

Lecture 3 Norms, science and medicine: the power of the normal

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Introduction

- Learning objectives
- Why we teach this stuff
- A disclosure
- Biological normal
- Social normal: normal distribution, surveillance medicine
- Assumptions, questions, difficulties: the doctor-patient encounter

Intended Learning Outcomes

You should all be able to:

1. Describe how concepts of the normal and abnormal are created in social and biological terms;
2. Recognise that several forms of social differentiation will influence the doctor-patient encounter.

Tomorrow's doctor (GMC) - 2009

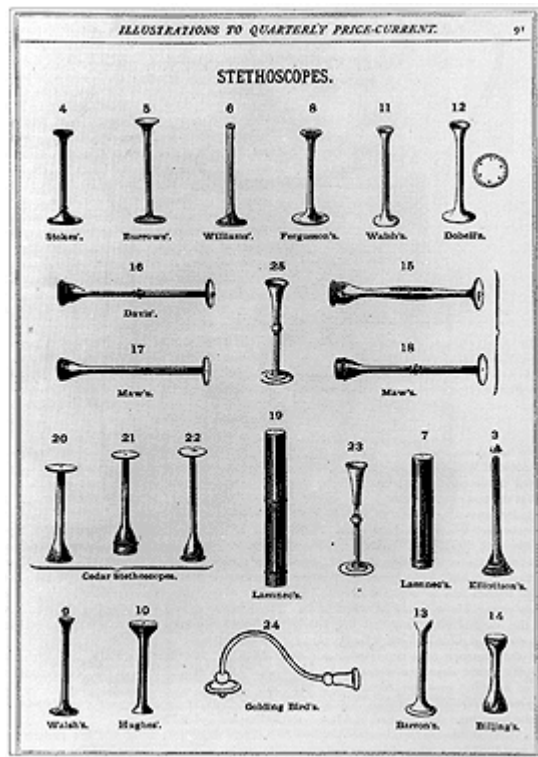
- Be able to explain normal behaviour at societal level
- Discuss sociological concepts of health, illness and disease
- Discuss sociological aspects of behavioural change and treatment compliance

Disclosure

- I am a clinician - a GUM/HIV consultant
- I do not know much about sociology... (but I find it very interesting)
- I know a bit of Epidemiology
- We will have to talk about HIV and data

Measures and the concept of normal

Biological measurements



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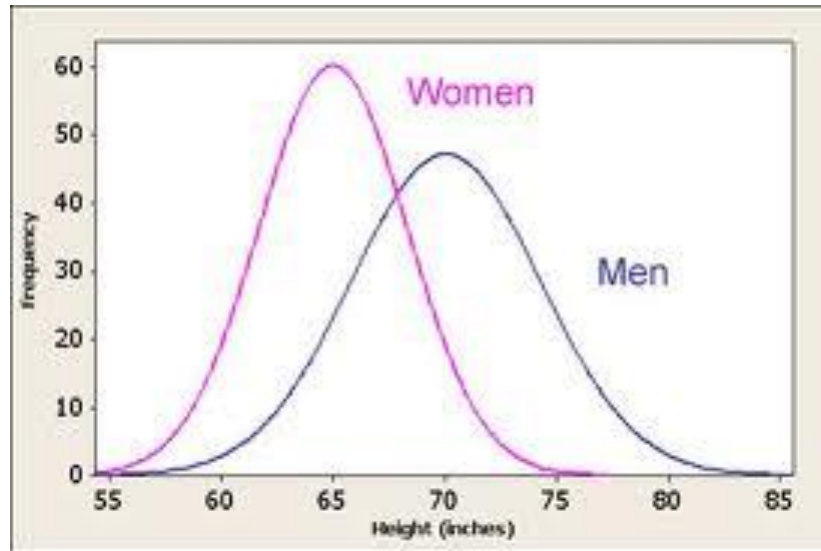


Session 2: What is normal?

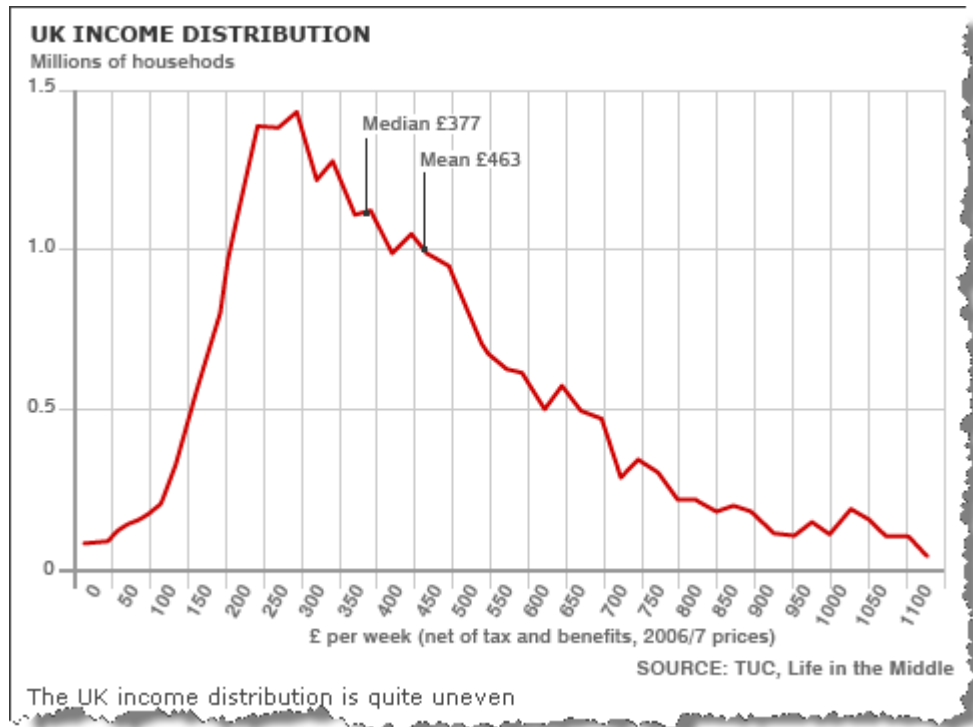
Biological normal

- People are different
- Compare individuals to the population
- Investigate the impact of the of the abnormal
- Predict health outcomes, intervene, modify, prevent...

The normal distribution



Not all frequency graphs are normal...



Social categories

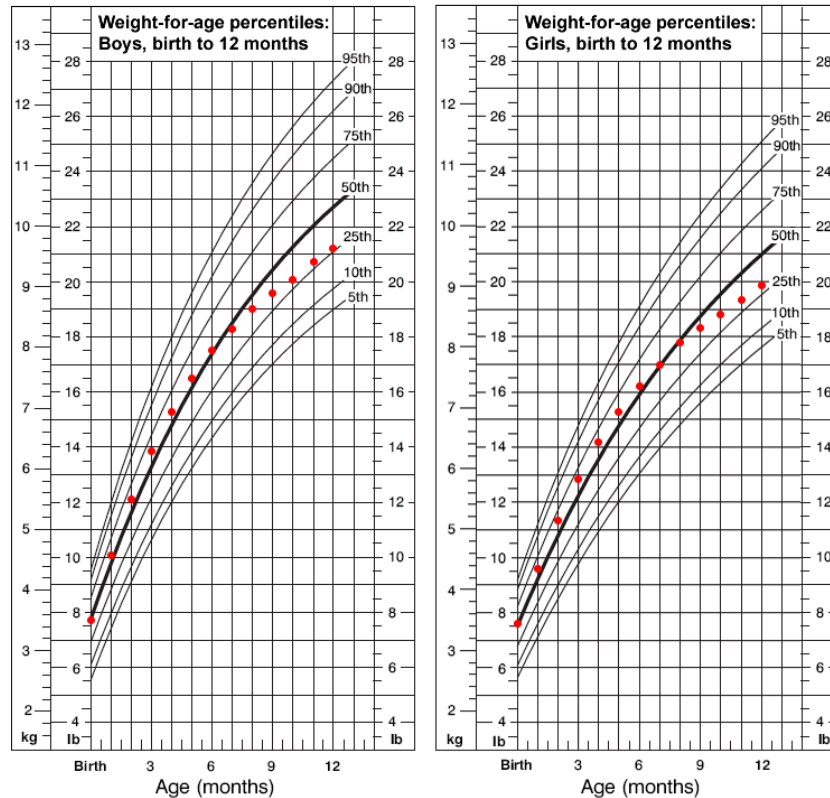
- Gender
- Age
- Ethnicity
- BMI
- Class

Is this a normal result?

