and experiences of Shiatsu practitioners in relation to continuing professional development, regulation and Shiatsu practice?

Ethnographic research, with its focus on practice, lends itself to the study of CAM practitioners. As a Shiatsu practitioner, the research is informed by my position as reflexive active participant (researcher) in the process.

Early analysis suggests a number of emerging themes including: practitioners' belief in the benefits of Shiatsu and their keenness to promote it; their difficulty in explaining Shiatsu to different audiences; challenges of earning a living as a Shiatsu practitioner; concern around the lack of public awareness of Shiatsu; and gaining credibility as a profession.

This study will build on previous ethnographic research in distinct CAM practices and will contribute to the wider evidence-base from a range and mix of methods.

Thursday 6 September 2012

14:35 - 15:05

Patient-professional Interaction

Gilbert Murray Seminar Room 5

Stevenson, F. A.

University College London Medical School

Achieving visibility: Use of visual cues in interactions between pharmacists and patients where they do not share a common language

The importance of visual cues in maintaining a sense of mutual involvement and sustaining interaction has been established. Furthermore, gesture and props may be used to supplement verbal statements allowing consultations to take place across linguistic barriers. We use data from consultations in which pharmacists and patients did not share a common language and interpretation was provided by the pharmacy assistant. We were specifically interested in instances of direct communication between pharmacists and customers across the linguistic divide.

The data consist of 12 video recorded consultations between an English speaking pharmacist, a Sylheti (a dialect of Bengali) speaking patient and a multi-lingual pharmacy assistant who also acted as an informal interpreter. Following detailed transcription and repeated viewing of the consultations, we have developed a collection of instances in which pharmacists and customers worked to communicate directly across the linguistic divide, without the aid of the pharmacy assistant. We consider how these interactions are constructed, the place in the consultation they occur and the response of the other parties in the consultation.

Much of the focus on facilitating communication between people with different cultural and linguistic backgrounds focuses on language and the use of interpreters. This work demonstrates the existence and importance of direct communication across a linguistic divide and how this allows both patients and pharmacists to achieve 'visibility' in the consultation in situations in which they are linguistically excluded.

Friday 7 September 2012

10:45 - 11:15

Health Service Delivery

Gilbert Murray Seminar Room 3

*Stewart, K., Bowen, L., Procter, S., Purdy, S.,
Ridd, M., Salisbury, C.*

University of Nottingham

Complex Consultations: exploring strategies for the management of multimorbidity in primary care consultations

Primary care appointments are planned and based around the traditional bio-medical model of a single health condition per consultation. The aim of the Complex Consultations project was to understand the impact of multi-morbidity on the process of care in primary care consultations in UK general practice.

The project used a mixed method approach, videoing consultations, interviewing GPs, surveying patients and analysing the video data. 30 GPs in Bristol, Bath and Somerset were recruited, and a total of 229 consultations were videoed. Following the recording of consultations, each GP was interviewed, using a semi structured video stimulated recall interview technique, reviewing 2 of their videoed consultations. These interviews sought to explore decision making in the consultations relating to the management of multimorbidities, examining the GPs interpretations, behaviours, experiences and perspectives of these complex consultations.

Our analysis of these interviews shows how GPs deal with a series of cross cutting 'goals' within each consultation. This paper presents findings from this interview data, exploring the strategies GPs use to manage multimorbidity, organised according to this framework of goals. It shows how complexity is generated or emerges at every stage of a consultation, from pre consultation formal and informal records, to the identification of courses of action that result from consultations. GPs use sophisticated strategies, knowingly deployed, to navigate through these sometimes apparently chaotic encounters, balancing demands of time and (un)certainty to identify ways forward for each consultation.

Friday 7 September 2012

10:45 - 11:15

Risk

John Foster Hall Swithland Room

Stjerna, M. L., Lauritzen, S. O.

Stockholm University

Embodied risk: a parental perspective on child food allergy

Food allergy, a potentially life-threatening condition, affects approximately 5 percent of young children in the Western world. There is neither a cure nor a preventive treatment, and management is restricted to careful avoidance of the offending foods stuff, the allergens, and a constant alertness to respond to symptoms when they appear. Parents of food allergic children are thus faced with a complex task of constant risk management in everyday life, particularly as food avoidance is not always a straightforward task. Common allergens such as nuts, egg and milk-protein are found in many different types of foods, often disguised and not easy to identify.

