

SOC499H1S – Winter 2017
Selected Topic:
Sociology of Medicine, Disease & Public Health
Instructor: J. Cristian Rangel
Schedule: Wednesdays, 2-4
Location: UC D301

Course Description

Content:

This course explores the conceptual continuum and the tensions between sociological approaches to health, such as the sick role, medicalization and biopolitics. We will look at the ways in which these concepts are applied to analysis of medicine and the medical profession, but also at the level of community health, and their articulation into public health discourse. A central question that this course pursues is to what extent is medical discourse a dominant force in current understandings of individual and community health as well as in public health. Through this question we will try to identify tensions and paradoxes in medical discourse vis-à-vis other social actors' frameworks.

A central point in this course will be the exploration of medicine's legitimacy (based on positivism's scientific dominance and the social capital and economic capital of its practitioners and researchers) and its capacity to label, marginalize, and so on vulnerable groups in society. However, we will identify its capacity to provide tools for understanding suffering, and at times, to mobilize individuals and communities. This is the central paradox of medicine in advanced democracies, like the countries of the West, but also increasingly in the global south.

In the first part of this course, historical analyses and classical sociological work in health and medicine will allow us to locate medicine's ascendance, while more recent critical work will allow us to further understand its limitations and challenges that it poses for democratic participation and health justice. In the second part of this course we will delve into two different areas that underscore the previous tensions when tracing the influence of medicine's lens in community settings and its potential effects on public health frameworks. In order to enhance our collective understanding of these topics and tensions, we will pay attention to indigenous health in Canada and patients' advocacy. In order to ground this analysis, we will be visited by speakers for a couple of thematic areas. They will bring their practical experience into conversation with the literatures and samples/cases visited in regular lectures. The objective here is to get some insights into the 'practitioners' experience, but also their insiders' critiques and the tension inherent to their work.

There is no textbook for this course, required articles, and other materials will be posted on BB in advance.

Prerequisite: The prerequisite to take this course is completion of a 300+ level SOC course. Students without this requirement will be removed at any time discovered and without notice.

Lecture style:

Some of you may have already taken seminars in your later years of undergraduate education. For others, this may be the first time and they may ask: what is a seminar? In short, a seminar in an educational space that has the function of bringing together small groups of students for recurring meetings that focus each on some particular subject. In a seminar, everyone present is expected to actively participate through discussing, questioning, bringing examples, and so on in relation to each lecture's readings. This is often accomplished through an ongoing dialogue with a seminar leader or instructor, or through a more formal presentation of a content area. A seminar, is essentially a place where assigned readings are collectively discussed, questions can be raised and debates can be conducted. In this course we will do all of the above. In this seminar, these conversations will be guided by paying attention to the three conceptual pillars: the sick role, medicalization, and biopolitics in relation to three areas of social action: medicine, community health and public/population health.

Finally, it must be emphasized, this seminar is student-centered. That is, instead of the expertise of the instructor, students' previous and recently acquired knowledge will be at the center of each conversation in the classroom. The instructor will coordinate and expand on the contributions and questions that emerge during each week's conversation.

Students Work:

Readings

Students will be required to read three to four articles each week. Please do not panic, some of these articles are as short as 5 to 10 pages long, while others may be up to 25 pages. Some of this material may be difficult so students should not be discouraged in they do not understand everything immediately. The work that you will put into reading and grasping the material, and the seminar time will further your understanding of the content and its relevance for the course overarching themes. Remember, the seminar is about bringing your knowledge but also your questions, etc.

To help students to focus, students must fill out and submit a worksheet for one paper before we discuss it in class. Students must submit at 7 of these reviews during the semester (5% each for a total of 35%). Students will select two of the weekly readings to produce a worksheet 24 hours in advance to each lecture.

Students will sign a personal schedule for the submission of each worksheet during the semester. The instructor encourages students not to write them all in a consecutive fashion,

but to leave some submissions spaced by one week. The schedule for submission will be approved by the instructor.

