



## Post-Pandemic Provocations Medical Humanities Roundtable Series

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### **Pain**

5 July 2021

#### **Eleanor Shaw**

University of Manchester

The limits to patient control: The British Journal of Anaesthesia, conceptualisations of pain and patient collaboration

#### **Dr Wankun Li**

University of Strathclyde

Diplomacy in the Delivery Room: Painless Childbirth in Mao-era China

#### **Associate Professor Ved Baruah**

Shanghai University

Another pandemic metaphor? Reimagining pain in India 'dangerous drugs' policy

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### **Processing**

19 July 2021

**Dr Amy Pearson (University of Sunderland), Sarinah O'Donoghue (University of Aberdeen), and Dr Anna Stenning (University of Leeds)**

A collaborative paper on autism and the deficit paradigm.

#### **Isabelle Finn-Kelcey**

Independent - Special Educational Needs teacher

Teaching the teacher: a processing lesson through narrative

**Dr Sophie Jones**

University of Strathclyde

Diagnosing Deficit, Promising Enhancement: On 'the ADHD debate'

**Professor Matt Smith**

University of Strathclyde

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**Policy**

**2 August 2021**

**Dr Paul Atkinson**

University of Liverpool

Scientific Advice and COVID-19 Policy Making

**Lilliana Buonasorte**

Durham University

The Covid-19 'high-risk' category: what does it do, who does it categorise and what can we learn from it?

**Dr Arnab Chakraborty**

Shanghai University

Public Health policies and Tuberculosis control: WHO Western Pacific Region (1950s-1990s)

**Lu Chen**

University of York

Withdrawal from WHO: from USSR and China in the 1950s to the Trump Administration in 2020

**Dr Fabiola Creed**

University of Strathclyde

The History of Sunbed Restrictions: Dead Ends and the Digital Archive Journey

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## Abstracts

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### Pain

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#### **Eleanor Shaw**

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The limits to patient control: The British Journal of Anaesthesia, conceptualisations of pain and patient collaboration

Medical journals have long been sources for historians, perceived as a mirror to society and medicine. My wider work argues that journals should be seen as actors who impact rather than merely reflect. As understandings of pain underwent radical change in the twentieth century, anaesthesia has emerged from the operating theatre to play a significant role in pain management in both clinical and home settings. This flash paper looks at the ways in which the British Journal of Anaesthesia's choices of publication, contributions to research funding, and editorship of the journal has co-created a divided understanding of what constitutes "good care" in response to different types of pain. There is a fundamental divide visible in portrayals of pain during operations, which is deemed to be solely the arena of the anaesthetist, not requiring collaboration from patients; and chronic and post-operative pain, where "good care" is deemed to be collaborative with the patient. The journal thus promotes to its wide readership a conceptual division between different types of pain which intersects in interesting ways with current pain theories. The division diminishes patient decision making in response to operative pain while presenting patient collaboration as the gold standard for chronic pain care.

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#### **Dr Wankun Li**

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Diplomacy in the Delivery Room: Painless Childbirth in Mao-era China

By focusing on the midwifery reforms and maternal health care system, this paper will illustrate the transformation of China's delivery methods, from China traditional or American-style childbirth before 1949 to the Soviet Union's "painless childbirth" method, as the result of acupuncture anaesthesia caesarean in the 1960s. In 1952, psychoprophylaxis was imported to China systematically and officially as a method based on Ivan Petrovich Pavlov's theory of conditioned response and translated as "painless childbirth (wutong fenmian)" in China. However, following the Sino-Soviet split in 1956, the Chinese Communist Party's propaganda on pain relief changed to encourage women in labour to "discover and use the treasure of Chinese traditional culture" - Chinese medicine and acupuncture anaesthesia. The acupuncture anaesthesia was practiced during caesarean sections in the urban hospitals in the 1970s. In his trip of visiting China in 1972, Present Richard Nixon observed an operation under acupuncture anaesthesia, which was widely reported in the western countries. Basing on official reports and midwives' memories, I will demonstrate the impact of international relationships on Chinese women's experiences of pain in operating and delivery rooms.

