

# Standardized Cancer Pathways: Layers of Sorting out Patients Suspected with Cancer

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**Abstract.** Cancer patient pathways are well-defined sequences, where steps are planned and pre-booked in order to manage patient trajectories of diagnostics and treatment. This paper investigates the process of initiating a standardized cancer pathway. It is argued that while this process from the outside may appear as a straightforward individual activity, it is in fact a collaborative negotiation activity enacted in *layers of sorting and selecting* involving multiple healthcare professionals. Moreover, it is argued that in these layers of sorting and selecting health care professionals construct situated categories useful to distinguish between degrees of suspicion of cancer. This changes and re-frames the design foundation for electronic referral and booking systems in healthcare.

## Introduction

In 2007 Denmark introduced ‘packages’ or standardized cancer pathways as a strategy for standardizing waiting times for diagnostic examinations and treatments of patients suspected with cancer. A key issue concerns the decision to initiate a standardized cancer pathway for a particular patient. Due to the limited resources within the health care system, initiating cancer pathways for all patients with remotely suspicion of cancer would crash the system, since it would be impossible for the healthcare professionals to commit to the prescribed schedules and times defined by the standardized cancer pathways. Sorting and selecting patients suspected with cancer are interdependent with the classification activities

involved. Classification systems are inherently dynamic compromises (Bowker and Star 2000), and studies of sorting patients conceptualizes this as a complex collaborative multiplicity of work practices and processes, simultaneously working together to accomplish the successful sorting of patients (Bjørn and Rødje, 2008). Templates within the electronic referral system (Edifact) display important information guiding the sorting of patients if 'c. obs pro' is stated. However, the same template might be used implicitly if 'patient lost 10 kg' is stated in the free text as an indicator of obs cancer, though, weaker. Therefore, while sorting possible cancer patients might seem as a straightforward individual activity performed by the general practitioner (GP), where the decision to initiate a cancer pathway is determined using the standardized classification scheme, this paper embrace sorting and selecting as a collaborative activity.

## Argument: Layers of Sorting and Selecting

The collaborative activity of sorting and selecting patients suspected with cancer comprises referring, booking, examining, and communicating results between various hospital departments and the GP. Contributing to the collaborative activity multiple interdisciplinary healthcare professionals (GPs, secretaries, nurses, specialists, private working specialists) engage in continuous interlinked assessing and sorting activities based upon input from the other actors. The multiplicity of actors increases both ambiguity and complexity, because healthcare professionals are sorting and selecting simultaneously in different layers. Layers of sorting and selecting comprise collaborative interrelated iterative practices crucial for getting the work done, although invisible in the formal prescribed standardized cancer pathways. When a patient does not fit into the standardized cancer pathway, though, showing signs of cancer these practices becomes visible. Thus, what counts as work varies in different perspectives and leaves out essential activities crucial for getting the work done (Star and Strauss 1999). While the official arena of voice forms the standardized cancer pathways, the invisible layers of silence comprise the negotiations involved in sorting and selecting patients.

## References

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