



ESA'24

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16th CONFERENCE

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**TENSION, TRUST
AND TRANSFORMATION**



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RN16 | T01_02: The tensions surrounding medicine: declining trust and legitimacy towards expertise, epistemic challenges and transformative processes

The crisis of medical expertise, exacerbated by the COVID-19 Pandemic, is a significant concern for scientists and regulatory agencies whose role and authority are being questioned. Besides the conflict between the scientific community and the social groups that opposed controversial positions, we witness epistemic tensions even within the medical field. While Evidence-Based Medicine is still the gold standard, the universal applicability of the hierarchy of evidence has been challenged, and a more pluralistic approach has been advocated. The pandemic has questioned the feasibility of controlled trials in times of crisis, and the careful analysis of real-world settings and real-life clinical practices has been proposed as a new standard during emergencies. We invite contributions that critically reflect on the epistemic tensions in medicine during the pandemic and beyond. A (non-conclusive) list of topics includes: – the evolution of EBM, even in the light of AI, and the real-world evidence perspective; – the trust towards scientific and medical experts and regulatory agencies after the pandemic; – the tensions between protocols/guidelines and decision-making in everyday clinical practice; – bottom-up knowledge production by epistemic communities and communities of practice; – the role of sociology in sustaining the transformation towards a more pluralist approach in medical research.

“Anti-Scientific Americans:” The Prevalence, Origins, and Health Policy Consequences of Anti-Intellectualism in the U.S.

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Anti-intellectualism is a pervasive and pernicious force in contemporary American political life. Often conceptualized the dislike and distrust of experts – i.e., individuals who can make credible claims of superior knowledge in scientific and academic fields – anti-intellectualism has been thought to motivate opposition of evidence-based health policies.

In this manuscript, I summarize insights from a book project in which I offer a new theoretical framework (and empirical tests of that framework) for understanding the prevalence, origins, and health policy consequences of anti-intellectual attitude endorsement in the U.S. Bringing together micro-level survey data from dozens of cross-sectional and longitudinal surveys (spanning six decades), and macro-level data from hundreds of aggregated opinion polls dating back to the 1940s, I find that anti-intellectualism is both a pervasive and pernicious presence in American public life. I demonstrate that about one third of Americans can be thought about as holding anti-intellectual attitudes at any given time, which have become increasingly politicized following the rise of the Tea Party in the early 2010s. Reviving often-overlooked insights from Richard Hofstadter’s pioneering work, I also show that anti-intellectualism both shapes and is shaped by Americans’ resentment of the role that experts play in the policymaking process. Anti-intellectualism further motivates opposition to expert-backed health policies, including resistance to the advice of public health experts in the face of the COVID-19 pandemic. Finally, I show that – in periods where public anti-intellectual attitude endorsement is comparatively greater – elected officials tend to respond by curtailing experts’ influence in the policymaking process. I conclude on an optimistic note, by discussing how what we might learn from this research can help restore trust in experts.

Doubt in Medical Science As An Important Consequence Of The Covid-19 Pandemic: The Case Of Serbia

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One of the greatest achievements of medical science and science in general is the vaccine invention – by Edward Jenner who created the smallpox vaccine. In honor of this invention, Pasteur suggested that all vaccines should be given that name, and the vaccine discovered by Jenner was named after him. Moreover, thanks to the efforts of the

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World Health Organization (WHO), smallpox was declared eradicated in 1980, which was the first eradication case ever of a human disease. Owing to vaccines, millions of human lives have been saved, particularly when it comes to infectious diseases such as smallpox.

On the example of Serbia, we show the continued action of antivaxxers in the past ten years. Public figures, mostly with no medical education, led a mass-media campaign against the MMR vaccine, which resulted in local epidemics, primarily measles, and was followed by the COVID-19 pandemic, when the announcement of the vaccine created against this disease immediately sparked stories about its harm to human health. In Serbia, the already existing prerequisites through years-long action of the anti-vaccine lobby were combined with the new cause – anti-COVID-19 vaccination, where this lobby's activities were transferred on to social media. The anti-vaccination process was strongly politicized and supported by foreign news pointing to vaccine nationalism, affairs regarding vaccine acquisition, corporations fighting for profit and many other weaknesses, which further deepened the Serbian citizens' mistrust. By the end of the pandemic, approximately 60% of adult citizens were vaccinated against COVID-19, which does not necessarily mean doubt was removed.

Tensions Around Expertise in Medicine? Laypeople and the Popularisation of Health-Related Self-Measuring Devices

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Technical devices that can be used to measure various body data are becoming increasingly popular, as sales figures show. In times of increasing data processing and sharing, the usage of these devices can be seen as a potential challenge to medical expertise. Although these devices (e.g. the Apple Watch or the Fitbit) do not necessarily comply with medical technology standards, the data and figures generated by them and their automatic evaluation might compete with, or even undermine, the expertise of medical professionals, and result in mis-(self-)diagnosis and/or – treatment. Based on interviews conducted with both patients and doctors in Germany as part of the research project “Digital Body Knowledge. Conflict Lines of Problematic Popularity in Health Care” (funded by the German Research Foundation), this presentation aims to answer the following questions: What role does data collected from patients play in medical practice? Does it really challenge medical expertise? And do healthcare professionals interact with the increasingly popular devices and their output? This presentation will demonstrate which tensions and (needs for) transformations are evident in the field and who (does not) trust whom – or what. Central to this is the infrastructure of the German healthcare system, in particular the state of its digitalisation, but also a deep-rooted scepticism towards technical innovations among the population and a primarily cautious approach to data protection create a

unique framework for the (non-)negotiation of knowledge between laypeople and experts in the healthcare sector.

Rethinking Healthcare Assessment: Bridging the Gap Between Subjective Experiences and Objective Criteria

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This submission presents a new approach to evaluating healthcare systems in the context of evolving social transformations and the pivotal role of trust in healthcare. A novel health care index is introduced, seamlessly blending individual assessments with objective macro criteria, overcoming the limitations of traditional comparisons. The index, crafted through a data-driven procedure, uniquely incorporates subjective elements by weighting macro indicators based on individual self-rated health, adding a nuanced dimension to the evaluation process. In a multi-level model, this innovative index proves not only effective in minimizing country differences but also in explaining variability in self-rated health without impacting other estimates.

Moreover, the paper extends the discourse on health system comparisons by introducing a subjective level to traditional objective factors. The analysis delves into correlations between this subjective index and existing health system indices, highlighting the importance of considering not just objective health determinants but also subjective aspects like access to the health system. Intriguingly, correlations weaken when health expenditures are imposed rather than chosen voluntarily, underscoring the significance of subjective experiences in evaluating healthcare systems. This research contributes to the session's exploration of trust in healthcare, emphasizing a holistic approach that seamlessly integrates objective and subjective dimensions for a more captivating and comprehensive understanding of health system performance.