'In sickness and in health: ethics, power, practice'

The University of Melbourne

Tuesday 16th and Wednesday 17th July 2002

THE UNIVERSITY OF MELBOURNE

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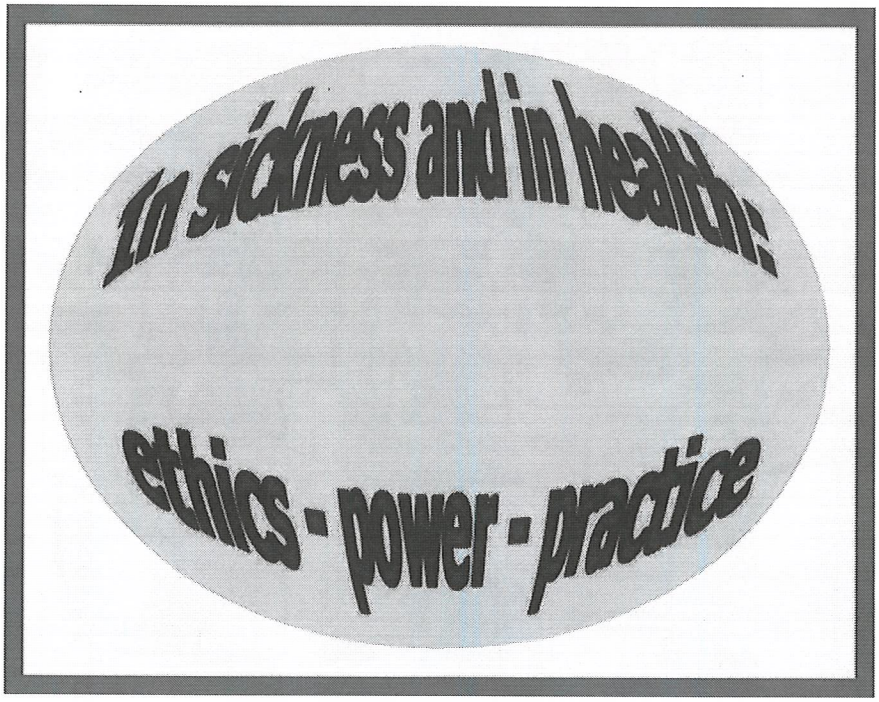

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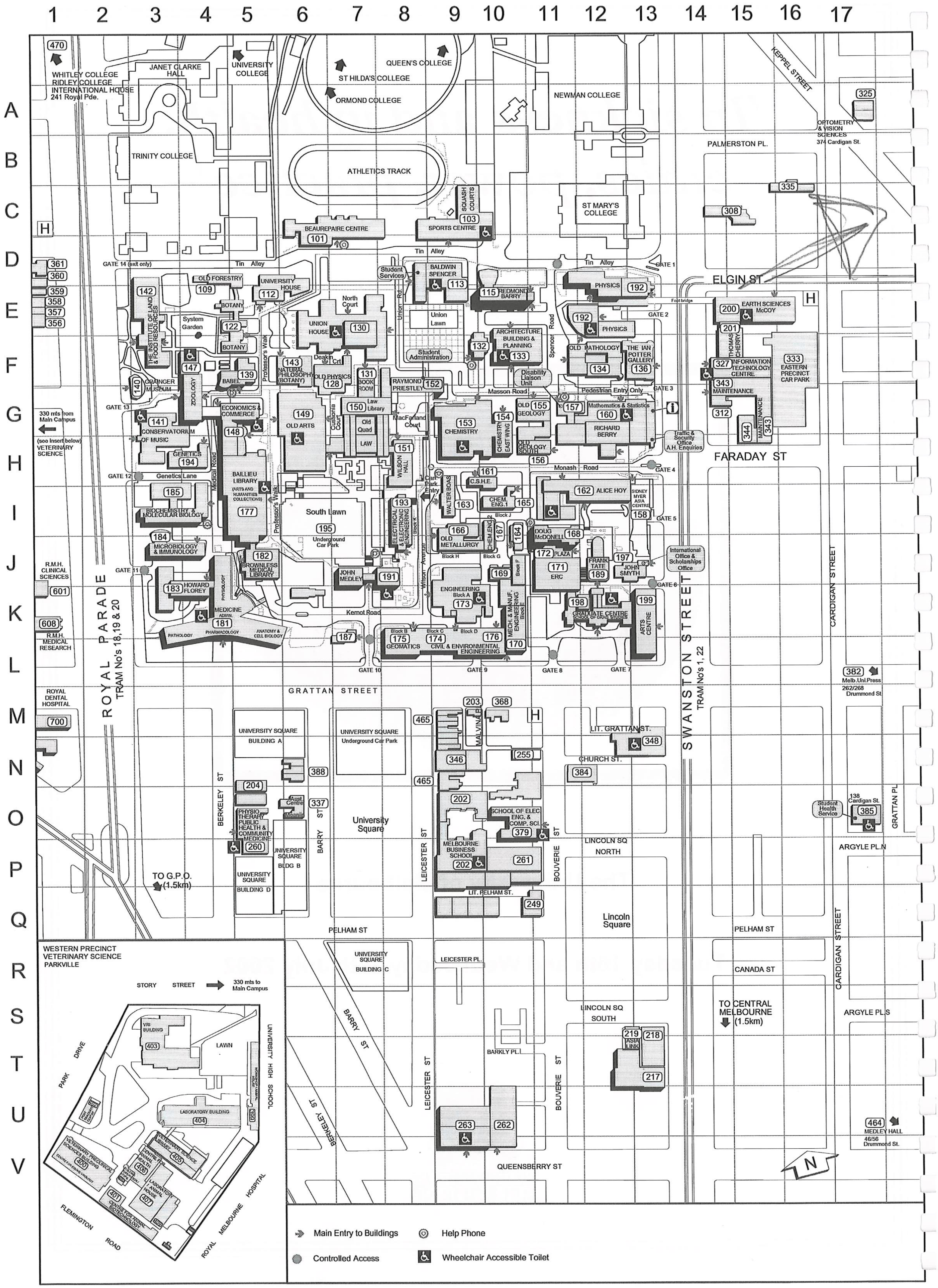

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INTERNATIONAL HOUSE
241 Royal Pde.
JANET CLARKE HALL
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ST HILDA'S COLLEGE
QUEEN'S COLLEGE
ORMOND COLLEGE
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OPTOMETRY & VISION SCIENCES 374 Cardigan St.
TRINITY COLLEGE
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SPORTS CENTRE
SQUASH COURTS
Tin Alley
GATE 14 (exit only)
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OLD PATHOLOGY
THE IAN POTTER GALLERY
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INFORMATION TECHNOLOGY CENTRE
EASTERN PRECINCT CAR PARK
GRAINGER MUSEUM
ZOOLOGY
BABEL
NATURAL PHILOSOPHY (BOTANY)
OLD PHYSICS
BOOK ROOM
RAYMOND PRIESTLEY
Disability Liaison Unit
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GATE 13
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ECONOMICS & COMMERCE
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Old Quad
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MacFarland Court
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CHEMISTRY EAST WING
OLD GEOLOGY
OLD GEOLOGY SOUTH
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SIDNEY MYER ASIA CENTRE
BIOCHEMISTRY & MOLECULAR BIOLOGY
South Lawn
Underground Car Park
ELECTRICAL & ELECTRONIC ENGINEERING
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GATE 5
MICROBIOLOGY & IMMUNOLOGY
OLD METALLURGY
CHEM.ENG.2
DOUG McDONELL
PLAZA
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JOHN SMYTH
GATE 11
ENGINEERING
MECH. & MANUF. ENGINEERING
GATE 6
ROYAL PARADE
TRAM No's 18,19 & 20
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PATHOLOGY
PHARMACOLOGY
ANATOMY & CELL BIOLOGY
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GEOMATICS
CIVIL & ENVIRONMENTAL ENGINEERING
GRADUATE CENTRE
ARTS CENTRE
SWANSTON STREET
TRAM No's 1, 22
CARDIGAN STREET
GATE 10
GATE 9
GATE 8
GATE 7
Melb.Uni.Press 262/268 Drummond St.
ROYAL DENTAL HOSPITAL
GRATTAN STREET
MALVINA PL.
UNIVERSITY SQUARE BUILDING A
UNIVERSITY SQUARE Underground Car Park
LIT. GRATTAN ST.
CHURCH ST.
PHYSIOTHERAPY
PUBLIC HEALTH & COMMUNITY MEDICINE
Aust Centre
BERKELEY ST
BARRY ST
University Square
SCHOOL OF ELEC ENG. & COMP. SCI.
Student Health Service
138 Cardigan St.
CARDIGAN PL
LEICESTER ST
MELBOURNE BUSINESS SCHOOL
BOUVERIE ST
LINCOLN SQ NORTH
ARGYLE PL.N
TO G.P.O. (1.5km)
UNIVERSITY SQUARE BLDG B
UNIVERSITY SQUARE BUILDING D
LIT. PELHAM ST.
Lincoln Square
PELHAM ST
WESTERN PRECINCT VETERINARY SCIENCE PARKVILLE
UNIVERSITY SQUARE BUILDING C
LEICESTER PL.
CANADA ST
STORY STREET
330 mts to Main Campus
LINCOLN SQ SOUTH
TO CENTRAL MELBOURNE (1.5km)
ARGYLE PL.S
VRI BUILDING
LAWN
UNIVERSITY HIGH SCHOOL
PARK DRIVE
ASIA LINK
BARKLY PL.
LABORATORY BUILDING
MEDLEY HALL 46/56 Drummond St.
VETERINARY PRECLINICAL SCIENCE BUILDING
VETERINARY SCIENCE
LABORATORY ANIMAL HOUSE
QUEENSBERRY ST
FLEMINGTON ROAD
ROYAL MELBOURNE HOSPITAL
Main Entry to Buildings
Help Phone
Controlled Access
Wheelchair Accessible Toilet

