

**Course Handbook**

**MEDICAL SOCIOLOGY**

**(Course Code: SY0025)**

**Sociology, University of Edinburgh**

**Semester 2, 2007/08**

**Tuesdays 2.00 pm - 3.50 pm**

**Room 4.01, David Hume Tower,  
George Square**

**Course convenor: Emese Lafferton**

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Office hours: Thursdays 3.00 pm - 4.00 pm

This document contains important information about the course. Please read through it carefully, bring it to every class, and use it throughout the term.

### **Course format, aims and objectives**

This course follows the standard one-semester, 20-hour format for honours option courses in Sociology. The class meets on Tuesdays from 2.00 to 3.50 pm in Room 4.01, David Hume Tower, in weeks 1-5 and 7-11 of semester 2 (there are no lectures in week 6).

The aim of the course is for you to learn about sociological perspectives on medicine as a field of technical practice. Doing so will enhance your knowledge and understanding of

- key concepts and theoretical approaches within sociology as they are applied to medicine
- the relationship between individuals, groups and social institutions in the field of medical practice
- the role of culture in shaping our experience of illness and its treatment
- the social processes underpinning social change and social stability (particularly the processes of professionalisation and medicalisation, and popular challenges to those processes)
- the distinctive character of sociology in relation to other forms of understanding (especially biomedical knowledge of health and illness)

Because there are major political and policy questions concerning the role of medicine in modern society, the course will enhance your understanding of the relevance of sociological work to social, public and civil policy issues. Taking the course, including participation in the tutorial sessions, will also enhance key transferable skills, notably in oral communication, information retrieval and group work.

The particular learning outcomes being sought are that at the end of the course you will be familiar with and able to discuss:

- the nature and role of professional organisation in medicine
- the nature and significance of technical expertise in medicine
- the social factors that shape the experience of sickness and disease
- the micro- and macro-social factors that influence the interactions between doctors and patients
- the nature of current challenges to medical power
- the processes of medicalisation and demedicalisation and their role in modern social life

### **Course requirements**

1. **Class participation and reading.** It is essential that you attend the weekly classes and keep up with the required reading as the course progresses. Each class will include a 50-minute lecture, which will introduce you to that week's topic, outlining the key concepts and in effect providing you with a guide to the reading for that topic. The required and additional reading will flesh out and extend those concepts. Each class will also include a 50-minute tutorial session, in which the class will discuss a series of questions relating to the week's lecture topic. Participation in the tutorials will not be assessed, but you should regard them as an essential part of the course nonetheless. Tutorial discussions will provide a vital forum in which to explore the issues and approaches introduced in the lectures, and to consolidate your understanding of those issues and approaches.

2. A short essay of 1,500 words, to be submitted **both** via WebCT **and** in two copies to the secretary of the sociology department (Sue Renton) by **12.00 pm on Monday 18<sup>th</sup> February (week 7)**.

A long essay (term paper) of between 3,500 and 4,500 words in length. The deadline for submission of the long essay is **12.00 pm on Friday 18 April 2007**. This also has to be submitted **both** via WebCT **and** in two copies to Sue Renton.

The Sociology subject area has Handbooks which lay out the overall procedures and requirements for honours optional courses.

*Make sure you have read the handbook that is appropriate to you.*

### **Long essay topics**

A list of suggested long essay topics will be provided at an early stage of the course. If you wish, you may choose to write on a topic not on the list of suggested essay topics -- but if you do, you **must** agree the topic with me first, otherwise you run the risk of getting a poor mark because you have chosen an inappropriate topic or not covered key literature.

Students are strongly advised to prepare and submit an essay plan no later than the end of week 8 of the semester. I will then be able to give you feedback on the appropriateness of the topic and your approach to it, before the end of week 10.

### **Feedback and evaluation**

The course will be evaluated by departmentally-organised questionnaires given to all students at the end of the course. All courses are evaluated in this way, and the results are reviewed at Sociology staff meetings. Comments made by students, staff and external examiners are also considered when reviewing, revising and updating the course -- so please do complete and return an evaluation form at the end of the term.

