Poster Presentations

Posters will be displayed in the refreshment area next to room PT006 within the Exhibition Centre for the duration of the conference. There is a designated poster viewing time: Wednesday 9 September 2015 18:00 – 19:00. Presenters will be available during this time to discuss their work. Posters are listed in alphabetical order by first named author. **Alongside the poster session we are pleased to announce there will be a drinks reception kindly hosted by the Sociology of Health and Illness.**

SOCIOLOGY OF HEALTH & ILLNESS

Poster Presentation Prize

Please don't forget to vote for the best poster – each poster has been allocated a number, please refer to this number when completing your ballot slip. You will find the ballot slip behind your name badge and the ballot will be placed near to the poster display area. Voting will close at 18:15 on Thursday 10 September, and the winning poster will be announced at the conference dinner. The winner will receive £100 worth of SAGE book vouchers.

POSTER 1

Patient-Centred Care: Applying Theory to Practice in a Dental Setting

Alrawiai, S., Asimakopoulou, K., Scambler, S.
(King's College London)

Patient-centred care (PCC) has been advocated as an approach within healthcare for over 40 years and many models have been developed in an attempt to define the concept. Whilst there remains no universally accepted definition, PCC models have been developed within medicine that offer some common ground and discuss a way of practicing that is fairly well-defined. Building on this, recent work within the field of dentistry has resulted in the development of a theoretically informed model of PCC which looks at the use of information and patient choice within a dental setting. This poster presents the results from a qualitative study examining the utility of this model in clinical practice. In total 20 semi-structured interviews were conducted with practicing dentists who also hold clinical teaching positions. All interviews were recorded and transcribed verbatim and were analysed using a thematic framework derived from the literature and developed through the analysis process. The results of the study suggest that whilst PCC is acknowledged as important and the model is seen as a useful guide, the highest level of the model (patient in full control of the consultation) was an ideal rather than a practical reality. The study also suggests that dentists generally view the lowest level of the model (information only) as an out-dated but needed approach in some cases. The provision of dentistry within an NHS setting, patient barriers, poor communication skills of (other) dentists and the clinical diagnosis were all identified as barriers to adopting a patient centred approach.

POSTER 2

Painted In: An Exploration of the Therapeutic Value of Supported Creativity in the Lives of Individuals Facing Distress and Other Mental Health Challenges.

Baddeley, A.

Mental health is one of the most pressing issues of modern times. In 2015 the UK government pledged to increase funding for the mental health sector. This decision comes in the wake of several high profile campaigns that identified a need to raise awareness of, and the challenges faced by, individuals with mental health problems.

Much of the current intervention and treatment of psychological problems relies on adherence to strong psychoactive medications. However, as with other facets of health, it was noted that there is an upsurge in the interest in, and use of, alternative methods. Bendelow (2009) explores the motivation of individuals seeking those therapies and argues that they gain an increased sense of personal value. Pratt (2004), Heenan (2007), Bramley and Green (2007) and Boekhoven (2010) have all discussed the positive benefits of art based intervention. However, there is very little evidence as to precisely why art-based therapies prove to be so effective. This study will use the service user's own words and aims to quantify the experience of using art-based therapy as part of a recovery plan.

Poster Presentations

POSTER 3

'Just Because It Doesn't Make Any Sense Doesn't Mean It's Not Real': Patient Experiences of Care Pathways in Persistent Orofacial Pain.

Breckons, M., Bissett, S., Durham, J., Exley, C.

Persistent orofacial pain (POFP) is relatively common and its management takes place between medical and dental services. Previous research suggests that care pathways are inefficient, may have a negative impact on peoples' experiences and actually worsen the complaint.

This paper will explore and describe the impact of current care pathways on people living with POFP. A purposive sample of twenty-three POFP patients were interviewed using a semi-structured topic guide. Questions focused on patient's journeys through care and the impact of different points on this pathway. Data collection and analysis was iterative and based on the constant comparative method.

In interviews people spoke about the impact of POFP on their everyday life: the severity of the pain and its impact on social, family and work life. With reference to their care, people described frustration at a protracted care pathway in which they felt their progress was hindered through interactions with clinicians and delays in referral, diagnosis and treatment, which in turn negatively impacted on their experience of living with POFP.