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## **Associate Professor Ved Baruah**

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Another pandemic metaphor? Reimagining pain in India 'dangerous drugs' policy

The COVID-19 pandemic has frequently been articulated through metaphors that invoke pain, both individual and collective. An upshot of the lockdown in 2020 in India was a surge in demand for alcohol- and drug-dependence related services from 'deaddiction' clinics. It was generally believed that pain-relief medication supplied by these clinics compensated dependant users for the shortfall created by lockdown-led closure of alcohol vendors and disruptions in illegal drugs markets. However, this rare occasion when India's 'dangerous drugs' policy made headlines revealed that many visiting these clinics were looking for ways to cope with pain, both physical and the miseries inflicted by the pandemic. This COVID-19 phenomenon offers a new perspective to understand the relationship between pain and drug use in the ongoing policy deliberations in India.

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## **Processing**

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### **Dr Amy Pearson**

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The majority of funding in autism research goes towards biomedical research projects. A shift towards addressing everyday priorities for autistic people means a shift in the dominant paradigms that shape what is seen as 'worthwhile' research, and who is considered an 'expert'. Funding applications are likely to be assessed by 'leading experts' in the (dominant areas of the) field, making it difficult to conduct truly innovative research that breaks with conventional views and hegemonic dominance. I am interested in how cross-disciplinary work can encourage new ways of working, innovative thought and practice, and shape a future in which experiences are valued as much as the research that recounts them.

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### **Sarinah O'Donoghue**

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This paper explores the vast discrepancies between how autistic people perceive and interpret autism and how research on autism is conducted. As shown in the types of projects that receive funding from research councils, charities, and other organisations, academia is entrenched in the pathology paradigm, which considers autism almost exclusively in deficit terms. This conflicts with perspectives of autistic self-advocates who view autism as a neurological variation.

While tensions between the pathology and neurodiversity models have been critiqued extensively in academia and wider culture, this paper offers a proactive means of reconciliation, as it demonstrates the importance of implementing narratological accounts into traditional research models. Drawing on some studies that use autistic narratological perspectives as primary data, and considering some writings by self-advocates, it foregrounds the central, rather than supplementary, role of literature in enhancing and improving research outcomes. This, in turn, will improve the everyday experiences of autistic people, ensure research projects reflect the desires and opinions of autistic people, stray from pathology perspectives, and encourage dialogue between medicine and the humanities.

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**Dr Anna Stenning**

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I am interested in exploring how the meanings of autism are always produced through two-way exchanges that involve differently situated individuals. This means paying attention not only to autism but to the 'complex configuration of factors' including gender race, class, religion, and so on through which we develop our standpoints on issues that matter to us occur. As we move through our lives, we are unlikely to experience ourselves in terms of any single cultural script and it is more likely that we will internalise many different 'empowering' or 'subordinating stories', such as those that we experience as a result of our embodiment, gender, race or sexuality. What matters, from the point of our survival, is not so much the accuracy of our self-concept but the role that it plays in allowing us to make sense of our experiences. However, how we narrate our experiences in the social realm will have implications for others, who may be subject to dominant appropriations of our stories or empowered through their potential as a source of self-understanding. To do justice to this, we can create new reading practices that pay attention to how written and other forms of autobiographical narrative render visible our emerging sense of our pragmatic identities as they evolve through time.

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**Isabelle Finn-Kelcey**

Independent - Special Educational Needs teacher

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Teaching the teacher: a processing lesson through narrative

Neurodivergent-authored narratives which feature neurodivergent characters can benefit both the writer and readers in their capacity to explore and challenge normative assumptions of how individuals interpret sensory inputs to construct their realities. In this paper I will discuss a short piece of imaginative writing by a 13-year-old neurodivergent author, 'Liam', produced during his English lessons in a specialist educational setting for autistic students. I will give particular focus to the ways in which Liam enables readers to enter into his protagonist's sustained attempt to resolve the confusing and multisensory inputs around him into a clear meaning and hence gauge whether he is in danger. I will give a brief outline of Liam's diagnoses of autism and dyspraxia and how these neurodivergent aspects of his identity can be seen to bring advantages as well as challenges to his experiences in the classroom. Finally, I will reflect on how and to what extent the highly adapted learning environment facilitated Liam's success in generating and executing his ideas.

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**Dr Sophie Jones**

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Diagnosing Deficit, Promising Enhancement: On 'the ADHD debate'

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**Professor Matt Smith**

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TBC

# Policy

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## **Dr Paul Atkinson**

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Scientific Advice and COVID-19 Policy Making

This paper examines the UK government policy response to COVID-19. We are historians, social scientists and biomedical researchers who study how societies cope with infectious disease. In February 2020 we began regular semi-structured calls with prominent members of policy communities, and health care professionals, to elicit their roles in, and reactions to, the Covid-19 response. We secured excellent access to government scientific advisers. Our project reports interviewees' perceptions of what has shaped UK policies. A particular emphasis is on the use of scientific advice in a novel, fast-moving pandemic with major areas of scientific uncertainty. Such studies are usually affected by hindsight. Here we deploy a novel prospective approach to capture real-time information, adapting the methods of oral history interviewing to operate in the present.

