HPS Part IIB, SOC 13: Health, Medicine and Society

Acting Course Organiser:

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Lecturers:

Stuart Hogarth
Marcin Smietana
Robert Pralat
Sarah Franklin
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.
Background Reading List


Lecture timetable

**Michaelmas**

1 8 Oct  What is the sociology of health and illness?  Stuart Hogarth
2 15 Oct  The body and society: Michel Foucault  Stuart Hogarth
3 22 Oct  Public health, medical systems and the state  Stuart Hogarth
4 29 Oct  Health and inequality  Kathryn Hesketh
5 5 Nov  Healthcare interactions and the doctor-patient relationship  Robert Pralat
6 12 Nov  Medicalisation  Stuart Hogarth
7 19 Nov  Biomedicalisation and pharmaceuticalisation  Stuart Hogarth
8 26 Nov  Stratifications of reproductive health: racialisation  Marcin Smietana

**Lent**

9 21 Jan  Redefining fertility  Marcin Smietana
10 28 Jan  The problem of health technology  Stuart Hogarth
11 4 Feb  The sociology and social history of the medical profession  Stuart Hogarth
12 11 Feb  The social organisation of medical research  Stuart Hogarth
13 18 Feb  HIV/AIDS and the sociology of sexual health  Robert Pralat
14 25 Feb  Political economy of pandemics  Luke Hawksbee
15 4 Mar  Race, reproduction and eugenics  Sarah Franklin
16 11 Mar  Eugenics and geneticisation  Sarah Franklin
**Michaelmas Term**

**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.

**Core Reading**


**Additional Reading**


**Essay Topics**

1. Critically evaluate the relationships between impairment, illness and disease.

2. 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 defends the contribution of phenomenology to understanding disease experiences and processes.

**Core reading**


Additional reading


Turner, B. S. 1992. Ch.6 *Regulating Bodies: Essays in medical sociology*. (Routledge) (see also chs. 3,5 and 7)


Essay Topics

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

2. Critically evaluate the contribution of phenomenology 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.

Core reading


Additional reading


doi:10.1017/S1740022806000131


**Essay Topics**

1. Critically assess the interests states have in the promotion of health and prevention of disease.
2. Critically evaluate the contribution of comparative research to the understanding of medical systems.

**Lecture 4: Health and Inequality**

In this lecture, we will explore how social forces shape the distributions of health and illness across a variety of social categories including: nationality, class, income, gender, age, race & ethnicity. Research in this area draws upon those categories (amongst others) in an effort to learn who gets sick, who remains healthy, and why. The lecture will also draw upon epidemiological principles, which are used as one tool in medical sociological research, to shed light on how trends emerge. It will also touch on some of the social structural mechanisms that lead to differing health outcomes.

**References**


**Essay Topics**

1. Health inequalities are an inevitable part of society. Discuss
2. Critically evaluate the impact of the 2011 Marmot Review
3. How can ethnic disparities in health outcomes be explained?
4. Compare and contrast the individual biomedical model and the social determinants of health framework. Illustrate your answer using at least two social categories.

**Lecture 5: Healthcare interactions and the doctor-patient relationship**

Patients were once expected to place themselves at the disposal of their healthcare providers and deviations from compliance were looked upon as pathological. These days, we increasingly hear calls for patient-centred medicine, informed consent and the codification of patients’ rights. 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. We will explore what kinds of social factors determine the form and content of healthcare interactions and medical encounters, examining the dynamics in the relationship between patients and clinicians.

**Core Reading**


**Additional Reading**


**Supervision Essay Questions**

1. Why are doctors increasingly receptive to the empowerment of patients?
2. Why have patients become more proactive in taking care of their health?

**Lecture 6: Medicalisation**

The term “medicalization” 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 hitherto been thought to properly fall within the proper jurisdiction of medicine.

**Core reading**


**Additional reading**


Essay Topics

1. Critically evaluate the costs and benefits of medicalisation.

Lecture 7: Biomedicalisation and pharmaceuticalisation

Building on the previous lecture, we examine new theories that have sought to supplant or augment the concept of medicalization.

Core reading


Additional reading


Essay Topic

1. Critically evaluate the claim that the dynamics of medicalisation have changed substantially over last couple of decades.

Lecture 8: Stratifications of reproductive health: racialisation

In this lecture, we look at how reproductive health is stratified, in particular through racialised inequalities, which then intersect with other hierarchies such as immigration status or class. Through
the work of Laura Briggs (2018), we analyse how the politics of gender in neoliberal modernity shape and stratify reproduction (see also Colen 1995) and reproductive health, and how these stratifications are further exacerbated by the politics of race in the USA. Through the anthropological account of obstetric racism (Davis 2018) we analyse how race and other interlinked hierarchies operate in maternity and fertility care in the US, which we compare to similar findings from the UK (Benyon-Jones 2013; Blell 2017; Douglas 2019; Medièn 2019; Franklin & Ginsburg 2019). We also look at the intersections of race with immigration status, notably through the case of the NHS charges for maternity care in the UK (Maternity Action 2018). We refer to the analysis of historical and present uses of the categories of race in the context of reproduction, provided by Camisha Russell’s work (2018). We close by looking at possible solutions: the alternatives to neoliberal politics (Briggs 2018) such as reproductive justice activism and scholarship (Luna & Luker 2013) as well as diaspora community work and alliances (Douglas 2019).

