

Symposium Report

While the sociology of diagnosis has seen a resurgence of interest, as exemplified by the work of Annemarie Jutel and others, the linkage between diagnosis and clinical intervention remains comparatively under-researched and under-theorised. The aim of this symposium was to bring together scholars in the sociologies of medicine, health and illness to address this gap and develop an agenda for further research in this area. The event also served to inaugurate the Health, Technology & Society (HTS) research group at Exeter. Headed by Dr Susan Kelly, the HTS group focuses on social aspects of technological innovation in the life sciences, health and medicine, with particular emphasis on diagnosis and diagnostic technologies.

The symposium was organised into morning and afternoon sessions, with the morning session involving an introduction by Dr Kelly and presentations from each of the three invited speakers. The afternoon session was set aside for group discussion of the issues raised by the speakers in the previous session and identification of important themes for future research.

Session 1

Susan Kelly (Exeter) began the session by introducing the HTS group and its core aims and then proceeded to outline relevant approaches in *'The sociology of intervention'*. Observing that much of the sociological literature on decision making in relation to health and healthcare is dominated by concepts of risk and individual autonomy, Dr Kelly directed attention to alternative approaches drawing on phenomenology of impairment and the socio-historical context and production of disability. Drawing on her own work with families of children diagnosed with genetic conditions, Dr Kelly illustrated the predominant trend for ever-earlier medical intervention, and especially childhood intervention. Accompanying this trend are narratives of guilt, responsibility and the sense that impaired bodies are 'malleable' and open to being changed by medical intervention.

'Towards a sociology of diagnosis': Sarah Nettleton (York) complemented the preceding presentation by outlining the emergent sociological approach to diagnosis developed by Annemarie Jutel, with whom Dr Nettleton has worked closely. This approach calls for greater sociological attention to the complexity and context(s) of diagnosis and, drawing on the pioneering work of Mildred Blaxter, argues that diagnosis needs to be conceptualised as a process, a classificatory system for ordering medical knowledge about bodies and diseases and as social consequence for individuals and groups who receive (and confer) diagnostic labels.

Celia Roberts (Lancaster) talk, entitled *'Articulating transitions between diagnosis and intervention'* added a perspective from science and technology studies (STS), using a case study of precocious puberty to demonstrate how measuring technologies may frame the body in particular ways but do not negate the role of tacit judgements and political decision making in setting the boundaries between normality and abnormality, health and illness. Additional case studies of preimplantation genetic diagnosis and ultrasound screening were employed to show how novel diagnostic / screening technologies can reconfigure both patient experience and understanding of an embodied condition and the organisational practices and expertise of healthcare professionals tasked with utilising these technologies.

In the final presentation of the session, *'From bench to bedside: Diagnosis and medical uncertainty'* Oonagh Corrigan (Plymouth) discussed the tension between the drive for

certainty and order in assigning patients (and diseases) to specific diagnostic categories and uncertainty in the form of the inherent limitations of medical knowledge. Dr Corrigan argued that sociological study needs to consider the role of diagnostic categories and the negotiation of uncertainty across multiple intersecting sites, from medical education and training to laboratory research and clinical trials, and to examine the shifts from 'high tech' medicine to everyday practice and back again. It is also important to consider how physicians themselves learn about and deal with uncertainty at different sites.

Session 2

The afternoon discussion session was broad ranging and productive. A number of key themes emerged including:

- **The utility of a sociology of diagnosis:** many participants reported that adopting a 'diagnostic lens' allowed them to find new relevance in work they had not previously considered to be primarily 'about diagnosis' and enabled them to productively bring together insights from a range of sub-fields and domains including sociology of expectations, STS, medicalisation, sociological studies of mental health, quality of life, the profession(s) of medicine, public health and more.
- **The boundaries of inquiry:** The malleability of this approach also raises questions about how to delimit the frame of sociological enquiry. Should diagnosis include judgements about bodies and disease made by nurses, paramedics, pharmacists, coroners, lay individuals and practitioners of alternative medicine? If not, what marks diagnostic decision making by physicians as distinct and especially worthy of sociological attention?
- **Theorising diagnosis and intervention:** The relationship between diagnosis and intervention is not linear, but can be diffused across different locations (e.g. laboratory, clinic), different medical specialities and have particular temporalities (e.g. chronic illnesses, working diagnoses). Questions remain about the role of prognosis in linking diagnosis and intervention and about screening and testing as interventions in themselves.
- **Comparative studies:** it was agreed that future research in this area should include more comparative studies, looking at how a single disease is diagnosed and treated across different sites (e.g. different healthcare trusts, different countries etc) and also comparing multiple diseases at a single clinic or hospital.

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The HTS research group are: Dr Susan Kelly (Director); Dr Daniele Carrieri; Dr Hannah Farrimond; Dr Anna Harris; Dr Michael Morrison; Dr Ginny Russell; Dr Ernesto Schwarz.

HTS members are also involved with the forthcoming ESRC seminar series *The Role of Diagnosis in Health and Wellbeing: A Social Science Perspective on the Social, Economic and Political Costs and Consequences of Diagnosis*. The series commences in Exeter in January 2013 on the topic of diagnostic technologies. Subsequent events will be hosted by colleagues at the universities of East Anglia, Cambridge and York in 2013-4.

Summary prepared by Dr Michael Morrison [m.morrison@exeter.ac.uk].