

The internet's potential as facilitating empowerment in health care

Introduction

The internet is an increasingly important source of health-related information for patients. Several studies indicate that the internet plays a important part as a source of information for patients and their relatives seeking health related information (see e.g. Berland 2001, S. Fox et al 2002). A survey among Danish cancer patients in an oncological clinic showed that 35 % of the patients use the internet to find information about their diagnosis and different treatments of it (Møller 2001).

Health care is traditionally a field which is characterised by a high degree of specialized knowledge and experts' intervention in the life of the patients. Traditionally the doctors have a monopoly of the medical knowledge and a monopoly concerning the definition of diagnosis and the decisions on treatment. Several studies describe the unequal relationship between doctors and patients. Among others Stinne Glasdam has described the hierarchic structure that agents in different Danish oncological clinics are situated in (Glasdam 2002, se also Lindgren 1999: 23-24, Skov Jensen et al 1987: 51-52).

According to these studies the oncological field stands in contrast with different attempts to change the relationship between doctors and patients, into a relationship where the patient has the role of a client who seeks a service and in this way are co-responsible for the service to be carried out.

The Internet potentially eliminates the barriers in accessing health information for patients by providing the users with online medical research results, online reports, organisation of patients, online counselling, online debate about diagnosis and treatments etc. The patients' possibility to obtain accurate medical information about their disease and possible treatments of it, perhaps gives the patients the opportunity for greater participation in the decision making process in the health care system, and this perhaps accentuate their position as active agents in the medical field. In this way it is possible that the internet will initiate an empowerment of the patients, which might have a profound effect on the activities of the patients and the doctors in their practice in the medical field.

To deal with empowerment implies somehow a normative stance, as the concept implicit favours structures or situations which allow the less powerful individuals to participate in the negotiation and decision making process with the powerful. Hence studies of empowerment are often based on a participatory or deliberate democracy model, which serves as the yardstick for

an evaluation of how given structures and interventions facilitate a participation of the less powerful individuals.

Dealing with empowerment in health care suffers from this lack of an evident reason for questioning whether the structures facilitate participation, while the standards that are practiced in the medical field not is grounded in a democracy model, but rather in medical standards. However to deal with empowerment in health care, call into question whether the best decision always is the most appropriate form a medical point of view, or whether a decision in the medical field in some cases could meet criteria about the inclusion of the specific patient's preferences and wishes to a treatment. From this point of view empowerment in health care is not necessary about doctors handing over power to the patients, but about including the patient's perspective in the medical decisions.

In this paper I will adopt an approach to empowerment that conceives it as a process in which individuals develop competences and resources, which can intensify their ability to act in pursuit of their own aims and interest. Hence an empowerment of patients in the health care system concerns the patients' possibility to co-operate with the doctors as partners in the decision making process about treatments. This understanding of empowerment doesn't necessarily challenges the layman – expert relationship, which characterize the medical practice, because empowerment in this perspective doesn't necessarily contradicts with the unequal distribution of knowledge. I will try to adopt an approach to empowerment which allows the different competences in the medical field, that the doctors and patients' represent, to become a part of an empowering process which, instead of focusing on the changing power relations, focus on the changes of roles in the decision making process.

The purpose of this paper is to discuss the possible empowerment process that the internet related information represents. The internet represents a possibility for the patient to qualify themselves in relation to their disease and perhaps the internet can facilitate an empowerment of the patients in the health care system. However whether the patients are empowered by using the internet in order to find information about their disease and possible treatments depends on the social conditions in the medical field and the opportunities the patients have in the medical field to participate in the course of events related to their treatment. To examine the potentials for empowerment by the internet therefore imply a study of the social structures in the medical field, as well as the patients' use of and ability to make use of the information provided on the internet.

In this paper I will try to develop an approach to empowerment in health care based on theories about election behaviour, organisational theories and social learning theories.

Further I will discuss the oncological clinic as a subfield in Bourdieu's sense, which creates specific conditions for the relationship between patients and doctors and for the possibility for empowerment. Finally I will make a tentative case study of the Danish Cancer Society homepage and discuss this website as an empowering tool in health care.

Empowerment as learning

This section aims at describing the understanding of empowerment which is applied in this paper. As mentioned in the introduction, the approach I will adopt to empowerment in this paper is among others inspired by theories about learning and practice in social contexts. Choosing these perspectives entangle an understanding of empowerment which is not so much concerned with the distribution of formal power, as with the development of competences and knowledge.