LEGEND

Conference Venue:	**Economics and Commerce Building** ..... Grid Reference G5
Cocktail & Dinner Venue:	**Union House** ..... Grid Reference E6
Union House:	**Shops** ..... Grid Reference E6 *Chemist* *Newsagency* *Computer Shop* *Public Telephones (Basement)*
Banks:	**National Bank** ..... Grid Reference F6
Natural Philosophy Building	**Commonwealth Bank** ..... Grid Reference E10
Architecture Building	
Post Office:	**Architecture Building** ..... Grid Reference F10
Melbourne University	
Book Room	**Book Shop** ..... Grid Reference F7

In sickness and in health: ethics - power - practice

Tuesday 16th July 2002

8.00am **Registration, Tea and Coffee**
Economics and Commerce Foyer

8.45am **Opening and Keynote Address** **Chair: Sioban Nelson**
Professor Mitchell Dean
Head of the Sociology Department, Macquarie University
Powers of life and death beyond governmentality
Wood Theatre ***Page 7***

10.00am **Morning Tea**

10.30am **Parallel Session 1** ***Wood Theatre***
Biopower/ knowledge **Chair: Dave Holmes**

1. Biopolitics of prevention in Brazil: governing women's sexuality and health through HIV/AIDS Ad campaigns.
   Luis Henrique Sanchi Santos, Rio Grande Federal University Foundation, Brazil ***Page 49***

2. Bio-governance: some implications of recent developments in new genetics
   Alan Petersen University of Plymouth, Deirdre Davies ***Page 42***

3. Regenerative Life
   Melinda Cooper, University of Sydney ***Page 18***

4. The independent medical examination as surveillance
   Lee Tasker, University of Calgary ***Page 50***

Parallel Session 2 ***Theatre 1***
Space and practice **Chair: Mary Ellen Purkis**

1. Ageing in place, dying in place – the clash of philosophy & practice in aged and palliative care
   Margaret O'Connor, La Trobe University ***Page 40***

2. "Casing" the home in home care research: reconciling theoretical and disciplinary divergence through philosophical convergence.
   Pat McKeever, University of Toronto, K.Dupuis, J.Angus, I.Dyck, J.Eakin, K.England, D.Gastaldo, T.Irvine, P.Kontos, K.Osterlund, B.Poland ***Page 36***

3. Photograph and Story: Two Tales of a Chronic Wound
   Deirdre Austin, Melbourne University ***Page 12***

4. In-between places: building space in health care culture for Brazilian immigration women in Australia
   Alcione Leite Da Silva, Federal University pf Santa Catarina, Brazil ***Page 20***

12.30pm **Lunch**
U-bar (1st Floor Union House) at delegates own expense

1.30pm **Keynote address** **Chair: Sioban Nelson**
Associated Professor Janet McCalman
Teaches in the University of Melbourne's Health and Society Program and in the Department of History and Philosophy of Science.
A natural history of care
Wood Theatre ***Page 9***

2.30pm **Parallel Session 1** ***Wood Theatre***
Civic health **Chair: Anthony Pryce**

1. Citizenship and the mixed economy of health: examining the power and influence of the commercial sector
   Veronica James, University of Nottingham ***Page 34***

2. Building capacity? Health promotional operations empowering the mentally ill (1993-1999)
   Trudy Rudge, Flinders University, Sioban Nelson
   Page 48

Parallel Session 2 ***Theatre 1***
Producing Healthy Bodies **Chair: Carola Hullin**

1. Women caring: the crossroads of subjectivity, health and economy.
   Andreu Bover, Universitat de les Illes Balears (Spain), D.Gastaldo, A.Calvo ***Page 14***

2. Represetaçöes Associadas a aids na Escola Basica
   Miriam Baldo Dazzi, Federal University of Rio Grande do Sul, Brazil and Jussara Gue Martim ***Page 21***

3.30pm **Afternoon Tea**

3.45pm **Parallel Session 1** **Wood Theatre**
Movements in professionalisation **Chair: Sioban Nelson**

1. Culture and language use among mental health nursing staff
   Niels Buus, Centre for Innovation in Nurse Training, Aarhus, Denmark ***Page 16***

2. Regulating nursing: the issue of the state registration of nurses in New South
   Sue Forsyth, University of Sydney ***Page 24***

3. The nurse/midwife question in Victoria, Australia 1850-1920
   Madonna Grehan, University of Melbourne ***Page 26***

Parallel Session 2 ***Theatre 1***
Governing the forensic field **Chair: Trudy Rudge**

1. Gazing at Criminals in Nineteenth Century America
   Cary Federman, Duquesne University, Foucault/Guiteau/Czolgosz ***Page 23***
2. Governing the captives: forensic psychiatric nursing in corrections
   Dave Holmes, University of Ottawa, Canada ***Page 33***

3. Prisoners of loneliness: the experience of community participation for people with both a forensic history and mental illness
   Derith Harris, The University of Melbourne ***Page 29***

5.15pm Closing

CONFERENCE DINNER

7.00pm **University House**
Located on the grounds of Melbourne University (Map ref. E5)
Entrance from Professor's Walk

Wednesday 17th July 2002

8.45am **Keynote Address** **Chair: Judith Parker**

Associate Professor Paul Komesaroff

Physician, medical researcher and philosopher. Executive Director of the Eleanor Shaw Centre for the Study of Medicine, Society and Law at the Baker Medical Research Institute, Melbourne.

Time, ethics and the archive: An archaeology of one patient's experience of illness.

Wood Theatre ***Page 8***

10.00am **Morning Tea**

10.30am **Parallel Session 1** ***Wood Theatre***

Calculus of risk **Chair: Dave Holmes**

1. Can evolution create ethical conundrums? Breast cancer may be a case in point
   Mira Crouch, University of New South Wales ***Page 19***

2. Uncertainty in the shadow of a cancer diagnosis
   Heather McKenzie, University of Sydney ***Page 37***

3. Embodied Knowing? The constitution of expertise as moral practice in nursing
   Sioban Nelson, University of Melbourne ***Page 42***

4. Helping them out: the role of teachers and healthcare professional in the exclusion of pupils with special educational needs
   Rob Watling, University of Leicester ***Page 52***

Parallel Session 2 ***Theatre 1***

Governing the clinical economy **Chair: Denise Gastaldo**

1. In wellness and wealth: contemporary surgical services
   Marie Heartfield, University of South Australia
   Page 32

2. Governing the enterprise clinic
   Lynne Barnes, University of South Australia ***Page 13***

3. Measurable outcomes and invisible nursing work
   Rachael Duncan, University of Melbourne ***Page 22***

4. Lost opportunities and forgotten stories: a descriptive study of nursing practice taken as action incorporating a rehabilitation model of care for older persons
   Norma McClelland, Victoria Canada ***Page 35***

Parallel Session 3 *Theatre 2*
Imperatives of practice 1 **Chair: Niels Buus**

1. Intelligent labour: nursing practice in the home
   Mary Ellen Purkis, University of Victoria (Canada), Kristin Bjiornsdottir *Page 45*

2. Exploring what the doing does: the framing of pain as hurt
   Kay Price, University of South Australia *Page 43*

3. Patient demand for bilingual bicultural nursing care in Australia
   Lesleyanne Hawthorne, University of Melbourne. J.Toth, G.Hawthorne *Page 30*

4. Snap-shots of live theatre. The discursive construction & governance of operating room nursing
   Robin Riley, University of Melbourne *Page 50*

12.30pm **Lunch**
U-bar (1st Floor Union House) at delegates own expense

1.30pm **Keynote address** **Chair: Nicky James**
Professor Judith Parker
Foundation Head of The School of Postgraduate Nursing
The University of Melbourne
Nursing on the ward: between caring and confining
Wood Theatre *Page 10*

2.30pm **Parallel Session 1** *Wood Theatre*
Imperatives of Practice 2 **Chair: Marie Heartfield**

1. Welcome to the tower of Babel
   -lessons learned from a journey on a clinical pathway
   Beverleigh Quested, RN, MN(Advanced Practice), Flinders University, South Australia *Page 46*

4. In between friendship and professionalism: an analysis of new productive spaces in the health care system in Canada
   Denise Gastaldo, University of Toronto, K.England, J.Eakin, P.McKeever *Page 25*

Parallel Session 2 *Theatre 1*
The economy of nursing **Chair: Rachael Duncan**

1. Accounting for nurses' work
   Luisa Toffoli, Flinders University *Page 51*

2. The impact of globalisation of the Australian nursing workforce
   Lesleyanne Hawthorne, University of Melbourne
   Page 31

3.30pm **Afternoon Tea**

3.45pm **Parallel Session 1** ***Wood Theatre***
Accomplishing practice **Chair: Kristin Bjiornsdottir**

1. Parent participation in decisions during their child's hospitalisation
   Inger Hallstrom, University of Lund (Sweden) ***Page 27***

2. Discursive mismatch: The positioning of new graduates in education and health service organisations
   Helen Hamilton ***Page 28***

3. Reconceptualising gerontological nursing in introductory nursing texts
   Pamela Alde, University of South Australia. Kay Price
   Page 11

4. You must look after yourself dear: older women use memory work to challenge notions of health
   Patricia Mitchell, Flinders University ***Page 38***

Parallel Session 2 ***Theatre 1***
Regulating fertility and sexual health **Chair: Trudy Rudge**

1. Later Motherhood: the rise of elderly primiparous women
   Mary Carolan, University of Melbourne ***Page 17***

2. Using governmentality to explore the regulation of people with genital herpes
   Candice Oster, University of South Australia ***Page 41***

3. Sexual careers and clinical gaze: a story of tensions, knowledge and practice in governmentality
   Anthony Pryce, City University, London ***Page 44***

5.15pm Conference Close

Keynote Speaker

Powers of life and death beyond governmentality

Professor Mitchell Dean
Macquarie University, Sydney

The themes of governmentality and of liberalism, derived from the work of Foucault, have been highly influential in the empirical analysis of many substantive areas of contemporary life, including that of biomedicine. Here, however, I point to some of the limitations and dangers of the basic assumptions of this kind of work in relation to issues of powers of life and death, of biopolitics and of sovereignty. The first assumption is to regard the critical character of liberalism (as governing through freedom and as limited government) as providing safeguards against the despotic potentials of biopower and sovereignty. The second is to regard the heterogenous powers of life and death as somehow simply relocated or reinscribed within the field of
liberal government. The latter point is a major methodological error; the former closes the gap between the analytics of government and the normativity of liberalism itself. By working through these dangers, our understanding of the ethos of liberal government is transformed, and hence the issues raised by the politics and ethics of contemporary biomedicine. That ethos today requires us to link governing through freedom to the powers of life and death, the exercise of choice to the sovereign decision, the contract to violence, economic citizenship and consumerism to moral discipline and obligation, and rights and liberties to enforcement.

