

MEDICAL SOCIOLOGY

SOC 362

Fall 2011

Lecture Tuesdays and Thursdays

Section #1: 3:30 – 4:50 Morton Hall 203

Sec #2: 12:30 – 1:50 Millington Hall 117

INSTRUCTOR: KAREN SCHAEPE

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Office hrs: Tu: 2-3 pm, 5-6 pm

Th: 2-3 pm and by appt.

COURSE REQUIREMENTS

Attendance and participation	20%
Journal exercise (Sept 15)	15%
Exam 1 (Oct 18)	20%
Exam 2 (Nov 17)	20%
Final paper & presentation (Nov 29, Dec 1)	25%
TOTAL	100%

COURSE DESCRIPTION

This course will provide an overview of the theoretical paradigms and methodological approaches used by medical sociologists. We will cover a range of “micro” ethnographic studies on the illness experience and doctor-patient interaction as well as “macro” research in the areas of epidemiology and political economy. We will also examine conceptual issues pertaining to “medicalization” and “professionalization” and discuss the practical and ethical challenges associated with social research in medical settings. The link between medical sociology and social theory is key. Throughout the semester students will be encouraged to bridge the human illness experience with medical practice and health care policy and to think critically about health and illness in the American medical context. A central goal of the course will be to enhance your ability to distinguish between socially oriented medical studies done by sociologists versus those done in allied fields such as public health, epidemiology, health services, and medicine.

LEARNING OBJECTIVES

After taking this course, students should be able to:

- demonstrate understanding of core concepts used in medical sociology;
- access and use journals drawn on by medical sociologists;
- perform both individual and collaborative research;
- think, converse, and write critically about health and illness in light of socio-cultural, political, and economic factors;
- craft well-supported arguments about the pros and cons of various health care policies and initiatives;
- prepare scholarly research presentations.

REQUIRED TEXTBOOKS

Cockerham, William C. (2012). *Medical Sociology* (12th edition)

Brown, Phil. (2008). *Perspectives in Medical Sociology* (4th edition)

COURSE ORGANIZATION

Class sessions: Sessions will be a mix of lecture, discussion, and in-class group and individual writing activities.

Readings: There will be between 40 - 50 pages of reading each week through the 12th week. Students should have completed the readings *prior* to the first meeting each Tuesday and be prepared to discuss them. All selections will be drawn from the textbooks or posted on the Blackboard site. Selections from Cockerham (2012) are prefixed with “CKM,” those from Brown (2008) with “BRN;” and suggested additional readings with **.

COURSE REQUIREMENTS

Participation (20%) : Students are expected to come to class on time having completed assigned work and to participate in all class activities. Attendance is required and absences without a doctor’s note will affect your overall grade.

Journal assignment (15%): Early in the semester, you will do an assignment involving library research to help familiarize you with the journals commonly used by medical sociologists. More guidance will be provided in the next few weeks, but essentially this exercise will involve reviewing and assessing the content and audience for a list of journals and preparing a summative report.

2 exams (20 % each): There are two exams in this course. They are not cumulative. Exam 1 will cover material from weeks 1 – 8 and exam 2 will cover material from weeks 9 through 14. The exams will be a combination of multiple choice, short answer, and essay and focus on key concepts presented throughout the course. There are no make-up exams without a medical excuse (or another compelling circumstance). Please talk to me as soon as you anticipate a problem.

Final paper and presentation (25%): Early in the semester, students will form and work in groups of 2 – 4 persons to work on a research paper and presentation. Group work will facilitate a greater variety of perspectives on a topic and will allow you to tackle more complex medical issues than an individual student can typically take on.

I will be evaluating your *process* as well as the *product* of your group work.

Process evaluation: Groups will submit a project proposal and timeline for execution by the sixth week of classes. I will be interested in how well you organize yourselves as a team, establish roles within the group, coordinate your schedules and use collaboration tools. I will also be evaluating the quality of your topic, your written proposal, and development of a realistic timeline for execution.

Product evaluation: Your final paper and presentation will center on a *position paper* directed toward one specific audience such as:

- a funding agency;
- a policy center or “think tank”;
- a governmental health care policy committee;
- or an oversight committee.

The purpose of a position paper is to generate support for a particular stance on an issue. Your paper should describe your position, the rationale for your position and then use solid evidence to support it. Detailed instructions for both the paper and the presentation will be provided. All team members are required to be actively involved in development of the paper and presentation and each team member will be required to produce about a thousand words of text for the final paper.

GRADING SCALE. The overall grading scale for the course is based on 100 points, as follows: **A** = 94-100; **A-** = 90-93; **B+** = 87-89; **B** = 84-86; **B-** = 80-83; **C+** = 77-79; **C** = 73-76; **C-** = 70-72; **D+** = 67-69; **D** = 63-66; **D-** = 60-62; **F** = 59 and below.