Drawing on a focus group study with parents of children diagnosed with food allergy, we will in this paper discuss how parents experience and understand the food allergy condition, more specifically how they locate risk related to the child's condition. The analysis reveals that the condition is understood as embodied in the sense that it is constantly present, 'silent' and disguised in the child's body, not visible to the eye. The condition becomes visible, as an allergic reaction, only when the child comes into contact with the allergen. Risk is thus located within the child, by some parents depicted as a 'ticking bomb'. These notions of embodied risk are discussed as related to the external risk that the child is confronted with in the local environment.

Friday 7 September 2012

09:00 - 09:30

Embodiment and Emotion

Gilbert Murray Howard Room

Stockl, A., Smajdor, A.

Goldsmiths, University of London

Reconceptualizing Shame as emotion research in medical sociology

The Shame of Bodily Existence: How New Medical Technologies Produce New Moralities

Over the last thirty years, advancements in medical technologies have given rise to, and necessitated, new moral and ethical conducts. Our argument for this proposal rests on the assumption that a first wave of embedding medical technologies in legislation and in public understanding has already happened. However, recent research shows that new types of emotions, on a personal level, have evolved alongside the application of these technologies. We propose that these emotions are tied up with the shame of loss over bodily functions such as reproduction at one end of the life course and aging and bodily decay at the other. This new rendition of shame is not tied up with a guilty action as the cause. Sometimes shame is even transferred inter-generationally. Parents' shame over the use of donated gametes or IVF becomes shame experienced by their children. We take Max Scheler's phenomenological approach and suggest exploring this new type of shame as an emotion which cannot be shared empathically with someone else, as Scheler argued. People can share sorrow, grief and/or joy, but cannot share the feeling of shame which remains a deeply private emotion. We explore research within a UK context because it is unique in the pragmatic approach to new medical technologies. The UK is also a largely secular society, whereas in most European countries shame fits into institutionalized religions which provide society with a more or less moral framework.

Friday 7 September 2012

09:00 - 09:30

Screening and Diagnosis

Gilbert Murray Seminar Room 1

Stronge, P.

Multiplex and manifold: health screening in relation to tense and time

Experientially, to contemplate being screened is to contemplate the possibility I have been 'harbouring' a disease for years, and that I can and perhaps should avail myself of an intervention that can 'expose' this condition rather than let it continue undetected. Yet this not only raises a series of ethical and practical questions around choice, responsibility etc. It also confronts me, potentially quite dizzyingly, with issues to do with time, tense, continuity and destiny – issues I'm 'always, already' vaguely aware of but which I otherwise often tend to push aside.

My paper seeks to juxtapose recent interest within medical sociology in the increasingly normative role played by health screening with much longer-established if still neglected strands within philosophy and social theory that challenge taken-for-granted assumptions around time within Western rationality's imaginaries. Mobilising empirical data alongside historical and conceptual perspectives, it argues the screen represents neither a momentary 'cut' in a longer process nor a singular event with its own durational integrity. Rather it can be shown to reflect a rich heterogeneity of durations – physiological, technical, social, experiential etc. This multiplicity is afforded unity and coherence insofar it instantiates a 'thick' site of fusion between the three major tenses.

The paper draws on the thought of Bergson and Deleuze in reconceptualising the screen as multiplex and manifold and as a 'leaky receptacle' for temporal complexity. It considers the pragmatic implications of this for extending Anne-Marie Mol's notion of 'ontological politics' to 'when' as well as 'what'.

Wednesday 5 September 2012

15:55 - 16:25

Gender

John Foster Hall Swithland Room

Sweeting, H., Bhaskar, A., Hunt, K., Benzeval, M., Popham, F. Medical Research Council

Gender role attitudes, work and household roles and psychological distress: associations and time trends within the British household panel study

Those holding traditional gender role attitudes (GRA) think men should work and provide for their family while women should remain home. Studies suggest that more traditional GRA may be associated with greater psychological distress. However attitude-role consistency (whether an individual's GRA correspond with their work and household roles) may be more important for wellbeing. Most studies in this area are from the US, focus on marital satisfaction as a marker of 'well-being' and, despite major changes

in family formation, education and employment since the mid Twentieth century, have not focused on generational differences. Our analysis is based on data from waves 1 (1991) and 17 (2007) of the British Household Panel Study. Analyses are limited to those of working age, in cohabiting or married heterosexual relationships, and conducted separately by gender and for three age groups (20-34, 35-49, 50-64) from each wave. Over the 16-year period, both men's and women's GRA became less traditional, cohabitation and sharing of chores increased, as did the proportion of women in employment. We examine the associations which GRA and various roles (marital status, parental status, economic activity, division of household chores, economic activity) have with psychological distress (GHQ-12). Preliminary results suggest greater distress among those with more traditional GRA, particularly among younger people at the earlier date and older people at the later date. Future analyses will examine the important questions of whether 'fit' between GRA and roles matters for psychological distress and whether relationships differ by gender, age group or over time.