Keywords: liberalism, life, decision, obligation, violence.

Mitchell Dean is the author of several books and myriad articles on post-Foucauldian social and political analysis, including Governmentality: power and rule in modern society (Sage, 1999). He is Professor in Sociology and currently Head, Division of Society, Culture, Media and Philosophy at Macquarie University, Sydney.

Keynote Speaker

Time, ethics and the archive: An archaeology of one patient's experience of illness

Associate Professor Paul Komesaroff
Baker Medical Research Institute, Melbourne

Despite attempts at universal formulations, ethical discourses are subject to irreducible singularity. The ethical content of an interaction is constituted not just by its local contextual features but by the fact and character of its localness. This does not mean that nothing can be said about ethical actions and interactions. Indeed, localness itself has structures that can be elucidated. However, what is said must incorporate an awareness of its own conditions of possibility and modes of production.

The irreducible contingency and singularity at the heart of all ethical discourse emerges particularly clearly from a consideration of the nature and role of time. Time is a constitutive variable of all relationships. It is a condition of individual identity and social interactions in general and, therefore, of ethics. Classical discussions of time, in both philosophy and science, utilise a generalised, abstracted, linear notion of time. However, time as it is lived within the phenomenal world is structured according to the nature of local experiences and is richly multidimensional.

The experiences associated with illness well illustrate the archaeology of ethical or lived time. Illness is experienced as a form of inscription on the body, as a record of symptoms and processes. It is an interruption in the flux of lived time. It problematises the future, and thereby often raises questions about the meaning of the past. The doctor's task is to read the bodily texts and to help organise the mutated experiences of the patient. He or she is a witness - to suffering, to mutability. He or she thereby becomes a repository of meanings, a custodian of an archive that records and organises the experiences of a single individual, thereby rendering them intelligible, and therefore bearable. Thus one of the doctor's roles is to become a kind of timekeeper, to set out the co-ordinates of possible experience, according to which bodily past, present and future can be mapped.

Keynote Speaker

A natural history of care

Professor Janet McCalman
The University of Melbourne

The history of care of the sick and disabled in the West is interwoven with the history of the family, the role of the church and the rise of individualism. As a human need for both individuals and society as a whole, it remains central to life-enhancing a social practices that determine the health of societies as much as the health of individuals. However, medical technologies and their burgeoning costs are vitiating the institutions and professions that have developed since the late nineteenth century to deliver adequate care to the 'universal patient'. As we face a mounting 'care bill' with an ageing population, it is imperative that we interrogate the natural history of care so that our plans for the future can usefully learn from the past.

Keynote Speaker

Nursing on the ward: between caring and confining

Professor Judith Parker
School of Postgraduate Nursing
The University of Melbourne

The ward is a physical site and a social and moral space in which and through which protective and restraining power is exercised by nurses. Yet nursing's mandate to control the space of the ward and make it an orderly place is less openly acknowledged than its mandate to care for patients. Because the nursing role in protective surveillance and the construction and maintenance of order has not been explicitly recognised, little attention has been given to the emotional burden upon nurses of having to fulfil this function. As a consequence it has very probably been a factor in nursing burnout and job dissatisfaction. Additionally, in the current context of nursing shortages and prevailing rationalities associated with the speeding up of patient '"through-put", this aspect of the nurses role is increasingly less recognised yet paradoxically more apparent. This paper explores these issues drawing upon data from a study carried out in two Australian states.

Reconceptualising gerontological nursing in introductory nursing texts

Ms. Pamela Alde and Dr. Kay Price
Centre for Research into Nursing and Health Care
University of South Australia

This paper is the outcome of an Honours project and will argue for a critical reconceptualisation of the practice of gerontologic nursing and the implications arising from framing nursing care of an older person in this way. By drawing on the critical insights of Jurgen Habermas to challenge and problematise contemporary linguistic representations of gerontology, I will, through a dynamic interrogation and reinterpretation of the language of introductory nursing textbooks, demonstrate how bio-medical representations of old age have contributed to the development of ageist ideals. These ideals devalue the experience of ageing, and promote the intolerance and marginalisation of old people. I contend that the practice of nursing has evolved through the uncritical acceptance of these negative and nihilistic stereotypical images. In challenging the dominant bio-medical constructions of old age however, it is neither my intention to oppose nor discredit bio-medical science, for it has contributed much in the way of valuable knowledge. Rather, I seek through the lens of critical theory to question the conditions that have allowed it to dominate in both language and method. And, in so doing, to offer alternative perspectives to the experience of ageing, to counter the uncritical expansion of ageist assumptions/practices within the context of the acute health sector.

Photograph and Story: Two Tales of a Chronic Wound

Deirdre Austin
Doctoral Candidate
School of Postgraduate Nursing
University of Melbourne

Charles Dickens opens his classic novel *A Tale of Two Cities* with the memorable words "It was the best of times, it was the worst of times..." These very words could be the slogan for the person with a chronic wound (PWCW). It is at present the best of times in relation to innovations in medical technology and wound management but is also possibly the worst of times for them existentially. This study, a work in progress, endeavors to capture both realms, the best of technology and wound management, and the, perhaps, worst of life's experiences for PWCW.

Using a multi-method approach digital images and biographical data is gathered using the Alfred/Medseed Wound Imaging System (AMWIS) and biographical data garnered via the personal narratives of PWCW. The result is two separate pieces of research each with their own endpoints and a combining of results. Data is being collected from a group of patients with venous or mixed arterial and venous leg ulcers who attend the vascular surgery outpatients' clinic at the Alfred Hospital, Melbourne.

In the quantitative domain wound healing is calculated using the formula, $\{100 - [(Atn \div At0) \times 100/1]\} \div n$; where A = total wound surface area, t = time, n = number of weeks, and biological variables compared and correlated against a control group, thirty per group. The endpoints are redefining chronic wound healing rate and correlating biological parameters with this calculated healing rate.

In the qualitative domain a postmodern interpretation of the individual's narrative describes life events, people and contexts that impact on chronic wound healing and how chronic wound healing, in turn, impacts on the individual's life. In addition the effects of AMWIS, as a technology, on individuals' sense of self and embodiment is explored in relation to Duden's (1993) notions of haptic and optical hexes.

Finally results will be critically evaluated for a meaningful synthesis of biology, biography and biometrics. This paper reports on progress to date, including interim analysis.

Governing the enterprise clinic

Dr Lynne Barnes
University of South Australia, School of Nursing & Midwifery
North Terrace, Adelaide, South Australia
Australia 5000
Email: lyn.barnes.edu.au

Turner (1997:xix) contends that today's 'intellectual challenge is to comprehend the structures and institutions of postmodern society within the conceptual apparatus of Foucault's understanding of governmentality'. This paper seeks to accept just such a challenge through a discussion of the social production of an 'enterprise clinic' with/in the South Australian health service. In so doing, the paper draws on a study that explored the ways in which the identity(s) and practice(s) of individual nurses are linked to the aims and objectives of contemporary government. The paper argues that the 'conceptual apparatus of Foucault's understanding of governmentality' constitutes an analytic of power that makes visible, diverse mechanisms through which the actions and judgements of both individuals and organisations have been linked to political objectives, without reducing the relationship to one either of domination or of a totally autonomous agent.

It is often argued that in many western democracies, including Australia, the current neo-liberal mode of government produces an enterprise space in which an ethos of competition and self-reliance is dominant and the individual, rather than the 'state' can flourish. However, Turner (and others) argue that in contemporary society two contradictory processes are at play: 'the growth of risk cultures and the McDonaldisation of society' (p:xviii), and that such complexity is not easily addressed using a Foucauldian 'toolbox'. In addressing Turner's challenge the paper uses the notion of governmentality to explore the social production of the paradoxical space of an 'enterprise clinic' through an analysis of the network of political technologies that form the mobile and dynamic field in which actors (both subjects and objects) are enmeshed.

Reference

Turner, B. S. (1997). From Governmentality to Risk: some reflections on Foucault's contribution to medical sociology. Foucault, Health and Medicine. A. Petersen and R. Bunton. London, Routledge: ix-xx1.

Women caring: the crossroads of subjectivity, health and economy

Bover Andreu*, Gastaldo Denise**, Calvo Ana***
* Lecturer, Department of Nursing, Universitat de les Illes Balears (Spain)
** Assistant Professor, Faculty of Nursing, University of Toronto (Canada)
*** Senior Lecturer, Department of Education, Universitat de les Illes Balears (Spain)

Traditionally, women have been responsible for providing health care for family members, among them the care of children, those who were sick, disabled or the elderly. These care-giving activities are necessary to maintenance people's health. Also, worldwide the majority of health care is done at home. Professional care-giving is very costly and family care-givers make the care of the sick and health promotion feasible for society, sometimes at the expenses of these women's own well-being and health. In the actual Spanish socio-economic context, where women experience similar levels social justice than man, caring (like a traditional gendered activity) is suffering an important transformation, both in terms of the time women have available to caring activities and in terms of what they are willing to tolerate as effects of caring over their own health. This change demands from the public health system an answer. Paradoxically, at the same time that many women withdraw from caring, the health care system experiences reforms that diminish the resources available and put major pressure over family caregivers.