### **Office hours**

*Please tell me as soon as possible if you are having any problems with the course, if you would find it helpful to have an individual chat about your essay topic, or if there are any other aspects of the course you would like to discuss with me.*

A good opportunity for brief questions is right after each weekly session finishes. For longer discussions, you can come to my office during office hours (Thursdays, 3.00 pm - 4.00 pm), or if necessary, we can arrange a meeting. Email me (emese.lafferton@ed.ac.uk) for an appointment. My office is on the second floor of the Science Studies Unit in 21 Buccleuch Place.

## COURSE OUTLINE

### Topic 1: Health and Illness. Social and Cultural Frameworks

This introductory lecture provides a general overview of the course and elaborates on chief concepts and approaches that will be used throughout the lectures and tutorials. These include, among others: changing notions of health and illness; differences between impairment, illness, and disease; medicalisation and the social construction of normality/abnormality; the sociology of scientific knowledge; the emergence of the ‘biomedical model’.

### Topic 2: Medicine: From Function to Dysfunction

The institutions of medicine are all-pervasive in modern life, and have long fascinated sociologists. A particularly influential analysis of the place of medicine in modern society was put forward in the 1950s by Talcott Parsons, one of the main architects of the school of sociology known as functionalism. Much of the sociological discussion of medicine that has developed since then can be seen as an explicit or implicit response to Parsons's functionalist views. This first lecture will therefore introduce and explore some of his most important ideas about how the medical system functions, including his influential concept of the “sick role”. It will conclude by considering some more critical views of medicine put forward in the 1970s, which argued that much of modern medicine was actually dysfunctional.

#### Readings:

Talcott Parsons, “Social Structure and Dynamic Process: The Case of Modern Medical Practice”, chapter 10 of *The Social System* (London: Routledge, 1951). **WebCT**

Ivan Illich, “The Epidemics of Modern Medicine”, in Basiro Davey, Alastair Gray and Clive Seale (eds), *Health and Disease: A Reader*, 2nd edition (Milton Keynes: Open University Press, 1995), pp. 237-242. **WebCT; Book also on Reserve, Main Library (many copies)**

Thomas McKeown, *The Role of Medicine: Dream, Mirage or Nemesis?* (Oxford: Blackwell, 1979), esp. ch. 13: “Dream, Mirage or Nemesis” (same text as ch. 10 in 1976 edition, London: The Nuffield Provincial Hospital Trust). **WebCT; Book also on Reserve, Main Lib. (3 copies)**

I.K Zola, “Medicine as an Institution of Social Control: The Medicalizing of Society”, *Sociological Review*, 20 (1972), 487-504. **WebCT**

Ivan Illich, *Medical Nemesis: The Expropriation of Health* (London: Calder and Boyars, 1975), published in a new edition as *Limits to Medicine: Medical Nemesis: The Expropriation of Health* (London: Boyars, 1976; Harmondsworth: Penguin, 1977). **Reserve, Main Library (3 copies)**

### Topic 3: Professional Power in Medicine

Medicine's social power and influence have long been understood to be closely related to its status as a profession. From his functionalist perspective, Parsons regarded the professions, including medicine, as institutions that served to ensure that their practitioners used their knowledge and skills to the greatest social benefit. More recent sociologists have advanced an alternative view of professions as institutions for securing occupational and social authority and dominance. In this lecture and seminar we survey these changing sociological views of the medical and other profession.

#### Readings:

Talcott Parsons, "The Professions and Social Structure", *Social Forces*, 17 (1939), 457-467.