The current care pathway fails to legitimise POFP and fosters 'narratological distress' (Lavie-Ajayi et al., 2012) in which the inescapable lived experience of the condition is juxtaposed to a care pathway in which pain evades diagnosis and treatment for extended periods of time. Acknowledgement of the nature and impact of POFP needs to be reflected in redesigned care pathways in which a timely diagnosis and treatment is prioritised.

POSTER 4

Help-Seeking in the Event of Psychological Distress: An Exploration of Lay Understanding and Journeys Towards Care

Brown, S.
(University of Nottingham)

This study explored the seeking of help from a General Practitioner (GP) in the event of psychological distress. By including a focus upon lay understanding around mental health, the study explored whether lay understanding can usefully shed light on help-seeking patterns in primary care.

Help-seeking has been shown to vary according to various factors, and is not necessarily correlated with need; frequently, those who need help most do not seek it, whilst those with low need are more likely to enter care. Lay knowledge is perceived as playing a crucial role in help-seeking, but its role is not clear.

Qualitative interviews (n=20) were used to explore the stories of people who have recently sought help (n=9), alongside a group of 'lay' participants (n=11) who discuss distress, help-seeking and mental health more generally.

The study shed light on the limited role of lay knowledge; its role is most evident when considering hypothetical help-seeking. For recent help-seekers, journeys towards care were mediated by factors pertaining to their wider lives (i.e. over and above any lay understanding); it was intimately related to their context. The study points towards the need to view help-seeking as an act that is not necessarily individualised. The study sheds light on aspects of individuals' stories that render distress more or less likely to enter Primary Care, illuminating the process of medicalisation of distress for certain individuals in particular (for example, those receiving care for physical health problems).

POSTER 5

Women and Alcohol: Experiences of Home Drinking

Chandler, V.
(University of Greenwich)

UK alcohol culture has changed in the last 20 years. There has been a shift from drinking alcohol in licensed premises to drinking at home (Foster 2010). Alcohol especially wine, the preferred drink for women (Lader and Steel 2009), has become readily available in supermarkets (Burnett 1999) and alcohol in 2013 was nearly 61% more affordable than it was in 1980 (HSCIC 2014). Women who consume alcohol at home are likely to belong to the higher socio-economic groups and to exceed the recommended amount, raising the risk of health harms (Institute of Alcohol Studies 2013).

The study will explore the experiences of women who drink at home and ask whether home drinking contributes to the development of problematic drinking, an area not previously addressed. The mixed methods methodology for this study will begin with a review of relevant academic and policy literature. Personal accounts of home drinking will then be gathered from websites catering to two groups of women who drink at home – those who have, or have not, experienced drinking problems. Both groups will be invited to complete an electronic survey including the Home Drinking Assessment Scale (Foster et al - in press). A purposive sample of 12 women from each group will be interviewed followed by a focus group to feedback the initial findings. The website personal accounts of home drinking will be textually analysed. The electronic survey will be analysed statistically. Interviews and focus groups will be analysed using thematic analysis.

POSTER 6
The Mythical 'Flattened Hierarchy': Challenging a Sacred Principle of Therapeutic Communities

Clarke, J.
(University of Nottingham)

Therapeutic communities (TCs) are planned social environments that aim to provide a safe setting whereby troubling relational patterns can be explored, often through reprising interpersonal dynamics found in family relationships. Democratic TCs, like some psychiatric milieus, use a 'flattened hierarchy' model whereby staff and clients are considered to have an equal voice and share administrative and some therapeutic responsibility. Whilst critics of TCs have noted that power dynamics between staff and client members is open to social control, crucially, explorations of power have not specifically focused on power dynamics between clients. This paper will explain how TC client members negotiated and enforced expected standards of their community through an analysis of power within everyday interactions. Data from two TCs for individuals with a diagnosis of personality disorder highlights that power dynamics could empower clients to recognise their personal agency. However these dynamics could also be destructive when members were excluded or marginalised. Thus some social interactions did not always establish mutuality with all community members. Instead, some clients at times used their interactions to consolidate power amongst dominant members. As such, it is argued that the flattened hierarchy approach that theoretically guides TC principles does not actually function as a flattened model in practice. Rather, a fluid hierarchy, whereby clients shift and change social positions, seems a more accurate explanation as to how the power structure operated within the communities, including amongst the client group. Additionally, this paper will explore how hierarchy becomes fluid, particularly in times of crisis.