SUBMITTING YOUR WORK. Your journal assignment, interim project proposal, and the final paper should be submitted to me electronically via e-mail and time stamped by due date. All late work will drop one point per day.

MEDICAL SOCIOLOGY 362

COURSE SCHEDULE

SECTION I. INTRODUCTION

<p>WEEK 1 August 25: Introductions</p>	<p>Intro to course, review of syllabus, "common sense" inventory, syllabus Qs</p>	<p>No readings</p>
<p>WEEK 2: Overview August 30: Wellness, Disease, and Illness in Society Sept 1: Refocusing "upstream"</p>	<p>Lecture and discussion</p>	<p>CKM: Chapter 1 (pp 1 – 22). Cockerham & Scambler. (2010).Chapter 1: "Medical Sociology and Sociological Theory." <i>The New Blackwell Companion to Medical Sociology</i> (pp 3-23). McKinlay, J. (2005). "A Case for Refocusing Upstream: The Political Economy of Illness" in Conrad, <i>The Sociology of Health and Illness</i> (pp 551 – 564). ** BRN: Introduction (ix-xiii)</p>
<p>WEEK 3: Epidemiology Sept 6: Development of epidemiology Sept 8: Disparities: class, gender, race</p>	<p>Lecture and discussion</p>	<p>CKM: Chapter 2: Epidemiology (pp 23-47); Chapter 3: Social Class (pp. 48-68); Chapter 4: Gender, Age, Race (pp 69- 96). BRN: Chapter 2: Race, SES, and Health, David Williams (pp 24-40). ** BRN: Chapter 4: Limits of Epidemiology, Steve Wing, pp 62-77.</p>

SECTION II. HEALTH AND THE SOCIAL CONTEXT

<p>WEEK 4: Patient Health & Illness Sept 13: Library Journal assignment – no class Sept 15 Social stress & behavior</p>	<p>Journal assignment due Sept 15</p>	<p>CKM: Chapter 5: Social Stress & Health (pp 97-119); Chapter 6: Health Behavior (pp. 120-141); Chapter 7: Illness Behavior (pp. 142-165). Thoits, P. (2010). "Stress and Health: Major Findings and Policy Implications." <i>JHSB</i>, 51S, (S41-S53).</p>
<p>WEEK 5: Providing Health Care Sept 20: Macro organizational phenomena Sept 22: Micro ramifications: Professionalization of clinicians</p>	<p>Lecture and in-class activity</p>	<p>CKM: Chapter 12: Physicians in a Changing Society (pp 259-276); Chapter 14: The Hospital in Society (pp 297-318). Conrad, P. (2005). "Professionalization, Monopoly, and the Structure of Medical Practice" in Conrad, <i>The Sociology of Health and Illness</i>, pp 170-176. ** Bosk, C. (1979). Chapter 2: Error, Rank, and Responsibility, in <i>Forgive and Remember</i> (pp. 36-70). ** Chambliss, D. (1996). Chapter 6: Death as an Organizational Act, in <i>Beyond Caring</i> (pp. 150-179).</p>
<p>WEEK 6: Seeking care: Key concepts I Sept 27: The Sick role, Labeling Theory Sept 29: Doctor-Patient interaction</p>	<p>Discussion , introduce conversation analysis</p>	<p>CKM: Chapter 8: The Sick Role (pp. 166 -192); Chapter 9: Doctor-Patient Interaction (pp. 193- 218). Zola, E. (1973). Pathways to the Doctor: From Person to Patient, in <i>Soc Sci & Med</i>, 7: 677- 689. Heritage, J. Robinson, J., et al. (2007). The Difference One Word Can Make. <i>J of General</i></p>