Friday 7 September 2012

11:20 - 11:50

Lifecourse

John Foster Hall Rothley / Oakham

Tandinco, F.

Colonized yet excluded: The paradox of male involvement in a Mcdonaldized family planning program

A qualitative study of male involvement in family planning (FP) was conducted in an urban-poor locale in the Philippines, its health station and its referral hospital. The primary objective of the study was to describe the context, content, and process of male involvement in FP as domestic practice and as state-funded program. Key informant interviews (KIIs) and focus groups with couples and FP program implementers, and point-of-service observation in clinics were conducted. Habermas's distinction between lifeworld and system, as represented by the domestic practice of FP by couples and the state-funded FP program, respectively, guided the data collection. Ritzer's McDonaldization rationalization model served as framework for qualitative data analysis and interpretation.

The study shows that men are generally involved in FP decisions such as limiting family size, birth spacing, choice of method, and timing of coitus. However, the state-funded FP program does not allow the same level of male involvement. There are program practices, protocols and policies that result in the disenfranchisement of men from the program itself. For instance, to ensure calculability, FP implementers tend to ignore the low acceptance of male methods since this is masked by female-based success indicators that show a high level of overall acceptance. The physical design of FP clinics allows for only "one client" (the wife) to be present during FP counseling and service provision. In sum, the McDonaldization of the state-funded FP program systematically, though perhaps unintentionally, excludes men who are otherwise willing to cooperate with their spouses in FP.

Thursday 6 September 2012

10:45 - 11:15

Health Policy

John Foster Hall Tilton Room

Thomson, K.

Birmingham City University

Modernisation po-russkii: Official discourses of Russian health system reform

Introduction: Since 1991, the Russian health system has undergone a number of reforms, including introduction of compulsory health insurance in the 1990s. There are well documented inequities and structural problems with the system, leading to a lack of public trust (Manning and Tikhonova 2009); combined with very poor health and demographic indicators (Leon et al 2011). In November 2011 a controversial Bill on healthcare provision was ratified.

Aim: To identify key constructs used in the official discourse of system reform that reveal the structures and processes that lie behind the policy developments; and the ways that the state seeks to legitimise its proposals.

Method: Official publications, statements, speeches, press releases and legislative documents issued from the Russian government or Ministries (from 2005-2012) pertaining to the health system were analysed using a discourse analytic approach.

Results/Findings: Modernisation is a key term in the official discourse. Behind the ideas about the 'modern' there is an underlying discourse of 'catching up' and meeting international norms. 'Modernisation' is presented as constituted in financial investment; access to healthcare; and professionalisation. Equity of access is especially problematic: the reform clearly delineates aspects of care that are 'free' and which paid for. Corruption is relatively absent as a theme, despite its prominence in the wider public discourse.

Discussion/Conclusion: The official discourse seeks to demonstrate how the well-known shortcomings of the current system are recognised and that there is commitment to addressing them. Disquiet about the health system in the wider public discourse is therefore implicitly acknowledged, although they are rarely engaged with explicitly.

Wednesday 5 September 2012

15:20 - 15:50

Professions

Gilbert Murray Seminar Room 3

Timmons, S., Nairn, S.

University of Nottingham

The aesthetic of the emergency and the development of emergency medicine

In this paper we will analyse the development of a relatively new medical specialism in the UK, that of Emergency Medicine. Despite the high media profile of emergency care, it is low-status specialism within UK medicine, and the physicians who work in the Emergency Department (ED) had a long struggle to establish it. The creation of a medical Royal College in 2008 means that, symbolically at least, this has now been achieved. In this paper we will show, using a sociology of professions approach, how emergency medicine defined itself as specialism, and sought to carve out a distinctive jurisdiction. Unlike many professional groups, there were no major competitors for this jurisdiction, or at least not very enthusiastic competitors. While, in the context of the UK NHS, the state was clearly an important factor in the development of this profession, we wish to develop the analysis further than is usual in sociology of professions. We will analyse the wider cultural context for the development of this specialism, in particular the aesthetics of the emergency. Emergency medicine presents itself as medical speciality dependent upon the development of senior consultant positions, a distinct educational training programme and a focused organisational space for emergency medicine to be practiced. However we also argue that this professional status has benefited from its high profile in the media, through both fictional and documentary sources which have hyped the concept of the emergency through a semiotics that we would characterise as an aesthetic of rescue.