POSTER 7
Childhood Cancer and a New Type of Radiation Therapy: An Investigation Into Clinician, Parent and Patient Perception and Experience

Haerizadeh-Yazdi, N.
(University of Surrey)

The turbulent case of Ashya King, the young patient who struggled to access a desirable mode of therapy, Proton Beam Therapy (PBT), was the focus of media and public discussion towards the end of summer 2014. The story that unfolded highlighted the restricted access route in place for PBT, and suggested that this not only affects the patient and their family, but also has an impact on the medical professionals involved. The case revealed the way in which the role and autonomy of the parents as well as the medics involved in the paediatric clinical encounter is sometimes challenged in decisions concerning treatments. Morover, it highlighted the way individuals, institutions and medical technologies collectively structure and impact experiences of illness.

The proposed research is founded on a multi-disciplinary PhD based in the disciplines of Sociology and Physics. It is a qualitative, multiple-perspectives inquiry, seeking to examine the patient and parent perspectives and experiences, as well as that of the medical professionals, in order to elicit the various perspectives of these different actors, connected via a common material thread. Whilst adding to the small literature regarding the experiences of paediatric brain tumours, the research will also examine the impact of having to travel for treatment on young patients and their families. The research will investigate the impact of rationing medical treatments on the medical professionals and patients involved. Findings from this study are likely to apply to users of the technology when it is introduced in England in 2018.

POSTER 8
The Lived Experience of the Psychosocial Interplay Between Type 1 Diabetes and Work-Life: Work in Progress

Hansen,U. M.
(Steno Diabetes Center)

When a person with type 1 diabetes chooses to have high blood sugar values while at work to avoid the risk of hypoglycaemia it may be inconvenient and inappropriate for his diabetes but good for his work. This form of strategic non-compliance (Campbell et al. 2003) reflects one of the ways whereby people with type 1 diabetes negotiate the interplay between illness and work-life. With a theoretical stigma perspective this strategy corresponds to the construct passing coined by Goffman (1963) where a person in a potentially stigmatizing situation tries to pass as normal.

In this PhD study I will explore the psychosocial interplay between type 1 diabetes and work-life from the perspective of people with type 1 diabetes guided by the following research questions:

- What is the size and character of the burden of type 1 diabetes in work-life?
- How is the social identity of people with type 1 diabetes constructed in work-life?
- How is the social practice of people with type 1 diabetes in work-life? What is the situated logic of this practice?

The study design combines epidemiological and ethnographic methods with sociological theory and concepts. While a survey provides aggregate data about the size and character of the illness burden ethnographic data provides a more rich qualitative exploration of the diversity of everyday experience.

POSTER 9

Hesitating to Present: A Qualitative Study of Delayed Presentation in Smokers with Potential Symptoms of Lung Cancer

Hendry, A., Hiscock, J., Neal, R. D.
(Bangor University)

This poster presents an early stage PhD seeking to explore reluctance in smokers to present with chest symptoms and examine issues of stigma and blame perceived by people who smoke.

A significant number of cases of lung cancer are attributable to smoking and smokers are at a significant risk of developing the disease. It has been shown that smokers are likely to delay seeing their doctor. Some evidence has been shown that delays in diagnosis can seriously influence the outcomes of lung cancer and patients are often inoperable at the time of diagnosis. It is important to seek out the reasons for those delays. It has also been postulated that sufferers of smoking related cancer may experience feelings of stigma, blame, shame or a sense of having a 'self-inflicted' cancer.

The primary data in this study will be drawn from forty qualitative interviews with a purposive sample of people recently diagnosed with smoking related lung cancer and will explore their experiences of key themes in relation to delayed presentation. This will be followed by four focus groups with current smokers, without cancer, and will analyse their experiences and opinions.

The data collection tools will be built on a bank of evidence generated by two literature reviews; a systematic review to examine relevant published studies and a broader narrative review to explore wider sociological theories, particularly the work of Erving Goffman. It is hoped that this study will encourage more timely future presentation.

