

***“TELEMEDICINE IN THE UPPER AMAZON – A CASE-STUDY OF HEALTH
DEVELOPMENT BETWEEN DIVERSE HEALING PRACTICES”***

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Ph.D. Dissertation Abstract (with references to chapters and other publications)

This research is based on the case of implementation of telemedicine services within the public health care system of a North-eastern area of Peru, in the Amazon (Ch. 1). Three years before this study started, a consortium comprising of Spanish and Peruvian universities –supported by a non-governmental organization- established radio connections for voice and data communication between the local hospital and health facilities of the area, in order to provide telemedicine services. This initiative was aimed at the improvement of the health care system organization, therefore of the local health conditions. It was not secondary the intention to define a model for ICT-based health development interventions in rural areas of Latin America (Ch. 2).

My study, centered on the telemedicine system, is based on the participant observation within the consortium in Spain and Peru, both in the partner universities and in the Amazonian part of the public health care system (Ch. 3, with a special attention for reflexive issues). The focus of the research has been on the organizational relevance of the interplay between designers’ perspectives and expectations, on one side (Ch. 4), and local process of telemedicine system accommodation in the context of implementation, on the other.

Particular attention is given to telemedicine system use, and to the mutual interrelation with local constructions of health and illness (Ch. 5). It has been found a divergence between planned and observed use of the system, the former being accountable to the context of origin of the project and to the funding agencies, the latter being indirectly affected by unexpected health-seeking behaviors of the target population (“Telemedicine And Knowledge Between Medical And Development Discourses” CMS4).

A rationalist conception of telemedicine -and of organizational changes it is expected to produce- sees local healing practices as obstacles to health development, and this hinders organizational learning (“Organizational Learning in Health Care - Situating Information Technologies in the Amazon” under review process for Social Theory & Health). I noted how people’s perception and construction of their health (also outside formal health organization and scientific definitions of health and sickness) plays an important role as social regulator, as far as they are embedded in normal patterns of action (“Telemedicine in the Upper Amazon: Interplay with Local Health Care Practices” MISQ). This needs to be understood and considered in evaluation, design and implementation of future initiatives of ICT-based health development efforts (Ch 6 and “Policies on Health Development and Information and Communication Technologies - A Bottom-up Perspective on Policy Making about Telemedicine Services in Cross-cultural Settings” eHDC).

MAIN CONTRIBUTIONS:

- Focus on telemedicine through a micro-level lens of Neoinstitutionalism (in ethnomethodological terms), which is not well-developed in IS studies
- Critique of diffusionism and of reified conceptions of medical knowledge, which cannot be made easily available through IT solutions, mostly across diverse social settings
- Empirical granularity on practices, which highlights interplays that more traditional empirical units (actors, places, issues) may not account for
- Reflexivity awareness in ICT in development contexts

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