

University of California, Berkeley
Sociology C115/Public Health C155
Sociology of Health and Medicine

Spring, 2014

Tuesdays and Thursdays: 12:00-2:00 p.m.

North Gate 105

Professor Laura Nathan

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Office Hours: Tuesdays: 10:00-11:30 am, Thursdays: 11:00 am-12:00 pm (and by appointment)

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This course presents a conceptual and topical overview of the Sociology of Health, Illness, and Health Care, sometimes referred to as Medical Sociology. The field is so large that no single course could cover it in its entirety. By necessity, this course leaves many topics virtually untouched. For example, we will not directly focus our attention on mental health/mental illness, stress, or bioethics. We will instead focus on those topics that have defined the field in the past, and those that have emerged more recently as central concerns.

Specific topics to be addressed in this course include: 1) the organization of health care delivery systems and associated patient outcomes; 2) social factors in health, illness, and health care (including correlates of health, health disparities, and factors impacting access to care); 3) providers and patients—the impact of culture, roles, and relationships; and 4) social meanings and experiences of illness.

By the end of the course, it is expected that students will: 1) have an understanding of different definitions of health and illness; 2) be able to identify key dimensions for evaluating a nation's health care system, and to compare and contrast the United States with at least one other nation based upon these dimensions; 3) be conversant with how a person's socio-demographic characteristics influence his or her health, including the ability to access resources to maintain health or receive treatment; and 4) have insight into how patients and practitioners understand health and illness and their roles in the health care process.

This is an exciting time to be studying health, illness and health care, since the field of medicine and the United States health care system are undergoing significant transformations. Throughout the course we will examine both continuity and change in health, illness, and health care. We will review a number of theories that are considered fundamental in the field of "Medical Sociology" and we will assess how well these theories hold up in a changing social world.

REQUIRED READINGS

Brawley, Otis Webb, M.S. (with Paul Goldberg). *How We Do Harm: A Doctor Breaks Ranks About Being Sick in America.*

Fadiman, Anne. *The Spirit Catches You and You Fall Down.*

Kidder, Tracy. *Mountains Beyond Mountains.*

Reid, T.R. *The Healing of America.*

*****All of the above books should be available at the ASUC bookstore. Additionally, they are typically available in most bookstores and through online sites.

There will also be a reader required for the course. This reader may be purchased at Copy Central on Bancroft.

RECOMMENDED READINGS

Barker, Kristin K. *The Fibromyalgia Story: Medical Authority and Women's Worlds of Pain.*

Farmer, Paul, Haun Saussy and Tracy Kidder. *Partner to the Poor: A Paul Farmer Reader.*

Holloway, Kris. *Monique and the Mango Rains.*

Skloot, Rebecca. *The Immortal Life of Henrietta Lacks.*

Wilkinson, Richard and Kate Pickett. *The Spirit Level: Why Greater Equality Makes Societies Stronger.*

COURSE REQUIREMENTS

Class Attendance and Readings: Students are expected to attend classes regularly and to complete reading assignments. The lectures will integrate the readings but will emphasize complementary material. Doing well in the class will depend on consistently attending lectures and keeping up with readings. Periodically, you will also be asked for reactions to course readings and lectures. These reactions can include questions that have arisen for you in lecture or in readings that remain unanswered, critiques of arguments that have been made in readings or lectures, or thoughts on the implications of specific ideas or arguments.

Exams: There will be two exams. The first exam will take place, in class, on Tuesday, March 11th, and the second exam is scheduled during finals week. Our final slot is Exam Group 15, which means that the final exam will take place on Thursday, May 15^h from 3:00-6:00 pm. Both examinations will require knowledge of course material and the ability to critically analyze and synthesize theories and substance.

Paper: There will be one required paper in this course. This paper will focus on a comparison between the U.S. Health care system (both before and in response to the Affordable Care Act) and that of another country (of your choosing.)

Grading Structure

Exam 1:	25%
Exam 2 (final):	35%
Paper	30%
Attendance and Participation	10%

PLAGIARISM AND ACADEMIC HONESTY

Please educate yourself about plagiarism and avoid it completely. If I have discovered that you have plagiarized, you will receive an “F” for the assignment, and I will be required to report you to Student Judicial Affairs for further investigation. Any form of dishonesty, including cheating, false information and/or representation, fabrication or alteration of information, alteration of University documents, theft or damage of intellectual property or disturbances in the classroom are not acceptable. On the subject of academic honesty, University policy provides the following statement:

Academic dishonesty is any action or attempted action that may result in creating an unfair academic advantage for oneself or an unfair academic advantage or disadvantage for any other member or members of the academic community.

MY POLICY ON LETTERS OF RECOMMENDATIONS

If you wish to request a letter of recommendation from me for any purpose (graduate school, employment, etc.) please give me as much lead time as possible, but in any case NO LESS than FOUR WEEKS. Since I make a point of personalizing each letter that I write, to reflect both the person whom I am recommending as well as the position for which I am recommending her/him, I will also need sufficient information from you about your background, your goals, etc. and about the position for which you are applying. Please request a recommendation letter only if you believe that I know you well enough to appropriately speak on your behalf.