POSTER 10

Inter-Embodiment Versus Autonomy: Exploring the Values Placed on Oral Feeding by Caregivers Involved in Gastrostomy Decision Making for a Disabled Child

Holt, K., Pennington, L., Parr, J., Rapley, T., Thomson, J.
(Newcastle University)

Feeding difficulties are common in children with neurological disabilities. If children have problems safely swallowing enough food or fluid, gastrostomy feeding via a tube through the abdominal wall may be offered to augment or replace oral feeding. For parents, making the decision about a gastrostomy for their child is complex. Systematic reviews have indicated that the risks and benefits of gastrostomy insertion are unclear. Previous research with mothers highlighted that the gastrostomy decision-making process for some families was associated with uncertainty, stress and conflict. One major contributing factor to decisional uncertainty related to the high value mothers placed on oral feeding. However, the perspectives of other caregivers have not yet been adequately studied.

This ongoing study includes observations in clinical settings and 28 interviews with a broad range of family members and healthcare professionals involved in gastrostomy decision-making for a child. Key differences between mothers and other decision stakeholders are emerging around the values placed on oral feeding. Ideals about successful mothering rely on the inter-embodiment of mother and baby that enables nutrition in pregnancy extending into infancy and early childhood via the practices of (breast) feeding. Fathers and other caregivers enjoy embodied interactions via physical play and excursions which may increase as a child becomes more autonomous. For mothers, a gastrostomy may interrupt inter-embodiment between herself and her child. For other caregivers, a gastrostomy may threaten the child's future autonomy. These findings have significant implications in terms of better supporting decision-making on mode of feeding.

POSTER 11
'Health Seeking Behavior and Health Care Utilization of Men in Brunei Darussalam'

Idris, D. R., Forrest, S., Brown, S.

Despite a growth in interest in the relationship between masculinities and health seeking behaviour, particularly in the UK and other western countries, little research exists about intersections of gender and ethnicity with health seeking behaviour in multi-ethnic cultures. This paper explores preliminary findings from a study investigating how being a man in Brunei Darussalam, a country with a strong religious and diversity cultural society, influences men's perception and attitudes towards their health and help-seeking behavior. Despite worrying epidemiological evidence about health needs among men in Brunei, no research on this has been done.

This grounded theory study utilizes semi-structured interview and focus groups with a total of 44 men and women from diverse ethnic backgrounds in Brunei Darussalam.

Initial findings indicate that age is a major influence; younger men actively seek health information from books and internet and use modern medicines, whereas older men utilize natural remedies and traditional practices learnt from parents or grandfathers. Marital status and role in the family also influence the relationship between masculinity and health-seeking, with health-seeking bound up with masculine roles: breadwinner, leader of the family, 'Imam (prayer's leader)' and 'man of the house'. Men talked about health in a way that was almost never about 'me as a man' but 'me as men in relation to others'.

Factors such as convenience, effectiveness, and past experience also influence behaviour, and seeking help from health care professionals is seen as rather inconvenient, thus making it not the first choice of treatment for most Bruneian men.

POSTER 12
The Use of Visual Diaries to Elicit Insights into Everyday Life

Martin, W., Pilcher, K.
(Brunel University)

Aspects of our everyday lives are habitual, taken for granted, and not often opened up for critical reflection. Habitual practices of daily living do not require deliberation when experienced as 'natural' aspects of our localised social worlds. This presents key methodological and theoretical complexities when researching daily lives. This poster draws on the empirical study Photographing Everyday Life: Ageing, Bodies, Time and Space, funded by the ESRC, that developed a participatory visual method to explore the daily lives of people as they grow older. The research involved a diverse sample of 62 women and men aged 50 years and over who took photographs of their different daily routines to create a weekly visual diary. This diary was then explored through in-depth photo-elicitation interviews to make visible the rhythms, patterns and meanings that underlie habitual and routinised everyday worlds. This poster will critically reflect on: (1) the limitations and possibilities for participants to capture their daily lives in visual diaries: presence, absence, deletions; (2) representation, reflexivity and the portrayal of daily life: what can we 'know' from an image?; and (3) the effective management and analysis of a large dataset (4471 photographs and 62 textual transcripts): the use of ATLAS.ti tools to integrate visual and textual data and to combine different analytic approaches to provide a holistic interpretation of the data. We conclude by reflecting on the extent to which the use of visual diaries has been an effective method to elicit insights into daily lives.