**WebCT**

Eliot Freidson, *Profession of Medicine: A Study of the Sociology of Applied Knowledge* (New York: Harper and Row, 1970), esp. ch. 3: "The Medical Division of Labor", and ch. 4: "Formal Characteristics of a Profession". **WebCT, Book also on reserve, Main Library (2 copies)**

Eliot Freidson, "The Division of Labor as Social Interaction", *Social Problems*, 23 (1976), 304-13. **WebCT**

Andrew Abbott, *The System of Professions: An Essay on the Division of Expert Labour* (Chicago: University of Chicago Press, 1988). **Reserve, Main Library (1 copy)**

Rue Bucher and Anselm L. Strauss, "Professions in Process", *American Journal of Sociology*, 66 (1961), 325-334. **WebCT**

S.E.D. Shortt, "Physicians, Science, and Status: Issues in the Professionalization of Anglo-American Medicine in the 19th Century", *Medical History*, 27 (1983), 51-68 **WebCT**

Michael H. Kater, "Professionalization and Socialization of Physicians in Wilhelmine and Weimar Germany", *Journal of Contemporary History*, 20 (1985), 677-701 **WebCT**

Thomas Broman, "Rethinking Professionalization: Theory, Practice and Professional Ideology in Eighteenth-Century German Medicine", *Journal of Modern History*, 67 (1995), 835-872 **WebCT**

Paul Starr, *The Social Transformation of American Medicine: The Rise of a Sovereign Profession and the Making of a Vast Industry* (New York: Basic Books, 1982) **Reserve, Main Lib. (1 copy)**

Eliot Freidson, *Professional Powers* (Chicago: University of Chicago Press, 1986) -- extends his analysis of medicine to a more general survey on professionalisation **Reserve, Main Library (1 copy)**

**Further readings:**

Harold Perkin, *Rise of Professional Society: England since 1880* (London: Routledge, 1990) -- recounts the process of professionalisation from a Weberian perspective

Claudia Huerkamp, "The Making of the Modern Medical Profession, 1800-1914: Prussian Doctors in the 19th century", in Geoffrey Cocks, Konrad H. Jarausch (eds.), *German Professions, 1800-1950* (New York: Oxford University Press, 1990), pp.66-84.

M.S. Larson, *The Rise of Professionalism: A Sociological Analysis* (Berkeley: University of California Press, 1977)

T. Johnson, "The State and the Professions: Peculiarities of the British", in A. Giddens and G. MacKenzie (eds), *Social Class and the Division of Labour* (Cambridge: Cambridge University Press, 1982), pp. 186-208.

B. Ehrenreich and D. English, *Witches, Midwives and Nurses: A History of Women Healers* (London: Writers and Readers Publishing Cooperative, 1976) -- for a history of women's subordination with the medical professions

Vicente Navarro, *Class Struggle, the State and Medicine: An Historical and Contemporary Analysis of the Medical Sector in Great Britain* (London: Martin Robertson, 1977) -- for a Marxist critique of medical professionalisation as serving the interests of capitalism

Rue Bucher, "On the Natural History of Health Care Occupations", *Work and Occupations*, 15 (1988), 131-147.

#### **Topic 4. Bureaucracy and the Organisation of Mass Medicine**

Since the 1970s, medical practitioners and medical sociologists have voiced concerns about the imposition of managerial and bureaucratic structures on medicine, subordinating doctors' clinical judgements to non-medical administrative decision-making. The lecture and seminar will consider the process of bureaucratisation as a part of a larger process of change in the orientation, work organisation and work practices of the medical services. It will look in particular at the role of technical standardisation, including the adoption of new technologies and the imposition of managerial guidelines, in shaping working practices in medicine.

##### **Readings:**

Eliot Freidson, "The Reorganisation of the Medical Profession", *Medical Care Review*, 42 (1985), 11-35. **WebCT, Also EUL Reserve offprints (Sociology)**

D. Coburn, "Freidson Then and Now: An 'Internalist' Critique of Freidson's Past and Present Views of the Medical Profession", *International Journal of Health Services*, 22 (1992), 497-512. **WebCT**

Steve Sturdy and Roger Cooter, "Science, Scientific Management, and the Transformation of Medicine in Britain c. 1870-1950", *History of Science*, 36 (1998), 421-466. **WebCT**

