





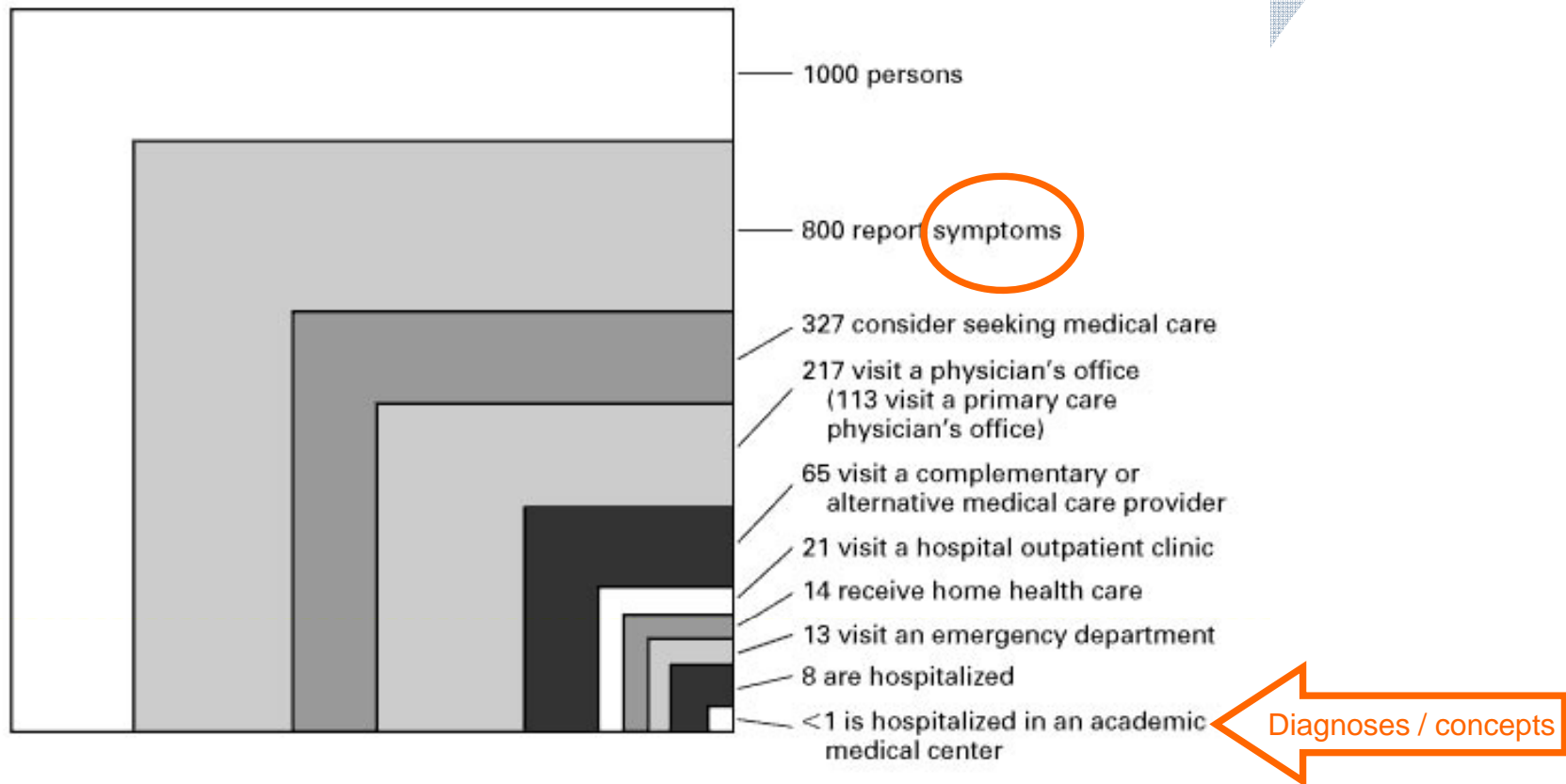
Some things I learned on classification and other human ways of thinking

Thomas Kühlein

In short:

- We need data to create pictures of general practice
- We need adequate classifications to create these data
- To get good quality data we need a sense of ownership among GPs
- GPs get a sense of ownership if they start to work with their own data
- ICPC must be made accordingly
- Our research must create pictures of GPs work that they can recognize

White KL, 1961 / Green 2001; NEJM: The ecology of medical care / -revisited



The whole is more than the sum of its pieces

the patients life



Ludwig van Beethoven, Für Elise,



the specialists view

(disease / diagnosis centered)

