Healthcare systems in Western countries are undergoing profound changes in the organization of services and patient treatment. With an aging population and the increase in chronic diseases there has been a surge in the development of new treatments and a rise in demand for them. Within this scenario, the concepts of self-care, patient empowerment and choice become increasingly important. The concept of a ‘patient 2.0’ seems to represent an opportunity for healthcare systems to cut constantly increasing costs, while also representing a rapidly growing market for manufacturers.

One perspective on patient 2.0 is rendered through the rhetoric of technologically empowered citizens able to access, produce, manage and share health-related information, make informed choices in a transparent environment, and self-manage their treatment trajectories. The spread of networked self-care devices may give rise to a scenario where patients are enrolled in larger medical infrastructures that extend into domestic environments. In this case, patients’ participation takes the form of an imposed top-down delegation that may reproduce rather than reduce the marginalization of patients’ perspectives and their lived experiences.

On the other hand, the notion of patient 2.0 evokes a more patient-centric perspective that encompasses the simple notion of patient discipline and the logic of autonomous choice. On this different view, patients self-organize and gather together through social networks. They form associations that collaborate and compete with traditional medical research in the creation of new ways of knowing disease. Patient participation in this case may instead mean renegotiating the terms on which empowerment and patient participation takes place.

In this controversial landscape, patient 2.0 is to be considered an interesting figure in the process of becoming in multiple ways. Already partly performed and acted out (e.g. inscribed in actual health organizations and self-care technology), and partly imagined, idealized and shaped through discursive practices (e.g. enacted in public policies and health products’ advertisements), patient 2.0 draws attention to the complex and evolving ecology of practices, actors and discourses that re-constitute the network of HC system. The notion of patient 2.0 thus becomes an intriguing lens through which to observe how things are and how they could be otherwise.

We invite submissions to explore and reflect on these issues addressing questions such as:
- How may the complexity of the different perspectives and practices in play be explored and represented?
- What new forms of alignments and conflicts are put into practice and with what consequences?
- How are new 2.0 ICT platforms (e.g. supporting self-care) designed, implemented and used?
- What problems of discipline and governance arise in establishing and realizing the patient 2.0?
- How can we design for the reconciliation of often conflicting definitions of the actors and concerns in play?

Abstracts of no more than 500 words should be sent by email (following website instructions) by 2010 March 15th.

**Convenors**

**Peter Danholt**, PhD, is assistant professor at Information and Media studies, Aarhus University, Denmark. His main research interests are the socio-technical practices and organization of healthcare and governance and surveillance in contemporary western societies.

**Enrico Maria Piras**, PhD, is a researcher in the e-Health unit of Fondazione Bruno Kessler (Italy). His research focuses on the design of new healthcare infrastructures, the redefinition of the role of the patients and the negotiations/conflicts between lay and medical expertise.

**Cristiano Storni** holds a PhD in Information Systems and Organization and is post-doc research fellow at the Interaction Design Centre at the University of Limerick. He is interested in STS and Interaction Design. In Health Care his research focuses on self-care practices and technology. (http://www.idc.ul.ie/people/cristiano-storni)

**Alberto Zanutto** PhD, is grant holder at the Department of Sociology and Social Research at the University of Trento. He is interested in innovation in complex organizations and information technology development. In the field of health care system his research ranges from telemedicine to Personal Health Record systems.