The worksheets contain a version of the following questions:

1. What is the research question? [Is there more than one, identify them and explain which one is most important]?
2. What is the answer to the research question?
3. Why is this paper important?
4. What is the theory(s) informing the research question/methods—what are the main characteristics of the theory?
5. If the paper draws from empirical data--What is the empirical approach? What data does the paper use?
6. What was the most difficult idea/method/term in the paper?
7. What element(s) you didn't you understand?

These worksheets are intended to help students to read, think and write critically. The last question is very important because it informs me as to what needs to be cover in depth during the lecture time. The syllabus will suggest optional papers for most weeks in case students are particularly interested in a topic. The evaluation criteria will be provided and explained at the beginning of the semester.

Skills outcomes:

1. Build a solid knowledge base on targeted literature
2. Develop critical reading skills
3. Deconstruct papers for critical writing
4. Synthesize information
5. Practice in writing report-style literature

Student Presentations (worth 10%)

Each week two or three students help me the instructor to lecture in the classroom. Students will read the papers ahead of time and meet with the instructor to make sure that they understand the material. These area short presentations on the papers that cover the basics of the material and some of the important technical parts that the rest of the class might have missed when they read the papers.

Students are encouraged to update the material by injecting more updated research, or video links, or any other media source that is connected to the topic/concept/method. They are also encouraged to develop their own slides or printed material to guide their presentation.

The student presentations are intended to provide a broader base for discussion of the material, as well as a new take on the instructor's own understanding of sociological lenses. It

is not expected for the students to teach the material, but to help the instructor to guide the conversation. The instructor will engage and participate actively during the presentations.

Skills outcomes:

1. Give the opportunity to build presentations skill for a peer audience
2. Get to work with senior colleagues (your instructor)
3. Build a portfolio of teaching/presentation/training materials (there is a 5% evaluation component for this item).

In-class work:

In some lectures, students will work in teams (3 to 4) to determine central questions about the topic or the specific readings theoretical and/or methodological assumptions/strengths/weakness. Alternatively, and/or in conjunction with in-class team-work, we will review a case or audiovisual material for further analysis.

This activity is intended to inform the discussion and break silos in the classroom.

There will be 5 team-work exercises and students will submit a team statement that summarizes the discussion at the end of the exercise. Each team-work exercise will have an evaluation value of 3% for a total of 15% of the course marks.

Skill outcomes:

1. Ability to work in teams
2. Ability to produce meaningful statements/positions under time pressure.

Discussion:

The combined effects of submitting a work document for specific readings, the in-class activities and cases will nurture the opportunities for discussion in the classroom. Naturally, not everybody is equally comfortable sharing their opinions, for the reason, I invite you to become comfortable with silence. Moments of silence can be useful insofar as they contribute to introspection, deep understanding, and the formulation of ideas and questions to be shared with peers and the instructor.

Skill outcomes:

1. Confidence to express opinions
2. Ability to pose informed questions
3. Ability to actively contribute to team meetings

Students Final Work (35%):

The final work is a two-part assignment. The specifics for this assignment will be provided in written form.

Part 1. Value: 25%

Students will produce a research paper that will contain the following parts:

1. A targeted critical literature review style paper that cites no less than 60% of the readings for the semester. In this review, students will underscore the strengths and the weakness of the literature and pose a research question.
2. A research component to illuminate/respond/expand on the limitations/research question posed in the literature review of the class material.
3. Propose an empirical way to respond to the research question.
4. Specific guidelines will be provided by January 25th 2017.

Part 2. Value: 10%

Produce a poster for a general audience.

1. The poster will be based on your project. It is a visual representation of your written material.
2. The poster will be presented at the end of the semester (class 12)

Note: The instructor will facilitate materials for understanding the basics of poster-making by February 22nd 2017.

