

The importance of shared meaning making for sustainable knowledge translation and health literacy. An example from kidney transplantation

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Abstract

The aim of the present paper is to describe and discuss how recent theories about translation, bridging medical and humanistic understandings of knowledge translation, in the medical humanities (Kristeva et al 2018) can bring about a new understanding of health literacy in the context of patient education. We argue that knowledge translation must be understood as a simultaneous interrogation of the patient's and the health care providers co-construction of new and shared meanings that can create realities with medical consequences. To illustrate our points, we will describe the case of Jim, a kidney transplant recipient who received standard patient education, but lost the graft (the new kidney). If we apply Kristeva's view onto this context, graft function is not merely a biology but a complex bio-cultural fact. In this perspective, graft function is seen as a phenomenon that embraces translation between health as a biomedical phenomenon and healing as lived experience, and that opens for shared meaning-making processes between the patient and the health care provider. In Jim's case this means that we need to rethink the approach to patient education in a way that encourage the patient's idiosyncratic way of thinking and experiencing – and transform health information into a means for sustaining Jim's particular life – not life 'in general'. The patient education program did not take into consideration the singularities of Jim's biographical temporality, with its changes in everyday life, priorities, attitudes and values. The arguments are generic and could be applied to other contexts.

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