The GPs view

(more person centered)

illness



disease

Ursus Wehrli, Noch mehr Kunst aufräumen,
Kein & Aber Verlag 2006

Table 3.1 Goodness-of-example ratings for sixty members of the category FURNITURE

Member	Rank	Specific score	Member	Rank	Specific score
chair	1.5	1.04	lamp	31	2.94
sofa	1.5	1.04	stool	32	3.13
couch	3.5	1.10	hassock	33	3.43
table	3.5	1.10	drawers	34	3.63
easy chair	5	1.33	piano	35	3.64
dresser	6.5	1.37	cushion	36	3.70
rocking chair	6.5	1.37	magazine rack	37	4.14
coffee table	8	1.38	high chair	38	4.25
rocker	9	1.42	cupboard	39	4.27
love seat	10	1.44	stereo	40	4.32
chest of drawers	11	1.48	mirror	41	4.39
desk	12	1.54	television	42	4.41
bed	13	1.58	bar	43	4.46
bureau	14	1.59	shelf	44	4.52
davenport	15.5	1.61	rug	45	5.00
end table	15.5	1.61	pillow	46	5.03
divan	17	1.70	wastebasket	47	5.34
night table	18	1.81	radio	48	5.37
chest	19	1.98	sewing machine	49	5.39
cedar chest	20	2.11	stove	50	5.40
vanity	21	2.13	counter	51	5.44
bookcase	22	2.15	clock	52	5.48
lounge	23	2.17	drapes	53	5.67
chaise longue	24	2.26	refrigerator	54	5.70
ottoman	25	2.43	picture	55	5.75
footstool	26	2.45	closet	56	5.95
cabinet	27	2.49	vase	57	6.23
china closet	28	2.59	ashtray	58	6.35
bench	29	2.77	fan	59	6.40
buffet	30	2.89	telephone	60	6.68

furniture of specialist

1 = very good example

...