According to Kinlaw empowerment consists of two parts; competences which are the potentials the individuals have for acting, and influence which is active participation and use of competences. Empowerment or "competent influence" is thus understood as a process or a methodology to develop and expand human competent influence (Kinlaw 1997: 20). Hence empowerment should not be comprehended as a dispersal of power or authority, rather empowerment is understood as a process in which individuals develop competences, knowledge and skills which enable them to understand and act in a given field. From this point of view empowerment of cancer patients is not about self-determination and it will not necessary aim at mobilizing every single patient in the course of events following his or her diagnosis, nor it aims at leaving medical decisions to the patient alone. Rather empowerment in this understanding implies that the individual patient is included in the process and that the individual patient develops knowledge about the disease and the different treatments which the system can offer. Thus empowerment is not just related to the legislation in the health care system that secures the patients right for self-determination; rather empowerment is closely related to learning and the development of competences and in this way closely linked to the space this field gives the patients for developing these competences.

The distinction between competences and influences is also what Robert Lane emphasizes by his distinction between internal efficacy and external efficacy. Internal efficacy refers to the individuals' political knowledge, competences and confidence whereas external efficacy is linked to the individuals feeling of the decision-makers willingness and ability to listen to the citizens and comply with their opinions (Lane 1959). By describing empowerment as both external and internal efficacy I attempt to grasp empowerment as

linked to both structural characteristics and to the individual. By using Lane's differentiation between internal and external efficacy, it is emphasized that empowerment involves the development of individual competences and also the patients' experiences of the institutions ability to comply with the patients' wishes for influence. The concept external efficacy emphasizes that the patients' empowerment is influenced by the way they experience the health care system's ability to involve them in the decision making process concerning their disease. External efficacy thus is related to the patients' experience of the different agents' positions in the oncological clinic and the possibilities the patients have for acting in the field. Laila Launsø tries to grasp the patients' experiences of their opportunities for acting in relation to their disease by the concept "scope of action". Scope of action is the individuals' experience of their situation and their opportunities for acting in relation to their situation. The way the patients experience their situation is not only influenced by the social structures in the medical field, but also by the patients' experience of their medical situation. Launsø argue that the individual interpretation of a diagnosis and the situation it puts the individual in, is crucial for the patients' actions in relation to the disease (Launsø 1997: 139-140). Scope of action reflects whether the patients comprehend the disease as an event in their life that they have no influence on, and which they can not act in relation to or whether the disease is comprehended as a cause of events they can participate in as active agents (ibid).

Development of competences as related to the structures the individual is embedded in, is a central point in Lave & Wenger's understanding of situated learning (Lave & Wenger 1999). That learning is situated doesn't just means that learning is contextualized in historic, social and cultural processes, but also that learning is embedded in a social practice. In this way Lave & Wenger challenge the traditional understanding of learning which isolates learning from the context. Learning happens when an individual get involved in an activity in the social world and not just by receiving a body of factual knowledge. This social theory of learning therefore entangle that learning is a part of acting and participating in a social context – a context in which the individual has a dialectic relationship as individual and context are mutually constituted and conditioned. The individual ability to act in social situations thus becomes a core competence which can limit or extends the possibilities of action (Wenger 2001:5). Useful for this examination of cancer patients' empowerment in the oncological clinic is Pernille Bottrup's attempt to grasp the above understanding of learning and action, as linked to the structural framework and to the subjective possibilities for learning and action, in what she calls "learning space" (Bottrup 2001:140). Learning space is the conditions and frames that a given field creates for learning – hence the telos of learning

is comprehended as the development of individual competences and capabilities which empower the individual to influence his or hers situation (2001:143).

Hence to understand empowerment as learning in practice entangle that an investigating of cancer patients' empowerment in the medical field must include the structures for learning and action in the field. In the following section I will, based on research on the area, describe the structures in the oncological clinic.