Skill outcomes:

1. The production of a poster for academic or policy audiences
2. The ability to assess other people's work
3. The ability to incorporate ongoing and multiple sources of feedback

Evaluation structure:

Evaluation Type	Number/Times	Weight	Total Weight
Worksheets	7	5 %	35 %
Students' Presentation	1	10 %	10 %
Presentation's materials	1	5 %	5 %
In-class work	5	3 %	15 %
Final Paper	1	25%	25 %
Poster	1	10%	10%

Note: there are no mid-term or final test/exam for this course.

Policies:

Due dates and students' responsibilities for material submission:

Worksheets:

These documents are to be submitted throughout the semester. They represent more than a third of your marks. For this course and the backbone of your ability to participate actively during the lecture time. You are free to choose the timing for submission. However, at least 3 of them must be submitted before by March 8th 2017 [Please note that March 13th is the Last day to drop S section code courses from academic record and GPA]. The objective is that you must have earned at least a 15% of your marks by the end of the eight [Lecture 8th excluding reading week] week of class.

Submission of each individual worksheet will be done digitally via turnitin, or an alternative medium previously discussed and agreed with your instructor. The submission link [turnitin] will be open permanently for each week's submission so you are free to submit at any point before the due date for each lecture. Submissions should be done 48 hours in advance to each lecture, that is every week on Mondays by 2 pm.

Turnitin policy:

Students agree that by taking this course all required papers may be subject to submission for textual similarity review to Turnitin.com for the detection of plagiarism. All submitted papers will be included as source documents in the Turnitin.com reference database solely for the purpose of detecting plagiarism of such papers. The terms that apply to the University's use of the Turnitin.com service are described on the Turnitin.com web site.

Assignments not submitted through *Turnitin* will receive a grade of zero (0 %), unless a student instead provides, along with their position paper, sufficient secondary material (e.g., reading notes, outlines of the paper, rough drafts of the final draft, etc.) to establish that the paper they submit is truly their own. The alternative (not submitting via *Turnitin*) is in place because, strictly speaking, using *Turnitin* is voluntary for students at the University of Toronto.

Penalties for late submission of worksheets: 15 % per day after due date/time.

Note: because the submission dates are of the student's own choosing, the instructors reserves the right to evaluate up to one late submission due special circumstances/challenges.

Students' Presentations:

You will have the opportunity to select a lecture for your presentation. The list of options will be provided by the instructor the first day of class. Please note that you will be required to chose a date for your presentation by the end of the second lecture. Under special

circumstances students may be provided an extra week to decide your presentation time. At the discretion of the instructor.

Presentation materials due date:

You will submit to your instructor the materials that you have designed and chosen for your presentation at least 72 hours in advance. Your instructor will review, critique and suggest changes 48 hours before the presentations. At that time, your instructor will let you know if you need to resubmit for approval of the material. If that is the case, you will need to resubmit within 24 hours before the time of your presentation.

Penalties for late submission: as above.

In-class work:

This is an ongoing part of the class structure and there are no set dates for these exercises.

Poster's due date: April 3rd 2017 for review and approval

Final Paper's due date: The final paper is due on April 12th 2017.

Attendance Policy:

Students are expected to attend classes. The in-class work is mandatory. You are entitled to a make-up assignment for your in-class work during the semester. In the spirit of equity, you don't need a doctor's note or disability councillor for this. The details will be provided by the instructor.

Academic Integrity/Plagiarism Policy:

Cheating and misrepresentation will not be tolerated. Students who commit an academic offence face serious penalties. Avoid plagiarism by citing properly: practices acceptable in high school may prove unacceptable in university. Know where you stand by reading the "Code of Behaviour on Academic Matters" in the Calendar of the Faculty of Arts and Science. For more information, please visit: <http://academicintegrity.utoronto.ca/>

Accessibility:

If you require accommodations or have any accessibility concerns, please visit: <http://studentlife.utoronto.ca/accessibility> as soon as possible.

