Perceptions of health: Can ‘candidacy’ aid our understanding?

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Outline
- Perceptions & experiences of health within GPPC
- Candidacy
- Comparing Colorectal Cancer and Heart Failure Experience
- Future work packages

Perceptions and Experiences of Health
- General Practice & Primary Care
  - Treatment burden
  - Multi-morbidity
  - Inequalities
  - Candidacy
Perceptions of health

- Socio-cultural
- Community
- Individual

Candidacy II

- Access to healthcare
- Dixon-Woods et al 2006
- Process of access
- Fluid & Dynamic


Candidacy describes the ways in which people’s eligibility for medical attention and intervention is jointly negotiated between individuals and health services.
Candidacy Process
Identification
Navigation
Appearing
Assertion
Adjudication

Applications of candidacy
- Koehn Ethnicity & Age 2009
- Klassen et al 2008 - Gender
- Mental ill health – symptoms impede candidacy process (Kovandzic et al Social Science & Med 2011)
- Environmental Services, Victims of Domestic Abuse, Higher Education – role of structural factors (Mackenzie et al 2012)

Comparing Colorectal Cancer and Heart Failure Experiences
Data Sets
- Interviews Colorectal Cancer patients (n=24) to explore colorectal cancer patients’ experiences of psychosocial problems and their management in primary and specialist care.
- Interviews with 30 heart failure patients the explored treatment burden in heart failure.
- Interviews with 30 end stage heart failure patients (and 20 carers) that explored patient and carer experiences of coping with end stage heart failure.
- Professional Interviews (ESHF)

Original Study Findings
- Professional support eases the illness experience of colorectal cancer patients.
- The experience of heart failure is characterised by a failure to fully comprehend the diagnosis, leading to sub-optimal care.

Proposition
Notions of candidacy may be facilitated or challenged by the socio-cultural representation of illness
Case Study 1: Female CRC

Pre-Diagnosis
So there’s been quite a few appointments since December. I was there three times in the same week eventually...

Diagnosis
He just said something was wrong. So I had a CT scan in January and within a few days I was back in hospital and there was something suspicious...

Treatment
I’ve actually had chemotherapy. I was there three times in the same week sometimes... I was there three times in the same week sometimes... I was phoned when I wasn’t well first at 6am. There was nothing else I could do because I felt so awful... later on that day they phoned back. The chemotherapy left me with a frozen shoulder so my surgeon wanted me to have a bone scan just to reassure me that... there was nothing else to worry about... it is a frozen shoulder.

Management/Palliation
The chemotherapy left me with a frozen shoulder. My surgeon wanted me to have a bone scan just to reassure me that... there was nothing else to worry about... it is a frozen shoulder.

Case Study 2 Female HF

Pre-Diagnosis
It was a year past January when I first had been getting more and more breathless for a very long time... in fact it was last August when I eventually saw a cardiologist. And that was very difficult... quite quickly... referring me to the HFN who would explain my condition to me when I saw her and I think saw her maybe a month later or something.

Diagnosis
The cardiologist I wrote to in the email, he referred me to the HFN and explained my condition to me when I saw her and I think saw her maybe a month later or something.

Treatment
I used to be very active and my sister had gone to the local hospital to have a bone scan just to reassure me that... there was nothing else to worry about... it is a frozen shoulder.

Management/Palliation
Yes they contact me uh huh... you go away and then they send you a letter with a date... usually that would be a month or so.

Medical History: Illness Trajectory

Pre-Diagnosis  Diagnosis  Treatment  Management/Palliation
Contributions to candidacy
- Patienthood identified and negotiated via diagnostic category
- In-service access?
- Condition inequality
- Dual representations of candidacy
  - Levels of care (primary vs. secondary care)
  - Illness/diagnostic categories (multi-morbid patients)

Perceptions impacting on health?
- Cancer narratives of tragedy and fear are well understood. HF less well understood.
- Frames understanding of condition
- Impact on both patients and professionals
- Sub-optimal end of life care for ESHF

Developing candidacy
- On-going analysis of rich data set
- Impact of candidacy on participation in Bowel Cancer Screening Programme
- MRC Studentship: Understanding the "prevention burden" in cardiovascular disease for migrant populations.
- Candidacy and primary care weight management services
Thank you