

Call for Papers

“Bads” in healthcare: Negative experience as an impetus to reform in nineteenth and twentieth centuries

European Conference of the *Swiss Society of the History of Health and Nursing (GPG-HSS)* in Cooperation with the *European Association for the History of Nursing (EAHN)* and the *European Journal for Nursing History, Theory and Ethics (ENHE)*

21st and 22nd of June 2018 at the Zurich University of Applied Sciences (ZHAW), School of Health, Winterthur (Switzerland).

Conference Committee

Switzerland: Sabina Roth, MA, independant historian, Zürich, president of GPG-HSS. Joëlle Droux, PhD, UNIGE, Genève. Kristin Hammer, registered midwife, MA, ZHAW, Winterthur. Véronique Hasler, MA, physiotherapist, HESAV, UNIL, Lausanne. Séverine Pilloud, PhD, HEdS-La Source, Lausanne.

On behalf of *EAHN* and *ENHE*: Prof. Dr. Christine Hallett, Manchester UK, Prof. Dr. Susanne Kreutzer, Münster D, PD Dr. Karen Nolte, Würzburg D.

Cultural expectations of ‘good care’ change according to context. They vary according to time and place. They are constantly shaped and reshaped by knowledge and techniques of health professions; by bodily and emotional needs and sensations; by symbols and rituals of attention and of sympathy; by religious ideas; and by views of justice, of caring human relations and of the person’s dignity. Individual experiences sometimes harmonize with expectations so that patients, and their nurses, midwives and physiotherapists, all feel satisfied. But sometimes, whether during birth, while nursing a newborn or a dying person, or whether engaging in some other healthcare process, things can and do go wrong. Bad things can happen – and these can be compounded by the failure of systems to intervene, to ‘turn things around’. Those involved can be left with negative experiences and may suffer consequences. According to the Dutch Philosopher Annemarie Mol such experiences are termed ambiguously as “bads” in care: “There is something else that bothers me. It is that

somehow writing about the *goods* of care is just too *nice*. Too cosy. There are also *bads* to address, but how to do so?”¹

This international Conference will provide an opportunity for scholars from a range of disciplines to debate historical research relating to this subject. It will consider both individual and collective experiences of healthcare; explanations for bad care; and descriptions of ways in which individuals and groups have attempted to find impetus for reform. The history of Europe and its colonies in the 19th and 20th Centuries contain many examples of so-called “bads” in healthcare. During this time science based medical knowledge and techniques gained a powerful position within the logics of care and within the systems and practices of health professions. “Good” healthcare was redefined. And yet, the materiality, symbolisms and rituals of care continued to be understood in terms of the Judao-Christian religious context, coupled with bourgeois ideas of social justice, moral behaviour and human dignity. Through decades, different cultures of care responded to what they considered “bad” in attention, protection or kindness. During the “Age of Extremes” (1914-1991) – to use the term coined by Eric Hobsbawm – totalitarian ideologies and race biology, dictatorial regimes, authoritarian societies and economies at war put pressure on the multifaceted cultures of care; at times, healthcare was perverted and destroyed by these ideologies and political pressures.

From the 1960s on, organisations of victims and of patients, social and feminist movements as well as critical scholars launched historical studies and social inquiries to disclose neglect, failures of care, mistreatments and abuse in medical, psychiatric and foster care institutions in past and present. These processes are still ongoing and they contribute to reforms in healthcare, to acts of apology, to compensation and to commemorative cultures. The history of nursing, midwifery, physio- and other health therapies started to investigate the past role and responsibilities of denominational nurses and health professionals from the 1990s onwards. The aim of this European conference is to enlarge our understanding of how these professions were interlinked with “bads” in healthcare, of how they addressed and responded to negative experiences and how they contributed to the improvement of healthcare in the 19th and 20th centuries.

¹ Annemarie Mol: Care and its values. Good food in the nursing home, in: Mol, Annemarie, e. al. (eds.): Care in Practice. On Tinkering in Clinics, Homes and Farms, Bielfeld 2010, p. 215-234, here p. 229.

The conference calls for contributions from scholars who can present research relating to negative experiences *of* and *with* health professionals such as nurses, midwives and therapists. Their starting point should be the individual or the collective experience of health professionals and/or of patients and family members with bad care. They should find answers to these questions: What shaped experience of “bads” as the actors addressed them? Whom did they make responsible for their negative experiences? How did they explain them? What did they claim? How did the actors involved deal with the negative experiences? How did those made responsible for “bads” respond to re-establish their standards of good healthcare, reputation and trustworthiness? How did this process contribute to reforms in healthcare?

The following fields of research are suggested:

- 1) patients and patient's organisations: rights of patients and family members; complaints about “bads” in professional health care; goals for compensation and/or improvement; strategies to gain influence; networking for cooperation with health professionals.
- 2) professional standards: “good” in healthcare turns “bad” or vice versa; theory and ethics of “bads”; norms of professional competences; the significance of research to negative care experiences; development of methods for quality improvements.
- 3) everyday “bads” of professionals in healthcare: narratives of “bads” in care relations with patients and relatives, superiors, colleagues; trans-professional cooperation; the search for reforms in practice.
- 4) managing “bads”: the institutionalisation and role of ethics committees; surveys and the steering of patient's and collaborator's satisfaction.
- 5) Care in public: media scandals; ‘heroes’ and ‘villains’ in care; healthcare in court; effects of public discussions for healthcare improvements.
- 6) The quest for historical research: victims turn into witnesses; the role and work of committees of inquiry; integration or not of the blamed professionals; development reconciliation and of commemorative cultures for “bads” in past healthcare.

Registration, Presentations and Reimbursements

To participate at the conference, please apply with an abstract of 400 words maximum, which includes title, research question, methods, and sources used as well as results, before the 30th of November 2017 via email to gpg@gpg-hss.ch. The Conference Committee will disclose its decisions relating to the acceptance or non-acceptance of papers by the

15th of January 2018. The spoken language at the conference will be English. A slot of 30 minutes per paper will be permitted, and papers will be allotted in threes, to 90-minute panels. A maximum of 20 minutes should be used for each paper; the remainder of the time is reserved for discussion. The fundraising for the conference is still ongoing so that the reimbursement of the costs of accommodation, travel and meals cannot yet be guaranteed. Please send any enquiries to gpg@gpg-hss.ch.