Mary Ann Elston, "The Politics of Professional Power: Medicine in a Changing Health Service", in Jonathan Gabe et al. (eds), *The Sociology of the Health Service* (London: Routledge: 1991), pp. 58-88. **WebCT**

Bryan S. Turner, *Medical Power and Social Knowledge* (London: Sage, 1987), ch. 8: "Medical Bureaucracies: The Hospital, the Clinic and Modern Society" **WebCT; Book also on Reserve, Main Library (3 copies)**

Audrey B. Davis, "Life Insurance and the Physical Examination: A Chapter in the Rise of American Medical Technology", *Bulletin of the History of Medicine*, 55 (1981), 392-406 **WebCT**

J. McKinlay and J. Arches, "Towards the Proletarianisation of Physicians", *International Journal of Health Services*, 15 (1985), 161-195 **WebCT**

J. McKinlay and J. Stoeckle, "Corporatisation and the Social Transformation of Doctoring", *International Journal of Health Services*, 18 (1988), 191-205 **WebCT**

M. Haug, "A Re-examination of the Hypothesis of Deprofessionalisation", *Milbank Quarterly*, 66, Supplement 2 (1988), 48-56 -- argues that "deprofessionalisation" is a consequence of the growth of a more educated and critical medical public **WebCT**

Stephen Harrison and Waqar I.U. Ahmad, "Medical Autonomy and the UK State 1975-2025", *Sociology*, 34 (2000), 129-146. **WebCT**

**Further readings:**

S. Hillier, "Rationalism, Bureaucracy and the Organization of Health Services: Max Weber's Contribution to Understanding Modern Health Care Systems", in Graham Scambler (ed.), *Sociological Theory and Medical Sociology* (London: Tavistock, 1987)

Harry M. Marks, "Notes from the Underground: The Social Organization of Therapeutic Research", in Russell C. Maulitz and Diana E. Long (eds), *Grand Rounds: One Hundred Years of Internal Medicine* (Philadelphia: University of Pennsylvania Press, 1988), pp. 297-336 -- for the establishment of randomised control trials as the "gold standard" of therapeutic testing

R.R. Alford, *Health Care Politics* (Chicago: Chicago University Press, 1975) -- for a diagnosis of the movement of (often non-medically-qualified) "corporate rationalisers", including managers and policy makers, into the sphere of health care

## Topic 5. Defining Disease, Medicalising Society

Talcott Parsons's notion of the "sick role" was instrumental in sharpening sociologists' awareness that how we experience sickness is deeply informed by social expectations. Latterly, sociologists have looked more closely at the variety of meanings that we give to illness, and to how those meanings are socially sustained. One way that illness is given meaning in the context of our individual lives is through the narratives we construct about how we fall sick. But these meanings depend on wider social assumptions about how and why illness occurs. Such meanings are also written into the scientific disease concepts that determine how doctors understand and respond to our illnesses.

### Readings:

S. Levine and M.A. Kozloff, "The Sick Role: Assessment and Overview", *Annual Review of Sociology*, 4 (1978), 317-343 **WebCT**

Bryan S. Turner, *Medical Power and Social Knowledge* (London: Sage, 1987), ch. 3: "On being Sick". **Book on Reserve, Main Library (3 copies)**

Charles E. Rosenberg, "The Tyranny of Diagnosis: Specific Entities and Individual Experience", *Milbank Quarterly*, 80 (2002), 237- **WebCT**

Susan Sontag, *Illness as Metaphor* (Harmondsworth: Penguin, 1983) [a short and elegant read]; **Reserve, Main Library (2 copies)**

I.K Zola, "Medicine as an Institution of Social Control: The Medicalizing of Society", *Sociological Review*, 20 (1972), 487-504 **WebCT – among readings for Topic 2.**

Peter Conrad, "Medicalization and Social Control", *Annual Review of Sociology*, 18 (1992), 209-232. **WebCT**

Robert A. Nye, "The Evolution of the Concept of Medicalization in the Late Twentieth Century", *Journal of the History of the Behavioral Sciences*, 39 (2003), 115-129 [not in EUL] **WebCT**