Thursday 6 September 2012

10:10 - 10:40

Theory

Gilbert Murray Howard Room

Tjora, A.

Norwegian University of Science and Technology

Health communities

While studies of health-care organisations have demonstrated the importance of communities in the professional sphere (i.e. clinical communities), a growing body of studies of health-related Internet use and self-help movements has shown the impact of communities also in the lay sphere. This paper draws on such studies to move a step towards 'community' as a richer sociological concept. Applying on the sociologies of Tönnies, Dürkheim, Collins, Garfinkel, Delanty, Maffesoli, and others, the paper suggests a typology of communal aspects of health-related action, both in the lay and professional sphere, and between the two.

Thursday 6 September 2012

15:45 - 16:15

STS and Medicine

John Foster Hall Swithland Room

Tomlin, Z., Faulkner, A., Peirce, S., Elwyn, G.

Health technology adoption: the role of technology identities and requirements

The emergence and uptake of health technologies produces alternative socio-technical imaginaries in publicly funded healthcare systems: technology depicted as a contributor to rising costs with uncertain benefits, and technology as a tool to drive down costs and increase efficiency. The empirical workings of these scenarios in adoption processes are ill-understood. Our research on the adoption pathways of device technologies, designed as comparative case studies, has produced an empirically grounded adoption process map that unpacks the social, political and technological stock of these imaginaries at the micro and meso levels of organising technology adoption. Informed by structuration theory, actor network theory and the technology-in-practice approach, the map suggests that technology adoption is accomplished in a diffuse, boundary-spanning and dynamic 'adoption space' where actors from different social worlds, including the technology itself, co-produce adoption-relevant behaviours. Two central constructs explain adoption decisions: 'constructed technology identities' and 'technology requirements'. Identities represent the technology's materiality and the expectations built around it and translate diverse underlying structural and agentic inputs into heuristic, meaning-laden and transportable ideas about the technology. Requirements, similarly premised on the material-social dialectic/dynamic, represent the

demands that technology makes on people and systems. The political nature of adoption processes facilitates the mobilisation of identity and requirement discourses (in place, for example, of EBM discourses) and ensures their instrumentality in technology adoption decisions. The paper presents this research and exploratory work on a typology of technologies based on identity and requirement profiles.

Thursday 6 September 2012

15:45 - 16:15

Experiences of Health and Illness

John Foster Hall Rothley / Oakham

Trusson, D.

University of Nottingham

Living with a new normal: women's experiences after treatment for early stage breast cancer

With the development of ever more efficient detection and treatment, the number of women surviving early stage breast cancer has grown. But what is life like for those women once the intensive period of treatment has passed? Siddhartha Mukherjee, an oncologist and assistant professor of medicine at Columbia, has recently argued that for a woman who has experienced breast cancer:

'cancer will become a chronic condition for her; she will live in its immediate shadow for decades, never quite certain about her outcome. The combination of surgery, chemo and radiation will likely extend her survival – but, having entered the world of cancer, her life will be permanently altered..for her, cancer will become the new "normal" ' (Mukherjee, 2011:27)

But what does this new normal look like? This paper presents ongoing research drawing on data from the narratives of 24 women who had completed treatment 6 months-29 years previously, to find out what constitutes their new normal. First of all how bodily changes have impacted on their perception of themselves in terms of femininity and sexuality and secondly, how their experiences have been shaped by interpersonal relationships both during and after treatment. This will help to further our understanding of what it is like to live in the aftermath of cancer and its treatment.

Wednesday 5 September 2012

13:00 - 13:30

Mental Health

Gilbert Murray Livingstone Room

Ujam, M., Bryan, K., Allan, H.

Interaction of frontline professionals(police, paramedics, A&E nurses and mental health nurses)

The interaction of frontline professionals (police, paramedics, A&E nurses and mental health nurses) involved in managing individuals who present with a mental health crisis is socially constructed. Based on the epistemological position of social constructionism, this study applied discourse analysis to explicate how the everyday interaction of frontline professionals is constructed in context. Qualitative data (transcripts of focus group sessions, interviews, participant observations, and documents) were analysed to foreground the specific context of their interaction and potential consequences for patient experience and mental health service development.

