

Social Science Research on Antimicrobial Resistance



ESRC Workshop #amrchamp

Clifton Zoo Gardens, Bristol
22 April 2016

Supported by
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Anthropology and AMR

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Outline

- Resisting the behaviour box
- Is this the only way to think about AMR?
- How then can anthropologists study AMR?



Resisting the behaviour box

- Expectation for anthropology / social science role to be about behaviour change – especially in relation to overuse of medicines
- Why resist this?
 - Assumes that the ‘problem’ is overuse, and that the responsibility for AMR lies with certain (ignorant?) individuals
 - Anthropology has a lot more to offer



Is this the only way to think about AMR?

- Dominant discourse..
 - AMR is a thing. A bad thing.
 - Antibiotics are miracle drugs.
 - We should preserve these precious drugs.
 - Antimicrobials are used inappropriately/irrationally and this causes resistance
 - If we were prudent/proper antibiotics could fulfil their promise. 'We' need to be stewards
- A second look at AMR...



What is AMR?

- Singular or multiple?
 - What does being singular do?
- Fixed or contingent?
- Metaphors
 - ‘resistance’?
- A disease? An infection?
- What does it do...

- Discourse analysis
- Classifications of disease
 - Social lives of medicines
 - Medicalization
- Pharmaceuticalization



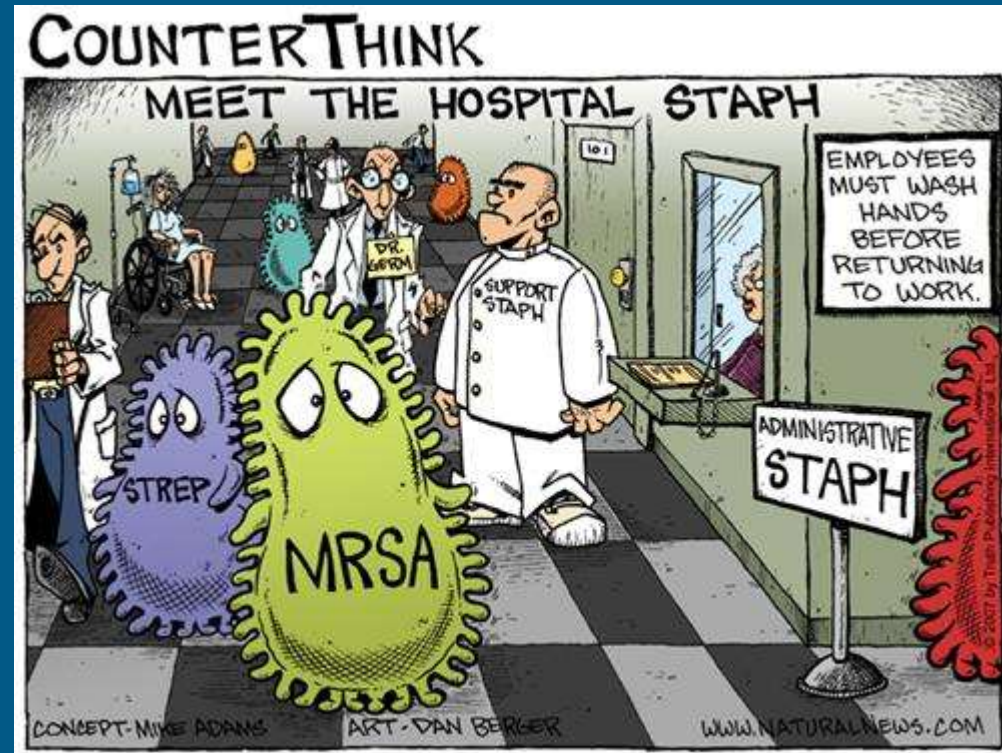
Where is AMR?

- Laboratories
- Policy arenas
- Hospitals

- Global / local

- Nature/culture

- Actor-Network Theory
- Social studies of science
 - Materia medica
- Socio-spatial practices
 - Political economy
 - Ecosyndemic



When is AMR?

- Older than antimicrobial use
- History of antibiotic use
 - Hospitals
 - Politics
- When does AMR present a problem?
 - Time?

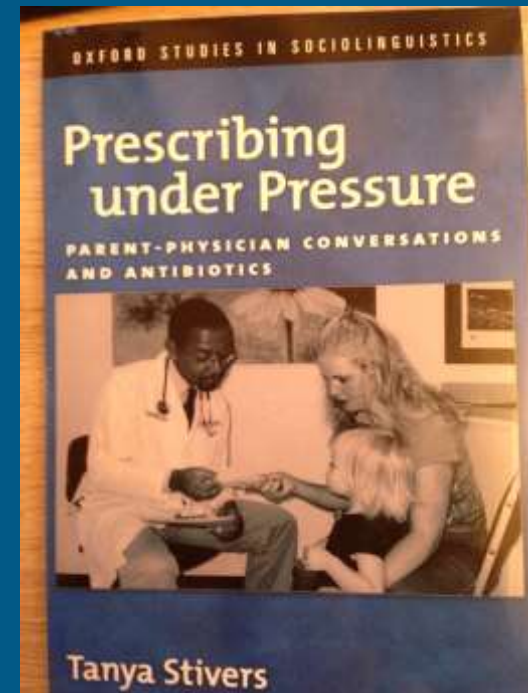
- Social history of biomedicine
- Archaeologies of scientific reason
- Medicalization



Why AMR?

- Relative importance of the problem, now, for whom
- Access / excess
- Interventions – what are they/should they be? What are their consequences? Emphasis on overuse..

- Political economy
- Feminist theory
- Technological imperatives
- Responsibilization



Who is AMR relevant for?

- Who should be concerned?
 - Particular groups (the poor)?
 - Microbes?
- Who is responsible?
 - States
 - Citizens
 - Pharma?



- Biopolitics
- Capitalist Realism
 - Multi-species
- (Moral) economies of care



How can we learn about this?

- Observational research
 - Understanding how these medicines are used now
 - Understanding how AMR is talked about
 - Understanding the intersections between AMR, disease, place, politics, living
- Evaluative research
 - Following particular interventions
- Interventional research
 - Highlighting alternatives



Acknowledgements

- Dr Eleanor Hutchinson, LSHTM
- Dr Coll Hutchison, LSHTM

- LSHTM AMR Interest Group

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