R. Crawford, "Healthism and the Medicalization of Everyday Life", *International Journal of Health Services*, 19 (1980), 365-388 **WebCT**

Robert A. Aronowitz, "From Myalgic Encephalitis to Yuppie Flue: A History of Chronic Fatigue Syndromes", in Charles E. Rosenberg and Janet Golden (eds), *Framing Disease: Studies in Cultural History* (New Brunswick, NJ: Rutgers University Press, 1992), pp. 155-181 -- see also other essays in this volume **Book on Reserve, Main Library (2 copies)**

D.H. Broom and R.V. Woodward, "Medicalisation Reconsidered: Toward a Collaborative Approach to Care", *Sociology of Health and Illness*, 18 (1996), 357-378 **WebCT**

Peter Conrad and D. Potter, "From Hyperactive Children to ADHD Adults: Observations on the Expansion of Medical Categories", *Social Problems*, 47 (2000), 559-582 **WebCT**

Ilina Singh, "Bad Boys, Good Mothers, and the 'Miracle' of Ritalin", *Science in Context*, 15 (2002), 577-603 **WebCT**

Robert Aaronowitz, *Making Sense of Illness: Science, Society, and Disease* (Cambridge: Cambridge University Press, 1998) **Reserve, Main Library (1 copy)**

**Further readings:**

M Bury, "Illness Narratives: Fact or Fiction?", *Sociology of Health & Illness*, 23 (2001): 263-285

L. Purdy, "Medicalization, Medical Necessity, and Feminist Medicine", *Bioethics*, 15 (2001), 248-261

Erving Goffmann, *Frame Analysis: An Essay on the Organization of Experience* (New York: Harper and Row, 1974)

Susan Sontag, *AIDS and its Metaphors* (London: Allen Lane, 1989);

Cindy Patton, *Inventing AIDS* (London: Routledge, 1990)

James T. Patterson, *The Dread Disease: Cancer and Modern American Culture* (Cambridge, Mass.: Harvard University Press, 1987)

Ronald Bayer, *Homosexuality and American Psychiatry: The Politics of Diagnosis* (Princeton: Princeton University Press, 1987)

Mark Micale, "On the 'Disappearance' of Hysteria: A Study in the Clinical Deconstruction of a Diagnosis", *Isis*, 84 (1993), 496-526.

Claudine Herzlich and Janine Pierret, *Illness and Self in Society*, trans. Elborg Forster (Baltimore, MD: Johns Hopkins University Press, 1984)

## Topic 6. Doctor-Patient Interactions

This lecture looks at what happens in the encounter between doctor and patient. It examines how that encounter is structured by the technical nature of medical language and practice and the structuring of time and space in the clinical setting. But it also shows how patients participate in maintaining those structures, and emphasises that the clinical encounter is a shared achievement directed towards a common goal of diagnosis and treatment.

### Readings:

R. Frankenberg, "Your Time or Mine?: An Anthropological View of the Tragic Temporal Contradictions of Biomedical Practice", *International Journal of Health Services*, 18 (1988), 11-35. **WebCT**

Lindsay Prior, "The Architecture of the Hospital: A Study of Spatial Organization and Medical Knowledge", *British Journal of Sociology*, 39 (1988), 86-113. **WebCT**

David Armstrong, "Space and Time in British General Practice", *Social Science and Medicine*, 20 (1985), 659-666. **WebCT**

Celic Helman, "'Feed a Cold, Starve a Fever' -- Folk Models of Infection in an English Suburban Community and their Relation to Medical Treatment", *Culture, Medicine and Psychiatry*, 2 (1978), 107-137. [Read short version in Basiro Davey *et al.* (eds), *Health and Disease: A Reader*, 2nd edition (Milton Keynes: Open University Press, 1995), pp. 18-25.] **WebCT**

Linda M. Hunt *et al.*, "Views of What's Wrong: Diagnosis and Patients' Concepts of Illness", *Social Science and Medicine*, 28 (1989), 945-56. **WebCT**