Drawing from negotiated-order theory, this study also explored how frontline professionals (police, paramedics and nurses) construct the fleeting working relationships that underline their involvement in mental health crisis management. A key strength of this study is the multi-organisational approach and access to hard to reach professionals. Secondly, the study highlights important issues around mental health training for frontline professionals, role boundaries, service user outcomes and organisational development.

Thursday 6 September 2012

16:55 - 17:25

Patient-professional Interaction

Gilbert Murray Seminar Room 5

Van Bekkum, J., Hilton, S.

The challenges of bridging the gap between evidence, practice and the media: views from community nurse practitioners

Health practitioners play a pivotal role in providing people with up-to-date accurate information on a wide range of health care. The increasing availability of health information and media reporting on health means that patients and practitioners' needs may extend beyond simply reading this information, to seeking help with the interpretation of information. This paper draws on 18 in-depth interviews that explore community nurse practitioners' experiences of the challenges and influences of the news media on evidence-related

practice. It was found that community nurse practitioners can find it difficult when media stories report apparently contradictory evidence to existing practice. Such media stories were blamed for causing unnecessary patient worry and could undermine community nurse practitioners' confidence in current practice. However, it was also common for community nurse practitioners to believe that news media are generally a helpful information source to patients and practitioners alike, keeping them abreast of healthcare developments. Some community nurse practitioners expressed concerns about their lack of confidence in judging how to make sense of and communicate about new discoveries or conflicting news reports and suggested a need for additional educational resources to help practitioners.

Thursday 6 September 2012

14:35 - 15:05

Screening and Diagnosis

Gilbert Murray Howard Room

Vassy, C., Rosman, S., Rousseau, B.

University of Paris 13

A woman's choice? Institutional and political constraints in antenatal screening for down's syndrome in England, France and the Netherlands

In most industrialized countries, women have the opportunity to undergo prenatal screening tests for Down's Syndrome (DS) in the first trimester of pregnancy. The screening uptake rate varies from country to country. In France, 84% of pregnant women underwent the DS screening test in 2010, compared with 61% in England in the same year and with 26% in the Netherlands in 2009. The aim of our sociological study is to analyse the reasons behind these differences. We explore the hypothesis that institutional and political constraints influence the information provided by health practitioners to pregnant women on prenatal screening and the decision of women to have the test.

We observed first consultations of pregnant women with a midwife or an obstetrician in England (N=16), France (N=34), and the Netherlands (N=25). Consultations were recorded and transcribed verbatim. We also analysed administrative, professional and legal documents on the implementation of DS prenatal screening programme in each country.

Study results show that pregnant women in the highly medicalized French health system were strongly invited by practitioners to undergo the free screening. By contrast midwives in the Netherlands, where implementation of the screening programme has been preceded by decades of political debates, and where women under 36 have to pay for the test, often warn pregnant women of negative consequences of having the test. England presents an intermediate case.

Thursday 6 September 2012

15:45 - 16:15

Experiences of Health and Illness

Gilbert Murray Livingstone Room

Walker, S., Andrew, S., Roberts, M., Hodson, M.

Anglia Ruskin University

Smoking Journeys - Qualitative analysis of the accounts of COPD patients regarding tobacco smoking

The predominant cause of Chronic Obstructive Pulmonary Disease (COPD) is tobacco smoking. Stopping smoking is one of the most important treatments for COPD. Despite this large number of patients with COPD continue to smoke.

This paper examines qualitative data on why people with COPD continue to smoke, or have stopped smoking, and the barrier and facilitators to smoking cessation for this group.

The paper is a secondary analysis of 64 interviews undertaken with COPD patients, with a primary aim of constructing a Patient Reported Experience measure (PREM) for COPD. Thirty six patients with COPD had stopped smoking (quit) and thirteen reported continuing to smoke. One patient had never smoked and for the remaining fourteen smoking data was absent or unclear.

In recounting their experiences of COPD most patients referred to smoking and to their efforts to stop. These references were analysed thematically. Themes emerging included reasons for quitting, strategies for quitting, reasons for continuing to smoke, barriers to quitting, and beliefs about smoking and COPD. Many quitters stopped after diagnosis with COPD or other severe illness (e.g. a heart attack). However many continuing smokers had experienced similar events without quitting. Neither group reported finding Nicotine Replacement Therapy helpful. Smokers cited stress, loneliness, and boredom as reasons for continuing to smoke. Some patients reported only experiencing COPD symptoms after quitting and there was ambivalence about the harmful effects of smoking. Attention to 'upstream' causes of continuing smoking may be a useful approach to helping recalcitrant smokers with COPD to quit.