Structures for empowerment and learning in the oncological field

The purpose of this section is to describe the context within which the patients and doctors are acting, and the possible learning space the field facilitates. In order to describe the oncological clinic I will use Bourdieu's concepts of doxa and field. According to Bourdieu we can speak of a field when we have social formation of distinct positions, relations and activities. Special for the field is the fact that activities in the field are driven by an implicit (inner) logic – a doxa – which is special for the given field: *"every established order tends to produce (...) the naturalization of its own arbitrariness"* (Bourdieu 1995: 164). Hence the doxa is the agents' non-verbalized and self-evident understanding of the field; the agents' self-perception of their functions in the field, and the relation the field has to other fields.

Using the concept of field and doxa implies that I will understand the oncological clinic as an area inhabited by agents who due to their specific capital compositions possess specific positions in a hierarchical system. Several studies about institutions in the welfare system deal with the uneven relationship between client and system (e.g. Mik-Meyer 2002). As Glasdam has noticed the health care system is not different in terms of the uneven power relationship between doctors and patients and the hierarchic structure in the field. Though every action in the clinic takes place around the patients, the patients are passive agents who inhabit a position in the medical field which does not allow them to define problems (the diagnosis), nor to decide which actions that must be applied to these problems (the treatment). In contrast the doctors are the only agents in the medical field who has the legitimacy to define relevant actions and how the other agents in the field are supposed to act in relation to this – assisted by nurses and care personal (Glasdam 2002: 20- 23).

Research points to the fact that the relationship between doctor and patient in an oncological clinic is influenced strongly by the special doxa in the oncological field. Though the purpose of the practice in the oncological field logically is to cure cancer patients, Scocozza and Glasdam both points to the fact that the leading principle in the oncological field is the experiment, in the shape of the clinical randomized trial. Knowing that there is

little change to recover the disease by a treatment at the oncological clinic, much attention is given to the testing of new treatments (Glasdam 2002:71, Scocoza 1994: 52-56). The testing of new treatments represents a possibility that the individual patients in the experiment will be exposed to a treatment which will have positive effects on the cancer. However Glasdam and Scocoza both emphasize that the main objective of the experiment is to develop treatment which in the future can cure cancer patients (ibid).

The cure of future patients in this way serves as the ethical justification of using patients in the clinical randomized trial. This argument also appears in a report from the Danish Medical Research Council;

"It is the council's understanding that a complex society with much interdependence between citizens presupposes an acknowledgement of an a priori expectation of the individual human being to be helpful to others and to some extent be used by others. Such helpfulness should also include medical research". (Danish Medical Research Council 1992: 4)

The quote is an appeal to the patients to be at the doctors' disposal for the purpose of research which will perhaps contribute to future cancer patients cure. The quote indicates in this way that medical practice is a normative practice and that patients as citizens have responsibilities in the practice. As the above indicates the practice of the oncological clinic is not centred round the cure of the specific patient in the clinic, rather it is centred round the cure of an abstract future cancer patient.

The research design in the medical field (the clinical randomized trial) is characterized by eliminating subjective experiences, preferences to and opinions about a treatment that a patient might have. Thus in order to produce general knowledge about cancer treatment the clinical randomized trial becomes an over-individualized doxa in the oncological clinic which abstract from the individual patients situated wishes and preferences.

However over-individualized the doxa in the medical field might be, the patients' formal right to self-determination is unquestionable. The respect for the sovereignty of the patients' decisions in the medical practice is secured through legislation about the "informed consent". The law concerning the informed consent insists that the patients must be informed before any medical intervention, and that it is the patient who decides whether or not he/she will receive a suggested treatment, examination or participate in an experiment. In this way the law formally guarantees the patients' right to information and it formally guarantees the sovereignty of the patients' decisions.

However, dealing with empowerment as learning calls into question whether the practice in the medical field facilitates the patients' involvement in the decisions about the treatment of the disease. According to social theory of learning, participation is not about formal rights to decisions, but about a structuring framework which facilitates learning and participation in a given field. Though the patients' possess status as autonomous individuals whose decisions are sovereign, the question is whether the practice in the oncological clinic provides the structures for a learning space that gives the patients an actual possibility to engage in the decision making process in the medical field.

The double responsibility about the present and the future patient in the medical field seems to place the agents in the oncological clinic between the societal and scientific interests in the further development of the medicine on one hand, and on the other hand a protection of the patients integrity and autonomy and the patients' right to self-determination.

From a social learning theory perspective the oncological clinic is not an ideal structure for learning, as the clinic doesn't give the patient a possibility to participate in the practice in the clinic. As the structures in the clinic perhaps have a restrictive influence on the patients' action, it is interesting to investigate if it is possible to create a learning space outside the oncological clinic, on the internet.