What else would you like to know?

Average Growth Patterns of Breastfed Infants

The red points plotted on the CDC Growth Charts represent the average weight-for-age for a small set of infant boys and girls who were breastfed for at least 12 months (see references).



Sources:

- **Base chart** -- CDC Growth Charts: United States, Published May 30, 2000.

Graphic by kellymom.com, 2004

- **Breastfed baby data points** -- WHO Working Group on Infant Growth. An Evaluation of Infant Growth: a summary of analyses performed in preparation for the WHO Expert Committee on Physical Status: the use and interpretation of anthropometry. (WHO/NUT/94.8). Geneva: World Health Organization, 1994, p.21.

Other implications of biological normal

- Monitor certain individuals over time
- Timeframe for measuring and acting on it becomes the lifespan
- Impact on lifelong treatment, adherence, risk modification initiatives
- Impact on health promotion campaigns

Social normal

- What people are expected to observe
- Minority of social norms turn into law
- Where there is normal – there is the deviant
- Normal Behaviours - what is accepted by one group might be a deviant to another

Difference between biological and social norms

- Biological norms – how to measure is essential
- Abnormal results can be risk factors, determine prognosis, indicate the presence of disease
- Social norms: good and bad
- Desire to monitor and modify becomes health promotion

The issue of 'normal behaviour'

- How to measure behaviour?
- Classification of normal X abnormal
- What to do when you find an abnormal behaviour?
- The label: some diagnosis can become attached to the label of abnormality