POSTER 13
Desirable Spaces and Responsible Places: Exploring Changing Local, Embodied and Affective Alcohol Landscapes

Milton, S.
(London School of Hygiene & Tropical Medicine)

The past decade has seen a transformation in landscapes of drinking in the UK. Faced with the decline of traditional industries, many UK cities have sought to reinvent themselves as places of consumption (Roberts and Eldridge, 2009), achieved in part by developing nighttime economies. The relationship between alcohol and the development of modern industrial urban life, and 'problematic drinking cultures', has been the subject of a great deal of academic attention. However how the embodied, sensorial, and affective dimensions of alcohol and space remain underdeveloped areas of research (Bøhling, 2015).

In November 2005 the UK initiated its first major relaxation of alcohol licensing for almost a century (Valentine, 2007). This study focuses on recent licensing changes in a Greater London borough and the effect it has had on the local environment.

Local residents were interviewed in order to produce personal and historical narratives of place, situating recent licensing changes in a broader context. Interviews explored how the local environment had changed over time, what was involved in the imagination of 'desirable' and 'problematic' places (and by extension 'desirable' and 'problematic' peoples). Taking an ethnographic approach, which included participant observation in places affected by licensing changes, an affective and embodied account of local spaces and places was developed. Focusing on local alcohol environments allowed exploration of the multiplicities of what was invested and involved in desiring change for the local environment. Different temporal landscapes overlapped, including that of the residents, of licensing and public health, and of the transient nighttime economies.

POSTER 14
Foreign Trained, Domestically Shamed: The Experiences of International Medical Graduates in Canada

Moneypenny , C. R., Austin, Z.
(University of Toronto)

Internationally trained physicians, also known as International Medical Graduates (IMGs), account for a sizeable portion of the healthcare workforce in Canada. Approximately 25% of practicing physicians in Canada are IMGs. They are relied on heavily to mitigate physician shortages in rural areas. Yet despite this, only 10 % that apply become licensed. IMGs, especially those who are born and educated outside of Canada, the US or the UK, appear to face numerous barriers, including discrimination when attempting to practice medicine. In Canada, IMGs seem to experience alienation and perceive a divide between being a foreign trained physician versus being Canadian-trained. Very little qualitative research has been conducted regarding the experiences of IMGs. Therefore, the objective of this study is to explore IMG's experiences of alienation, being 'othered' and difficulties with the licensure process. The aim is thus to analyze these experiences using critical theory to understand the inequalities entrenched in the medical profession and societal structures, with the goal of producing social change for IMGs. The research methodology will take a qualitative approach. This will be done through semi-structured interviews with IMGs themselves, which will then be analyzed using critical theory. A purposive sampling technique will be employed and sample size will be determined upon saturation. The interviews will be audio-recorded and transcribed verbatim for data analysis. Thematic coding will be conducted. Data will then be mapped and interpreted using the codes and a theoretical framework informed by the works of Franz Fanon and Edward Said.

POSTER 15
Patients' Perspective and Experiences of Clinical Trials in Japan: Return of Research Results

Muto, K., Yoshida, S., Nakada, H.
(The University of Tokyo)

Background: While patients' involvement is essential to improve systems and circumstances of clinical trials, their experiences rarely be shared with others. Additionally, few national surveys on patients' attitudes toward clinical trials and their experiences have been conducted. The objective of this study is to investigate patients' perspectives and experiences of clinical trials in Japan.

Methods: We conducted a cross-sectional and web-based questionnaire survey in March 2014. We also referred our interview dataset from 35 patients which were by applying the same methods used by the Oxford Health Experiences Research Group.

Results: We analyzed a dataset obtained from 12,506 patients (Response rate=58%). Mean age of the respondents was 52 (range, 20 to 79). 'Randomization' and 'placebo' were poorly understood (25.5% and 56.1%, respectively) while most of them (87.4%) understood that clinical trials were conducted to establish evidence for future medicine. Of the respondents, 8.7% (n=967) had enrolled a clinical trial. The major motivations for enrolling were 'contributing to develop new therapies for my disease' (44.2%) and 'contributing to the advances in medicine' (42.7%). Among the enrollee, most of them (76.5%) have not known about the results of clinical trials.

