HSPS Part IIB, SOC 13: Health, Medicine and Society, 2023-2024

Course Organiser:

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Lecturers:

Darin Weinberg
Luke Hawksbee

Aims and Objectives

- To provide knowledge and understanding of medicine, health and illness in contemporary societies.
- To develop an understanding of the philosophical and conceptual issues surrounding notions of disease, sickness, and health.
- To provide knowledge and understanding of selected health systems and technologies, their development, regulation, and use in contemporary societies.
- To develop intellectual skills in the analysis of health issues in contemporary societies.
- To develop oral and written communication skills through seminar presentations and essay writing.
- To enhance IT skills through the use of Internet data and word-processing.

Brief Description of the Paper

This paper provides students with a critical survey of principal themes and debates in contemporary medical sociology. It explores the major social causes of health and illness in modern societies with special reference to such factors as social class, gender, ethnicity, and age; provides students with a sociological grasp of the issues and problems associated with chronic illness; investigates a variety of key topics in the sociology of mental health; and, finally, develops a sociological analysis of the major organisational, professional, and technological components of medical institutions and medical practice in contemporary society. The paper also explores new methods of health care delivery with an eye to understanding their roles in either fostering or minimising social inequalities pertaining to health and illness. In addition to these substantive topics, the paper also examines cutting edge theoretical approaches to the study of health and illness in society, including: social constructionism, feminist theory, the sociology of the body, the sociology of science, and phenomenology. In short, the paper explores a wide range of both substantive and theoretical issues pertaining to the nature and distribution of health and illness in modern societies.

Mode of Teaching

The paper is taught through a combination of lectures and supervisions. Students will be expected to produce a **minimum of 4 essays** instead of being required to write 6 essays. While still holding the stipulated 6 supervisions, individual supervisors can decide to use some supervision sessions to read and discuss an article, ask students to present on a topic, or find other ways to address the topic in ways that are stimulating and provide a learning experience for students

Mode of Assessment

One 3-hour examination paper from which candidates are asked to answer three questions

Supervision Arrangements

Supervisions will be arranged by the course organizer early in Michaelmas term.

Background Reading List

Albrecht, G. et al., eds. 2000. *The Handbook of Social Studies in Health & Medicine*. London: Sage
Bird, C. E., P. Conrad, A.M. Freemont, S. Timmermans, eds. 2010. Handbook of Medical Sociology, sixth edition. Nashville: Vanderbilt University Press
Blaxter, M. 2010. *Health, 2nd edition.* Cambridge: Polity.
Farmer, P. 2003. *Pathologies of Power: Health, Human Rights, and the New War on the Poor*. London: University of California Press
Harrison, M. 2004. *Disease and the Modern World: 1500 to the Present Day*. Cambridge: Polity
Peterson, A., and Bunton, R., eds. 1997. *Foucault, Health, and Medicine*. London: Routledge
Porter, R. 2003. *Blood and Guts: A Short History of Medicine*, London: Penguin
Samson, C., ed. 1999. *Health Studies: A critical and cross cultural reader*. Oxford: Blackwell
Scambler, G. ed. 2008. *Sociology as applied to Medicine, sixth edition*. Edinburgh: Saunders Co.
Starr, P. 1982. *The Social Transformation of American Medicine*. New York: Basic Books
Turner, B.S. 1995. *Medical Power and Social Knowledge, second edition*. London: Sage
Turner, B.S. 1996. *The Body ad Society, second edition*. London: Sage
Turner, B.S. 2004. *The New Medical Sociology.* New York: Norton.

Michaelmas Term

The Sociology of Health and Illness, Darin Weinberg (Weeks 1-5)

Lecture 1: What is the Sociology of Health and Illness?

The fundamental aim of the sociology of health and illness is to analyse the social causes and character of health, illness, and the social institutions established for their management. In this lecture we will first critically consider Western concepts of health and illness. We will dwell for a time on the antecedents and consequences of the biomedical paradigm's ascendancy. We also consider the differences between a sociology in medicine and a sociology of medicine.

