The ‘good citizen’ with cancer: managing an ambivalence in Sweden, Denmark and England

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Aim and method of (wider) study

To extend understanding of potentially modifiable factors that may influence early identification and diagnosis

- interviews with lung and bowel cancer patients in three countries

- Qualitative analysis with cross country comparison of patients’ accounts of their experiences in lead up to referral

- RK Merton – contradictory role Sociological Ambivalence -1976
• Accounts of
  – The good patient role
  – ‘excusable’ deviations from the good patient role
  – Less excusable deviations

The ‘Good Citizen’

• Doesn’t self diagnose
• Goes to Dr after symptom appears (not too soon, not too late)
• Participates in screening
• Doesn’t expect antibiotics
• Listens to advice
• Assesses what is ‘worth mentioning’ to Dr
• Doesn’t bother others with problems, keeps self to self
• Self manages health problems
• Is determined to recover
• Keeps physically active, eats well, doesn’t drink too much or smoke
The ‘Good citizen’ deviations presented as ‘excusable’

- Not consulting if has rational explanation for symptoms
- Not closely monitoring health (peering at the loo pan, looking up symptoms)
- Taking advice, but not immediately
- Not knowing family history
- Not wanting to be ‘worried well’ fussing about a single symptoms
- Not responding to intermittent symptoms
- Too busy at work to make appointment
- Avoiding internet health information – you can scare yourself
- Performing masculinity ‘men are bad at going to the Drs – I’m no different’

The ‘Good Citizen’ deviations presented as’ less excusable’

- Ignoring clinical advice
- Overusing a public health system
- Burdening others
- Being embarrassed about symptoms
- Moaning, being boring about illness
- Avoiding ‘the C word’
- Being a demanding patient
Contradictory norms governing how the ‘good patient’ interacts with the healthcare system

• is attentive to their health and alert to bodily changes BUT not obsessed with their own health to the point of hypochondria or being ‘worried well’
• respects the doctor’s time and recognises that there are pressures on the health system BUT does not delay seeking help when the symptoms may be serious

Contradictory norms governing how the ‘good patient’ interacts with the healthcare system

• responds to media campaigns to increase symptom awareness BUT does not present unnecessarily
• accepts the doctor’s reassurance about the low likelihood of a serious health problem BUT also listens to their own body and is prepared to challenge advice if the symptom persists or worsens
The Goldilocks Zone ....

Discussion

- How to broaden the ‘just right’ Goldilocks Zone?
- Awareness of symptoms necessary - but insufficient
- Consultation frequency and length
- The unintended consequences in trying to keep patients away from primary care?
- Action planning and clarity at end of consultations
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