Discussion: The Declaration of Helsinki state that 'Negative and inconclusive as well as positive results must be published or otherwise made publicly available'. However, it is not strange their indifferent attitudes toward research results if the enrollee hoped for health benefit due to therapeutic misconception (Appelbaum et al. 1982) or a rational wager (Locock and Smith 2011).

POSTER 16
An Exploration of the Experiences of Adults with Congenital & Early-Acquired Hemiplegia

Neal, K.
(Royal Holloway, University of London)

This research explores how people with hemiplegia develop ways of coping and integrating (or not) their physical impairment into a sense of self-identity. As such, this study engages with and helps to contribute to sociological literature on the body and identity.

Hemiplegia is a form of cerebral palsy affecting one side of the body resulting from damage to the brain. Although a non-progressive condition, bodily deterioration often occurs with age, and 50% of people have additional diagnoses (e.g. epilepsy, speech or learning difficulties, and emotional problems) (HemiHelp, 2015). There is currently a gap in the sociological literature concerning the experiences of adults with hemiplegia who have had the condition since childhood. This research draws on literature from the fields of disability studies and medical sociology (such as impairment/disability and medical/social model debates), on the body, chronic illness, self and identity, and stigma (the work of Goffman being a key influence). The theoretical approach underpinning this research, symbolic interactionism, is considered a suitable and relevant approach allowing exploration of the inherently social and interactive nature of the body and identity in disability.

The methodology of grounded theory, in particular a constructivist grounded theory (Charmaz, 2006), is used, with data collected through both qualitative semi-structured interviews and observation of a forum for people with hemiplegia. Whilst data collection is ongoing, areas such as physical self-consciousness, strategies & assistance used, (in)visibility of the condition, & premature ageing are explored, with 'transition' a key focus for participants.

POSTER 17
Adherence to ARVS Among Young People Aged 15-24 in Kenya

Okumu, J.
(Northumbria University)

Adherence to anti-retroviral (ARVs) is considered the best option of managing HIV/AIDS and yet, there is no formal or reliable information about it in Kenya. This study looks at the experiences of young people on ARVs within a changing discourse of HIV, as they make transition into adulthood. The main objective is to explore factors that influence adherence to ARV's among young people aged between 15-24 years. The research employs systems thinking and uses the PEN-3 model and social ecological theory to understand factors that influence adherence to ARVs. An ethnographical study of our lady of perpetual support organisation (OLPS) was conducted through 10 in-depth interviews with the staff and 35 interviews with young people accessing services for HIV care.

From the preliminary findings, perceived stigmatisation, family support and disclosure play a major role in adherence to ARVs. However, the needs and wants of the individual to establish loving relationships, to be accepted and respected among the peers and to fit in to different socio-cultural situations influences adherence more than the medical aspects of it. The young people living with HIV are in a changing discourse of HIV, influenced by the media, religion, cultural practices, family and school, all of which sometimes have contradictory view on HIV and this happens at a crucial point in their lives when they are establishing loving relationships and identity. In conclusion, in order to ensure adherence to ARVs among young people, it is crucial to have a holistic and multi-discipline focus on adherence interventions.

POSTER 18
Becoming a Parent of a Child with an Undiagnosed Genetic Condition

Richards, A.
(University of South Wales/Genetic Alliance UK)

The illness experience can be studied as a dynamic process of identity formation or 'becoming'. The importance of a diagnosis for patients during this journey is well documented, however, less is known about identity formation in the absence of a diagnosis or from the perspective of a parent. Taking a phenomenological approach, the aim of the research is to explore how parents experience having a child with an undiagnosed genetic condition and how the personal and collective identities of such parents are shaped. To date, five semi-structured, in-depth interviews have taken place with parents of the SWAN (Syndromes Without A Name) UK initiative. They were audio-recorded, transcribed verbatim and analysed thematically with the support of Computer Assisted Qualitative Data Analysis Software, NVivo 8. Findings reveal a gradual process of identity formation over time. Interviewees described an initial chaotic period to parenthood, characterised by their child's unexplained symptoms and endless medical appointments.

Parents recalled trying to make sense of their situation and devoting significant amounts of time and effort in the search for a diagnosis and for a greater sense of belonging. Interaction and identification with other parents in similar situations was valued highly by interviewees and appears to be crucial to adjusting to life as a parent of a child with an undiagnosed genetic condition. The research suggests that the notion of 'becoming' is a helpful framework to better understand and conceptualise the experiences of parents with children affected by undiagnosed genetic conditions.