References

*Bird, C. E., P. Conrad, A.M. Freemont, S. Timmermans, eds. 2010. *Handbook of Medical Sociology, sixth edition*. Nashville: Vanderbilt University Press
*Blaxter, M. 2010. *Health, 2nd edition.* Cambridge: Polity
Gadamer,H-G.1996. *The Enigma of Health*. Cambridge: Polity
Gerhardt, U. 1989. *Ideas about Illness*. Basingstoke: Macmillan.
King, L. S.. 1982. *Medical Thinking: An Historical Preface*. Princeton, NJ: Princeton University Press (chs 3-8).
Parsons, T. 1991. *The Social System*. London: Routledge (ch.10).
Parsons, T. 1999. "Illness and the role of the physician." in *The Talcott Parsons Reader*. Edited by B.S. Turner. Oxford: Blackwell (ch.5).
Samson, C, ed. 1999. *Health Studies*. Oxford: Blackwell (part two).
Siegrist, J. 2000. "The social causation of health and illness" in *The Handbook of Social Studies in Health & Medicine*. Edited by Albrecht, G. et al.. London: Sage, pp. 100-115.
*Turner, B.S.. 2000. "The history of changing concepts of health and illness: outline of a general model of illness categories. In *The Handbook of Social Studies in Health & Medicine*. Edited by Albrecht, G. et al. London: Sage, pp. 9-23
Turner, B. S. 1995. *Medical Power and Social Knowledge, second edition*. London: Sage (ch.1,3)
*Weinberg, Darin. 2021. "Diagnosis as Topic and as Resource: Reflections on the Epistemology and Ontology of Disease in Medical Sociology." *Symbolic Interaction.* 44(2): 367-91

Essay Topic

1. What is the 'biomedical model'?

Lecture 2: The Body and Society: Michel Foucault

In this lecture we consider the general contribution of Michel Foucault to the sociology of health and illness, and the importance of the sociology of the body. The lecture develops a critical understanding of the idea of social construction in the analysis of disease entities. While Foucault's concept of governmentality is particularly useful, the lecture also defends the contribution of phenomenology to understanding disease experiences and processes.

References

Corbin, A.. 1986. *The Foul and the Fragrant*. Cambridge, MA: Harvard University Press
Foucault, M. 1967. *Madness and Civilization*. London: Tavistock.
Foucault, M. 1973. *The Birth of the Clinic*. London: Tavistock.
Foucault,M.1980. "The politics of health in the eighteenth century." in *Power/Knowledge*. Edited by C. Gordon. Brighton: Harvester Press, pp.166-83.
Foucault, M. 1981. *The History of Sexuality, Volume One: An Introduction*. Harmondsworth: Penguin (Part five).
Laqueur,T. 1990. *Making Sex: Body and Gender from the Greeks to Freud.* Cambridge, MA: Harvard University Press.
Leder, D. 1990. *The Absent Body*. Chicago: University of Chicago Press
Mol, A. 2002. *The Body Multiple: Ontology in Medical Practice*. Durham, NC: Duke University Press
*Petersen, A. 2012. "Foucault, Health and Healthcare." in *Contemporary Theorists for Medical Sociology*. edited by G. Scambler. New York: Routledge, pp. 1-19
*Petersen, A., and Bunton, R. eds. 1997. *Foucault, Health, and Medicine* . London: Routledge (Foreword and Part one).
*Turner, B. S. 1992. *Regulating Bodies: Essays in medical sociology*. London: Routledge (chs. 3,5,6,7)
Turner, B. S. 1996. *The Body and Society*. London: Sage (ch.8).
Turner, B.S., ed. 2012. *Routledge Handbook of Body Studies*. London: Rutledge
Samson, C., ed. 1999. *Health Studies*. Oxford: Blackwell (Part one).
Weinberg, D. 2005. *Of Others Inside: Insanity, Addiction, and Belonging in America*. Philadelphia: Temple University Press
*Weinberg, Darin. 2021. "Diagnosis as Topic and as Resource: Reflections on the Epistemology and Ontology of Disease in Medical Sociology." *Symbolic Interaction.* 44(2): 367-91

Essay Topic

1. Critically evaluate Foucault's contribution to the sociology of health and illness.

Lecture 3: Public Health, Medical Systems, and the State

In this lecture we will look at the contributions made by comparative research into the medical systems in place in different societies. We will also consider various ways in which societies have attended to public health, health promotion, and to the care of vulnerable and/or disabled citizens. Particular attention will be given to the role of states as providers and promoters of health maintenance and health care.