Cancer.dk as facilitating empowerment in health care

The use of the internet among cancer patients and their relatives is an interesting fact in the light of the above, as the use of the internet to seek health related information shows that patients do act in relation to their disease. As described in an earlier section, empowerment is understood as linked to the development of knowledge and competences.

In this section I will discuss if the Danish Cancer Society's website can facilitate the development of competences and knowledge among the users and this perhaps facilitate an empowerment of the users¹. Inspired by critical discourse analysis (Fairclough 1992) I will try to identify discourses about the patients' role on the website and discuss how it might encourage patients to be active in the health care system. This will be supplemented with preliminary results from a quantitative inquiry on the website which has been carried out in order to gain knowledge about the socio-demographical background of the users of the website, to gain knowledge about what kind of information the users are searching for and how they eventually make use of the information from the website.

¹ The findings of this case-study will have a tentative character as it is work-in-progress.

The Danish Cancer Society's website is, according to a quantitative inquiry on oncological clinics in Denmark in 2000 and 2001, the most used cancer related website among Danish cancer patients (Møller 2001).

The Danish Cancer Society was established in 1928 when the two organisations "The Radio Foundation" and "The Cancer Committee" merged. Both organisations were professional unions for doctors who worked and carried out research in radiology or other cancer related treatments. When the two organisations merged in 1928 and became the Danish Cancer Society the public could get a membership and in the end of 1928 the organisation had 26.000 members (Rud 1937: 22-24). Today The Danish Cancer Society is still the largest cancer association in Denmark. Faithful to the historical background and to the present function as a patient association, the mission statement of the organisation is reflects several objectives: The organisations aims to prevent cancer to arise, to increase the possibilities for cure of cancer and finally the organisation aims at helping people who has cancer (cancer.dk).

In order to fulfil the objectives the organisation's strategy is; *"to secure sound and documented knowledge"*. Hence the organisations' activities are among other things centred round research activities which are carried out in five clinical research units and further the organisation supports research in psychological and social areas. Apart from the research activities the Danish Cancer Society also wish to be a knowledge centre for cancer, as it is stated in the last part of the mission , the organisation wish to;

"add to the cancer patients and relatives knowledge about cancer and to improve their possibilities for active influence in the fight against cancer" (cancer.dk)

Hence the strategy is an indication on the organisations' wish to contribute to an empowerment of the patient by providing relevant information on the website.

Taking a closer look at the website, it is evident that the organisational strategy can be understood as a two fold strategy between being an organisation which implement clinical research and on the other hand being a patient association recur in the information on the website. The website gives factual knowledge about cancer, how cancer cells develop, how symptoms appear and how patients can live a life after being diagnosed with cancer. Several sections are devoted to the relationship between doctor and patient. On the website the importance of a good relationship between doctor and patients, based on mutual duties and responsibilities is emphasized. Words as "dialogue" and "co-operation" is frequently used to describe the ideal relationship between doctor and patient and both parts are requested to

contribute to conversations which can have rewarding outcome for both parts. Further the patients' right to sound information and to self-determination and the doctors' obligation to listen to the patients is emphasized.

Though the patient in this way is encouraged to be active, a division of labour between doctor and patient seems immanent on the website. Most of the information which is directed to patients or relatives is under the headline "to-live-with-cancer". This section gives information and good advises about how to sustain an everyday life after a diagnosis and how to deal with relatives, work, colleagues, etc. Thus most information to patients and relatives is not about how they can contribute to the dialogue with doctors in the health care system rather it treats the difficulties outside the oncological clinic.

Though the organisation aims at facilitating the patients' possibilities of being active agents in relation to the treatment of cancer and to encourage patients to be active, a division of labour between doctor and patient seems to appear on the website. Several times it is emphasized that information from the internet should not replace information or advises from the patients' doctors at the hospitals and the patients should follow the doctors advises – a statement which is reflected in the following quote from the website;

"the patients should respect the doctor's knowledge, when a decision is taken in common".

The quote is interesting because it on one hand reflects the discourse or dominating understanding of patients as active in the health care and the necessity of cooperation between doctor and patient. And on the other hand it reflects the division of labour between doctor and patient in the oncological clinic – the doctor has the legitimated knowledge and qualifications in relation to medical decisions whereas the patients is encouraged to be active in relation to his or hers everyday life.