In this paper we will present the preliminary results of a qualitative study undertaken in the Island of Mallorca, Spain, with women from three generations who discuss the nature of caring realised in their homes. We depart from a post-structuralist feminist position to analyse how these women perceive the social value of caring and the effects that such practice has on their lives. We will link together the micro-physics of power that constitute the discourses of these women on caring (the construction of subjectivity, rewards and difficulties embedded in the process, etc) to the strategies of governance of the social body based on gender and economic rationales.

Culture and language use among mental health nursing staff

Niels Buus
Centre for innovation in nurse training in the county of Aarhus

Aim: The purpose of this session is to present and discus findings from a study on culture and language use among psychiatric nursing staff. The hypothesis of the study is that it is possible for nursing staff to draw on a range of different discursive formations to account for their practice. A proliferation of the discursive resources for nursing staff can be observed in the literature on mental health care. The empirical research questions are: in which situations do certain discourses appear, and what are the consequences for the mentally ill? And theoretical: What is the relationship between discourses identified through the study of scientific writings and those identified in day-to-day interactions among nursing staff?

Method: Data are generated partly through audio-recordings of common and "naturally" occurring discussions among nursing staff at meetings, and partly though fieldwork, participant observation and ethnographic/semi-structured interviews. The analysis is based on a notion of discourse as signifying sequences, a notion that allows all actions, verbal and practical, as well as architecture of and rituals at an institution, to be part of the same analytical framework. The approach is explorative and inductive aimed at the identification of factors influencing shifts in the use of discursive resources.

Discussion: The study is presently on going, and results should point towards a possible power-mechanism inherent in the use of discourses, and not only, as frequently shown in analyses on "sedimented" discourse, caused by the structure and structuring of discourse. It may be, that lay, moral and other kinds of knowledges, seemingly subjugated by scientific knowledge, play an important part in daily interactions, as part of practices that camouflage the dominance of the nursing staff in taking decisions regarding the mentally ill.

Later Motherhood: the rise of elderly primiparous women

Mary Carolan
PhD Candidate
University of Melbourne,
School of Postgraduate Nursing
Email: m.carolan1@pgrad.unimelb.edu.au

Australia, like other developed nations, is exhibiting a trend towards later childbearing. At present, the fertility rate of women aged 35 years and older is growing faster than for any other age group. Approximately 35% of mothers aged > 35 years are first-time mothers, and it is commonly held that these women have particular issues of adjustment to motherhood.

This paper will report on preliminary findings from the study entitled "Transition to motherhood for first-time mothers aged 35 years and above".

The aims of this study are two fold. Firstly, it proposes to explore the experiences of parturition for older first-time mothers. In particular, issues of adjustment to motherhood are examined. Secondly, the role of the health professional caring for older mothers is investigated, with a particular interest in exploring the views and impressions health professionals hold, regarding older first-time mothers. The ultimate aim of the study is to identify specific clinical/educational needs of this cohort.

Regenerative Life

Dr. Melinda Cooper
Honorary Research Associate
Department of French Studies
University of Sydney
and
NCELTR
Macquarie University

In this paper, I intend to look at current developments in stem-cell research.

In this field of research, scientists are attempting to understand the ways in which embryonic stem-cells begin the process of cellular differentiation in the developing embryo and the role they play in the regeneration of the adult body's tissues. Such cells are considered "pluripotent" because in their undifferentiated state they contain the potential to develop into any one of the body's specific cell types. The goal of stem cell research is to control and direct the development of these cells, in order to use them, for example, as a regenerative tissue that can be derived from the patient's own body.

Although public debate has relentlessly focused on the possibility of cloning whole embryos, stem-cell research is leading in the direction of a very different kind of material generation – one which seeks to create a depersonalised, proliferative raw material that can be selectively multiplied and differentiated outside the developmental process of the whole human body.

In the first place, this paper will be concerned with the specific kind of material productivity at stake in these developments. Drawing on the work of the French philosopher of science, Gilbert Simondon, I will suggest that stem-cell experimentation can be understood as a science of "individuation" or "emergence" which attempts to separate the process of embryogenesis from the teleological becoming of the substantial individual (1995).

On the basis of this discussion, I will attempt to explore the potential legal ramifications of stem-cell research, given that notions of human right have traditionally been formulated in terms of the "person" and his or her bodily "integrity". In this respect, I will be extending on the work of Jean-Pierre Baud (1989) who has looked at the problematic status of detachable body parts and fluids within the Western legal tradition. The potential legal difficulties, I would suggest, are greater than those inherent in earlier biotechnologies such as xeno-transplantation or blood transfusion since the material involved is not only preserved outside the body, but can also be regenerated, differentiated and multiplied.

Can evolution create ethical conundrums? Breast cancer may be a case in point

Mira Crouch
Senior Lecturer
School of Sociology
The University of New South Wales

Childlessness or having one's first child after the age of 30-35 increases the risk of breast cancer two- to three-fold in comparison to early and multiple childbearing. Early menarche and late menopause are also known risk factors (with heredity accounting for no more than 10-15% of all cases). These circumstances are increasingly common in developed countries; in a Darwinian framework, this scenario can be seen as a socially produced deviation from the evolved human female reproductive pattern which, until a mere 10,000 years ago, has been one of serial episodes of pregnancy/lactation (as soon as biologically possible) interspersed with just a few menstrual periods. A significant departure from this ('natural') pattern towards one of repeated menstrual cycling over decades (and thus predominant influence of eostrogen) can affect breast physiology in ways that may be conducive to neoplastic developments. Accordingly, there has been some advocacy of preventive measures to redress the current aberrant (in evolutionary terms) situation through either a continuous regime of hormone administration (for non-pregnant women) or public education combined with child-care policy changes. While for the moment such advocacy is largely restricted to the scientific papers in which it occurs, it nevertheless raises more broadly based ethical issues, some of which have to do with limits of tolerance: on the one hand, there is the question of the extent to which our way of life can reasonably be allowed to turn into avoidance of sundry health hazards; and, on the other, a more awesome scenario looms in which cancer may be a possible long-term agent of natural selection - and in that case, whatever we now do, we are culpable.

In-between places: building space in health care culture for Brazilian immigration women in Australia

Alcione Leite Da Silva
Federal University pf Santa Catarina, Brazil
alcionep@nfr.ufsc.br

The paper presents an epistemological approach to the study of the health care culture of Brazilian immigrant women in Australia. It argues the need to move beyond the subjective, monoculture and multiculturalist positioning of caring as an individualistic process to a position that focuses on the caring processes and structures, which are produced in the "articulation of different cultures". Several guiding axes, all of which are closely interconnected, support such an approach. These axes reflect the enlargement and movement of the core structures and processes in modern societies. An investigation of such terrain requires consideration of the relational dimension of gender, be it an analytical category or a social process.

On the one hand, globalisation has imposed upon us great challenges when it comes to new intercultural relations, which have been gradually gaining force in the national and international scenario. Concepts such as culture, multiculturalism and inter-culture go through important theoretical redefinition. On the other hand, any proposal, which enters the social sphere, cannot but consider the displacement of the notion of subject. Debates on the notion of subject are closely connected with the question of identity and cultural difference, equally core issues in this proposal. Finally, upon selecting immigrant women I could not but select yet another guiding axes, that of the experience of living on the frontiers or in-between places.

REPRESENTACõIES ASSOCIADASÀ AIDS NA ESCOLA BÁSICA

Miriam D. Baldo Dazzi
Professora do curse de Pedagogia da Universidade do Vale do Rio dos Sines, Mestranda em~duca~lo da Universidade Federal do Rio Grande do Sul- Brasil
Jussara Gue Martini
Enfermeira, professora dos curses de Enfennagem e Pedagogia da Universidade do Vale do Rio dos Sines -Unisinos. Douto~a em Educa~a~o pela Universidade Federal do Rio Grande do Sul

A pandemia de Aids tem revelado seu caráter instável e dinâmico, onde a crescente vulnerabilidade ao vírus da imunodeficiência humana permanece como um desafio mundial. O estudo que propomos será de natureza qualitativa, envolvendo os alunos e professores de escolas básicas dos municipios com mais de 100 mil habitantes da região metropolitana de Porto Alegre. Repensar como as representações são construídas a partir dos discursos que permeiam os espaços escolares, bem como, compreender e dar signifição às representacões, instigando o exame de suas interrelacões com o curriculo escolar são os objetivos da investigação. A coleta de dados é realizada atravès de entrevistas semi-estruturadas, redes de associacões e observacões dos espacos de informalidade da escola básica. A análise dos resultados terá como parâmetros os objetivos da pesquisa, a teoria das representacões que embasa o estudo, a revisão criteriosa da producão cientifica sobre o fenõmeno investigado e os dados obtidos nas falas/escritas e observacões de alunos e professores. Nossa preocupacão é de apresentar um mapeamento das representacões dos alunos e professores sobre a Aids, relacionando-as com questões como gênero e sexualidade e suas implicacões na constituicão das subjetividades em nossa sociedade. Pensar e intervir nos problemas suscitados pela Aids, é deparar-se com grandes desafios que estão sendo discutidos pela sociedade como a ciência e tecnologia, educação, sexualidade4, diferenças de gênero, classe, grupos sociais, entre outros. Nesse sentido, a escola é um lugar onde estas questões deveriam estar sendo discutidas é problematizadas, pois sabemos que o conhecimento sobre Aids já circula no espaço escolar seja mídia, pe4los alunos que tem parentes ou conhecidos com o vírus ou quando não, por alunos com Aids.Este estudo vincula-se aos Estudos culturais e busca compreender como as representações da Aids a partir dos discursos presentes nos espaços escolares, compreendendo-as como construções culturais, históricas e socials, processadas em um dados memento e época.

Enfermeira, professora dos curses de Enfennagem e Pedagogia da Universidade do Vale do Rio dos Sines -

Measurable outcomes and invisible nursing work

Rachael Duncan
School of Postgraduate Nursing
University of Melbourne

This paper argues that the focus on 'measurable outcomes' in recent healthcare reform serves to discount the effort and skill of invisible work in professional nursing practice. The invisible work focused on in this paper is emotional labour, the regulation and evocation of emotional responses, in the highly emotionally charged arena of nursing practice. The primacy currently given to 'measurable outcomes' in healthcare institutions leads to a disregard of the invisible work, negating the expert and significant work of emotional labour in nursing professional practice. In turn, this negation has compounded the amount of emotional labour nurses undertake as patient throughput and acuity increases. This debate has previously been framed with reference to the gendered nature of work in western cultures (James, 1989, Smith 1991). While gender is undeniably part of the work setting the issues are more ambiguous and complex. Unless the self-regulation of emotional labour is understood as an extensive, skilled and excellent part of nursing professional practice it will be eroded and the expertise of nursing practice will profoundly decline.

Foucault/Guiteau/Czolgosz:
Gazing at Criminals in Nineteenth-Century America.

Cary Federman
Duquesne University

The purpose of this paper is to focus on the observation of criminals by the medical and criminal justice professions toward the end of the nineteenth century. In particular, this paper will argue that there was a hardening of opinion within both professions regarding criminality from the 1880s on. The more technological developments brought the criminal into focus, the more the criminal disappeared as a person – the more, in other words, the criminal type came into view. I will explore this process, as technological developments, such as Alphonse Bertillon's anthropometric system of measurements, the camera, fingerprinting, as well as phrenology and surgery sought explanations for criminal behavior in the body.

To emphasize the changes in law and psychiatry during this period, I will focus specifically on two criminal cases: Charles Guiteau's assassination of President James Garfield in 1882, and Leon Czolgosz's assassination of President William McKinley in 1901. Doctors subjected Guiteau's live head to a fair amount of phrenological surveillance. Medical opinion was mixed, but a jury found him both sane and guilty. Czolgosz, on the other hand, a reputed anarchist, was tried, sentenced, and executed all within one month, with little scientific observation. After his execution, doctors operated on his skull. They found him sane.

In bringing these two cases together, my intent is to draw a picture of criminal observation in the fin de siècle as concerned solely with framing disease and health within the body as polar opposites. Observing criminals was not a neutral endeavor, but part of a larger state action that sought to document, analyze, and discipline the lower classes of American society.

Regulating nursing: the issue of the state registration of nurses in New South Wales, 1899-1909

Dr Sue Forsyth
Faculty of Nursing,
University of Sydney

State regulation of health care professionals is a story of vested and competing interests, and political expediency. This paper focuses on the issue of state registration of nurses as a case in point. I argue that the interest of the New South Wales government in state registration of nurses waxed and waned, depending on whether such a move was deemed politically necessary. The Royal Commission on the Decline of the Birthrate in 1903 and then, some five years later, problems with unregulated private hospitals, brought to the forefront of government thinking the need to regulate and control nurses through state registration. Even though state registration was not legislated until 1924, the periodic and vested interest of the government in regulating nurses is particularly illustrated by the decade following the establishment of the Australasian Trained Nurses' Association (ATNA) in 1899, the voluntary self-regulatory body that defined and registered nurses.

This paper explores the often problematic relationship that the government had with that elite group of nurses and medical practitioners who founded and dominated the ATNA executive and who also had their own vested, and competing, interests in state registration. I argue that issues of gender and power dominated the registration debates. For nurses, state registration was the next obvious step in their push to professionalise nursing. But for the state government and for medical men, though for very different reasons, state registration meant regulation, control and containment of (female) nurses.

In between friendship and professionalism: An analysis of new productive spaces in the health care system in Canada

Denise Gastaldo, Kim England, Joan Eakin and Pat McKeever

This paper discusses the emergence of new productive spaces in health care. We present here the preliminary results of 17 case studies about the Canadian home health care system. Conventionally the home is conceptualised as a private space, but 'private' homes are increasingly work places for many health professionals. Considering homes as part of the health care landscape requires new ways of understanding the strategies of health care management and social governance. The focus of this paper is on a new relational and paradoxical space emerging at the interface between strict rules about professional behaviour – i.e. what is allowed and paid for by the system - and a subtle reward system for those who break the rules and go "beyond the call of duty". The continued cuts in health care funding have affected home care both in reducing the number of visits and the duration of each visit. For example, this has meant that some long-term care clients that previously received three baths a week are now only entitled to one. Many care providers have concerns about the well-being of their clients and have an emotional attachment to them. This leads them to break the rules by baking at their own home for clients, shovelling snow or running errands on their own time, staying extra time for emotional support or working from home to get additional resources for their clients. Many risk their own health and their jobs in doing so. Thus, the relational and paradoxical space of under-funded home care becomes economically productive. The desire to be a friendly, compassionate person and a professional who goes beyond the call of duty to provide quality care generates job satisfaction and satisfaction among clients. The production of new subjectivities (the "friendly" or "critical resistant" nurse) and the ("thankful" client) are at the core of this mode of production, one that with less resources maintains a system where some clients are experiencing a worse quality of life, but due to the unpaid efforts of health care providers are receiving barely enough care.

The Nurse/Midwife Question in Victoria, Australia 1850 – 1920

Madonna Grehan
Postgraduate Student
School of Postgraduate Nursing,
University of Melbourne

The recent development in Australia of the Bachelor of Midwifery programs (training for non-nurses to become midwives, also known as direct-entry midwifery) signals the move of midwifery education away from the domain of "nursing" to its own independent, professional path. With similar programs already underway in NZ, Britain, the USA and parts of Canada, this shift is welcomed by many midwives in the English-speaking world who claim their profession is distinct from that of nurses, and nursing.

Debates about the role of the midwife as a practitioner independent of nursing are not new. In Australia from the mid 1800s, the midwife's realm of practice and her position in the community were frequently discussed by those with interests in the training and regulation of both nurses and midwives. As a result of the process of regulation in the early twentieth century, midwifery became a 'branch' of nursing, a position which remained unchallenged until the 1970s. Many midwives now seek to dissociate themselves from nursing and see direct-entry midwifery education as a positive step in that direction.

The aim of this paper is to develop an understanding of the background to the current professional tensions between midwifery and general nursing in the State of Victoria, Australia, by exploring the debates about the regulation of the professions in the late nineteenth and early twentieth centuries. The perspectives of those parties with interests in the "nurse/midwife question" at that time will be discussed. These include the professional associations, professionals practising at the Royal Women's Hospital (formerly the Melbourne Lying-in Hospital and the Women's Hospital), and the public of Victoria represented by State Members of Parliament.

Parents' participation in decisions during their child's hospitalisation

Ass Prof Inger Hallström
Dept of Paediatrics, Lund University Hospital/
Dept of Caring Sciences, Lund University
Sweden

When a child is hospitalised, the parents find themselves in an unfamiliar environment and their parental role changes. Parents are in a stressful and often anxiety-filled situation and it may be difficult for them to participate in decisions. The purpose of this study was to examine the extent to which parents participate in decisions during the course of events when their child is hospitalised. Thirty-five parents of 24 children (aged 5 months to 18 years) were followed by mobile observations during their child's hospitalisation at a paediatric department in Sweden. Three researchers analysed field notes in three steps, using manifest and latent coding. In step one 119 situations were identified which included a decision process. In step two the situations were assessed according to a five-level scale concerning how the parent's wishes, desires or values had been respected. In step three, each situation was scrutinised with respect to factors that might have influenced the extent of the parent's participation. The results showed that parents have varying abilities to be involved in decision-making. Professionals need to communicate more openly with parents in order to identify and satisfy their needs, as some parents are unwilling or incapable of expressing them.

Key words: children, decision-making, parents, participating.

Discursive mismatch: The positioning of new graduates in education and health service organisations

Helen Hamilton

This paper will present an overview of a study designed to identify the discourses constructing new graduate identity in education and health service organisation texts. Using a Foucauldian poststructural approach an analysis of discourses in five undergraduate curricula and, job descriptions, graduate nurse year programs and performance appraisal tools from five health service organisations in Victoria was undertaken.

Contrary to expectations the same discourses appeared in both sets of texts with an additional discourse appearing in health service organisation texts only. The discourses common to both types of institutions were the discourse of nursing practice, the discourse of the good nurse, the discourse of knowing and thinking and the discourse of statute and regulation. The discourse peculiar to health service organisations was identified as the organisation and bureaucratic discourse.

Differences were apparent, however, within the nursing practice discourse that revealed a discursive struggle to establish the meaning of nursing practice between the two types of institutions. In the education texts the new graduate is constructed as a rational, independent thinking and knowing care giver. In health service organisations the new graduate is constructed as a functional, efficient, organisational, operative providing a nursing service. This discursive mismatch, it is suggested is a source of much of the tension experienced by new graduates entering the work force

Prisoners of loneliness : the experience of community participation people with both a forensic history and mental illness

Derith M. Harris
Ph.D candidate
RN, RPN, B.Ed, M.Ed, FANZCMHN.
School of Postgraduate Nursing
University of Melbourne, Victoria 3010
Email: derith@unimelb.edu.au
The University of Melbourne
Victorian Institute of Forensic Mental Health Australia

This paper will discuss the findings of the speakers PhD study .The research is exploring the issues of community transition for people who have committed murder in the context of mental illness and are being treated within forensic psychiatric institutions. The investigation reveals the experience, problems and strategies utilized by the target group in an attempt to re-establish themselves within the broader community. In particular the issues of stigma, disclosure, loneliness, social rejection and institutionalisation will be described. The aspects of the study that will be discussed result from the clients , treating clinical team , and organization perspectives of the issues faced by clients during community transition.. Further to this, an overview of the methodology will be included.