References

Annandale, E. 1998. *The Sociology of Health & Medicine: A Critical Introduction*. Cambridge: Polity, Part III, pp. 195-280
Bakalar, J.B., and L. Grinspoon. 1984. *Drug Control in a Free State*. Cambridge: Cambridge University Press
*Beckfield, J., S. Olafsdottir and B. Sosnaud. 2013. "Healthcare Systems in Comparative Perspective: Classification, Convergence, Institutions, Inequalities, and Five Missed Turns." *Annual Review of*

Sociology. Vol. 39: 127-146
Cockerham, W. C. ed. 2009. *The New Blackwell Companion to Medical Sociology*. Oxford: Blackwell
Harrison, M. 2004. *Disease and the Modern World: 1500 to the Present Day*. Cambridge: Polity
Lupton, D. 1995. *The Imperative of Health: Public Health and the Regulated Body*. London: Sage
*Mechanic, D., and D.A. Rochefort. 1997. "Comparative Medical Systems." *Annual Review of Sociology*. 22: 239-70
*Porter, D. 1999. *Health, Civilization, and the State: A History of Public Health from Ancient to Modern Times*. London: Rutledge
Starr, P.. 1982. *The Social Transformation of American Medicine*. New York: Basic Books
*Turner, B. S.. 1995. *Medical Power and Social Knowledge, second edition*. London: Sage, Parts III and IV, pp. 129-239.

Essay Topic

1. Critically evaluate the contribution of comparative research to the understanding of medical systems.

Lecture 4: Clinical Encounters and the Care of the Self

Social scientists are becoming increasingly interested in the doctor-patient relationship. What kinds of social factors determine how clinical interactions proceed? Patients were once expected to place themselves completely at the disposal of their health care providers and deviations from such total compliance were looked upon as pathological. Now one increasingly hears calls for patient-centred medicine, informed consent, the codification of patients' rights, and so on. In this lecture we will consider these issues, paying particular attention to whether clinical practice is moving from a model of technical intervention to a model of collaborative care of the self.

References

Annandale, E., M. Elston, and L. Prior. 2005. *Medical Work, Medical Knowledge and Health Care*. Oxford: Blackwell, Part II
Brown, P., and S. Zavestoski. 2005. *Social Movements in Health*. Oxford: Blackwell
Corrigan, O. 2003. "Empty Ethics: the problem with informed consent." *Sociology of Health and Illness*. 25(7): 768-792
Delvecchio-Good, M.J., and B. Good. 2000. "Clinical Narratives and the Study of Contemporary Doctor-Patient Relationships." In *The Handbook of Social Studies in Health & Medicine*. Edited by Albrecht, G. et al. London: Sage, pp. 243-58
Epstein, S.. 1996. *Impure Science: AIDS, Activism, and the Politics of Knowledge*. Berkeley: University of California Press
Mattingly, C.. 1994. *Healing Dramas and Clinical Plots*. Cambridge: Cambridge University Press
Parsons, T. 1991. *The Social System*. London: Routledge (ch.10).
*Parsons, T. 1999. "Illness and the role of the physician." in *The Talcott Parsons Reader*. edited by B.S. Turner. Oxford: Blackwell (ch.5)
Pols, J. 2003. "Enforcing patients rights or improving care? The interference of two modes of doing good in mental health care." *Sociology of Health and Illness*. 25(4): 320-47
Prior, L. 2003. "Belief, knowledge and expertise: the emergence of the lay expert in medical sociology." *Sociology of Health and Illness*. 25(3):41-57
Weinberg, D. 2014. "Psychiatric Diagnosis as Collective Action in a Residential Therapeutic Community." In *Turning Troubles into Problems*. Edited by J. Gubrium and M. Jarvinen. London: Routledge, pp. 67-84
*Weinberg, Darin. 2021. "Diagnosis as Topic and as Resource: Reflections on the Epistemology and Ontology of Disease in Medical Sociology." *Symbolic Interaction*. 44(2): 367-91

Essay Topic

1. Has the concept of the "sick role" survived criticism?

Lecture 5: Medicalisation

The term " medicalisation" applies to the process(es) through which aspects of life that had previously been regarded as beyond the scope of medical jurisdiction come to be widely viewed as proper topics of medical concern. In this lecture we consider various dimensions of medicalisation, paying particular attention to whether the dynamics of medicalisation are now changing in systematic ways. We also consider cases of "demedicalisation," or the withdrawal of medical involvement from aspects of life that had hither-to been thought to properly fall within the proper jurisdiction of medicine.