Being an active research organisation in the medical field and at the same time being a patient organisation is perhaps the reason why it is possible to see a twofold strategy in relation to the patients' role in the health care system at the Danish Cancer Society's website. The organisation has to take into account both the patients' perspective as well as the doctors' perspective on the relationship between patient and doctor and about how acceptable medical decisions are taken.

Hence the information does not unambiguously encourage the patient to engage in the decision making process, as there is no information about how to be active and how to cooperate with the doctors. On the other hand the website offers many suggestions and

recommendations to how take action in everyday life after a diagnosis. Thus the scope of action in relation to health care, that the website creates for the patients is rather narrow, as the patients is left with few possibilities for being active in relation to this field. The scope of action in relation to the patients' everyday life outside the oncological clinic is on the other hand broad.

The question is what kind of empowerment, if any, the website can initiate. As Lave & Wenger emphasize, factual knowledge does not in itself entangle learning. Following their line of argument learning *is* practice and the question is whether the website can be a learning space that can initiate learning and an empowerment which can be transferred to the practice in the clinic? This question must be further examined by investigating the practice in the clinic and health seeking patients' and doctors' roles and relationships in the oncological clinic.

If the website perhaps can be a learning space outside the oncological clinic the critical question is how the information is comprehended and used and which kind of action the use of the website perhaps initiates. This question must be answered by using different methodologically angles among other interviews with patient and doctors. However in this paper I will turn to data from a quantitative inquiry about the use of cancer.dk.

The use of Cancer.dk

The inquiry about the use of cancer.dk is carried out on the Danish Cancer Society's website and it includes 172 users. In respect for the Danish Cancer Society' wishes, the inquiry has not been a popup, but a link on the website which perhaps results in a lower respond rate. The low respond rate means that the possibilities for making generalisations based on the data is limited. However the results can be used as a cautious indication on circumstances which can be investigated using qualitative methods.

Clearly access to and the use of the internet does not necessarily imply that patients are empowered to take active part in the social practice in the oncological clinic. Evaluations of health care information on the internet show that the websites require high reading level and an ability to approach and select among thousands of links (Berland 2001). Further the use of health related information requires good English skills as much information is not available in Danish. Finally the use of internet based health information requires an ability to evaluate the reliability, validity and relevance of the information.

It therefore seems reasonable to suggest that there is a connection between the patients' use of and benefit from the website and what Bourdieu conceptualize with the term cultural capital. In this way the position the patient possess in the socio-demographical space plays a role in the empowerment of the patient, as the socio-demographical background might influence the patients' behaviour in relation to using the internet in order to find information about cancer and cancer treatments. Whether the patients is familiar with seeking information and acquire information about a new area in this way depends on the patients' education, age, gender etc. Addressing the question of patients' empowerment in health care therefore involves looking at the patients' ability to find, read and understand the information from the internet, and further it involves looking at the patients' ability to make use of this information in the actual communication with health care personal and in everyday life.

The provisional results from the internet based inquiry of the Danish Cancer Society's website; cancer.dk indicates that the users of the website are a stratified group. As table 1 shows 55% of the users have at least a high school diploma, 63% of the users are between 20 and 39 years old. Further 78% of them use the internet on a daily basis. Rather few men have replied to the inquiry (12%) which indicates that the common users of the website are women. This supports research that shows that health care is an area which is the women's responsibility and domain (Fox 2002).

Table 1

Schooling		Age		Gender	
High school	55% (88)	20 years and younger	10% (17)	Men	12% (20)
10 th grade	24% (39)	20 – 39 years	63% (105)	women	88% (146)
5 th - 9 th grade	14% (23)	40 – 49 years	13% (22)		
Still in school	5% (9)	50 years and above	14% (22)		
Partial non response:	13	Partial non response:	6	Partial non response:	6

(Provisional numbers of 172 replies)

Perhaps a bit surprising the majority of the users on the website are not cancer patients or persons who might have cancer (29%), but relatives (36%) and students, professionals and others (36%). This indicates that research about empowerment of patients in health care must include the patients' relatives as important agents in the field. Relatives are not included in the oncological clinic, but the results indicate that they potentially play an important role in the information seeking in relation to their relatives' decease. The socio-demographical results from the inquiry indicate that the users share some characteristics and that the

patients' socio-demographic background seems to be an important element to include in further research into patients' empowerment in health care by the internet.