POLICY ON ELECTRONICS IN THE CLASSROOM

Unless you have a documented need for electronic assistance during class, or have received explicit approval, personal computers and phones are **not** to be used during lecture sessions.

ADDITIONAL CONTACT INFORMATION

My preferred method of after-hours contact is e-mail. If you need to reach me by phone, and cannot reach me at my office number, you may call me on my cell phone (925) 785-7709. Please note, while you may leave a message on my cell, it sometimes takes days for me to get these messages. Please also remember that, if needed, I am available for special appointments beyond scheduled office hours at mutually agreeable times.

SOCIOLOGY OF HEALTH AND MEDICINE COURSE SCHEDULE

UNIT ONE: COURSE OVERVIEW (January 21st -February 6th)

This first unit is an introduction to the class, its assignments and expectations. Concepts that will guide our studies throughout the course will be presented. Additionally, we will look at the origins of the Sociology of Health, Illness, and Health Care, which began, and is still often referred to, as Medical Sociology.

Readings: (week of January 28th)

1. Mills, C. Wright. 1956. "The Promise of Sociology." in: *The Sociological Imagination*.
2. Sen, Amartya. 1992. "Equality of What?" in *Inequality Reexamined*.

Readings: (week of February 4th)

1. Wright, Eric R. and Brea L. Perry. 2010. "Medical Sociology and Health Services Research: Past Accomplishments and Future Policy Challenge." *Journal of Health and Social Behavior*, Volume 51 (S) pages S107-S119.
2. Begin Reading *How We Do Harm*
3. Begin Reading *The Healing of America* (Chapters One through Three.)

UNIT TWO: HEALTH CARE DELIVERY SYSTEMS AND HEALTH CARE REFORM: (February 11th -March 6th)

Despite claims that the United States has the greatest medical care available in the world, a large proportion of our population believes that the U.S. health care system has been and continues to be a system in crisis. This has been acknowledged by political leaders over the decades and yet, attempts to enact major change continue to meet with resistance. We will examine the United States health care system, focusing on how people have gotten care and why some people have wound up with little or none. We then address health care reform in the United States, focusing on the Affordable Care Act, its challenges and its opportunities. In general, we consider the extent to which U.S. health care reform is possible. Finally, we identify factors that allow us to evaluate any national health care system and examine how health care is organized outside the U.S. using these evaluation criteria, including consideration of health outcomes.

Readings: (week of February 11th)

1. Finish Reading *How We Do Harm*.
2. Finish reading *The Healing of America* (Chapters One through Three.)
3. Begin reading *Mountains Beyond Mountains*.

Readings: (week of February 18th)

1. Light, Donald. 2004. "Ironies of Success: A New History of the American Health Care System." *Journal of Health and Social Behavior, Volume 45 (Extra Issue), pages 1-24*.
2. American Cancer Society Cancer Action Network. "Meaningful Health Care Reform Becomes Law" and Affordable Care Act: Timeline for Implementation.
3. Henry J. Kaiser Family Foundation. 2013. Focus on Health Reform: Summary of the Affordable Care Act."
4. Jacobs, Lawrence R. "America's Critical Juncture: The Affordable Care Act and Its Reverberations." *Journal of Health Politics, Policy and Law, Volume 36, No. 3, pages 625-631*.
5. Begin reading *The Healing of America* (Chapters Four through Thirteen.)

Readings: (weeks of February 25th and March 4th)

1. Continue/Finish reading *The Healing of America* (Chapters Four through Thirteen.)
2. Read *Mountains Beyond Mountains*.

**EXAM ONE WILL BE HELD, IN CLASS, ON
TUESDAY, MARCH 11th**

**UNIT THREE: HEALTH AND ILLNESS:
A CONSIDERATION OF SOCIAL FACTORS
(March 6th -April 1st)**

There is clear evidence that a number of social factors are related to health and illness. We will begin this unit with an examination of how patterns of illness have changed over time in the Western world. In doing so, we will look at the relative contributions of social factors and medical and technological advances in these shifting patterns. In this unit we will review basic socio-demographic variables (age, sex, socioeconomic status, and race) and investigate how each of these is correlated with health and illness. We will also compare current patterns of health and illness in the United States with patterns found in developing nations. We will consider some social sources of premature death, including what have been referred to as the “Manufacturers of Illness.” We will also discuss the Health Belief Model, which was developed in the 1960’s and 1970’s to explain why healthy people adopt behaviors that will help them prevent disease. We will contrast this with Health Lifestyle Theory, which offers an expanded view of why people adopt preventive health behaviors.