Thursday 6 September 2012

16:55 - 17:25

Health Care Organisation

Gilbert Murray Seminar Room 2

Waring, J., Waring, J., Bishop, S., Jurgens, F.

Exploring safety narratives: sense-making, identity and control in the context of hospital discharge

This paper develops knowledge on the role of narratives in the social construction and control of patient safety. Patient safety has become a global priority, where mainstream research and policy has been concerned to advance learning and improvement through delineating types of risk, changing cultures, and informing safer clinical behaviours. Although sense-making is widely recognised as integral to learning and safety, there has been limited attention to how knowledge about safety is (co-) constructed through inter-subjective and culturally scripted storytelling. We focus on the stories of patient safety constructed and narrated in the context of hospital discharge, where it is often difficult to make sense of delays, disruptions and breakdowns that threaten safety. Further, these discharge processes highlight the knowledge and cultural boundaries between the different occupations, agencies and organisations. Through exploring the different stories constructed within and across these boundaries we deepen our understanding of perceived victims, heroes and villains at the organisational and inter-organisational levels. These reveal clinicians' deep uncertainty and emotional labour in the discharge process as well as the cathartic and learning potential of co-authoring shared narratives that reflect common cultural norms and reveal the possibilities of change. From these accounts the interplay between sense-making, shared identity and notions of blame are elaborated, but also the often lost potential for learning.

Wednesday 5 September 2012

16:30 - 17:00

Lifecourse

John Foster Hall Tilton Room

Watts, J.

Exploring the 'Social' of social work practice in palliative care

Social work, as one of the 'psy' professions (Foucault, 1977), is practised in a variety of sectors including education, the criminal justice system and health care. Palliative care, as a specialist form of health care practice with people who have life-limiting illness, has a multi-professional approach to care drawing on the expertise of clinicians, physiotherapists, complementary health practitioners and social workers. Delivered in hospitals, care homes, hospices and in the community, palliative care has been widely lauded for its holistic person-centred approach. The benefits of effective pain-control and the management of symptoms to enable dying people to have a 'good death', has led to an increased emphasis on the medicalised aspects of the palliative care model (Watts, 2010). The role of social work has thus received a lower profile in the palliative care literature, this despite claims for the importance of multi-professional working. This paper uses a case-study approach to explore the role of social work in palliative care. A range of case examples will be used to draw out the complex and challenging nature of social work practice in this often sensitive and highly charged context. Family conflict, unresolved and anticipatory grief and relationship breakdown are some of the issues that social workers must address as they support individuals and families in regaining control of their situations at, what is often, a very stressful time in their lives.

Friday 7 September 2012

09:00 - 09:30

Patient-professional Interaction

Gilbert Murray Seminar Room 5

Al-Sarraj, H., Webb, S., Rivas, C.

Queen Mary, University of London

Engaging in interaction in the interpreted diabetes consultation - analysis of audio and video data

Patients who do not speak English might find it hard to communicate with healthcare providers even with interpretation, with communication much more than the literal translation of words. Communication barriers are known to contribute to inequalities in health for non-English speaking patients. The use and impact of interpreters in the medical consultation remains a debated issue and their role as cultural mediators largely unexplored. Emergence of electronic patient records and healthcare templates further complicates matters, so that in interpreted consultations there are four agents in the room (the patient, clinician, interpreter, computer). We report thematic analysis of video and audio recordings of interpreted consultations between diabetes nurses and patients in primary care. Dyads of engaged interaction occurred (e.g. interpreter-patient) which changed through the consultation), with coincident shifts in roles by the four agents. We explore two relevant patterns in the data: shortcuts and engagement. Interpreters

often used 'shortcuts' to answer questions in place of the individual to which the question was aimed. This could increase efficiency, flow and clarity of the consultation and also result in confusion, loss of rapport and other problems. We also report on how analysis of the nurse's gaze and body language reveals ways in which she may become "marginalised" or disengaged during moments of the consultation, and re-engaged, as well as ways in which the computer aids nurse management of the consultation and her behaviour towards the patient.

Thursday 6 September 2012

16:55 - 17:25

Experiences of Health and Illness

John Foster Hall Rothley / Oakham

Webster, M.