Core readings:


Additional reading


Additional web resources:
Essay topics:
In what ways is reproductive health racialised? Discuss using examples.
Lecture 9: Redefining fertility, queering reproduction

In this lecture, we first look at medical definitions of (in)fertility (WHO; NHS). We review demographic definitions of fertility, through the anthropological critique of the theories of fertility transition (Greenhalgh 1995), and we consider what sociological analysis of neoliberal politics in the US and the UK can contribute to understanding ‘fertility rates’ (Briggs 2017; Faircloth 2020). We then briefly look at research on contemporary reproductive decision-making in several different contexts (Alvarez 2018; Mjaaland 2014; Taragin-Zeller 2019). In our overview of social forces shaping (in)fertility, we also include reproductive technologies and fertility industries (Franklin 2013; Van de Wiel 2020). Finally, we discuss specific examples of stratifications of (in)fertility, in which neoliberal circumstances may be exacerbated by other hierarchies: alongside the previous lecture’s insights on how racialisation shapes (in)fertility, in this lecture we also briefly introduce findings on how individuals’ sexuality and gender identifications are made to matter for their (in)fertility (Birenbaum-Carmeli, Inhorn & Patrizio 2020; Mamo 2007; Stacey 2006).

Core reading


Additional reading

https://doi.org/10.1177%2F0192513X18783494


Web resources:

**Infertility:**
- American Society for Reproductive Medicine (US): Infertility: [https://www.asrm.org/topics/topics-index/infertility/](https://www.asrm.org/topics/topics-index/infertility/)
- European Society for Human Reproduction and Embryology: [https://www.eshre.eu/](https://www.eshre.eu/)

**Trans:**

**Gay:**

Essay topic:
What does ‘fertility’ actually mean, and how can it be shaped by social conditions? Discuss using examples.

**Lecture 10: The problem of health technology**
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 in particular on technological change or innovation, exploring the development and clinical adoption of new technologies. We attend to the ways in which medical technologies reshape clinical practice, their influence on institutional power dynamics, such as the growth of specialty sub-disciplines and their mediating role in doctor-patient relations, and the growing market for consumer technologies. 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.

**Core reading**

**Additional reading**


Essay Topics
1. Does high-tech medicine alienate patients and reinforce medical dominance?
2. What is the relationship between medical technology and medical knowledge?

Lecture 11: The Sociology and Social History of the Medical Profession
This lecture will 1) provide a comparative analysis of examination of the history and of the modern medical profession, 2) explore the roles played by science and technical expertise in fortifying the claims of health care providers to professional privilege, 3) examin how government officials became, and remain, involved in sustaining the privileges of the medical profession.

Core reading


Additional reading


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 critically examine how medical science is influenced by the social contexts within which it is undertaken, focusing in particular on the changing roles of academic medicine and corporate science in the production of new biomedical knowledge.

Core reading

Additional reading
Stuart Blume & Ingrid Geesink (2000) Vaccinology: An Industrial Science?, *Science as Culture*, 9:1, 41-72,
Essay Topics
1. Has corporate control eclipsed professional dominance in the contemporary medical research enterprise?

Lecture 13: HIV/AIDS and the sociology of sexual health
In this lecture, we will explore how associations between sexuality, disease and morality shaped knowledge about HIV/AIDS as it was first identified in the 1980s, and how ongoing work on HIV treatment and prevention affects, and is affected by, sexual practices and intimate relationships. Through the lens of HIV/AIDS, we will think about sexual health more broadly, touching on lay, public health and sociological understandings of and approaches to risk and stigma. We will also examine the role of social movements in how HIV science and clinical practice have evolved and what trajectories they have taken in different cultural contexts.

Core Reading

Additional Reading

Supervision Essay Questions
1. Why is there stigma around HIV and how can it be challenged?
2. What role have social movements played in response to HIV/AIDS?

Lecture 14 Political economy of pandemics
Are pandemic diseases like COVID-19 “great levellers”—equalising events in which we are “all in the same boat”—or do they exacerbate existing inequalities? What are the political-economic contributory
factors in the emergence and spread of infectious disease, especially novel zoonotic infections? How do private- and public-sector actors and institutions respond in acute public health crises, and why do they behave in these ways?

Core reading


Additional reading
Wallace, R. 2016. Big Farms Make Big Flu. Pp. 50-84, 192-201, and 297-315


Supervision essay question
1. Which of these is a more accurate description of the COVID-19 pandemic, and why: ‘natural disaster’ or ‘market externality’?

Lecture 15: Race, Reproduction and Eugenics
In this lecture we examine the interconnections between race and reproduction in the context of eugenics, focusing on the work of R A Fisher at Cambridge. Beginning with the question of how the eugenics movement has been defined historically, and with a focus on its close relationship to the social sciences, we critically examine the methodologies used in eugenic analysis, and how they co-produce social, biological and moral categories.

Core reading

Additional Reading


Fall of the Birth-rate; a Paper Read before the Cambridge University Eugenics Society, 20 May 1920.
To what extent have sociological methods, theories and objectives been shaped by eugenic aspirations?

Lecture 16 Eugenics and Geneticization

In this lecture we continue the themes of the previous session by examining the legacies of eugenics in the present day. In the context of new genetic technologies and the Human Genome Project have we witnessed the emergence of a ‘new eugenics’? Answering this question requires thinking carefully about how the term ‘eugenics’ is used, and what is meant, exactly, by ‘geneticization’. This session emphasizes the importance of using sociological methods and evidence to understand how ‘genes’ make sense in both professional (clinical, legal, etc,) and personal, popular or familial settings. Understanding how geneticization is linked to social stratification continues to be an important and challenging areas of contemporary sociological research, especially in relation to new techniques such as gene editing.

Core Reading

Additional Reading


**Supervision Question**: Are eugenic values still a dominant social force?