Readings: (week of March 11th)

1. Wilkinson, Richard and Kate Pickett. 2010. “Physical Health and Life Expectancy.” Chapter 6 in *The Spirit Level*.

Readings: (week of March 18th)

1. Braveman, Paula A., Catherine Cubbin, Susan Egerter, David R. Williams, and Elsie Pamuk. 2010. “Socioeconomic Disparities in Health in the United States: What the Patterns Tell Us.” *American Journal of Public Health, Volume 100, supplement 1, pages S186-196*.

2. Verbrugge, Lois M. 1999. “Pathways of Health and Death.” in Kathy Charmaz and Debora A. Paterniti, eds. *Health, Illness, and Healing*. Roxbury Publishing Company.

3. Williams, David R. and Pamela Braboy Jackson. 2005. “Social Sources of Racial Disparities in Health.” *Health Affairs, Volume 24, pages 325-334*.

4. McKinlay, John B. 1994. “A Case for Refocusing Upstream.” in Peter Conrad and Rochelle Kern, eds. *The Sociology of Health and Illness*. St. Martin’s Press.

MARCH 24-28: SPRING BREAK

(Suggestion: Read as much as possible of:

The Spirit Catches You and You Fall Down, by Anne Fadiman)

**UNIT FOUR: PHYSICIANS: THEIR SOCIALIZATION,
AUTHORITY, AND CULTURE
(April 3rd –April 17th)**

How has the field of medicine changed over time? In this unit we will review the history of the profession and consider the ways in which it gained dominance in the twentieth century. We will evaluate the extent to which medical authority endures today, and will explore the processes of medicalization and demedicalization. We will examine how a person becomes a doctor, emphasizing the nature of medical education and the culture of medicine. We will look at medical socialization and medical culture; how they benefit physicians and patients, and how they sometimes work against desirable outcomes. To this end, we will consider physician/patient relationships and interactions. We will briefly touch on other providers of care, including some who are outside the realm of what is considered acceptable by the medical establishment in the United States.

Readings: (week of April 3rd)

1. (review from Unit Two) Light, Donald. 2004. "Ironies of Success: A New History of the American Health Care System." *Journal of Health and Social Behavior, Volume 45 (Extra Issue), pages 1-24.*

Readings: (week of April 8th)

1. Timmermans, Stefan and Hyeyoung Oh. 2010. "The Continued Social Transformation of the Medical Profession." *Journal of Health and Social Behavior, Volume 51 (S), pages S94-S106.*

2. Conrad, Peter. 2005. "The Shifting Engines of Medicalization." *Journal of Health and Social Behavior, Volume 46 (March), pages 3-14.*

3. Read *The Spirit Catches You and You Fall Down.*

Readings: (week of April 15th)

1. Yoels, William C. and Jeffrey Michael Clair. 1994. "Never Enough Time: How Medical Residents Manage a Scarce Resource." in Kathy Charmaz and Debora A. Paterniti, eds. *Health, Illness, and Healing.* Roxbury Publishing Company.

2. Finish *The Spirit Catches You and You Fall Down.*

UNIT FIVE: EXPERIENCES AND MEANINGS OF ILLNESS

(April 22nd -May 1st)

How have ideas about and definitions of illness varied across cultures and over time? In this unit we will contrast the medical model of illness, which sees illness as objective and concrete, with the sociological model, which views illness as a social construction. We will review some of the popular explanations for illness, underscoring the stability of these ideas over time. We will look at the sick role, as defined by Talcott Parsons, addressing the utility and limitations of this concept. We will explore illness experiences of people both when under the care of a medical professional and when attempting to manage their illnesses and “pass” as healthy. The role of culture in people’s understandings of illness and care will be emphasized. We will pay particular attention to the plight of the chronically ill, highlighting how being defined as ill can affect a person’s whole life and have a significant impact on social relationships.

Readings: (week of April 22nd)

1. Parsons, Talcott. 1964. “A Restatement of the Criteria of Health and Illness” in *Social Structure and Personality*.
2. Conrad, Peter and Kristin K. Barker. 2010. “The Social Construction of Illness: Key Insights and Policy Implications.” *Journal of Health and Social Behavior, Volume 51(S), pages S67-S79*.
3. Zola, Irving Kenneth. 1973. “Pathways to the Doctor—From Person to Patient.” *Social Science and Medicine, Volume 7, pages 677-689, also reprinted in Phil Brown, ed. (1996) Perspectives in Medical Sociology*. Waveland Press, Inc.

Readings: (week of April 29th)

1. Kleinman, Arthur. 1988. “The Vulnerability of Pain and the Pain of Vulnerability.” (Selected excerpts from *The Illness Narratives*), reprinted in Phil Brown, ed. (1996) *Perspectives in Medical Sociology*. Waveland Press, Inc.
2. Charmaz, Kathy. 1999. “The Body, Identity, and Self: Adapting to Impairment.” in Kathy Charmaz and Debora A. Paterniti, eds. *Health, Illness, and Healing*. Roxbury Publishing Company.