Patient Demand for Bilingual Bicultural Nursing Care in Australia'

Dr Lesleyanne Hawthorne
University of Melbourne, Psychiatry Department
Level 7, Connibere Building, Royal Melbourne Hospital, Parkville, Victoria
Country: Australia
Email: lhawt@unimelb.edu.au

Julie Toth and Graeme Hawthorne

The past two decades have coincided with growing demand for bilingual bicultural nursing care in Australia, in a context where public hospitals have been characterised by increasingly diverse patient groups. Despite this trend there have been no systematic Australian studies to date of the degree to which non-English speaking background patients indeed desire bilingual bicultural nursing care, or consider it superior to 'mainstream' service provision. Based on a detailed literature review, followed by analysis of bilingual interviews conducted with 182 NESB patients from five migrant communities who had received hospital based nursing care, this paper critically examines a range of transcultural nursing issues.

The impact of globalisation of the Australian nursing workforce

Dr Lesleyanne Hawthorne
University of Melbourne, Psychiatry Department
Level 7, Connibere Building, Royal Melbourne Hospital, Parkville, Victoria
Australia
Email: lhawt@unimelb.edu.au

Recent decades have coincided with the rapid globalisation of the nursing profession. Within Australia there has been rising dependence on overseas qualified nurses, with 42,000 nurses formally migrating over the past 20 years, and very substantial numbers arriving in addition to work on a temporary basis. Within this context this paper examines factors contributing to power versus exclusion in the Australian nursing profession, including overseas qualified nurses' degree of access to accreditation, professional re-integration and subsequent mobility. The paper identifies reasons for the inferior outcomes achieved by non English-speaking background cf English speaking background nurses, based on interviews conducted with 70 Australian key informants as well as the lived experience of 719 overseas qualified nurses. A range of serious issues are raised, which merit careful policy consideration by government as well as the nursing professional bodies.

In wellness and wealth: contemporary surgical services

Ms Marie Heartfield
University of Melbourne: PhD candidate
University of South Australia: Senior Lecturer
Email: marie.heartfield@unisa.edu.au

This paper reports on a study of nursing practices and patient care as conducted in the contexts of the modern hospital as a treatment centre with services organised around specific interventions and evidenced by the disappearance of that social entity known previously as the patient. The empirical investigation examines length of stay as it features in the provision of surgical services and the management of demand for acute hospital services and decreasing periods of hospital stay. The intellectual investigation aims to explore length of stay as a political, thus programmatic rationality that governs "in the name of truth" (Foucault in Gordon, 1991). Identification, collection and analysis of various data indicate particular techniques through which demand for hospital services is regulated. Though disciplinary techniques of classification and calculation length of stay is visible as object resources. Intersecting with these are techniques of contractualisation and responsibilisation that style the way in which various subjects are inserted as objects in the health care 'games of truth'. Through various techniques of the self, nurses are encouraged to self identify as 'specialist' to designated client groups and 'skilled' in resource management. Patients are encouraged to self identify not as sick or vulnerable but as recovered and expert with the capacities and capabilities to enact choices about treatment options and health care resources. These techniques are discussed as they relate to contemporary notions of governmental rationalities that divert attention away from individual patient care to the management of populations of patients.

Governing the captives: forensic psychiatric nursing in corrections

Dave Holmes, R.N.; M.Sc., CPMHN, Ph.D.(C)
Professor
University of Ottawa,
Faculty of Health Sciences,
School of Nursing
Ottawa, Ontario, Canada

Since 1978, the federal inmates of Canada serving time have had access to a full range of psychiatric care within the penitentiary system. Five psychiatric units are part of the Federal Correctional Services. The purpose of this paper is to present the results of a grounded theory doctoral study realized in a maximum security psychiatric ward located in the Canadian Federal Penitentiary system. The presenter will outline the results and reflect on qualitative data that emerged from this fieldwork. The concept of governmentality, defined by late French philosopher Michel Foucault, constitutes the main theoretical framework to analyze these data. Police and pastoral power, two dimensions of the security apparatus, were found to be useful in informing nursing practice that is caught between the penal and the health care (psychiatric) systems. A Foucauldian perspective allows us to understand that forensic psychiatric nursing could be involved in the governance of mentally ill criminals through power techniques – sovereign, disciplinary and pastoral. The results of this qualitative research, informed by a nursing perspective, are the first of their kind to be reported in Canada since the creation of the Regional Psychiatric Correctional Units in 1978.

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Bio

Dave Holmes received his M.Sc. in Nursing from the University of Montreal, Canada, where he also completed his Ph.D. dissertation, *'Articulation du contrôle social et des soins infirmiers dans un contexte de psychiatrie pénitentiaire'*. Actually he is a professor at the Faculty of Health Sciences, School of Nursing at the University of Ottawa, Canada. He is also a clinical researcher at Douglas Hospital, a McGill University teaching psychiatric hospital and at the Royal Ottawa Hospital, a University of Ottawa teaching psychiatric hospital.

Citizenship and the mixed economy of health: examining the power and influence of the commercial sector

Prof Veronica James
School of Nursing
Faculty of Medicine and Health Sciences
University of Nottingham, England
Email: Veronica.James@Nottingham.ac.uk

Forms of health delivery are underpinned by fundamental issues of agency and structure. Interpreted in the west through the philosophies of political parties, citizens, as an electorate, identify preferences for levels of individual choice and state responsibility for the delivery of health care. Within this context, a 'healthcare diamond' is used as a framework within which to identify the citizen as the centre of health, surrounded by the four main contributors to health provision – the commercial, public and voluntary sectors, and unwaged carers (James, 1993). Having briefly outlined the 'moral order' of the key contributors, the commercial sector is examined in more detail for the range and influence of its contribution on the health of individual and collective citizens. Starting with an identification of the key forms of contribution, including insurance and acute health care companies, pharmaceutical companies, product suppliers, residential and nursing home provision, and independent practitioners, health citizenship is examined with critical reference to Marshal's (1964) issues of choice, participation, and civil and social inclusion. Using examples from Australia, England, and the USA, the power and influence of the commercial sector is considered as individual experience translates into macro policy.

Lost Opportunities and Forgotten Stories: A descriptive study of nursing practice taken as action incorporating a Rehabilitation model of care for Older Individuals

Norma McClelland RN BSN GNC(C) MN(c)

This session describes a qualitative study of Registered Nurses' work conducted by myself as partial requirement for a Master's degree in Policy and Practice in Health and Social Services. The thesis argues that descriptions of nursing practice exclude the context within which practice occurs. In other words, within accounts of practice, the particularities of nurses' situated experiences seem to be missing. The study utilizes Suchman's (1987) theory of Plans and Situated Actions as a way of exploring how it is that nurses enact practice and to discover how nurses demonstrate the accomplishment of that practice. The field in which the study takes place is a particular unit in acute care, which utilizes a rehabilitation model of care for older adults.

Drawing from Purkis' (1994) theory on research as representations of action, I describe how my presence in the field authorizes the full account of the research. In this way, the account becomes a triangulated account, strengthening the field study.

Methods used to gather and analyse materials consist of documents, observations, and interviews of five Registered Nurses over a four-month period. The study contains full descriptions of research action as a way of providing rich contextual descriptions of nursing practice. That is descriptions of situated action as they occur within the particularities existing in the field.

Findings demonstrate the devices and conditions in place, ordering and enabling nurses enactment of practice. Findings also demonstrate how the 'rehabilitation model' of care assists nurses in constructing verbal and written accounts of rehabilitation activities and how these constructed accounts of practice differ from the nurses' actual course of action. This is not to suggest nurses deliberately 'misrepresent' practice but to demonstrate how it is that nurses 'are required to represent' practice. It is outside these requirements that I provide contextual descriptions of practice as a way of informing new understandings of practice.

"Casing" the Home in Home Care Research: Reconciling Theoretical and Disciplinary Divergence through Philosophical Convergence

P. McKeever[1], K. Dupuis[1], J. Angus[1], I. Dyck[4], J. Eakin[2], K. England[3], D. Gastaldo[1], T. Irvine[1], P. Kontos[2], K. Osterlund[1], B. Poland[2].

[1] Faculty of Nursing, University of Toronto
[2] Department of Public Health Sciences, University of Toronto
[3] Department of Geography, University of Washington
[4] Department of School of Rehabilitative Sciences, University of British Columbia

Since home health care programs have proliferated in Canada, the homes of people with long-term care needs must function simultaneously as personal dwellings and sites for health care and social support service provision. Although most contemporary domestic dwellings are neither designed nor equipped for long-term care provision, they have not been rendered as important or problematic in research, practice and policy arenas. Similarly, because Canada's climatic, demographic, and socioeconomic characteristics and population distribution have not been problematized, little is known about how they affect the provision and receipt of home care services. To begin to address these gaps, a multidisciplinary team is conducting a study involving in-depth case studies (Phase 1) and a survey (Phase 2) of homes receiving long-term care services in urban, rural and remote locations in Ontario.

In this session I will: i. present an overview of the "Hitting Home" Project focusing on Phase 1; ii. discuss the challenges associated with conceptualizing homes as simultaneously symbolic, physical and social places for household members and home care providers; iii. illustrate how key Foucauldian and Bourdieusian concepts were used to guide data collection and analysis.

Uncertainty in the shadow of a cancer diagnosis

Dr Heather McKenzie
Department of Family and Community Nursing
University of Sydney
NSW 2006
Australia
Email: h.mckenzie@unsw.edu.au

Inherent in scientific medicine is the drive towards certainty. Despite evidence that the growing reliance on medical technologies is rendering health an evermore uncertain status, the widespread view of medicine as a repository of definitive answers remains dominant. The expectation – however unrealistic – that medicine will identify and solve our illness problems underpins most medical encounters, taking on a heightened significance for those who are seriously ill.

Yet for some the limitations of modern medicine as a source of certainty are starkly apparent. This paper draws on a study of persons who have been treated for one episode of cancer and have remained symptom-free for at least two years thereafter. Far from feeling supported by expert medical knowledge, persons in this situation are painfully aware of their uncertain health status.