Surveillance Medicine

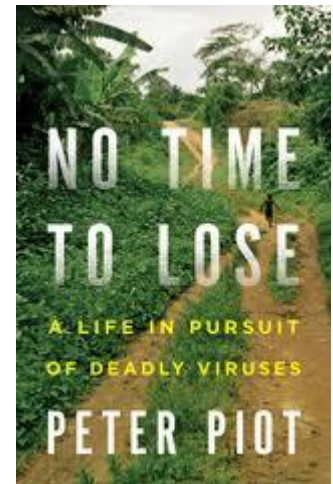
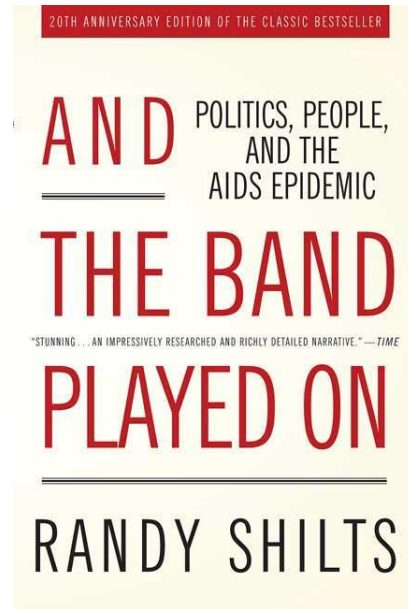
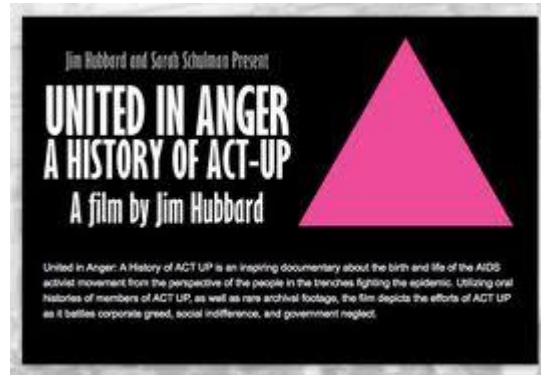
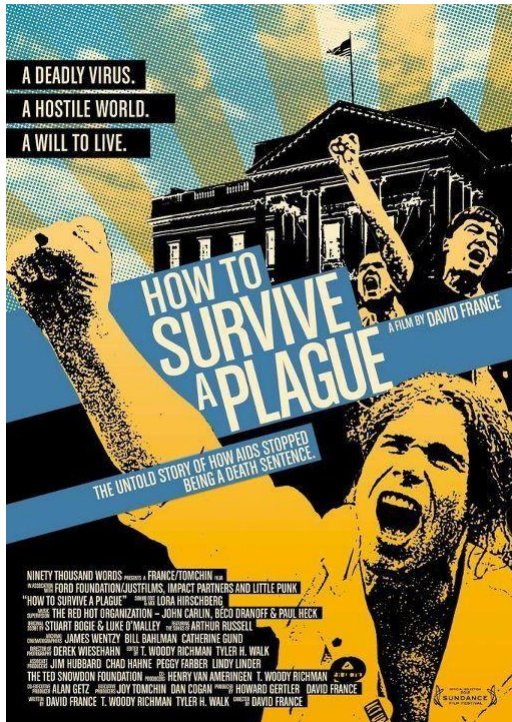
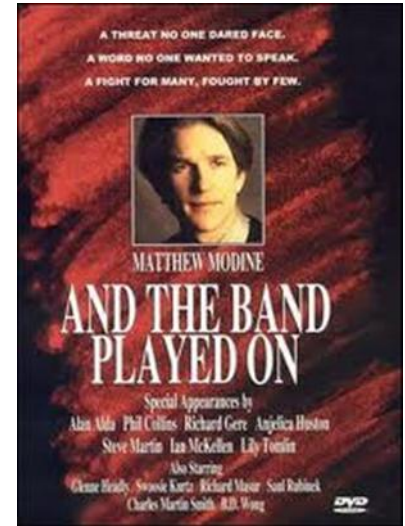
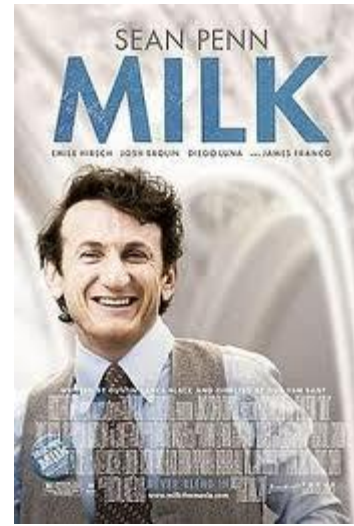
The case of HIV

Surveillance Medicine

- Armstrong (1995) - the concern is not restricted to the ill person, but the whole population
- Absence of disease is not the same as health
- Risk factors: diet, weight, behaviour, ...
- Need to identify those risk factors

HIV and Surveillance

- First cases of Pneumocystis infection and Kaposi Sarcoma (1981) were reported
- Risk factors: men having sex with men, Blood recipients, intravenous drug users.
- What was common to these groups?
- Which behaviours were associated with having this new disease?



5 min discussion

- What were the early assumptions people had about those living with HIV?
- What drove those assumptions?
- What were the impact of those assumptions on patients, clinicians and the general population?

