Social Construction of the Patient through Problems of Safety, Uninsurance, and Unequal Treatment, a Discourse Analysis of IOM Executive Summaries

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Abstract Larger Research

- Question: Does the Institute of Medicine discourse promoting HIT/National Health Information Infrastructure reproduce existing social inequality in healthcare?
- Methodology:
  - Analyze social action of language in selected Instititute of Medicine reports using
    - Social constructionist and critical discourse analysis
    - Computer Assisted Corpus Linguistics methods
- Corpus/Data:
  - IOM reports: Quality Chasm, Consequences Uninsurance, Unequal Treatment

Abstract
Methods Testing Studies

- # 1: broad strokes; textually oriented discourse analysis
- # 2: social constructionist & critical discourse analysis; study of subject positions for receivers of health care
- Corpus linguistics used for both
- Same texts used

Background

- ↑Promotion of HIT/NHII in US to improve patient safety & quality through Quality Chasm reports
- Proposal of NHII, now called NHIN
- AMIA 2003 Spring Congress white paper--social justice agenda for HIT
- Unequal treatment of racialized populations
- Uninsurance problem

Rise in Interest in Discourse

- Fairclough (2001):
  - "...a 'knowledge-based economy'....entails a discourse-based economy:

knowledge is produced, circulates, and is consumed as discourses...which are operationalized as new ways of acting and interacting."

(Fairclough, 2001. CDA as a Method in Social Scientific Research, in Wodak & Meyers, Methods of CDA, p 127.)

Existing Social Inequality in Health Care

- **Interlocking nature of oppression (Collins, 1986)**
  - **Intersection of multiple structures of oppression**
- **Social circumstances & health care outcomes mutually constitutive:**
  - **Social position affects health care outcomes**
  - **Health status also affects social position (Blane, 1999)**
- **No universal health care in US, resulting in "uninsurance" problem**

(Collins, 1986. Learning from the outsider within. *Social Problems, Vol 33, No 6: Blane, D. 1999. The Life Course, the Social Gradient, and Health. In M.G.Marmot & R. G. Wilkinson (Eds.), Social Determinants of Health (pp. 64-80). New York: Oxford University Press.)*

Methods: Data

- For methods testing studies:
  - Executive Summaries, abbreviated for Table 1:
    - TEH = Err is Human, (2000)
    - CM = Coverage Matters, (2002)
    - UT = Unequal Treatment, (2003)

Methods: Processes

- IOM reports purchased in digital & book format
- ConvertDoc^{tm}: .pdf converted to .rtf
- KWIC searches:
  - First search patient*
  - Then person* and consumer* based on results of first search

Results

Table 1. Word Frequencies

KWIC	CM	TEH	UT
Patient*	2	81	129
Person*	27	2	3
Consumer*	3	7	1
Total word tokens	4764	5139	7729

Discussion

- OED (Online 2006):
  - Patient = person receiving or registered to receive care; sufferer (archaic); person who suffers from injury or disease
  - Person = an individual human being
  - Consumer = he who or that which consumes, wastes, squanders or destroys; to make away with, to use up destructively, to squander

Discussion

- Three separate subject positions for a ‘receiver of health care’
- Each has different connotation
- Each connotation may reflect differently in a requirements specification
- Subject positions may conflict

Conclusion

- Social constructionist & critical discourse analysis combined with corpus linguistics are sufficient study subject position in even in small corpora
- Further research should facilitate planning to prevent the reproduction of social injustice in the NHII/NHIN