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

Course Organiser:

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Lecturers:

Darin Weinberg
Stuart Hogarth
Kathryn Hesketh
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 organiser on the first lecture.

Background Reading List


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 ascendance. We also consider the differences between a sociology in medicine and a sociology of medicine.

References

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


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

Sociology. Vol. 39: 127-146

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


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 hitherto been thought to properly fall within the proper jurisdiction of medicine.

References


Essay Topic

1. Critically evaluate the costs and benefits of medicalisation.

Lecture 6: Biomedicalisation and pharmaceuticalisation, Stuart Hogarth

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

Core reading

Essay Topic

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

Lecture 7: Social Determinants of Behaviour, Kathryn Hesketh

In this lecture, we will first review models used to assess correlates and determinants of behaviour, including the socio-ecological model. This then provides a structure to explore the many and wide ranging social influences on human behaviours, including those that influence health. It will use illustrative examples relating to both risky behaviours (e.g., substance use, sexual behavior) and physical activity to explore how influences on behaviours may change over time and place, and across the lifecourse. 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.

References


physical activity and sedentary behaviour: a systematic review and synthesis of qualitative literature. 
*Obesity Reviews*


**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 8: Health and Inequality, Kathryn Hesketh**

Building on the previous lecture, we will explore how social forces shape the distributions of health and illness across a variety of social categories including: class/ income, gender, age, race and ethnicity. Research in this area draws upon those categories (amongst others) in an effort to learn who gets sick, who remains healthy, and why. 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.
Lent Term

Medical Knowledge and Medical Practice, Darin Weinberg, Stuart Hogarth (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


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

1988. *The Changing Character of the Medical Profession, a special issue of the Milbank Quarterly*. 66 (Supplement 2)

**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**


**Essay Topics**

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


**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, Stuart Hogarth**

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 mediatory 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 References**


**Additional References**


**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 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.

References


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.

References

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

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.

References


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

Lecture 17: Political Economy of Pandemics, Luke Hawksbee

What political-economic factors contribute to the emergence and spread of novel zoonotic pathogens? How do private- and public-sector actors and institutions respond to such new diseases, why do they behave in these ways, and how should they behave? Are pandemics “great levellers”—equalising events in which we are “all in the same boat”—or do they exacerbate existing inequalities and heighten specificities?

Core References

Additional References

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

The Sociology of Mental Health and Illness, Darin Weinberg (Weeks 18-20)

Lecture 18: 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.

References
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 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.

References


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.

References


**Essay Topics**

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