How do we know if a death is a “suspicious” death? At what point are parents supposed take over responsibility for critical ill newborns? Why do treatments and cures get developed for some biological phenomena and not others? Why are people in poor neighborhoods more likely to die in heatwaves? Medical science would have us believe that the answers to these questions are clear-cut; that they are a matters of science, evidence, and sound reasoning. This course examines the notion that we cannot understand the topics of health and medicine by looking only at biological phenomena, but, instead, we must also consider a variety of social, political, economic, organizational, and cultural forces. This course is designed to provide a selective overview of how medical sociologists understand topics such as: the social meanings of illness; patterns in the distribution of health and illness; the ways people make sense of and manage their illnesses; how the law, economic factors, and organizational constraints shape the job of medical professionals; the functions that healthcare institutions play in our society; and the critical role that social movements play in what gets “medicalized.” By the end of the course students should have a firm understanding of how a sociologist could, for instance, argue that CPR is not really about stopping people from dying.

REQUIRED READINGS

All reading assignments will be provided on the course website. All readings are required readings. Readings must be completed before each class.

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.

In-class Midterm: There will be one exam in the form of an in-class midterm on Tuesday, March 2nd. The midterm will require knowledge of course material and the ability to critically analyze and synthesize theories and substance. Specifically, it will require you to elucidate what the various perspectives on the sociology of medicine are from our various readings in our practicum on death and dying. This will necessitate a good amount of creativity and intellectual curiosity on your part as you will be asked to generate these perspectives on your own.
Interview Transcript and Analysis: In preparation for the final paper (see below) you will be required to interview three individuals (preferably family or friends) about their health and social histories and provide an analysis of those histories using the medical sociology concepts from the class. This will be due April 13th via email. Interviews will focus on social and life-course contexts. We will spend a significant chunk of time preparing to execute these interviews and what kind of analyses we are after. You will provide the (1) interview transcript, (2) three pages of preliminary analysis of each interviewee (single space, 12 point font, one inch margins), and (3) one page of cross-analysis (single space, 12 point font, one inch margins) in which you attempt to build a theoretical understanding through comparisons in your sample.

Final Paper: There will be one required paper at the end of this course. The final paper should not be appearing out of thin air in the final week of the semester. In actuality you are continually in the process of producing that final paper beginning with your midterm. The analyses derived from the practicum on death and dying in the midterm will inform how you formulate questions for your interviewees and your analysis in the interview transcript assignment should be used to develop the paper. You should aim to write between 15 and 20 pages (12 point font, double space, one inch margins) and should have a clear argument, memorable point, and draws on various concepts and theories learned in the class to make sense of the health history of your interview subjects. Exceptional papers will have applied multiple medical sociology theoretical viewpoints as well as have generated novel theoretical extensions. We will spend a big chunk of the class on learning how to write this paper.

Grading Structure

- In-Class Midterm: 30%
- Interview Transcript and Analysis: 20%
- Final Paper: 35%
- Attendance and Participation 15%

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.

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.
CLASS SCHEDULE AND OVERVIEW

Our class is divided into three parts.

Part I is a practicum on death and dying. Your job in this part of the course is to develop your own definition of what the sociology of health or medical sociology is and what it is up to. We will do this by reading various writings that have different angles on this single issue of death and dying. Key is that I will not be providing you with general descriptions of these different sociology perspectives, you will have elucidated them yourself and do so in a midterm exam.

Part II of this course is the comparison of four perspectives in the sociology of health and medical sociology. We will review topics in health inequality, the medicalization of social problems, medicine as a form of social control, and the production of medical knowledge. These are four very different angles that sociologists take on medicine and health. Our reading of these areas of study will inform how we write our final paper.

Part III of this course is a practicum on the pharmaceutical industry in conversation with the writing of our final papers. First, we will apply some of these four perspectives to the growth of pharmaceutical drugs in American society. Second, we will be discussing this in regards to how we can write up a sustained final paper using this example. Be sure not to miss these sessions.

Week 1. Class Introduction

    January 17th Class Overview

    January 19th No Class.

Part I. Practicum on Death and Dying

Week 2. The Moment of Death.

    January 24th


        Paul Kalanithi, “How Long have I Got Left.”

    January 26th

        Stefan Timmermans, “Social Death as Self-Fulfilling Prophecy.”
Week 3. – *Inequality and Getting Old*

January 31st

Chapter 1. Corey Abramson, “The Endgame Game: How Inequality Shapes Our Final Years.”

February 2nd

Chapter 2. Corey Abramson, “The Endgame Game: How Inequality Shapes Our Final Years.”

Week 4. – *Social Networks, Space, and Death*

February 7th

Chapter 1. Eric Kleinberg, “Heatwave: Social Autopsy of Disaster”

February 9th – No Class

Week 5. – *Experts and Rationalizing Death*

February 14th

Chapter 2. Stefan Timmermans, “Postmortem and Suspicious Deaths.”

February 16th

Chapter 3. Stefan Timmermans, “Postmortem and Suspicious Deaths.”

Week 6. – *The Organization of Life and Death in the Public Emergency Room*

February 21st


February 23rd


Week 7. – Midterm

February 28th

Midterm Prep
March 2nd

Midterm

Part 2. Perspectives in the Sociology of Health

Week 8. – Health Inequality I

March 7th

Link and Phelan, “Social Conditions as the Fundamental Causes of Health Inequalities”

March 9th


Rieker and Bird, “Socioeconomic Explanations of Gender Differences in Mental and Physical Health.”

Week 9. – Health Inequality II and Medicalization Part I

March 14th

Caitlin Daniel, “Economic Constraints on Taste Formation.”
Connell et. all. “Helping Lower Income Parents Reduce the Risk of Food Waste…”

March 16th

Chapter 1. Steve Epstein, “Impure Science: Aids, Activism, and the Politics of Knowledge”

Week 10. – Medicalization Part II and Interview Project

March 21st


March 23rd

**Interview Projects: Introduction to Interviewing**

Week 11. Spring Break

Week 12. – Medicine as Form of Social Control Part I
April 4th


April 6th

Nikolas Rose, “The Politics of Life Itself”

Week 13. Medical Knowledge and Ontology in Practice

April 11th


April 13th

Interview Transcript and Analysis Due by Email

Lindsay Berkowitz, “Disability and Medical Uncertainty.”

Part III. Practicum on Pharmaceuticals and the Final Paper

Week 14. Pharmaceuticalization

April 18th -- How to Write this Final Paper Part I


April 20th – How to Write this Final Paper Part II

Jooyoung Lee, “The Pill Hustle: Risky Pain Management for a Gunshot Victim”

Week 15.

April 25th

Final Paper Discussion/Q & A.

April 27th

Final Paper Discussion/Q & A.

Week 16. – Reading Week.

May 5th – Final Paper Due