Families with children with epilepsy

This paper focuses on families with children with epilepsy. Existing sociological literature details the experiences of adults with epilepsy, and recollections of their childhoods. There is, however, no current literature exploring children's experiences of epilepsy, their siblings' experiences or the impact epilepsy can have on family relationships. The ketogenic diet (a dietary treatment for epilepsy which is high in fat and mimics starvation) has become more widely used for children with difficult to control epilepsy over the past fifteen years, and its use within families is yet to be researched from a sociological perspective. This, therefore, raises the questions: how does having a child with epilepsy impact on family relationships? And, how is the ketogenic diet incorporated into family life? The research will be framed by the 'new' sociology of childhood, recent work on 'doing families', the sociology of food and the sociology of chronic illness. In order to answer these questions in-depth, face-to-face interviews will be carried out with the main parent/carer of the child with epilepsy, the child themselves and a sibling in 20 families. Activities such as drawing and word tasks will be used to engage the children in the research. This is the basis for a PhD.

Thursday 6 September 2012

16:20 - 16:50

Patient-professional Interaction

Gilbert Murray Seminar Room 5

Wickström, A.

An improved smile - negotiating norms and ideals in orthodontic treatment with fixed appliance

More than every fourth Swedish adolescent undergo orthodontic treatment to correct malocclusion. The treatment is subsidized by the state before the age of 20. Aesthetical reasons and enhancement of life are the main offers. This ongoing ethnographic study focuses on the interaction between adolescents, parents, orthodontists and assistants during three activities that precede a possible treatment with fixed appliance; consultation, examination and information. It aims to understand how aesthetical norms are discussed and negotiated, how deviation of the bite is evaluated, and how adolescents, parents, orthodontists and material representations interact.

A combination of theoretical perspectives from Science and Technology Studies and medical sociology/anthropology are used in order to understand clinical practice as collaboration and interaction between practitioners and patients. Drawing from childhood studies I also explore the young patients as social actors, that both influence and are influenced by clinical and technical practices, when bodily deviations are observed and corrected.

The initial analyses show that the consultation is a quick evaluation of the deviation. The adolescents negotiate the necessity of the treatment and some ask for a second opinion when denied treatment. Examination, on the other hand, does not include negotiations, but is embedded in many organizational routines. The deviation is visualized in a number of ways which includes procedures that are bodily intrusive and sometimes painful. Finally, the information is an agreement of the road to a future bite. In front of the computer the patient, a parent and the orthodontist discuss all visualizations and imagine the future bite.

Thursday 6 September 2012

15:10 - 15:40

STS and Medicine

John Foster Hall Swithland Room

Wilkinson, J.

Lancaster University

Matter of bits: how the reproductive body materializes through ovulation predictors

Reproductive technologies are becoming increasingly visible however much attention has been directed towards sophisticated and costly interventions such as IVF and less on technologies which can be used outside the medical setting such as ovulation predictors; technologies which have often gone under the radar. With this paper I hope to foreground these devices and to explore their impact on bodies and reproduction. Ovulation predictors are often small objects which come in bits; they may be microscopes, watches, or monitors and can be assembled and disassembled as their users become more skilled with their pieces of metal and plastic. They measure body bits and they offer bits of information. Such bits play with boundaries as in the case of the basal body thermometer which measures inside the body but supplies a number outside the body. The number is inside the machine, but also inside my body. The boundaries of inside and outside are constantly moving with data collecting devices. How these bits and moving boundaries materialize reproductive bodies will be the focus of this talk. Additionally, I will explore how bodies work in tandem with machines until one or several bits fail. How is this failure enacted? My research has shown that these devices enact multiple small successes and failures; they may enact fertility in one part of the body although not in others. In this way, I will reflect on how ovulation predictors and reproductive devices articulate multiple (in) fertile bodies.

Wednesday 5 September 2012

14:10 - 14:40

Inequalities

Gilbert Murray Howard Room

Williams, R., Hewison, A.

University of Birmingham

African and African Caribbean fatherhood and children's mental wellbeing

African and African Caribbean fathers' beliefs and practices, regarding mental wellbeing, have not been investigated to any great extent, in England. This paper reports the findings from an exploratory qualitative study which examined the experiences of 46 African and African Caribbean fathers in an inner city setting, in England. The participants' stories were explored in nine group interviews.

The fathers reported that they worked to maintain the mental wellbeing of their children, and this was mediated by wider structural and material factors. Enabling mental wellbeing involved authoritative parenting, encouraging good communication with children, the provision of love, affection, social support, the promotion of autonomy, self-esteem, and spiritual wellbeing. A central theme of the data was that being a father encompassed a broader community responsibility, in particular acting as a positive 'role model' for African and African Caribbean boys, young men and other fathers. This element of fatherhood was seen as a vital counterbalance to the destructive influence of gangs, deprivation, and racism.