Irving K. Zola, "Structural Constraints in the Doctor-Patient Relationship: the Case of Non-Compliance", in Leon Eisenberg and Arthur Kleinman (eds.), *The Relevance of Social Science for Medicine* (Dordrecht: D. Reidel, 1981), pp. 241-52. **WebCT**

M.J. Bloor and G. Horobin, "Conflict and Conflict Resolution in Doctor-Patient Interactions", in Caroline Cox and Adrienne Mead (eds.), *A Sociology of Medical Practice* (London: Collier-Macmillan, 1975), pp. 271-284. **WebCT**

Philip Strong, *The Ceremonial Order of the Clinic: Patients, Doctors and Medical Bureaucracies* (London: Routledge, 1979) **Reserve, Main Library (2 copies)**

David Silverman, *Communication and Medical Practice: Social Relations in the Clinic* (London: Sage 1987) **Reserve, Main Library (1 copy)**

### **Further readings:**

Gerry Stimpson and Barbara Webb, *Going to See the Doctor* (London: Tavistock, 1975)

Gerry Stimpson and Barbara Webb, "The Face-to-Face Interaction and After the Consultation", in David Tuckett (ed.), *Basic Readings in Medical Sociology* (London: Tavistock, 1976)

Paul Atkinson, *Medical Talk and Medical Work: The Liturgy of the Clinic* (London: Sage, 1995)

Elliot Mishler, *The Discourse of Medicine: Dialectics of Medical Interviews* (Norwood, N.J.: Ablex, 1984)

## **Topic 7. The Microsociology of Medical Work. Standardisation and Evidence-Based Medicine**

Running alongside and often intersecting with macrosociological work on the bureaucratisation and standardisation of medicine (Topic 4.) has been a tradition of microsociological research into the organisation of medical work. This lecture and seminar explore the implications of this microsociological perspective by looking at how guideline-oriented decision-making has changed medical practice in the last forty years. We will discuss how the Evidence-Based Medicine (EBM) movement affected the autonomy of the medical profession and how professionals responded by employing different strategies to maintain autonomy.

### **Readings:**

Stefan Timmermans and Marc Berg, *The Gold Standard: The Challenge of Evidence-Based Medicine and Standardization in Health Care* (Philadelphia: Temple University Press, 2003). Ch. 2 “Standards at Work: A Dynamic Transformation of Medicine” and Ch. 3 “From Autonomy to Accountability? Clinical Practice Guidelines and Professionalization”

**WebCT, Book also on reserve, Main Library (1 copy)**

Marc Berg, *Rationalising Medical Work: Decision-Support Techniques and Medical Practices* (MIT Press: Massachusetts, 1997). Introduction and Ch. 1 “The Withering Flower of Our Civilization: Reconceptualising Postwar Medical Practice”.

W. Light Donald, “Counterveiling Powers: A framework for professions in transition”, in T. Johnson, G. Larkin, & M. Saks, *Health Professionals and the State in Europe* (Routledge: London, 1995), pp.25-41.

Marc Berg, K. Horstman, S. Plass and M. van Heusden, “Guidelines, Professionals and the Production of Objectivity: Standardisation and the Professionalism of Insurance Medicine”, *Sociology of Health and Illness*, 22 (2000), 765-791. **WebCT**

Timmermans, S. and Berg, M. (1997) "Standardization in Action: Achieving local universality through medical protocols" in *Social Studies of Science*, Vol. 27 pp273-305. **Available online**

Garfinkel, H (1967) "Good Organizational Reasons for 'Bad' Clinic Records" in *Studies in Ethnomethodology* (Prentice-Hall: New Jersey)

### **Further readings:**

W. Light Donald, “Counterveiling Power: The Changing Character of the Medical Profession in the United States”. In Hafferty, F.W. & McKinlay, J.B. *The Changing Medical Profession: An International Perspective* (Oxford University Press, Oxford 1993), pp. 69-79.

