

# A healthy does of subjectivity

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In comparing these three healthcare spaces and the assumptions around them, Sociology Professor Kevin Dew's research is uncovering some interesting truths about how ideas and practices gain legitimacy in healthcare and medicine.

You may not consider the medicine chest in your home, stuffed perhaps haphazardly under the bathroom sink, a part of your very own therapeutic centre. But Kevin's research highlights the fact that households are spaces where health and illness are constantly monitored, experimentation is undertaken, and a vast array of resource material is assessed.

"What amazes me is the complex process by which people bring together a range of sources to then decide how to treat a health issue," he says.

"There are quite systematic processes that go on as people try to work out what is best for them, or their children, in particular." On the other hand, the highly technical objectivity that we imagine is brought to bear by hospital specialists deciding treatments is not quite so cut and dried either.

Focusing on multidisciplinary team meetings that are held to discuss cancer cases in hospitals, Kevin's research looked at how subjective assessment feeds into the decision-making for patients' treatment.

Kevin gives an example of a case involving a patient who was a colour therapist. A specialist said in one such meeting they could recommend surgery to this patient, but didn't think the patient would "go for that."

"It's really interesting because the specialist categorised the patient as a colour therapist, and therefore someone who believes in an alternative approach," Kevin says. "It's brilliantly efficient and expresses a common understanding among the team, but there's nothing objective about it."

The third [healthcare](#) area Kevin's research focuses on is GP consultation. In looking at how treatment decisions are made in these consultations, he says one observation that stands out is GPs' practice of trying to 'keep the orthodoxy' by, for example, dissuading patients from alternative options.

Kevin thinks it's a matter of practicality for GPs to take the approach that 'this is the space you've come to, this is the established and understood approach we take and I don't want to hear about the other stuff.'

"I'm not criticising what's happening in these spaces, as you can't remove subjectivity. I'm just unsettling expectations and assumptions around what we think is going on and how decisions are made."

Provided by Victoria University

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