This awareness underpins a profound and protracted doubt about their future which is experienced as suffering in the contemporary social world. In this paper I will examine the relationship between this experience of suffering and the scientific/technological framing of disease, concentrating, in particular, on the way in which, in this situation, uncertainty is produced by the very actions intended to reduce it.

You must look after yourself dear: older women use memory work to challenge notions of health

Dr Patricia (Trish) Mitchell
School of Nursing and Midwifery, Flinders University, Adelaide P.O. Box 2100
Adelaide, S. A. 5001

Health, for an older woman is a highly individualistic experience encompassing every human dimension. This paper reports a study involving seven older women who used an innovative postmodern feminist research strategy, memory-work. As individual older women participants explored the nature of the discourses surrounding health and examined how they had come to see themselves as healthy and the consequences of accepting or rejecting the designation health when it is bestowed by others. The study was constructed around the view that through engaging with and writing about, significant events in their lives, these older women would be able to challenge some of the assumptions embedded in the health discourses to which they are subjected. Knowledge power and representation were the concepts that drove the investigation.

The women discussed and analyzed the ways in which they are mostly ignored within the social health discourse. The feelings associated with ageing and health for them often silenced or diminished to a level that is socially acceptable to others. Health interactions, often consumed within a web of silence, can and do render older women powerless, especially during health encounters and this was a focus of the study. It also highlighted the ways in which older women resist conforming to health initiatives with which they disagree, especially when their bodies are at issue, for it is through the body that discursive practices associated with both ageing and health are constituted.

Embodied Knowing? The constitution of expertise as moral practice in nursing.

Sioban Nelson
University of Melbourne

Prominent nursing authors, such as Patricia Benner, have been influential in the increasing trend to conceptualise ethics as a contextual and embodied 'way of knowing', embedded in nursing expertise. A foremost influence on this shift to the moral has been the work of the philosopher Charles Taylor. It will be argued here that rather than revealing a moral truth manifest in practice, the idea of ethics as *expertise* constitutes nursing practice as a moral endeavour and the nurse as a practitioner who has acquired a particular moral comportment.

The case will be made that the 'expert' nurse as a moral and ethical category is the result of the elaboration of prestigious humanistic discourses in the educational and professional shaping of nurses. These discourses act on and are enacted by the individual nurse through his or her participation in specific ethical exercises that result in the constitution of the desired subjectivity. Of critical importance in the production of discourse and dissemination of these practices here is the influence of neoaristotelian approaches to knowledge and practice. This paper examines both the intellectual origins and contemporary implications of this trend for practising nurses.

Ageing in place, dying in place - the clash of philosophy & practice in aged and palliative care

Ms Margaret O'Connor
School of Nursing & Midwifery
La Trobe University
Bundoora 3086

Why is it that a person who is dying of cancer is able to access expert palliative care services, have a choice in their site of care and support for family both before and after the death; whereas an older person in an aged care facility, dying of a chronic illness or simply fading away, has little access to any of these?

Dying in the nursing home environment is often hidden, unacknowledged and occurs with less than optimal care. There is evidence that efforts to introduce expertise in end of life care into the aged care setting have been resisted.

The discipline of palliative care, with its philosophical beginnings as overtly different, has struggled with the current health care mainstreaming agenda. Similarities drawn between the work of aged and palliative care have done little to enable these areas of care to work together. Palliative care is also based on the principle that such care ought be available to all dying people wherever they are.

Availability appeals to ethical arguments about the principle of justice and equity; endeavouring to push the false boundaries of palliative care in terms of diagnosis and prognosis (mainly cancer diagnosis and a short prognosis, but not too short), that has been the criticism of palliative care throughout its short history and development.

This paper will draw on a discourse analysis study of Australian Government aged care policy. The phrase ageing in place has been coined to suggest a philosophy of care that occurs in one familiar place, but policies make no mention what occurs for people when they reach the end of life. The themes include the resistances discovered in both aged care and palliative care service systems that contribute to less than optimal care for those people in an aged care facility needing expert support at the end of life.

Using governmentality to explore the regulation of people with genital herpes

Candice Oster
Doctoral Student, Centre for Research into Nursing and Health Care, University of South Australia
Member, Discourse and Rhetoric Unit, University of Adelaide

Genital herpes is one of the few sexually transmitted diseases that continues to be transmitted at an almost epidemic rate, infecting one in six sexually active Australians. Control of the transmission of genital herpes is not achieved through direct regulation; instead I argue that it is governed via an indirect mode of regulation that can be explored using Foucault's notion of governmentality. The presentation aims to explore the exercise of government (understood as the conduct of conduct) through the production of particular kinds of subjectivities and identities (Dean, 1999). In this presentation I will present the findings of a research study in which the notion of governmentality was used to analyse interviews with people with genital herpes, where the interviews were understood as collections of practices that 'constitute mentalities of governmental reasoning' (Osborne 1997: 176). Such an analysis permits an exploration of 'the *problematizations* through which being offers itself to be, necessarily, thought – and the *practices* on the basis of which these problematizations are formed' (Foucault 1992: 11).

Bio-governance: some implications of recent developments in the new genetics

Professor Alan Petersen
Department of Sociology
University of Plymouth
Drake Circus
Plymouth PL4 OEA

Deirdre Davies
Sociology Program
Murdoch University
Murdoch 6150
Western Australia

Recent developments in the field of human genetics are radically transforming notions of the body, the self, and society. Increasingly, genetic knowledge is offering a new means of classifying bodies and treating and preventing disease, as well as providing the foundation for identity and sociality. This so-called new genetics draws heavily on the rhetoric of empowerment and consumer choice: 'the public' is 'empowered' through better understanding of the basis of their health and illness, and the provision of new 'personalised' medicines and preventive interventions. As such, it can be seen as an instance of governance through 'freedom'. However, although the new genetics is full of promise in terms of improving health and wellbeing, the available options for 'consumers' are limited. The field of genetic therapy, for example, is in its infancy and is surrounded by concerns about safety. In reproductive medicine, although developments in genetics offer new techniques of pre-natal diagnosis, the only major 'treatment' option continues to be termination of pregnancy. Despite these obvious limitations of the new genetics in practice, there are incessant calls to enhance 'genetic literacy' in the population, to increase the level of genetic testing, and to expand the sites for genetic counselling. This paper asks, what has been the impact of these developments on those who are the subjects of, and are subject to, new genetic knowledge, and more specifically those who currently have a genetic disorder, or are carriers, or are deemed to be 'at risk' of developing genetic disease? It will draw on the findings of recent empirical research, involving interviews with members of genetic support groups in Western Australia, who are suffering a range of genetic conditions, and who are faced with making important decisions based on genetic information. The paper will explore the implications of the research for assessing the impact of the new genetics on identity and subjectivity, for the field of genetic medicine, and for studies in governmentality.

Exploring what the doing does: the framing of pain as hurt

Dr. Kay Price
Assistant Director & Key Researcher
Centre for Research into Nursing and Health Care
University of South Australia

My paper is an ethical and a political project premised on the position that pain as hurt (framing pain in a scientific-medical meaning), is a widely held view. A view that on the one hand says that pain is an unspeakable experience, but on the other hand, that pain as hurt can be measured, that is can be given 'voice'. Framing pain as hurt has received minimal debate among health care professionals as to the influence this framing and measurement tools used to identify pain as hurt has on how pain is understood. My paper explores how the framing of pain as hurt both disciplines actions of health professionals and people for example having surgery, and how pain as hurt predicts important things like recovery from illness. For pain as hurt to be made visible and invisible by the use of analgesics, to produce analgesia, what must be put into effect are discursive practices of a scientific-medical understanding of pain as actual or potential tissue damage. Pain as hurt operationalises pain as a sign / event to mean pain as tissue damage as drugs and drug delivery systems, and this framing of pain is difficult to resist in a surgical ward of an acute care hospital. In challenging how pain as hurt is framed, I do not discount this representation, or the views of people considered to be pain 'experts'. Rather, I challenge how, these representations of pain and pain expertise, have come to exist as self-present truth. In opening out alternate understandings of pain, and readings of health professionals' actions, the paper allows for the possibility that pain, and the way that health professionals act in relation to that pain, may indeed mean different things to different people.

Sexual Careers and the Clinical Gaze: a story of tensions, knowledge and practice in Governmentality

Anthony Pryce
City University
London

Stories of the sexual life of men who are attending a Sexually Transmitted Infection (STI) clinic reveal how these narratives are interwoven with webs of social networks and sexual agency. The management of sexual careers, the learning of sexual scripts and the refining of personal repertoires of pleasure are also immersed in lay and medicalised sexual health discourses. However, in the context of a clinical, medical environment, sexuality and erotic desire is 'matter out of place' (Douglas, 1966) This includes STI clinics where medicine represents cleanliness, rationality and order and the erotic signifies dirt, transgression and danger. Nevertheless, professional ideologies and health promotion strategies are deployed to recruit the client into systems of Governmentality.

Utilising Foucault's notion of *ars erotica* and *scientia sexualis,* this paper will explore the tensions between the praxis of medicine on the one hand, and sexual repertoires on the other. It will suggest that there are a number of parallel processes that are not necessarily in a binary polarity at all but suggest symmetry. The paper will outline the similarities, continuities in knowledge(s)n and praxis that become most visible and discrete when placed in specific clinical or social contexts. The paper will conclude by demonstrating how these techniques are central to the recruitment of the individual as 'active patient' (Armstrong, 1995) and systems of Governmentality through sexual healthcare practices.