Marc Berg, “Problems and promises of the protocol”, *Social Science & Medicine* 44 (1997), 1081-1088. **WebCT**

Stefan Timmermans and V. Leiter, "The Redemption of Thalidomide: Standardizing the Risk of Birth Defects", *Social Studies of Science* 30 (2000): 41-72. **WebCT**

Paul Starr, *The Social Transformation of American Medicine: The Rise of a Sovereign Profession and the Making of a Vast Industry* (New York: Basic Books, 1982) **Reserve, Main Lib. (1 copy)**

Anselm Strauss, S. Fagerhaugh, B. Suczek and C. Wiener, *Social Organisation of Medical Work* (Chicago: University of Chicago Press, 1985) **Reserve, Main Library (2 copies)**

Anselm Strauss, L. Schatzman, D. Ehrlich, R. Bucher and M. Sabshin, "The Hospital and its Negotiated Order", in E. Freidson (ed.), *The Hospital in Modern Society* (New York: Free Press, 1963), pp. 147-169 **WebCT**

Theodore Porter, *Trust in Numbers: The Pursuit of Objectivity in Science and Public Life* (Princeton University Press, Princeton 1995)

Lorraine Daston and Peter Gallison "The Image of Objectivity", *Representations* (1992): 81-128

## Topic 8. Medical Consumerism

Recently, patients have begun increasingly to assert their own power within the sphere of medicine. One way they have done this is in their capacity of consumers of various kinds of medical commodities, from medical advice to medicines. The growth of consumerism in medicine has met with considerable ambivalence from sociologists as well as medical professionals - some observers regarding it as a threat to safe medical practice, others seeing it as a welcome challenge to medical paternalism. This lecture and seminar examine medical consumerism with particular attention to the rise of cosmetic surgery and of complementary medicines.

### Readings:

Michael Hardey, "Health for Sale: Quackery, Consumerism and the Internet", in Waltraud Ernst (ed.), *Plural Medicine, Tradition and Modernity, 1800-2000* (London: Routledge, 2002), pp. 204-218. **WebCT**

Deborah Lupton, "Consumerism, Reflexivity and the Medical Encounter", *Social Science and Medicine*, 45 (1997), 373-381. **WebCT**

Mike Saks, "From Quackery to Complementary Medicine: The Shifting Boundaries Between Orthodox and Unorthodox Medical Knowledge", in Sarah Cant and Ursula Sharma (eds), *Complementary and Alternative Medicine: Knowledge in Practice* (London: Free Association Books, 1996), pp. 27-43. **WebCT**

Eugenia Kaw, "Medicalization of Racial Features: Asian American Women and Cosmetic Surgery", *Medical Anthropology Quarterly*, 7 (1993), 74-89. **WebCT**

H.S. Edelman, "Why is Dolly Crying? An Analysis of Silicone Breast Implants in America as an Example of Medicalization", *Journal of Popular Culture*, 28 (1994), 19-32. **WebCT**

Harry Collins and Trevor Pinch, "Alternative Medicine: The Cases of Vitamin C and Cancer", in *Dr. Golem. How to Think About Medicine*. (Chicago, London: The University of Chicago Press, 2005), pp 84-111. **WebCT**

Philip Tovey and Jon Adams, "Nostalgic and Nostophobic Referencing and the Authentication of Nurses' Use of Complementary Therapies", *Social Science and Medicine*, 56 (2003), 1469-1480. **WebCT**

Sarah Cant and Ursula Sharma, *A New Medical Pluralism?: Alternative Medicine, Doctors, Patients and the State* (London: UCL Press, 1999) **Reserve, Main Library (1 copy)**

Mike Saks, *Professions and the Public Interest: Medical Power, Altruism and Alternative Medicine* (London: Routledge, 1995) **Reserve, Main Library (1 copy)**

Mike Saks (ed.), *Alternative Medicine in Britain* (Oxford: Clarendon Press, 1992)

**Reserve, Main Library (3 copies)**

Elizabeth Haiken, *Venus Envy: A History of Cosmetic Surgery* (Baltimore: Johns Hopkins University Press, 1997) **Reserve, Main Library (3 copies)**

