

# Social Science Research on Antimicrobial Resistance



ESRC Workshop #amrchamp

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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...

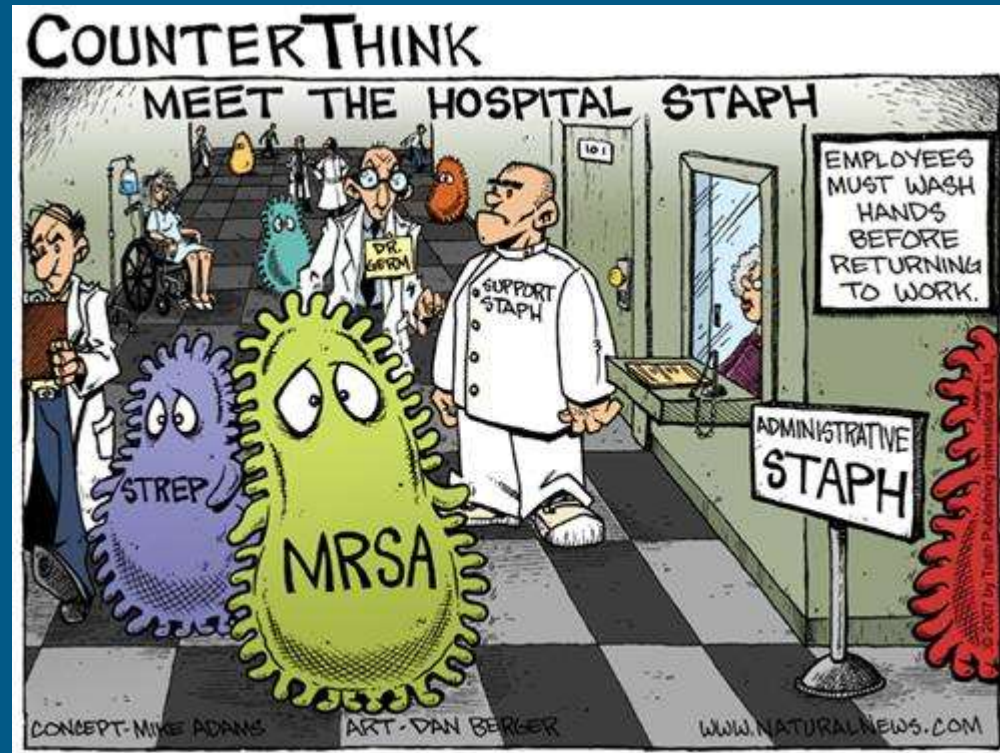
- Discourse analysis
- Classifications of disease
  - Social lives of medicines
  - Medicalization
- Pharmaceuticalization



# 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

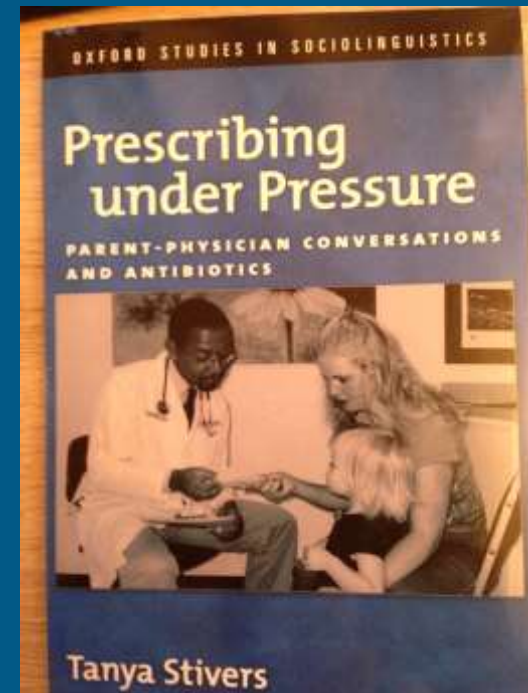




# Why AMR?

- 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



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