7 = very bad example, or no example at all

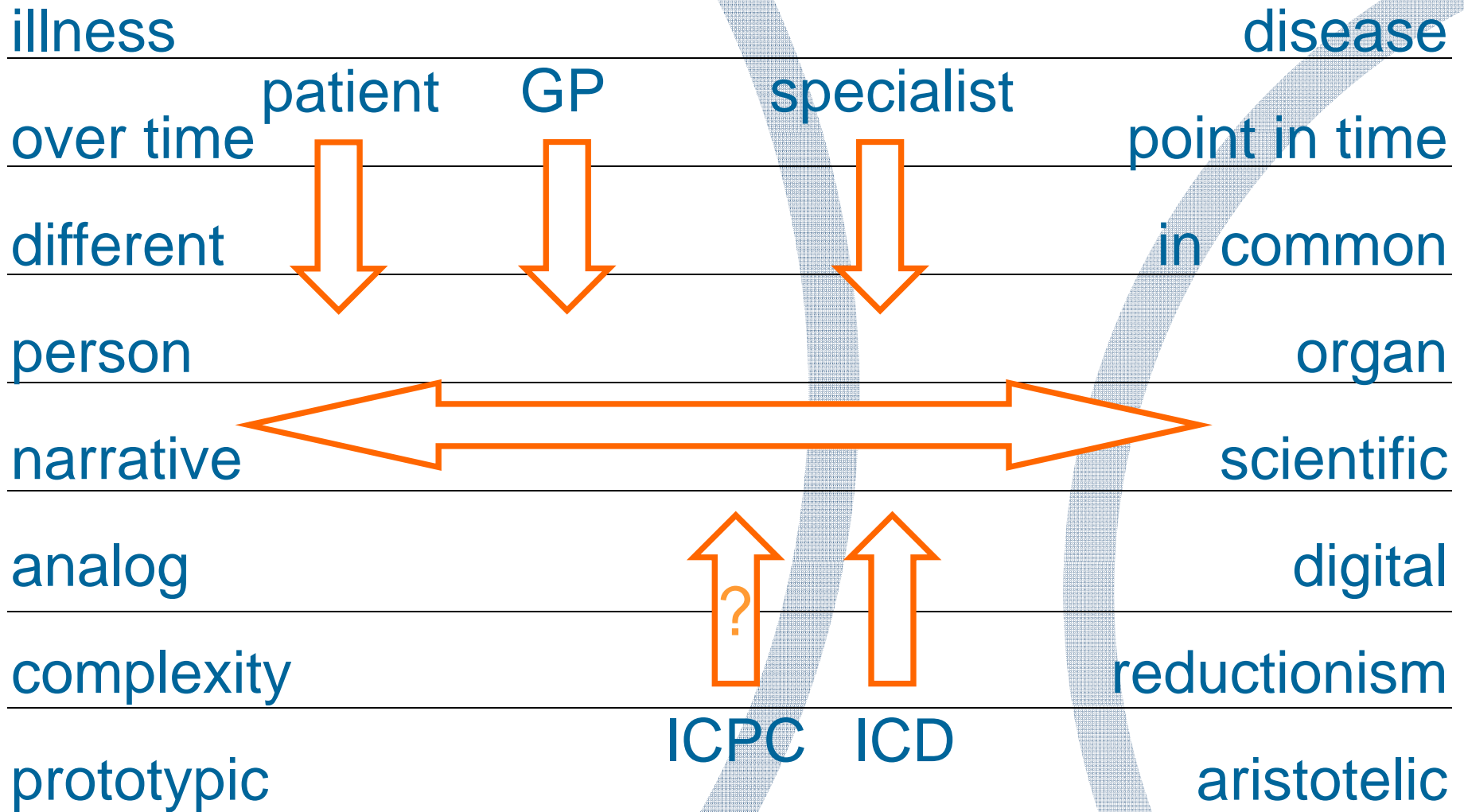
furniture of GP

?

Furniture of patient

Source: Rosch 1975b: 229. Copyright 1975 by the American Psychological Association. Reprinted by permission of the author.

Cited from Taylor JR Linguistic Categorization, Oxford University Press, Oxford 2003



What is simple is always wrong,
what is complicated we can't use.

Paul Valéry

Classifications are good for something

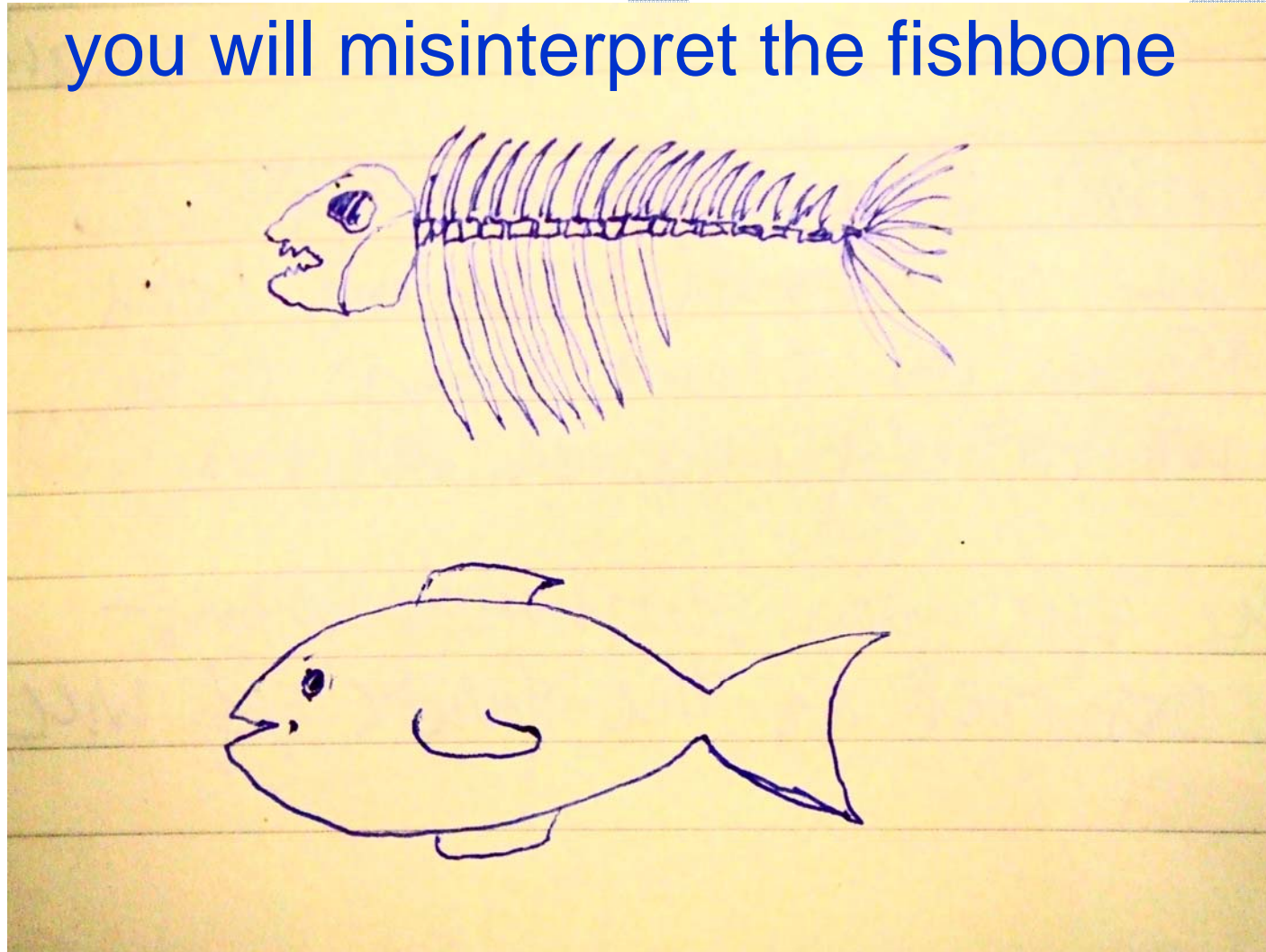
What and for whom should the ICPC be good for?