Communications:

1. Respectful verbal and written communication is expected at all times both in the classroom [and outside the classroom] and in digital exchanges.
2. Students are encouraged to attend office hours to clarify concepts and to receive direct support with their work. The instructor will not respond to conceptual questions via email.
3. The preferred timeframes for email communication are weekdays, that is, Mondays to Fridays between 9 and 5 pm. The instructor will respond to students' emails within that timeframe, and 24 hours.
4. Students will utilize their U of T account for all their email communication with the instructor.

Lecture Structure [this schedule and lecture structure will be updated by January 9th]

Week	Topic	Mechanics
Week 1	Introduction: <ol style="list-style-type: none"> 1. Syllabus 2. Students' work 3. Evaluation system Expertise, Power and People in Three Thematic Pillars for the Course: <ul style="list-style-type: none"> -Medicine/Health -Community Health -Public Health/Population Health 	Lecture
Setting the base: Health in Modern Societies from Domination to Expertise		
Week 2	<u>Classical Approaches to Health and Medicine:</u> Social Determinants of Health and Resource allocation in OECD Countries and Canada. A View from "The Spirit Level" Material/Conflict Theories Readings: <ol style="list-style-type: none"> 1. Yuill, C. (2005). Marx: Capitalism, alienation 	Lecture Collective Review/Discussion

	<p>and health. <i>Social Theory & Health</i>, 3(2), 126-143.</p> <ol style="list-style-type: none"> 2. Scambler, G. (2012). Health inequalities. <i>Sociology of Health & Illness</i>, 34(1), 130-146. 3. Scambler, G. (2009). Capitalists, workers and health: Illness as a 'side-effect' of profit-making. <i>Social Theory & Health</i>, 7(2), 117-128. 4. Book Chapter - TBD* <p>Other:</p> <ol style="list-style-type: none"> 1. Seeman, M. (1959). On the meaning of alienation. <i>American sociological review</i>, 783-791. 2. TBD* 	<p>In-class exercise:</p> <p>TBD*</p>
<p>Week 3</p>	<p><u>Classical Approaches to Health and Medicine:</u></p> <p>Durkheim's Methods and Discovery</p> <p>Social Integration:</p> <ol style="list-style-type: none"> 1. Pope, W. (1975). Concepts and explanatory structure in Durkheim's theory of suicide. <i>The British Journal of Sociology</i>, 26(4), 417-434. 2. Danigelis, N., & Pope, W. (1979). Durkheim's theory of suicide as applied to the family: An empirical test. <i>Social Forces</i>, 57(4), 1081-1106. 3. Berkman, L. F., Glass, T., Brissette, I., & Seeman, T. E. (2000). From social integration to health: Durkheim in the new millennium. <i>Social science & medicine</i>, 51(6), 843-857. 4. TBD* <p>Other:</p> <ol style="list-style-type: none"> 1. Johnson, B. D. (1965). Durkheim's one cause of suicide. <i>American Sociological Review</i>, 	<p>Lecture</p> <p>Students' Presentations</p> <p>Collective Review/Discussion</p> <p>In-class Exercise:</p> <p>TBD*</p>

	<p>875-886.</p> <p>2. TBD*</p>	
<p>Week 4</p>	<p><u>Modern Approaches to Health and Medicine:</u></p> <p>The Rise of Expertise I: The Medical Profession and Parsons' "Sick Role"</p> <p>Readings:</p> <ol style="list-style-type: none"> 1. Kunitz, S. J. (1974). Professionalism and social control in the progressive era: the case of the Flexner Report. <i>Social problems</i>, 22(1), 16-27. 2. Baer, H. A. (1989). The American dominative medical system as a reflection of social relations in the larger society. <i>Social Science & Medicine</i>, 28(11), 1103-1112. 3. Shilling, C. (2002). Culture, the 'sick role' and the consumption of health. <i>The British journal of sociology</i>, 53(4), 621-638. 4. Parsons, T., Fox, R., & Lidz, V. (1972). The "Gift of Life" and its reciprocation. <i>Social Research</i>, 39(3), 367-415. <p>Other:</p> <ol style="list-style-type: none"> 1. Huddle, T. S. (2005). Viewpoint: Teaching Professionalism: Is Medical Morality a Competency? <i>Academic Medicine</i>, 80(10), 885-891. 2. Stivers, R. (1996). Towards a sociology of morality. <i>International Journal of Sociology and Social Policy</i>, 16(1/2), 1-14. 	<p>Lecture</p> <p>Students' Presentations</p> <p>Collective Review/Discussion</p> <p>In-class Exercise: TBD*</p>