References

*Aronowitz, R.A.. 2001. "When Do Symptoms Become a Disease?" *Annals of Internal Medicine*. 134:803-808

Busfield, J. 2017. "The concept of medicalisation reassessed." *Sociology of Health & Illness*. 39(5): 759–774

Clarke, A.E., J.K. Shim, L. Mamo, J.R. Fosket, and J.R. Fishman. 2003. "Biomedicalization: technoscientific transformation of health, illness, and U.S. biomedicine." *American Sociological Review*. 68_161-194

Conrad, P., and J.W. Schneider. 1992. *Deviance and Medicalization: from Badness to Sickness*. Philadelphia: Temple University Press

*Conrad, P.. 2007. *The Medicalization of Society: On the Transformation of Human Conditions into Treatable Disorders*. Baltimore, MD: Johns Hopkins University Press

Conrad, P.. 1992. "Medicalization and Social Control." *Annual Review of Sociology*. 18:209-32

Conrad, P.. 2005. "The Shifting Engines of Medicalization." *Journal of Health and Social Behavior*. 46:3-14

*Conrad, P. 2013. Medicalization: Changing Contours, Characteristics, and Contexts. In *Medical Sociology on the Move*. Edited by W.C. Cockerham. London: Springer, pp. 195-214

Kirk, S.A., and H. Kutchins. 1992. *The Selling of DSM: The Rhetoric* of *Science in Psychiatry.* New York: Aldine De Gruyter.

*Rosenberg, C.E.. 2002. "The Tyranny of Diagnosis: Specific Entities and Individual Experience." *The Milbank Quarterly*, 80 (2): 237-260

Rosenberg, C.E. 1992. *Explaining Epidemics and Other Studies in the History of Medicine*. Cambridge: Cambridge University Press.

Rosenfeld, D., and C. Faircloth, eds.. 2005. *Medicalized Masculinities*. Philadelphia: Temple University Press

Weinberg, D. 2005. *Of Others Inside: Insanity, Addiction, and Belonging in America*. Philadelphia: Temple University Press

Essay Topic

1. Critically evaluate the costs and benefits of medicalisation.

Lecture 6: Biomedicalisation and pharmaceuticalisation, Luke Hawksbee

Building on the previous lecture, we examine new theories that have sought to supplant or augment the concept of medicalisation—specifically, biomedicalisation and pharmaceuticalisation. These represent shifts in health practices, discourses and theories over time. Various factors contributing to them are considered, and they are discussed in the context of specific types of health problems or domains of health (e.g. reproductive health).

Core reading

Bell, S.E., and Figert, A.E. 2012. "Medicalization and pharmaceuticalization at the intersections: looking backward, sideways and forward." *Social Science & Medicine* 75: 775-783

Clarke, A.E., J.K. Shim, L. Mamo, J.R. Fosket, and J.R. Fishman. 2003. "Biomedicalization: technoscientific transformation of health, illness, and U.S. biomedicine." *American Sociological Review*. 68: 161-194

Williams, S.J., P. Martin, and J. Gabe. 2011a. "The pharmaceuticalization of society? A framework for analysis." *Sociology of Health & Illness*. 33: 710-725.

Additional reading

Belfrage, M. 2023. "Revolutionary pills? Feminist abortion, pharmaceuticalization, and reproductive governance." *International Feminist Journal of Politics*. 25(1): 6–29.
Clarke, A.E. and J.K. Shim. 2009. "Medicalization and biomedicalization Revisited: technoscience and transformations of health, illness and biomedicine." *Salute e Società*. 2.
Clarke, A., J. Shim, L. Mamo, J.R. Fosket, and J.R. Fishman. (Eds.). 2010. *Biomedicalization: Technoscience health and illness in the U.S.* Duke University Press.
Coveney, C., S.J. Williams, and J. Gabe. 2019. "Medicalisation, pharmaceuticalisation, or both? Exploring the medical management of sleeplessness as insomnia." *Sociology of health & illness*, *41*(2): 266-284.
Davis, C. 2015. "Drugs, cancer and end-of-life care: a case study of pharmaceuticalization?" *Social Science & Medicine*. 131: 207-214.
Faulkner, A. 2012. "Tissue engineered technologies: regulatory pharmaceuticalization in the European Union." *Innovation: The European Journal of Social Science Research*. 25(4): 389-408.
Gabe, J., S. Williams, P. Martin, and C. Coveney. 2015. "Pharmaceuticals and society: Power, promises and prospects." *Social Science & Medicine*. 131: 193-198.
Neresini, F., S. Crabu, and E. Di Buccio. 2019. "Tracking Biomedicalization in the Media: Public Discourses on Health and Medicine in the UK and Italy, 1984–2017." *Social Science & Medicine*. 243: 112621.
Suh, S. 2021. "A Stalled Revolution? Misoprostol and the Pharmaceuticalization of Reproductive Health in Francophone Africa." *Frontiers in Sociology*. 6: 590556
Williams, S.J., J. Gabe, and P. Davis. 2008. "The sociology of pharmaceuticals: progress and prospects." *Sociology of Health & Illness*. 30(6): 813-824.
Williams, S., J. Gabe, and P. Martin. 2012. "Medicalization and pharmaceuticalization at the intersections: A commentary on Bell and Figert (2012)." *Social Science & Medicine*. 75(12): 2129-2130.

