

Tinker, Tailor, Soldier, Sailor: Conceptualising antimicrobial practice, reconceptualising antimicrobial resistance thinking



Maddy Pearson – work in progress



Background

This poster introduces a work in progress that uses the lenses of **tinkering**, **tailoring**, **soldiering** and **sailing**, to better understand; how healthcare professionals understand and use antimicrobials; to question existing conceptualisations of AMR - such as the war metaphors that saturate popular narratives; to consider how we might reconceptualise antimicrobial resistance thinking to allow space for a 'hopeful' future in the wake of AMR.



Tinker, Tailor: conceptualising antimicrobial practice

Healthcare professionals **tinker** – they select particular antimicrobials over others, they prescribe or dispense higher doses than guidelines recommend (1,3), they contravene new medical technologies that try to enforce standardised antimicrobial treatment plans (2).

Healthcare professionals **tailor** – they choose antimicrobials that patients can afford, they select antimicrobials with short withdrawal periods, antimicrobials with trusted branded names (3).

Why?

Popular narrative answers:

Ignorance, profit, injudicious practice, misuse (4)

What can a reconceptualisation of antimicrobial practice contribute?

An understanding of tinkering and tailoring as **rational strategies of care** (5) that attend to patients' as individuals, and respond to social, economic, political and structural restraints.



**How many people do I help,
Just by sitting on the shelf?**

**Perhaps I'll come to a great success,
Or possible a dreadful mess...**

excerpt from:
Tinker, Tailor, Soldier, Sailor;
lyrics by **The Yardbirds**



Soldier: conceptualising antimicrobial resistance thinking

War metaphors have always been prominent in the medical lexicon of disease and are key to the way AMR has been conceptualised, discussed and understood particularly in mainstream popular narratives of the problem (6).

Healthcare professionals are **front line fighters** against superbugs

If healthcare professionals aren't good antimicrobial stewards we will be left to **fight infections with a depleted armoury**

It's a **war** we are losing, healthcare professionals **must protect** this resource of the commons

Framing the problem in this adversary binary has real implications for healthcare professionals, who come to see their role as part of this metaphorical battle.

Soldering for the efficacy of medicines and the survival of patients comes to be seen not as complementary but as oppositional. Not enough consideration has been given to how this narrative affects healthcare professionals who are attempting to provide care in the midst of this dramatically prophesised apocalyptic warzone.



Sailor: reconceptualising antimicrobial resistance thinking

Sailing is proposed as an alternative way to conceptualise antimicrobial resistance thinking. Drawing on existing work which uses ship governance as a metaphor (7) and relating these insights to an emerging **anthropology of the good in specific relation to hope** (8) the author proposes a way forward that considers how healthcare professionals foster the good in their social relations with patients and how they themselves conceive of hope in the face of AMR.

It is a way of thinking about all the actors involved in AMR and to think through **what makes a successful journey from sickness to health.** It thinks about the care and consideration required not just for those on-board the ship, but for the extraneous variables that influence the journey.

It asks us to consider who is currently sailing the ship, are there multiple routes to achieve goals related to AMR, what is the destination, are their multiple visions of what hope looks like for the future in relation to AMR?

Sailing is purposefully tentative, open ended, a sea of space and possibility to **reconceptualise antimicrobial resistance thinking with hope and with care.**



Concluding thoughts

By explicating **antimicrobial intervention as a vessel of care**, and by exploring how current narratives on AMR intersect, compliment or challenge practitioners understandings of their role both as providers of care and as vital actors in the AMR trajectory, we may be better equipped to understand what antimicrobials mean to practitioners.

This in turn may allow us to propose and explore possible alternative conceptualisation such as sailing, utilising ideas proposed as part of an anthropology of the good which encourage attention to how diverse healthcare actors perceive and live 'hope' in providing care and what a 'hopeful' future in the wake of AMR might look like.

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