📅**Date:** Wednesday, 5th March  
⏰**Time:** 2:00 – 4:30 PM  
📍**Location:** Levett Room, Wolfson College  
🎟 **Registration:** [Registration form](https://forms.office.com/pages/responsepage.aspx?id=G96VzPWXk0-0uv5ouFLPkR_inGXA3PFDnk_26B4b3hhUQU8wOFFFU1dCODRBU1FIVVpFRldCMEg2SC4u&route=shorturl)

**Cultures of knowledge and emotion in health care practices**

Reform of public health care and its governance is a major topic of political debate not just in the UK, but in a range of jurisdictions. How can user experiences inform such debate? How do social characteristics, such as gender shape user experiences? What knowledges matter in shaping the delivery of health care services?

Against the backdrop of these wider questions this roundtable discussion focuses on the intersection of knowledge, institutions and emotions in the context of healthcare practices.

The panel presentations will start with a paper that sets the scene by discussing vulnerability as both a personal and collective experience, and thus as a relational societal phenomenon which sheds light on the link between affect and knowledge. Vulnerability is conceptualized as an anchor for understanding how individual autonomy, institutional authority, and social expectations are reconciled in public health governance.

The panel discussion will further draw on various examples of new social science research that illuminate how public health governance encounters challenges when managing the intersection of knowledge, institutions and emotions. The first example draws on qualitative empirical research about negative childbirth outcomes, which is set within the context of wider public debates between 2014-23 about obstetric violence in France. The second example discusses the impact of an anti-science network marginalizing traditional public health institutions for devising policies during the Covid-19 pandemic in Brazil.

The examples prompt debate about whether public health governance is increasingly challenged by systemic crises arising from its inability to reconcile institutional authority with relational and affective dimensions of care. This, in turn, points to struggles of public health governance to maintain legitimacy in the face of diverse and often conflicting social expectations.