We report witnesses' perceptions that scientific advice has not led to sufficiently rapid policy decisions, and that a lack of transparency is sapping public trust. We argue that politicians abdicated responsibility by their early 'follow the science' rhetoric, later renegotiated. The early experiences and reactions of our witnesses suggest important issues for investigation, notably the question of delay in decision making and the issue of how to make science advice effective in a crisis.

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## **Lilliana Buonasorte**

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The Covid-19 'high-risk' category: what does it do, who does it categorise and what can we learn from it?

The UK Government's response to the transmission of Covid-19 across the country has brought a new classificatory policy into fruition - the Covid-19 'high-risk' category. This new category represents 1.5 million citizens who are considered at high risk of health complications if they were to contract Covid-19. This paper, taking a medical anthropological approach, explores how the implementation of the Covid-19 high-risk category is not without consequence. Rather, the high-risk category has a transformative effect upon those classified. We witness this through picking apart and laying bare where exactly 'risk' is situated. In the case of Covid-19, risk is essentialised as innate to the biomedical make-up of many people with disabilities. Through this essentialisation of risk, risk management becomes an individual responsibility. The most predominant example of this is 'shielding', where we can learn the disciplinary spatiotemporal constraints that biomedical risk categories can enforce.

The implementation of biomedical risk through policy, conversely, is not static. Instead, we can look to UK residents diagnosed with asthma and the ambiguities regarding their level of risk. While they are considered at a high enough level of risk to practise strict social distancing and/or shield, they are not considered at a high enough risk to receive priority for vaccine immunisation under the JCVI's (Joint Committee on Vaccination and Immunisation) triage. What this inconsistency of high-risk offers, then, is an insight into how risk is resisted and reshaped by asthmatics through non-biomedical conceptualisations of risk. Covid-19 risk categories make visible the communicative disjunction between biomedically-informed policymakers and the classified disabled.

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**Dr Arnab Chakraborty**

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Public Health policies and Tuberculosis control: WHO Western Pacific Region (1950s-1990s)

The End TB strategy of the World Health Organisation (WHO) aims to end the global Tuberculosis (TB) epidemic by 2035 in line with the sustainable development targets and this has been implemented in the WHO Western Pacific Region since 2015. This research attempts to bring out the nuances of the different public health policies implemented in the region to counter TB, and study how far the governments were willing to follow WHO guidelines in their fight against this epidemic. Tuberculosis has been a major concern in the countries in this region, and particularly between 1950s and 1990s there has been a huge transition in the way governments and WHO has perceived and changed policies in relation to Tuberculosis. My initial research has helped to identify two countries to act as my case studies for this research – Philippines and Fiji. Both these countries were impacted by heavy migration, as well as high rates of TB infection. This flash paper will focus on the initial findings of this research that began in February 2021 and emphasise on how the public health policies over the time period affected the control of Tuberculosis.

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**Lu Chen**

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Withdrawal from WHO: from USSR and China in the 1950s to the Trump Administration in 2020

During the COVID-19 last year, the Trump administration claimed that the World Health Organization (WHO) mismanaged its response to the pandemic and expressed strong concern regarding WHO's "alarming lack of independence" from China. In April 2020, President Donald Trump announced the United States (US) would cut off its funding to the WHO, and in May, he declared to sever the country's relationship with the organization. On 6 July, the US administration officially notified the United Nations (UN) Secretary-General António Guterres of its intention to withdraw from WHO. However, the Trump Administration was not the first government attempted to withdraw from the WHO. In 1949, the USSR declared the country's withdrawal from the WHO in protest of the strong US influence in the organization. Later in the early 1950s, some other Eastern Bloc countries had followed the Soviets' lead and left the organization. In addition, in 1950, the PRC also decided to withdraw from the United Nations and its specialist agencies including the WHO, opposing the US's promotion of Taiwan within the international arena. Using the three cases from history to current pandemic, this paper discusses the legal, institutional and political complexities in the membership issues of the WHO.

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This series of online roundtables is organised by the current Medical Humanities Fellows (2020-21) on the Wellcome Trust China/UK collaborative research programme between the Universities of Strathclyde, Manchester, Shanghai, Fudan and the Shanghai Academy of Social Sciences.

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