Essay Topics

1. Does the availability of modern pharmaceuticals naturally lead to "pharmaceuticalisation," or is something else behind this trend?

2. Should we talk about "medicalisation," "biomedicalisation," or some other process of change in social conceptualisations of health and illness?

Lecture 7: Health and Inequality

In this lecture we examine the social forces that shape the distributions of health and illness across a variety of social categories including: nationality, class, gender, race & ethnicity. Rather than sociologically analyzing the emergence and evolution of medical categories, research in this area draws upon those categories in an effort to learn who gets sick, who remains healthy, and why. In addressing these questions the lecture also seeks to shed light on the role of epidemiology as a tool of medical sociological research and on some of the social structural mechanisms that produce health outcomes.

References

Annandale, E.. 1998. *The Sociology of Health & Medicine, a critical introduction*. Cambridge: Polity Press, Part II, pp. 89-192
Annandale, E., and Hunt, K., eds. 2000. *Gender Inequalities in Health.* Buckingham: Open University Press
Farmer, P. 2003. *Pathologies of Power: Health, Human Rights, and the New War on the Poor*. London: University of California Press
Harrison, M. 2004. *Disease and the Modern World: 1500 to the Present Day*. Cambridge: Polity
Hutton, W. 2000. *New Life for Health: The Commission on the NHS*. London: Vintage.
Kawachi, I. and Kennedy, P. 2002. *The Health of Nations. Why inequality is harmful to your health*. New York: the New Press
Lorber, J. and Moore, L.J. 2002. *Gender and the Social Construction of Illness.* Lanham: Rowman & Littlefield (Altamira Press)

*Marmot, M. 2004. *Status Syndrome: How social standing directly affects your health.* London: Blooms-bury
Marmot, M. 2007. "Achieving health equity: from root causes to fair outcomes." *Lancet* 370(9593): 1153-63.
Marmot, M. G. and R. G. Wilkinson 1999. *Social determinants of health*. Oxford ; New York, Oxford University Press.
McKeown, T. 1979. *The Role of Medicine*. Oxford: Basil Blackwell.
Navarro, V. 2002. *The Political Economy of Social Inequalities: Consequences for Health and Quality of Life*. New York: Baywood Publishing Company Ltd.
*Scambler, G. 2012. "Health Inequalities." *Sociology of Health & Illness.* Vol. 34 No. 1, pp. 130–146
*Townsend, P., and Davidson, N. 1982. *Inequalities in Health (The Black Report)* London: Penguin.
Turner, B. S. 1995. *Medical Power and Social Knowledge, second edition*. London: Sage (chs 5,9,10).
Wilkinson, R.G.. 1996. *Unhealthy Societies: The Afflictions of Inequality*. London: Routledge

Essay Topics

1.Critically review the Black Report in light of more recent research.

2. 'Women live longer with higher morbidity than men' Discuss.

Lecture 8: Political Economy of Pandemics, Luke Hawksbee

In this lecture we address emerging infectious diseases, particularly those that arise from zoonotic spillover and reach pandemic status. Both cause and consequences are considered from a political-economic perspective, examining factors that contribute to emergence and spread, as well as the ramifications of failure to contain such outbreaks. We also take stock of how pandemics may exacerbate existing inequalities, and what policies could reduce society-wide risks associated with pandemics in particular and infectious diseases in general.

