

## ***Propositions belonging to Connecting Practices: a study of electronic patient records at work in primary health care***

1. GPs who standardize clinical information by means of diagnostic codes must carry out extra work to make the coded data useful for various purposes.
2. As reports and recommendations often act as negotiation devices between seemingly incompatible definitions of alternative futures of living with ICT their vagueness may not only be a problem, but also a strength.
3. Access problems to a study site are not uninteresting barriers to data generation but should count as important empirical data.
4. GPs are only able to act autonomously because they are tied into a heterogeneous network of actors. Paradoxically, their ties with other actors are thus a prerequisite for their position as semi-autonomous health care providers.
5. Comparing is only possible once a common frame of reference has been constructed under which the comparison can take place.
6. A good scientific experiment allows the researchers who set it up to be surprised by their subject(s) of study.
7. After the revolution wide boulevards were constructed in Paris to prevent riots and barricading of the streets. Their width and the concrete paving replacing the cobblestones show that politics can be built into materiality.
8. Generalisations are, unfortunately, unavoidable. They allow us to lend significance to the surrounding world, but make little space for ambiguity.
9. Information is a difference that makes a difference. (cf. G. Bateson 1979)
10. The bad consciousness of 'The West' towards 'The Third World' is colonialism with a new face.
11. There is no thought so burdensome that one cannot walk away from it. Thus, if one just keeps on walking, everything will be all right. (Soren Kierkegaard (1847), eulogy of walking)