In order to examine the eventual empowerment in relation to the oncological clinic, the users who are not cancer patients, cancer patients' relatives or persons who are worried that they have cancer, have been removed from the following numbers in table 2 and table 3. Hence students, professionals and others do not figure in the tables below.

In relation to empowerment the results from the inquiry on the website indicate that the users' demand for information which can expand their knowledge about cancer and cancer treatment is big. Table 2 shows that 56% of the users are looking for information which is directly related to information about cancer and symptoms, 76% are looking for information about cancer treatments and likewise 41% of the users search for information about effects and side effects of cancer treatments.

Table 2

Which information related to cancer are you interested in? (<i>More than one answer is possible</i>)	
Information about cancer or symptoms on cancer	56 % (55)
Information about treatments	76 % (75)
Information about side effects and effects of treatments	41 % (41)
A second opinion about information I got form my doctors	9% (9)
Information that can prepare me for a conversation with my doctors	24 % (24)
Information about different treatments e.g. the possibility for treatments abroad	27 % (27)

(provisional numbers of 99 replies)

In this way the inquiry indicates that the users wish to become more competent in relation to cancer and cancer treatment. However it seems that only few users are interested in getting information that they can use actively in the health care system, as only 9 % are looking for a second opinion on information from the doctor, 24 % are seeking information that can prepare them for a conversation with doctors and 27 % are looking for information about treatments abroad. Thus it seems that the purpose of seeking information for a majority not is to get information which can be used actively in the health care, but to get factual information about cancer and cancer treatment.

Similar the inquiry indicates that the users experiences with using the information actively in the health care system is limited. Table 3 shows that 7 % of the users have used the information in relation to making decisions about cancer treatment and 21 % have used the information in relation to a conversation with doctors. As mentioned the information on the website is focused on how patients can be active in relation to their everyday life, more than it is focused on how to be active in the health care system. In the light of this it is

interesting to see, that among the users who have replied, 42 % claim that the information has been good, but that they have not used it and 38% reply that the information has helped in relation to their relatives.

Table 3

Experiences with using the information from the website (<i>More than one answer is possible</i>)	
The information has been good, but I have not used it	42% (37)
The information has helped me in relation to my relatives	38% (34)
The information has helped me in my everyday life	10% (9)
Have used the information in conversations with doctors	21 % (19)
Have used the information when making decisions about treatments	7% (6)

(provisional numbers of 89 replies)

The results in this way indicates that the patients use the information from the website in relation to their private life outside the oncological clinic, more than they use it in the decision making process in the clinic. The division between competences on the one hand and influences on the other hand (Kinlaw 1997), or the differences between internal and external efficacy (Lane 1959), is perhaps what the numbers from the inquiry reflects. The inquiry indicates that the website doesn't necessarily creates a learning space outside the clinic for all the patients. However this has to be investigated further. As mentioned the results from the inquiry must be interpreted carefully as the respond rate is low. The inquiry must be supplemented with qualitative interviews with patients in order to fully understand the use of the website.

Concluding remarks

The internet's potential as a tool to create empowerment in health care is not unambiguous. To understand empowerment, as closely related to learning in practice and to the development of competences, entangle a comprehensive investigation, as it is the practice in the medical field that becomes central for understanding empowerment and not just patients' use of information provided on the internet. Whether the internet can facilitate empowerment thus depends on the patients' ability to transfer knowledge to the oncological field.

It seems that structures in the oncological field are not facilitating learning and active participating in the practice from the patients' side, as the agents in the field are balancing between societal interest in the future cure of cancer on the one hand, and the patients individual particular interests on the other hand. This double agenda is reflected on the Danish Cancer Society's website. The Danish Cancer Society is an important agent in relation to cancer in Denmark – the organisation implement and finance research in cancer

and cancer treatment, it is a political agent in relation to the broad public and it is a patient association working to secure patients' right in the health care system, and it seems that this many folded purposes are reflected in the way the organisation describes the role of patients and doctors.

To further investigate the internet's potential for facilitating empowerment in health care a qualitative research design should be adopted which includes the internet's contextualisation, the medical field's structure and the patients' use of information and their actual practice in the medical field.

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