- Epidemiologists?
- Health care authorities?
- Researchers?
- GPs?

- Patients?

What is the intended use case
or
who is the intended user?

If you don't know the fish,
you will misinterpret the fishbone



Caseness and sampling

‘What is a case with a psychological problem in general health care?’ is a question with several answers: a patient may consider caseness in terms of problems, a general practitioner in terms of management, a researcher in terms of diagnostic classifications...a case in one culture may not be given the same status in another.

Üstün TB, Sartorius N (ed.). Mental Illness in General Health Care. John Wiley and Sons, Chichester 1995

Examples of codes in terms of management:

ICPC-2

**L84 Back syndrome
without radiating
pain**

**L86 Back syndrome
with radiating pain**

**U70 Pyelonephritis/
Pyelitis**

**U71 Cystitis/
unrinary tract
infection other**



ICPC-3?

**L84 Uncomplicated back
pain**

**L86 Complicated back
pain**

**U70 Complicated urinary
tract infection**


**U71 Uncomlicated
unrinary tract infection**

Do we want a tool to describe
GPs in their jungle?

or

do we want a tool that GPs can
work with in their jungle?

What kind of questions will GPs have on their data?



**Thank you for your
attention**

Books for sleepless people

- Aronowitz RA "Making sense of illness – science, society and disease" Cambridge University Press, Cambridge 1998
- Callahan CM, Berrios GE. Re-inventing Depression – A History of the Treatment of Depression in Primary Care. Oxford University Press 2005
- Cassell EJ "The Healer's Art – A New Approach to the Doctor-Patient Relationship" Penguin Books, Harmondsworth 1978
- Berger J, Mohr J "A fortunate man – the story of a country doctor" Penguin Press 1967
- Berger PL, Luckmann T "Die gesellschaftliche Konstruktion der Wirklichkeit – Eine Theorie der Wissenssoziologie" Fischer, Frankfurt a.M. 1980
- Borges JL "The Analytical Language of John Wilkins" in "Inquisitions – Essays"
- Bowker GC, Star SL "Sorting things out – Classification and its consequences" The MIT-Press, Cambridge Massachusetts 2000
- Caplan AL, Engelhardt HT Jr., McCartney JJ "Concepts of health and disease – interdisciplinary perspectives" Addison-Wesley 1981
- Fleck L "Genesis and Development of a Scientific Fact" University of Chicago Press 1997
- Foucault M. "The Order of Things – An Archeology of the Human Sciences" Vintage 1994
- Foucault M. "Birth of the Clinic – An Archeology of Medical Perception" Vintage 1994
- Foucault M. "Madness and Civilization – A History of Madness in the Age of Reason" Vintage 1988
- Jones R et al. (Hrsg.) "Oxford textbook of primary medical care" Vol. 1 Principles and Concepts. Oxford University Press, Oxford 2005
- Kleinman A, The Illness Narratives – Suffering Healing and the Human Condition, Basic Books 1988
- Kuhn TS "The Structure of Scientific Revolutions" University of Chicago Press 1996
- Le Fanu J "The Rise and Fall of Modern Medicine" Carroll & Graf Publishers, New York 2002
- Lévi-Strauss C "The Savage Mind" Oxford University Press 1988
- Shorter E "From paralysis to fatigue – a history of psychosomatic illness in the modern era" Free Press 1993
- Sweeney K. "Complexity in primary care" Radcliff Publishing, Abingdon 2006
- Taylor JR "Linguistic categorization" Oxford University Press, Oxford 2003
- Watzlawick P "Invented Reality – How Do We Know, What We Believe We Know. Contributions to Konstruktivism." WW Norton and Co 1984