The analysis was informed by Bourdieu's work on differing forms of capital. This revealed that the fathers were striving to create symbolic, cultural and social forms of capital in order to protect children's mental health in families and communities, in the face of limited access to economic capital in communities characterised by deprivation. The discussion then considers the barriers and opportunities to service involvement, in the context of the increasing policy rhetoric advocating greater engagement of fathers by health visitors, midwives and other child health services within primary care.

Wednesday 5 September 2012

13:35 - 14:05

Gender

John Foster Hall Swithland Room

Williamson, E., Hester, M., Jones, S. K., Feder, G.

Asking men about domestic violence and abuse (DVA) in a GP setting: Recruitment and participation

This paper is concerned with the methodological challenges of recruiting male patients in general practice to research about domestic violence and abuse (DVA). From October 2010, 2431 eligible male patients were approached and asked to complete a survey asking about their experience of DVA as victims and/or perpetrators in 16 general practices in the South West of England. 1430 men completed part one of the survey, 59% of those who were approached. This paper will present the recruitment figures from each of the practices involved. This recruitment data will be compared with other studies which have been designed to ascertain the prevalence of DVA within male and female health populations. Within this paper

we will outline the planning and implementation of the study and the methodological and ethical challenges which were faced. We will conclude by examining the lessons which were learnt within this study, suggesting ways in which recruitment can be improved in the future. This paper will be of interest to those recruiting male patients within general practice, and in particular to those interested in asking questions about personal issues such as DVA.

Friday 7 September 2012

10:10 - 10:40

Health Service Delivery

Gilbert Murray Seminar Room 3

Yardley, S., Wong, G.

Understanding 'success' and 'failure' in multimorbidity: using realist synthesis to identify how social learning and workplace practices can be optimised

Multimorbidity has significant impact on life experiences. Implementation of strategic policies for 'integrated care' is challenging as few studies explain how or why healthcare interventions meet (or do not meet) people's multiple needs. Professionals and patients may have differing priorities and conceptualisations of risk-benefit balance. In Primary Care professionals must reconcile two different goals: provision of appropriate individualised healthcare and provision of constructive workplace-based learning for future professionals. Achievement of both goals depends on social and cultural mechanisms. Interactions and tensions between these goals affect healthcare delivery. Theoretical frameworks are needed to inform interventions accounting for clinical and educational goals if we are to develop high quality care for people with multimorbidity.

This paper discusses a realist synthesis which initially explored the relevance of Vygotskian theories of workplace learning and social practices to multimorbidity. Realist synthesis identifies and makes sense of variable outcomes caused by interaction between mechanisms and contexts. A synthesis of social science, education and primary care literature aimed to: understand perceptions of 'success' and 'failure' in multimorbidity, and; identify how social learning and workplace practices could be optimised. I will present methodological insights and findings arising from the project including a theoretical model constructed using the realist analytic framework of context, mechanisms and outcomes. This seeks to answer aspects of 'what works for whom, to what extent, in what circumstances, in what respect, how and why?' (Wong et al, 2012). The findings are being used to clarify provision of optimal workplace learning and integrated care in multimorbidity.

Thursday 6 September 2012

14:35 - 15:05

Open Stream

Gilbert Murray Seminar Room 2

Ziebland, S., Wyke, S.

University of Oxford

Health and illness in a connected world: How might sharing experiences on the internet affect people's health?

The use of the Internet for peer-to-peer connection has been one of its most dramatic and transformational features. Yet this is a new field with no agreement on theoretical and methodological basis. We drew on realist review methods to conduct a conceptual review of literature in the social and health sciences. We identified seven domains through which online patients' experiences could affect health. Each has the potential for positive and negative impacts. Five of the identified domains (finding information, feeling supported, maintaining relationships with others, affecting behavior, and experiencing health services) are relatively well rehearsed, while two (learning to tell the story and visualizing disease) are less acknowledged but important features of online resources. The value of first-person accounts, the appeal and memorability of stories, and the need to make contact with peers all strongly suggest that reading and hearing others' accounts of their own experiences of health and illness will remain a key feature of e-health. The act of participating in the creation of health information (e.g., through blogging and contributing to social networking on health topics) also influences patients' experiences and has implications for our understanding of their role in their own health care management and information. This review informs a National Institute for Health Research research programme on the impact of online patients' accounts of their experiences with health and health care, which includes the development and validation of a new e-health impact questionnaire.