Core References

Cohen, J, and Y. Van Der Meulen Rodgers. 2021. 'The Feminist Political Economy of Covid-19: Capitalism, Women, and Work'. *Global Public Health* 16(8–9):1381–95.
Sathyamala, C. 2022. 'COVID-19: The Political Economy of a Global Pandemic'. *Development and Change* dech.12711.
Suwandi, I., and J.B. Foster. 2022. 'COVID-19 and Imperial Value: Commodity Chains, Global Monopolies, and Catastrophe Capitalism'. *International Critical Thought* 12(3):426–47.
Wallace, R.G., L. Bergmann, R. Kock, M. Gilbert, L. Hogerwerf, R. Wallace, and M. Holmberg. 2015. 'The Dawn of Structural One Health: A New Science Tracking Disease Emergence along Circuits of Capital'. *Social Science & Medicine* 129:68–77.

Additional References

Foster, J.B., and I. Suwandi. 2020. "COVID-19 and Catastrophe Capitalism." *Monthly Review*. 72(2).
Karesh, W.B., A. Dobson, J.O. Lloyd-Smith, J. Lubroth, M.A. Dixon, M. Bennett, S. Aldrich, T. Harrington, P. Formenty, E.H. Loh, C.C. Machalaba, M.J. Thomas, and D.L. Heymann. 2012. "Ecology of zoonoses: natural and unnatural histories." *The Lancet*. 380: 1936–1945.
Kennedy, J. 2023. *Pathogenesis*: *A History of the World in Eight Plagues*. NY: Crown. (Particularly the sections 'The First Epidemiological Revolution' in Ch. 2, 'Five Hundred Years of Servitude' in Ch.5, and 'Hell on Earth' in Ch. 7)
Meyerowitz-Katz, G., S. Bhatt, O. Ratmann, J.M. Brauner, S. Flaxman, S. Mishra, M. Sharma, S. Mindermann, V. Bradley, M. Vollmer, L. Merone, and G. Yamey. 2021. "Is the cure really worse than the disease? The health impacts of lockdowns during COVID-19." *BMJ Global Health*. 6(8).
Soderbergh, S. 2011. *Contagion*. CA: Warner Brothers.
Souza, D.O. 2020. "The COVID-19 pandemic beyond Health Sciences: reflections on its social determination." *Ciência & Saúde Coletiva*. 25(Supl.1):2469–2477.
Van Bergeijk, P.A.G. 2022. 'The Political Economy of the Next Pandemic'. *Review of Economic Analysis* 14(1):27–49.

Wallace, R. 2016. *Big Farms Make Big Flu*. NY: Monthly Review Press. (Particularly Pp. 50–84, 192–201, and 297–315.)

Wallace, R., A. Liebman, L.F. Chaves, and R. Wallace. 2020. "COVID-19 and Circuits of Capital." *Monthly Review.* 72(1).

Wood, J.L.N., M. Leach, L. Waldman, H. Magregor, A.R. Fooks, K.E. Jones, O. Restif, D. Dechmann, D.T.S. Hayman, R. Suu-Ire, R.F. Breiman, J.H. Epstein, H.E. Field, and A.A. Cunningham. 2012. "A framework for the study of zoonotic disease emergence and its drivers: spillover of bat pathogens as a case study." *Phil. Trans. R. Soc. B.* 367: 2881–92.

Wu, T., C. Perrings, A. Kinzig, J.P. Collins, B.A. Minteer, and P. Daszak. 2017. 'Economic Growth, Urbanization, Globalization, and the Risks of Emerging Infectious Diseases in China: A Review'. *Ambio* 46(1):18–29.

Essay Topics

1. Thinking ahead to the next major pandemic: where and how is it likely to emerge, what pathogen is likely to cause it, and what are the consequences likely to be?

2. Are we "all in the same boat" when dealing with emerging infectious diseases?

Lent Term

Medical Knowledge and Medical Practice, Darin Weinberg, Luke Hawksbee (Weeks 9-16)

Lecture 9: Overview of the Sociology of Medical Knowledge and Practice

This lecture will: 1) introduce students to the sociology of medical practice; 2) describe the subject matter of the course by specifying contemporary sociological approaches to understanding medical practice in contrast to other analytic approaches; and 3) begin to encourage students to develop a deeper and more critical outlook on the practice of medicine through investigation of its historical origins, contemporary composition, and human consequences.