		<p><i>Internal Medicine</i>. 22 (10): 1429-33.</p> <p>** Maynard, D. (1996). On "Realization" in Everyday life. <i>ASR</i>, 61 (1): 109-131.</p>
<p>WEEK 7: Key concepts II Oct 4: Social construction Oct 6: Medicalization</p>	<p>Film clips: "The Medicated Child"</p>	<p>BRN: Brown, P. (1995). "Naming and Framing: The Social Construction of Diagnosis and Illness," (pp. 82-103).</p> <p>Conrad, P. and Barker, K. (2010). "The Social Construction of Illness: Key Insights and Policy Implications." <i>JHSB</i>, 51(S) S67-S79.</p> <p>BRN: Conrad, P. "The Shifting Engines of Medicalization" (pp. 104- 117).</p> <p>** Frank, A. The Remission Society in Conrad, <i>The Sociology of Health and Illness</i>, pp 163-169.</p>
FALL BREAK (Oct 8-12)		
<p>WEEK 8: Illness and the Environment: The politics of refocusing upstream</p> <p>Oct 13: Contested illness: MUS/MCS/Environmental Illnesses, Gulf War syndrome, 9/11, Katrina</p>	<p>Lecture and Film clips</p>	<p>Kroll-Smith, S. and Floyd, H. (2000). "Environmental Illness as a Practical Epistemology and a Source of Professional Confusion,"(pp 72-91) in <i>Illness and the Environment</i>, Kroll-Smith, Brown and Gunter .</p> <p>Brown, P. and Kelley, J. (1996). Physicians' Knowledge, Attitudes, and Practice Regarding Environmental Health Hazards. <i>Organization & Environment</i>, 9(4): 512-542.</p> <p>** Smith, B. et al. (2003). Treating Patients with Medically Unexplained Symptoms. <i>JGIM</i>, 18, 478-489.</p> <p>** BRN: Brown, P. (1992). Popular epidemiology and toxic waste contamination: Lay and professional ways of knowing. <i>JHSB</i>, 22(3): 267-281.</p> <p>** http://www.pbs.org/tradesecrets/</p>
SECTION III. THE CHANGING CONTEXT		
<p>WEEK 9: Epidemiological transition Anthropological and sociological perspectives Oct 18: Exam 1 Oct 20: Emerging infectious diseases, chronic conditions</p>	<p>Oct 18: Exam 1</p>	<p>Amelagos, J. and Harper, K. (2010). "Emerging infectious diseases, urbanization, and globalization in the time of global warming," in <i>the New Blackwell Companion to Medical Sociology</i>, W. Cockerham (ed). pp. 291-311.</p> <p>Taylor & Bury. (2007). Chronic Illness, Expert Patients and Care Transition. <i>Sociology of Health and Illness</i> 29 (1): 27-45.</p> <p>** Armelagoes et al. (2005). Evolutionary, historical, and political economic perspectives on health and disease. <i>Soc Sci & Med</i>, 61(4): 755-765.</p> <p>** Garret, L. (1994). <i>The Coming Plague</i>. NY: Farrar, Straus & Giroux. Swem RA651.G37 1994 and VIMS Hargis Library RA651.G37 1994.</p>
<p>WEEK 10: Citizen Response to Illness Oct 25: Patient Empowerment -- negotiating the system Oct 27: Patient Activism – recognizing a system problem.</p>	<p>Narrative/ patient stories</p>	<p>Frank, A. (1995). Preface and Chapter 1: When Bodies Need Voices, pp. 1-25 in <i>The Wounded Storyteller</i>.</p> <p>Goetz. (2008). Practicing Patients. March 23, <i>NYT</i>.</p>
<p>WEEK 11: Citizen Response to Illness Nov 1: Electronic support groups Nov 3: Environment meets advocacy</p>	<p>Discussion</p>	<p>Barker, K. (2008). "Electronic support groups, patient-consumers, and medicalization: The case of contested illness." <i>JHSB</i> 49: 20-38.</p> <p>Balsham, M. (1993). "A Cancer Death," pp. 91 – 124 in <i>Cancer in the Community: Class and Medical Authority</i>.</p>

SECTION IV. THE FUTURE

<p>WEEK 12: Radical rethinking of health/healthcare delivery Nov 8: Disruptive vs incremental innovation Nov 10: macro and micro implications of “design thinking.”</p>	<p>Lecture – Mayo film clips. Bad business model? Or just a bad accountability framework?</p>	<p>CKM: Chapter 15: Health Care Reform (pp. 319 – 3430). Mechanic and Alpine. (2010). Sociology of Healthcare Reform. <i>JHSB</i>. 51: S147- S159. BRN: Quadagno (2005). Why the United States Has No National Health Insurance, pp. 400 -410. Christiansen, C. (2000). Will Disruptive Innovations Cure Healthcare? <i>Harvard Business Review</i>. Sept-Oct: 1-10.</p>
<p>WEEK 13: Wither Medical Sociology? Nov 15: Sociology “in” vs. sociology “of” medicine Nov 17: exam</p>	<p>Lecture and E. Fox SHI video Nov 17: Exam 2</p>	<p>Wright and Perry. (2010). Medical Sociology and Health Services Research: Past Accomplishments and Future Policy Challenges. <i>JHSB</i>. 51(S) S107 – S119. Straus, R. (1957). “The Nature and Status of Medical Sociology.” <i>ASR</i>, 22: 200 – 204.</p>
<p>WEEK 14 Nov 22: Presentations Nov 24: THANKSGIVING</p>	<p>Presentations, Student prepare questions</p>	<p>Abstracts for presentation 11/22</p>
<p>WEEK 15 Nov 29: Presentations Dec 1: Presentations</p>	<p>Presentations, Students prepare questions</p>	<p>Abstracts for presentation 11/29 Abstracts for presentation 12/1</p>

FINAL PAPER DUE DECEMBER 6