<p>Week 5</p>	<p><u>Modern Approaches to Health and Medicine</u></p> <p>The Rise of Expertise II: Public Health & Social Capital</p> <p>Readings:</p> <ol style="list-style-type: none"> 1. Sigsworth, M., & Worboys, M. (1994). The public's view of public health in mid-Victorian Britain. <i>Urban History</i>, 21(02), 237-250. 2. Lomas, J. (1998). Social capital and health: implications for public health and epidemiology. <i>Social science & medicine</i>, 47(9), 1181-1188. 3. Muntaner, C., Lynch, J., & Smith, G. D. (2000). Social capital and the third way in public health. <i>Critical Public Health</i>, 10(2), 107-124. 4. Poortinga, W. (2006). Social capital: an individual or collective resource for health? <i>Social science & medicine</i>, 62(2), 292-302. <p>Other:</p> <ol style="list-style-type: none"> 1. Policy Cycle Reading: TBD 2. Networks and Policy Development Cycle: TBD* 	<p>Lecture</p> <p>Students' Presentations</p> <p>Collective Review/Discussion</p> <p>In-class Exercise:</p> <p>Workshop: Networks and Policy</p>
<p>Contesting Modernity' Knowledge Systems: Scholars, Communities and Patients</p>		
<p>Week 6</p>	<p><u>Critiques of Modern Medicine:</u></p> <p>Medicalization & Medical Iatrogenesis:</p> <p>Readings:</p> <ol style="list-style-type: none"> 1. Zola. I. K. 1975. Pathways to the doctor— From person to patient <i>Social Science & Medicine</i> (1967), Volume 7, Issue 9, 	<p>Lecture</p> <p>Students' Presentations</p>

	<p>September 1973, Pages 677-689.</p> <ol style="list-style-type: none"> 2. Zola, I. K. (1975). In the name of health and illness: on some socio-political consequences of medical influence. <i>Social Science & Medicine</i> (1967), 9(2), 83-87. 3. Conrad, P. (1992). Medicalization and social control. <i>Annual review of Sociology</i>, 209-232. 4. Conrad, P. (2005). The shifting engines of medicalization. <i>Journal of health and social behavior</i>, 46(1), 3-14. 5. Conrad, P., Mackie, T., & Mehrotra, A. (2010). Estimating the costs of medicalization. <i>Social Science & Medicine</i>, 70(12), 1943-1947. <p>Other:</p> <ol style="list-style-type: none"> 1. Cunningham SA, Mitchell K, Narayan KMV, and Yusuf, S. Doctors' Strikes and Mortality: A Review. <i>Social Science and Medicine</i> 2008; 67(11): 1784–1788. 2. Zola, I. K. (1991). Bringing Our Bodies and Ourselves Back In: Reflections on a Past, Present, and Future" <i>Medical Sociology</i>". <i>Journal of Health and Social Behavior</i>, 1-16. 3. Illich, I. (1975). The medicalization of life. <i>Journal of medical ethics</i>, 1(2), 73-77. 	<p>Collective Review/Discussion</p> <p>In-class discussion: -Medical error</p>
<p>Week 7</p>	<p><u>Biopolitics I:</u></p> <p>Michel Foucault's The Birth of Biopower: Society Must Be Defended: Lectures at the College of France 1975-1976 (p. 239-262)</p> <p>Readings:</p> <ol style="list-style-type: none"> 1. Foucault, M. (1982) The subject and power. <i>Critical Inquiry</i> 8(4): 777–795. 2. Stein, C. (2011). The birth of biopower in eighteenth-century Germany. <i>Medical history</i>, 55(03), 331-337. 3. Farmer, P. (1999) Pathologies of power: 	<p>Lecture</p> <p>Student's Presentations</p> <p>Collective Review/Discussion</p>