References

Blaxter, M. 2010. *Health, 2nd edition.* Cambridge: Polity
Gadamer, H. G.1996.*The Enigma of Health*. Cambridge: Polity
Good, B. J.. 1994. *Medicine, rationality, and experience: An Anthropological Perspective*. Cambridge: Cambridge University Press
Kirk, S., and H. Kutchins. 1992. *The Selling of DSM*. New York: Aldine de Gruyter
*Mol, A.. 2002. *The Body Multiple: Ontology in Medical Practice*. Durham, NC: Duke University Press
*Timmermans, S., and M. Berg. 2003. *The Gold Standard: The Challenge of Evidence-Based Medicine and Standardization in Health Care*. Philadelphia: Temple University Press
Turner, B. S.. 1995. *Medical Power and Social Knowledge*. London: Sage
Weinberg, D. 2005. *Of Others Inside: Insanity, Addiction, and Belonging in America*. Philadelphia: Temple University Press
*Weinberg, Darin. 2021. "Diagnosis as Topic and as Resource: Reflections on the Epistemology and Ontology of Disease in Medical Sociology." *Symbolic Interaction.* 44(2): 367-91

Essay Topics

1. Is the practice of medicine more properly seen as science or as art? Why?

2. Define, and critically compare, *internalist* and *externalist* explanations of medical practice. Also, discuss the feasibility of taking a theoretical middle road between them.

Lecture 10: What is the Profession of Medicine?

This lecture will: 1) provide students with a sociological sense of the concept *profession*, 2) demonstrate the importance of this concept for understanding the practice of modern medicine, and 3) critically evaluate the extent to which specifically professional sorts of agendas structure the practice of modern medicine in all its various incarnations.

References

Coburn, D., and Willis, E. 2000. "The Medical Profession: Knowledge, Power, and Autonomy." In *The Handbook of Social Studies in Health & Medicine*. Edited by G.L. Albrecht, et al.. London: Sage. Pp. 377-93
1988. *The Changing Character of the Medical Profession, a special issue of the Milbank Quarterly*. 66 (Supplement 2)
Freidson, E.. 1988. *The Profession of Medicine: A Study of the Sociology of Applied Knowledge*. Chicago: University of Chicago Press.
*Starr, P. 1982. *The Social Transformation of American Medicine*. New York: Basic Books
Timmermans, S., and M. Berg. 2003. *The Gold Standard: The Challenge of Evidence-Based Medicine and Standardization in Health Care*. Philadelphia: Temple University Press

Timmermans, S., and H. Oh. 2010. "The Continued Social Transformation of the Medical Profession." *Journal of Health and Social Behavior.* 51(S): S94-S106
*Turner, B.S. 1995. *Medical Power and Social Knowledge*. London: Sage, (Chs 7, 8, 9, & 10)

Essay Topics

1. What is a profession and why is it important to think of medicine as a profession?

2. How has the autonomy of professional medicine changed over the last several decades and how has this affected the practice of medicine?

Lecture 11: A Social History of the Medical Profession

This lecture will: 1) provide a comparative historical examination of the origins of the modern medical profession, 2) provide a comparative historical examination of the roles played by science and technical expertise in fortifying the claims of health care providers to professional privilege, 3) provide a comparative historical examination of how government officials became, and remain, involved in sustaining the privileges of the medical profession.

References

Bynum, W.F. 1994. *Science and the Practice of Medicine in the Nineteenth Century*. Cambridge: Cambridge University Press
Pescosolido, B. 2013. "Theories and the Rise and Fall of the Medical Profession." in *Medical Sociology on the Move*. Edited by C. Cockerham. London: Springer, pp. 173-94
Starr, P. 1982. *The Social Transformation of American Medicine*. New York: Basic Books
Timmermans, S., and H. Oh. 2010. "The Continued Social Transformation of the Medical Profession." *Journal of Health and Social Behavior.* 51(S): S94-S106

Essay Topics

1. What role did science play in the ascendancy of the modern medical profession? Use empirical examples from the readings to support your argument.

2. What role did government play in the ascendancy of the modern medical profession? Use empirical examples from the readings to support your argument.

Lecture 12: The Social Organisation of Medical Research

This lecture will: 1) examine the origins and historical development of medical science, 2) critically examine how, and the extent to which, medical science is influenced by the social contexts within which it is undertaken, and 3) begin to consider the relationship between medical science and medical care.