**Further readings:**

Sara Henderson and Alan Petersen (eds), *Consuming Health: The Commodification of Health Care* (London: Routledge, 2002)

Sander L. Gilman, *Making the Body Beautiful: A Cultural History of Aesthetic Surgery* (Princeton: Princeton University Press, 1999)

**Topic 9: Medical Social Movements**

Another way in which patients have begun to assert themselves in the sphere of medicine is by taking collective action through what are known as social movements, including various kinds of advocacy and activist groups. These include organisations such as those that formed to campaign around HIV/AIDS issues and around breast cancer in the USA, and around neuromuscular diseases in France. Such organisations and their activities have important consequences, not just for the provision and orientation of medical services, but also for the way that medical knowledge itself is constituted.

**Readings:**

Lindsay Prior, "Belief, Knowledge and Expertise: The Emergence of the Lay Expert in Medical Sociology", *Sociology of Health and Illness*, 25 (2003), 41-57. **WebCT**

Steven Epstein, "The Construction of Lay Expertise: AIDS Activism and the Forging of Credibility in the Reform of Clinical Trials", *Science, Technology and Human Values*, 20 (1995), 408-437. **WebCT**

Steven Epstein, *Impure Science: AIDS, Activism, and the Politics of Knowledge* (Berkeley : University of California Press, 1996) **Reserve, Main Library (1 copy)**

Paula A. Treichler, "AIDS, an Epidemic of Signification", in Douglas Crimp (ed.), *AIDS: Cultural Analysis, Cultural Activism* (Cambridge, MA: MIT Press, 1988), pp. 31-70. **WebCT**

Harry Collins and Trevor Pinch, "The AIDS Activists", in *Dr. Golem. How to Think About Medicine*. (Chicago, London: The University of Chicago Press, 2005), pp 153-179. **WebCT**

Lisa Cartwright, "Community and the Public Body in Breast Cancer Media Activism", *Cultural Studies*, 12 (1998), 117-38. **WebCT**

E.S. Kolker, "Framing as a Cultural Resource in Health Social Movements: Funding Activism and the Breast Cancer Movement in the US 1990-1993", *Sociology of Health & Illness*, 26 (2004), 820-844. **WebCT**

V. Rabeharisoa, "The Struggle against Neuromuscular Diseases in France and the Emergence of the 'Partnership Model' of Patient Organisation", *Social Science and Medicine*, 57 (2003), 2127-2136. **WebCT**

Robert Kleidman, "Volunteer Activism and Professionalism in Social Movement Organizations", *Social Problems*, 41 (1994), 257-276. **WebCT**

Jonathan Gabe, David Kelleher and Gareth Williams (eds), *Challenging Medicine* (London: Routledge, 1994) **Reserve, Main Library (2 copies)**

**Topic 10. The Sociology of Medical Ethics**

Over the past thirty years or so, medical ethics has become a vitally important area of para-medical activity, involving not only an enormous body of academic writing and teaching on ethical issues, but also the implementation of ethical safeguards such as informed consent procedures, and the creation of institutions such as ethical review bodies to oversee such procedures. At first sight, sociology would seem to have little to say about biomedical ethics, with its appeal to abstract and universalistic standards of behaviour. On closer inspection, however, it becomes apparent that sociological insights will be necessary if the ethical conundrums presented by medicine are to be successfully resolved in practice.

**Readings:**

S.E. Kelly, "Public Bioethics and Publics: Consensus, Boundaries, and Participation in Biomedical Science Policy", *Science, Technology and Human Values*, 28 (2003), 339-364  
**WebCT**

P. Spallone, T. Wilkie, E. Ettore, E. Haines, T. Shakespeare and M. Stacey, "Putting Sociology on the Bioethics Map", in J. Eldridge, J. MacInnes, S. Scott, C. Warhurst and A. Witz (eds), *For Sociology: Legacies and Prospects* (Durham: BSA, Sociology Press, 2000), pp. 191-206  
**WebCT**

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