POSTER 19

Opinions of Physicians in Pharmacists Regarding Generic Medicines: The Qualitative Study in Latvia

Salmane-Kulikovska, I., Poplavska, E., Mezinska, S.

Successful implementation of generic substitution policies to a great extent depends on physicians' prescription habits and pharmacists' willingness to dispense these medicines. The public perception is largely shaped by the opinions of physicians and pharmacists. Attitudes towards generic medicines have been studied internationally, however no studies reveal attitudes of healthcare professionals in Latvia.

The qualitative study employs semi-structured face-to-face interviews with 14 general practitioners (GPs) and seven pharmacists. Distinctive attitudes of healthcare professionals towards generic substitutes were revealed. Most important concerns were related to perceived lower efficiency and more side-effects of generic medicines, although in part of the cases these claims were not based on patients' reports, but rather on information from different sources, including pharmaceutical companies. The attitude of health professionals towards patient involvement in treatment decisions and choice of medications was inconsistent. Health professionals' critics towards policy interventions that are aimed at promotion of generic substitutes was grounded on the claim that patients' agency should manifest itself in patient's free choice between original medicines and generic substitutes. At the same time GPs accounted that patients should adhere to certain norms of 'appropriate behaviour', e.g. dissatisfaction was expressed with patients who, in addition to the doctor's treatment advice, consult other information sources about medicines.

POSTER 20

Increasing Access to the Medical Professions: A Critique of Current Widening Access Programs Using Ceri Browns Educational Binds of Poverty

Smith, H.,
(NHS Tayside)

Widening participation for entry into university to study medicine for underrepresented groups is something actively promoted by the Medical Schools Council and guidance is issued to help medical schools develop programs towards this goal. A variety of widening participation schemes exist across the United Kingdom instigated by medical schools and universities engaging with students at a variety of age ranges.

An outcome measure for the success widening participation schemes is increasing the percentage of overall applicants and successful applicants from non-typical backgrounds. Since implementation some programs have raised rates of application from target postcodes by as much as 17%.

In a recent groundbreaking work by Ceri Brown, 'Educational Binds of Poverty', the lives of school children living in poverty and the binds that they must navigate during their time at school are outlined. To be successful at increasing access to the medical profession medical schools and university outreach programs must negotiate with these binds identified by Brown to achieve the stated outcome of the medical schools council; a medical profession that better represents the community it serves whilst maintaining excellence. In light of Browns new work where have these outreach programs failed to identify potentially fruitful avenues for intervention in relation to the binds from which children from poverty experience? In this poster areas for further intervention are highlighted and areas of intervention already implemented are discussed in the context of Browns work where appropriate.

POSTER 21

The Nature of Adolescence: Understanding the Translation of Neuroscience into Healthcare Practices

Smith, S. J.

The concept of adolescent transitional care aims to increase independence and self-management with regard to healthcare and is informed by an emerging field of cognitive developmental neuroscience. Increased attention to adolescent health policy constructs the move from paediatrics to adult services as a challenge for clinicians due to the 'nature of adolescence'. Clinical understandings of transition relies on neurobiological evidence for the specificity of adolescence, yet engages little with how recent and culturally specific the concept is.

Drawing on debates in sociology and anthropology of science and medicine, I critically examine how the challenge of adolescence is constructed in current healthcare and what this means for those involved in the care of young people with co-morbid intellectual disabilities. Using an ethnographic approach, fieldwork focusses upon a NHS epilepsy transition clinic as a site where the translation of cognitive developmental neuroscience is put into practice.

Preliminary analysis of observation and interview data highlight that the practice of transition is motivated by: (i) an avoidance of psychosocial risk into adulthood and (ii) the production of future citizens who practice appropriate self-care. Through implementation of specialised transition clinics and policies, a psychologised and responsibilised view of those in between childhood and adulthood is produced and maintained by clinical and neuroscientific 'actors'. However questions remain as to whether transitional care is equally accessible to all young people. This research contributes to debates in social studies of medicine surrounding the translation of neuroscientific and psychological knowledge into the production of healthcare practices.

