



Paper presentation

Abstract title: What capital is telemedicine?

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Abstract:

The use of ICT in health care, often labeled telemedicine or e-health, has been increasingly promoted, developed, debated and contested within western health care systems during the last 20 years.

The unique opportunity for sociologists to study social- and technological change within a highly specialized and hierarchic organizational structure has not been neglected. Interesting work on the issue have been done within sociological traditions such as science - technology - studies (STS) and grounded theory inspired approaches. This paper explores the possibilities of expanding the sociological understanding of telemedicine through Bordieu's concept of technical capital. Capital is conceptualized as a process which allows the storing and accumulation of advantage. The question I pose is where and how telemedicine can be stored and accumulated, that is: in what social fields is it a valid currency? The theoretical background of the discussion pursued have been outlined in a previous paper 1, and can be summed up as an acknowledgment of the strengths but also of the shortcomings of the science-technology-studies (STS) perspective. We have argued there is a need to include a notion of social structure in micro level analysis of human - technology co-constructions, and that the STS denouncing of a priori difference therefore is problematic. In this paper I elaborate further on the potential of deploying a Bordieuan field analysis and particularly the concept of 'technical capital' in such a development. My previous studies have



illuminated how telemedicine can be a resource, or capital, in ways that go beyond political and professional expectations of eased information flows², and that patient oriented ICT involves new forms of trust in the doctor-patient relationship³. This conference paper reports on a work in progress where I seek to follow up on insights from previous empirical studies and on the theoretical discussion of telemedicine as capital through introducing it to some new empirical material (interviews and documents) from a current research project in the Norwegian health care sector (“Diffmed: a comparative case study analysis of the successes and failures of telemedicine application”).

1. □Andreassen HK, Dyb K. DIFFERENCES AND INEQUALITIES IN HEALTH.

Information, Communication & Society. 2010;13(7):956-975.

2. □Andreassen HK. What does an e-mail address add?-Doing health and technology at home. Social Science & Medicine. 2011;72(4):521-528.

3. □Andreassen HK, et al. Patients who use e-mediated communication with their doctor: new constructions of trust in the patient-doctor relationship. Qualitative Health Research. 2006;16(2):238.