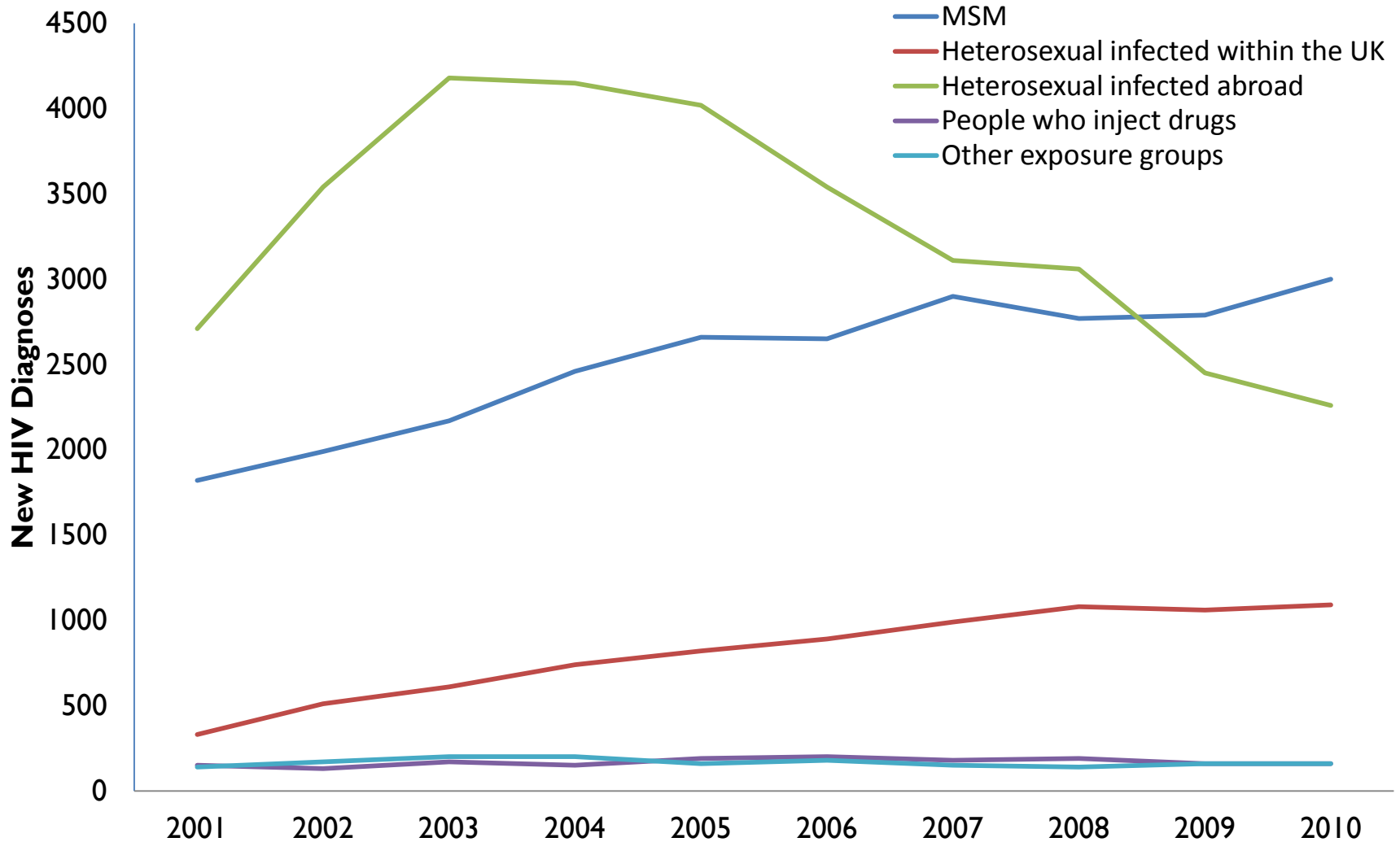
Assumptions

- From early data: Homosexuals, IVDU, and later on Africans...
- Death sentence
- Maybe it was associated with poverty, gender inequality, sex work, poor access to health care and prevention...
- Data mixed with fear, prejudice, lack of knowledge, moral judgment
- Main impact: Stigma

More assumptions

- Elisabeth Pisani's talk – TED
- UK public campaign 1986
- Australian AIDS ad

New HIV diagnoses by exposure group: United Kingdom, 2001 – 2010



Surveillance in HIV - New Infections

- Increased in Men who have sex with Men (MSM)
- Increased in Heterosexuals infected in the UK
- Stable in people who inject drugs
- Incidence also decreased in heterosexuals infected abroad

Doctor patient relationship

- What brings a patient to the health professional? (Sophie's talk)
- How does the patient experience the disease?
- The impact that being sick has on that person's life and social interactions
- Do patient and doctor agree on the diagnosis?

Doctor patient relationship

- What does the clinician bring to it?
- How does the doctor's previous experiences influence his/her decisions, diagnosis, etc?
- Does doctor and patient seek the same treatment as a solution to the problem?
- Are the doctor's and patient's expectations about outcome the same?

Any questions?

Thank you