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Intelligent Labour:
Nursing Practice in the Home

Mary Ellen Purkis RN, PhD
Associate Professor
School of Nursing
University of Victoria
P.O. Box 1700
Victoria, BC
CANADA

Kristin Björnsdottir RN, PhD
Associate Professor
Department of Nursing
University of Iceland
Eirberg, Eiriksgata 34
101 Reykjavik
ICELAND

Contemporary nursing literature focuses on a need to articulate the 'unique contribution' made by nurses to health care events. Often the urgency of this 'need' is formulated in a way that suggests the very possibility of nursing rests on author's ability to expose such unique contributions. A search back into the literature of the 1970s, a period of extensive theoretical development within nursing, demonstrates that this need to specify nursing's contribution is not new. Given the explosion of published work by nurses and about nursing in the intervening 30 years, the lack of a satisfactory outcome to this problem is surprising.

In this paper, the authors will explore the small but growing literature that locates nursing within the discourse of labour processes (McPherson 1997, Bjorndsdottir 1998, Purkis 1999, Allan, 2001). Specifically, we are interested in excavating the ways in which nursing, as an organized form of physical labour, is portrayed in this literature. In addition, we are interested in explicating the intellectual target of this physical labour. It is our working hypothesis that the urgency of the problem of exposing nursing's contribution to contemporary health care is fuelled by inadequate conceptualisations of nursing practice as *intelligent labour*. Drawing on field studies of home care nursing practice, our aim is to offer an articulation of intelligent labour through an illustration of the concept of *nursing as labour*, a *practicing within a narrowing health care delivery system*, and *nursing as a fostering of professional practice*.

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Welcome to the tower of Babel
-lessons learned from a journey on a clinical pathway

Beverleigh Quested, RN, MN (Advanced Practice)
PhD student, Flinders University of South Australia.

Clinical pathways are one mechanism by which complex systems of care can be structured enabling a consistency of outcome targets to be met. Clinical pathways are directed to high cost procedures with a high variability of outcome with the intention being to reduce costs and provide standardised care that produces consistent results or outcomes. Diversions from the normal path of recovery are variances and these can be analysed and used to further improve care.

This paper describes the implementation and evaluation of a clinical pathway for patients undergoing Blood Stem Cell Transplantation. The clinical pathway was implemented through the hospital's computerised nursing care planning software Excelcare™. Excelcare™ is used to generate nursing care plans and detail the number of nursing hours needed to undertake such care. As such it is both a staffing and a clinical management system.

The use or not of the clinical pathway care plans by nursing staff and the role of such care plans in nursing care was observed. Data from 50 recipients of a Blood Stem Cell Transplant was also collected for analysis.

Problems were encountered when analysis of the data from the 50 recipients on the pathways of was undertaken, crucial data was not available and data from other computer systems within the hospital was not compatible. The clinical pathway had led to Babel. Following the attempted analysis the author undertook review of clinical pathways and their underlying assumptions. This critique identified the projections of predictability and risk that underscore the structure of such pathways, the fragmentation of patients' bodies, the mechanism by which nursing care is represented as interventions only with assessment, planning and evaluation assumed but not recognised, and the lack of cohesion and isolation created by incompatible computer systems.

Snap-Shots of Live Theatre: The Discursive Construction & Governance of Operating Room Nursing

Ms Robin Riley
PhD Candidate
School of Postgraduate Nursing
University of Melbourne
Telephone: 03 9509 6243
E-mail: rriley@netspace.com.au

This paper will explore the practices of operating room nursing. Using the Foucauldian concepts of power, discipline, and subjectivity, the paper will draw upon some preliminary findings of an ethnographic study that incorporates photographic research techniques. The study is being conducted across three institutional settings and aims to address the question: ***How do operating room nurses construct and govern their practices in the clinical setting?*** The focus of the paper will be predominantly on technologies that regulate space and time as they provide the precision necessary for the safe conduct, and means of coordination of surgery. In addition, methods of communication in the operating will be explored, focusing particularly on the concept of 'the list' and its application for the governance and control in the operating room. As well, the use of the ethical concept of the 'surgical conscience' will be explored. The extensive professional experience of the author, guidelines from professional operating room nursing associations and published texts will also be used. By challenging the taken-for-granted practices of operating room nurses within the enclosed spaces of the operating room, it is possible to develop some understanding of how operating room nurses contribute to the governance of their own specialty area of practice nursing.

Building capacity? Health promotional operations empowering the mentally ill (1993-1999).

Trudy Rudge, Associate Professor, Faculty of Nursing, Flinders University
trudge@chariot.net.au
Sioban Nelson, Associate Professor, School of Postgraduate Nursing, University of Melbourne
siobanmn@unimelb.edu.au

This paper examines the notion of empowerment, and its latest incarnation 'capacity building', as it applies to the category of person formerly known as 'patients' in the health services. It explores the connection between power, capacities and citizenship. A further focus of the paper will be the extent to which nurses (and other professionals in the pastoral domain) brandish this language, replicating it in policy, program and practice documents. Sources which espouse and provide the template upon which to build such capacities -- such as the foundational Ottawa Charter, policy documents in mental health, and action plans for mental health promotion -- are used to reveal the operations of language in re-shaping responses to mental illness. It will be argued that the unquestioning adoption of this transformation in the language of health discourses creates a consequent discursive shift in the social expectation of the sick person, and acts to accomplish a further reconstitution of good citizenship within mental health as 'self-vigilance'.

Bio-politics of prevention in Brazil: Governing women ('s sexuality and health) through hiv/aids Ad campaigns on tv

Luis Henrique Sacchi Santos
Faculty of Education – Universidade Federal do Rio Grande do Sul, Brazil.
E-mail: luishss@terra.com.br; luishss_ca@yahoo.com

From 1986 to 2000 the Brazilian Ministry of Health through its National Program of STDs/AIDS prevention presented more than 70 ads on national broadcast television channels (regarding sexual transmission, drugs, solidarity etc.). These campaigns have intended to alert the population about how HIV is transmitted and what populational groups are most susceptible to 'catch' AIDS. Despite the knowledge that messages through television do not change behavior, health professionals that deal with social marketing still consider ads as the most effective way to reach large populations. Besides, ads are also considered an important part of media's cultural pedagogy, because of their particular representations of what is AIDS and risk. For these reasons, television ads for HIV/AIDS prevention campaigns constitute a privileged way to discuss how the population is governed through a taken-for-granted health issue such as HIV/AIDS.

To understand how the notions of risk (re)presented by television advertisement campaigns for HIV/AIDS prevention contribute to the governance of the population, I analyzed the texts (narration, image) of 20 ads related to sexual transmission and solidarity campaigns. Different codes and categories emerged from this intertextual analysis which allowed me to discuss AIDS, risk, sexuality, sexual practices and health promotion (safe sex).

Some of the findings of this study are: the identification of discontinuities in the way AIDS was represented along the time; emphasis on the individual responsibility to not 'catch' AIDS; use of social marketing strategies to promote condom and to circulate notions of risk (that shifted from a biomedical discourse to a consumerism one); notions of risk addressing specific groups and general population through normalization and 'otherness'. In this work I focus analysis in the governance of women through the TV ads campaign, because I found a special emphasis to this public from 1994 – 2000, assuming that they are responsible for "taking care of themselves", as well as responsible for negotiating the use of condom with their partners. I also analyze different strategies of governance according to gender and the role of international bio-politics (WHO).

The Independent medical examinationas surveillance

Lee Tasker
University of Calgary
Canada

Within the Ontario automobile insurance legislation, the independent medical examination is used to determine a claimant's eligility for accident benefits. Historically, insurance companies have used phsicans, who conduct independen medical examinations, as gatekeepers to help control these costs. This paper puts forward the premise that the insurance industry governs the way individuals and society behave. However, the methods the medical examiner is using to determine eligibility may serve to undermine the insurance's ability to govern by creating resistance by the claimant. The points will be argued by using Foucault's concepts of governmentality and bio-power. Through the argument, the archaeology of the independent medical examination is revealed by describing the discourse of dominant ideas in the larger social context within the last few centries, and is then linked to the insurance industry.

Accounting For Nurses' Work

Ms Luisa Toffoli,
School of Nursing, Flinders University
Email: LuisaToffoli@bigpond.com

Drawing on Foucault's (1979) work on governmentality, this paper examines the literature pertaining to nursing workload measurement systems. Nursing workload measurement systems are designed to capture the variable nature of the demand for nursing care. Historically, nursing workload measurement systems developed out of a need to predict on a daily basis the number of nurses required by a healthcare organisation to deliver care – nurse staffing requirements. With the establishment of a managed care private healthcare system in Australia, how nurses work to manage care has undergone a discursive transformation. The calculation of nursing care requirements, as 'nursing hours', within the various nursing workload measurement system, see these systems evolving from calculating dependency and staffing requirements. Such a transformation reconstitutes nursing workload measurement systems quantifying nurses' work as calculable 'nursing hours'. Such accounts of nursing work suggest that nurses in managing care are 'nursing' hours.

Helping Them Out: the role of teachers and healthcare professionals in the exclusion of pupils with special educational needs.

Dr Rob Watling
Deputy Director, Centre for Citizenship Studies in Education, University of Leicester, UK.

The exclusion of pupils from mainstream and special schools remains a serious political and ethical issue in the UK despite various Government initiatives to reduce both the number and the impact of such exclusions. It is widely accepted that exclusion from school is closely connected to other forms of social exclusion, and has important implications for the pupils' social, emotional and physical well-being. Among those who are consistently over-represented in the exclusion statistics for England and Wales are pupils with special educational needs (SEN) - particularly, but not exclusively, those labelled as having 'emotional and behavioural difficulties' (EBD). The consequences of exclusion for pupils in this group is arguable even more serious as they are already subject to additional patterns of injustice and inequality.

This paper, building on recent work for the Department for Education and Employment (Osler, Watling, et al, 2000), reports on the current position in the UK and considers the relationships between teachers, healthcare and allied professionals, and SEN students at risk of exclusion. In particular it considers the ways in which inter-professional collaboration in this field may reinforce (rather than challenge) certain discursive practices (Foucault, 1974) and thus increase (rather than reduce) the number of formal and informal exclusions.

AUTHOR INDEX

Notes