References

Starr, P. 1982. *The Social Transformation of American Medicine*. New York: Basic Books. (Book I, Ch. 3 and Book II, Ch. 3)
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Essay Topic

1. What does it mean to argue that medical research is socially organised? Frame your answer in terms of the distinction between internalist and externalist explanations of medical practice.

Lecture 13: The problem of health technology, Luke Hawksbee

Modern medicine is commonly understood to be technological medicine, and in this lecture we shall explore some key themes in the sociology of health technologies. We focus on technological innovation and regulation, particularly in pharmaceuticals, diagnostics and imaging. We address the ways in which medical technology has become an object of governance in response to a range of societal concerns including safety, effectiveness, equity of access, affordability and ethical issues.

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Essay Topics

1.What are the downsides of advanced health technologies, and do the upsides adequately make up for them?

2. What do technologies do when it comes to medicine?

Lecture 14: Medical Knowledge and Medical Training

This lecture will: 1) explore the social history and contemporary social organisation of medical training, 2) identify the pedagogical priorities evident in contemporary medical training, and 3) critically assess the consequences these priorities entail for medical professionals, patients, and society at large.

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Essay Topic

1. Why has the problem of reconciling training pertaining to medical "caring" and medical "competence" persisted in medical education despite so many apparent efforts to solve it?

Lecture 15: Medical Knowledge and Clinical Care

This lecture will: 1) closely examine the relationship between medical science and clinical care, 2) critically examine how, and the extent to which, clinical work is influenced by the social contexts within which it is undertaken, and 3) evaluate claims that clinical expertise is dependent upon, but not reducible to, medical science.

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Essay Topics

1. Critically discuss the claim that clinical work is a craft that cannot be reduced to scientific algorithms. What does this mean and why is it or is it not so?

2. Critically discuss the idea that there are profound differences between clinical expertise and a knowledge of medical science. If there are such differences, what are they?

Lecture 16: Alternative Medicines and Mutual Help

This lecture will: 1) consider the extent to which traditional biomedicine is losing ground to alternative approaches to health care or to social movements organised around health care issues, 2) investigate the causes, characteristics, and consequences of various critiques of biomedicine, and 3) evaluate the credibility, efficacy, and wider social consequences of medical pluralism.

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Essay Topic

1. What is alternative medicine, what explains its growing importance, and what, if any, constraints might limit its potential for further growth? Use examples from the readings to support your argument.

Easter Term

The Sociology of Mental Health and Illness, Darin Weinberg (Weeks 17-20)

Lecture 17: Psychiatric Sociology: Epidemiology and social stress

This lecture will: 1) introduce students to the field of psychiatric sociology; 2) by way of classic case studies, it will explore the benefits and pitfalls of epidemiological research on mental health; 3) by way of classic case studies, it will explore the benefits and pitfalls of research concerning the relationship between social stress and mental health.

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Essay Topics

1. Critically assess the benefits and pitfalls of epidemiological research on mental health.

2. Critically assess the benefits and pitfalls of research concerning the relationship between social stress and mental health.

Lecture 18: Marginality and Mental Pathology

This lecture will provide: 1) a general examination of the relationship between social marginality and mental pathology through a consideration of two case studies, 2) specific insights into the various causes, characteristics, and consequences of this relationship as they are exhibited in these particular cases, and 3) some assessments of whether claims suggesting a relationship between marginality and pathology oppress or empower those of whom they are made.

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Essay Question

Is social marginality better understood as a cause or as a characteristic of mental disorder?

Lecture 19: Addiction

In this lecture we will trace the history of both medical and sociological thinking on the nature of addiction. In particular, we will be concerned to explore the extent to which received addiction science has succeeded in explaining the loss of self-control over putatively addictive behaviour. This will provide occasion to think more broadly about what it means to lose control of ourselves and why self-control has become such a deeply rooted cultural value in modern western societies.

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Essay Topics

1.Critically evaluate whether, and how, it is scientifically justifiable to claim addiction entails a loss of self-control.

2. Are sociological and biomedical orientations to addiction compatible?

Lecture 20: Anti-psychiatry

In this lecture we will: 1) critically consider the claims of some of the better known polemics against the profession of psychiatry and psychiatric practice; 2) explore the sorts of public policies that flow from these claims; and 3) investigate the future of anti-psychiatry in light of the failures of the community mental health movement.

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Essay Topics

1. Is anti-psychiatry better understood as a theoretical critique or as a social movement? Why?