	<p>Rethinking health and human rights. American Journal of Public Health 89(10): 1486–1496.</p> <p>Guest Speaker/Discussant: A view on power from medicine.</p>	<p>In-class Exercise: TBD.</p>
Week 8	<p><u>Biopolitics II: Populations and Patients</u></p> <p>Readings:</p> <ol style="list-style-type: none"> 1. Nordberg, A. (2015). Therapeutic governmentality and biopower in a Canadian mental health court. <i>BioSocieties</i>. 2. Rabinow P, Rose N. Biopower today. <i>BioSocieties</i>. 2006; 1:195–217 3. Stern, A. M. (2005). Sterilized in the name of public health: race, immigration, and reproductive control in modern California. <i>American Journal of Public Health</i>, 95(7), 1128-1138. 4. Charles, N. (2013). Mobilizing the self-governance of pre-damaged bodies: neoliberal biological citizenship and HPV vaccination promotion in Canada. <i>Citizenship Studies</i>, 17(6-7), 770-784. <p>Other:</p> <ol style="list-style-type: none"> 1. Elliot, C. 2007. Big Persons, Small Voices: On Governance, Obesity, and the Narrative of the Failed Citizen. <i>Canadian Review of Sociology</i>; 41(3): 134-149. 	<p>Lecture</p> <p>Student’s Presentations</p> <p>Collective Review/Discussion</p> <p>In-class exercise: TBD*</p>
Week 9	<p><u>Biopolitics II: Patienthood and its Discontents</u></p> <p>Readings:</p> <ol style="list-style-type: none"> 2. Epstein, S. (1995). The construction of lay expertise: AIDS activism and the forging of credibility in the reform of clinical trials. 	<p>Lecture</p> <p>Students’ Presentations</p>

	<p>Science, Technology & Human Values, 20(4), 408-437.</p> <p>3. Epstein, S. 2009. Inclusion. Introduction Chapter.</p> <p>4. King, S. (2004). Pink Ribbons Inc: breast cancer activism and the politics of philanthropy. International Journal of Qualitative Studies in Education, 17(4), 473-492.</p> <p>5. King, S. (2010). Pink diplomacy: on the uses and abuses of breast cancer awareness. Health communication, 25(3), 286-289.</p> <p>Guest Speakers: Patients' Advocacy</p>	<p>Collective Review/Discussion</p>
<p>Week 10</p>	<p><u>Biopolitics IV: Biopower and Communities</u></p> <p>Guest Speaker: Indigenous Health in Canada.</p> <p>Readings:</p> <p>No readings for this class This is an experiential exercise.</p>	<p>Lecture: Introduction to the exercise</p> <p>Collective Discussion</p>
<p>Putting things together: Critical Public/Population Health:</p>		
<p>Week 11</p>	<p><u>Review Session</u></p> <p>Readings:</p> <p>Indigenous Health TBD*</p> <p>Guiding Questions:</p> <p>-Targeting Communities: Biological or Social Essentialism? -Public Health Policy: Medicalization of the Socius -Production of Responsible Citizens/Experts?</p>	<p>Lecture</p> <p>Students' Presentations</p> <p>Cases</p> <p>Collective Discussion</p>
<p>Week 12</p>	<p><u>Poster Presentations</u></p>	

	The mechanics for this lecture will be discussed and posted in advance.	
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