POSTER 22

Does Medicalisation Influence Treatment Choice in Sciatica Care? A Study at the Micro Level

Van Dijk, Wieteke, Tanke, M., Faber, M., Jeurissen, P., Westert, G.
(Radboud University Medical Center)

Background: medicalisation is the process by which ever more aspects of the human condition are defined and treated as medical in character. This changes the perception of health and illness. A common 'ecological fallacy' within medicalisation research is the deduction that medicalisation at the macro level is the sum of medicalisation at the micro level. For example: overtreatment of sciatica with surgery results from the medicalisation of lower back pain at the micro level, e.g. as an outcome of the conversation of the patient with their doctor. This assumption, however, is unproven.

In patients with sciatica resulting from lumbar disc herniation the natural course of the disease is positive, with 70% of patients recovering within 13 weeks and over 90% within a year without active treatment. Yet about 20% of Dutch patients receive surgery. To prevent the pitfall of explaining overtreatment at the macro level with medicalisation at the micro level it is crucial to understand patients and physicians perception of sciatica.

Research question: is the individual decision of sciatica treatment influenced by medicalisation? How are patients and physicians involved in this decision?

Methods: we conduct semi-structured interviews with patients (30-35 interviews), General Practitioners, physiotherapists, neurologists and neurosurgeons (6-8 interviews per profession). Further, clinical encounters are observed.

Results: during the conference we will present our first results on the influence of medicalisation of sciatica treatment choice at the micro level. This will add to our understanding of the relation between medicalisation at the micro and the macro level.

POSTER 23

Exploring COPD Patients’ Experiences of a Wearable Self-Monitoring Tool For Reducing Sitting Time

Weedon, A., Orme, M., Singh, S., Esliger, D., Sherar, L., Downey, J., Saukko, P.
(Loughborough University)

Multiple studies have sought to increase the physical activity of Chronic Obstructive Pulmonary Disease (COPD) patients. This feasibility study takes a more gentle approach, seeking to reduce the sitting time of COPD patients in hospitalisation post exacerbation. The feasibility intervention will offer patients education including 'top tips' to reduce their sitting time. We will also use a wearable self-monitoring device which will vibrate prompting the patient that they have been sitting for too long. Results will focus on a nested qualitative project, which will interview the patients before the intervention to gauge both context and understanding of their COPD, their typical good and bad days and associated activities and their experience and understanding of physical activity, exercise and sedentary behaviour. Follow up interviews will explore participant's experiences of both the education component and the use of the self-monitoring device. The proposed study will seek to 1.) Evaluate the usefulness of incorporating a sedentary behaviour intervention into clinics for post exacerbation COPD patients and 2.) Evaluate the acceptance, use and feasibility of the self-monitoring technology. This qualitative study will, in particular, explore the complexities of the self-monitoring device, the vibration, and the draw of visualisation feedback. Given that COPD patients tend to be older, of lower socioeconomic status and ethnically diverse, it is paramount that we make sense of how these new technologies are experienced by this patient population.

POSTER 24

The Hansen's Disease Policy of Korea Under Japanese Rule:Their Relationship with Britain's 'Relief Measures'

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The present study was conducted to: (1) discuss changes in policies for Hansen's disease (HD) adopted by Korea while governed by Japan between 1916 and 1935; and (2) review intervention for HD care in colonies implemented by the Mission to Lepers (MTL), an organization established by British missionaries.

Policies for HD during this period were discussed based on previous studies, administrative documents at that time, newspaper articles and interviews.

The Japanese Governor-General of Korea established Sorokdo Charity Clinic and had the hospital director implement the integrated management of HD which had been managed by foreign missionaries, under the supervision of the government. The government also expanded the facility to increase its capacity, and issued the Act on the Prevention of Korean HD for stricter management. The act increased the authority of the Governor-General of Korea, and allowed him to control the management and autonomy of the hospital, which had previously been at the hospital's discretion. The measures for HD at that time not only aimed to improve the management of patients, but also reflected the government's colonial policies, which had been adopted to deprive Koreans of their land, lives, and dignity. From the 1910s, the MTL of Britain had been implementing a quarantine policy for HD patients in British Malaya and British India, and involved in relief activities for HD in Korea while governed by Japan. The conflicting 'relief' measures actually had aspects of both 'charity' and 'exclusion', and significantly influenced the policies for HD.