

BACHELOR THESIS REVIEW

Type of review: *Opponent*

Author: Dana Alsaialy

Title: “Beyond pure health”: Exploring diagnostic pathways, quasi-medicalization, and patient expertise in dermatology

Supervisor: doc. PhDr. Dino Numerato, Ph.D.

Reviewer: Mgr. Barbora Benešová

Please explain the reasons for your evaluation (especially reservations and criticisms) according to the criteria listed below.

1. Is the aim of the thesis (research question) clearly stated and do the conclusions correspond to it? Is the thesis appropriately structured?

Yes.

Comments: The aim of the thesis is clearly stated, with corresponding conclusions. The thesis is well structured.

2. Is the thesis based on relevant research and literature and does it accurately summarize and integrate the information?

Yes.

Comments: The paper draws on a wide range of literature and skillfully integrates theoretical frameworks and empirical studies. However, the literature review sometimes lacks depth in the critical discussion of the sources and creates some confusion around the thesis’s epistemological position. Statements sourced from medical journals, such as “current scholarship is focused on official diagnoses constructed by the physician, clinicians, and other healthcare professionals rather than by the patient” (p. 20), overlook the substantial body of sociological research that highlights the active role of patients in the diagnostic process (e.g., Arthur Kleinman, Peter Conrad, Deborah Lupton – whom the author references elsewhere). If the thesis addressed the sources more critically and delved into literature in medical sociology and anthropology more deeply, the presumed gaps in the literature for the chosen research subject would perhaps become less visible, and the literature review would possibly offer some theoretical bridges between phenomena that seem to be separate but could share some similar mechanisms (dermatology and cosmetic pharmacology, for example). The unclear epistemological position is also made visible by statements, that, at times, reproduce the biomedical discourse that the thesis aims to criticize. For example, “dermatological medical practice often depends on cognitive shortcuts, (...) rather than logical analysis and (sometimes) evidence-based science altogether” (page 11), “advent of misdiagnosis” (p. 13), “integrating professional expertise with patient experience, fosters a harmonious environment, leading to satisfaction for both parties and, crucially, positive health outcomes for the patient” (p. 19)

3. What is the quality of the data or the other sources? Are the sample method, data collection and data analysis appropriate?

Comments: The data collection method is transparent and the data quality is high, with 12 semi-structured interviews providing rich qualitative insights. The data analysis is thorough and rigorous.

4. Are the findings relevant to the research question? Are the conclusions of the thesis based on strong arguments?

Comments: The findings are relevant to the research questions and offer meaningful insights into the diagnostic pathways and patient expertise in dermatology. The conclusions are well-argued and supported by the data. However, following one of my previous comments, integrating and critically engaging with established interpretations of disease etiology, diagnosis, and patient-doctor relations in existing literature in medical sociology and anthropology would strengthen the argument.

5. Are the author's thoughts distinguished unambiguously from the borrowed ideas?

Comments: The thesis effectively distinguishes between the author's original contributions and borrowed ideas.

6. What is the quality of style and other formal requirements?

Comments: The thesis is written with a mature, clear and academic style. Minor grammatical errors and typographical issues were noted but do not detract from the overall quality.

The reference list should be updated as it is missing some of the sources cited throughout the work, albeit it's a minor percentage. For future research with an extensive list of sources such as this one, I recommend to use a citation manager.

Cited sources not listed in the reference list:

- Raker, 2024 (p. 13)
- Goodyear-Smith & Buestow, 2001 (p. 15)
- Mead & Bower, 2000 (p. 16)
- Benson, 2019 (p. 16)
- Paterson et al., 2016 (p. 16)
- Kerr et al., 2018 (p. 16)
- Heyen et al., 2022 (p. 16)
- Cimini, 2010 (p. 19)
- Giles, 2014 (p. 19)
- Braun & Clarke, 2006 (p. 23-24)
- Clarke, 2006 (p. 23)

7. Are there any other strengths and weaknesses of the thesis, which are not included in the previous questions? Please list them if any.

8. What topic do you suggest for the discussion in the thesis defence?

What other areas or structural factors could be explored in studying emerging lay expertise and changing understanding of health in dermatology? Reading through the thesis, I reflected on the

works of Deborah Lupton, Maurizio Meloni, or Nikolas Rose regarding neoliberal pressures, self-responsibilization, the necessity for self-monitoring, or the new understanding of health shaped by technological possibilities (e.g., super efficient lotions from Seoul). Which of these (or any other) areas do you think warrants further exploration?

The analysis provides valuable insights into the distrust of the biomedical system. Based on the interviews and data analysis, can we determine if this distrust is sometimes directed more towards health professionals rather than biomedicine itself? If so, how could we interpret this differentiation?

9. I declare that I have checked the result of the originality check of the thesis:

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Comment on the result of the check:

Overall evaluation of the thesis:

The thesis by Dana Alsaialy presents a well-structured and methodologically sound exploration of emerging lay expertise. Through twelve semi-structured interviews, the thesis investigates how diagnostic pathways shape patients' understanding and management of their conditions. The thesis is of commendable academic quality, providing insights into the interplay between diagnostic pathways and patient expertise in dermatology. However, its argument would have been strengthened by a critical engagement with existing literature and theories in medical sociology and anthropology. Given the scope of bachelor thesis, however, the noted reservations do not significantly overshadow the overall quality. The thesis is recommended for a defence.

Proposed grade: *A-B*

Date: 13. 6. 2024

Signature: