DOWNLOAD PDF SOCIOLOGY AND THE STUDY OF MEDICINE AND HEALTH

Chapter 1 : Medical Sociology - Sociology - Oxford Bibliographies

Medical sociology is the systematic study of how humans manage issues of health and illness, disease and disorders, and health care for both the sick and the healthy. The social construction of health explains how society shapes and is shaped by medical ideas.

Sociology Health Careers The sociology major is good preparation for a wide range of careers in health, including medicine, social work, public health, and health services. Medical sociology is one of the largest subfields of sociology, and it is good preparation for the social science portion of the MCAT exam. Each year several students choose a double major in Medicine, Health, and Society. It is a well-recognized field that offers great preparation for graduate school in the health-related professions. There is a good group of courses and faculty in the department for students with a pre-med or pre-health career path. What is special about the major in Sociology? The sociology degree has a very strong sequence of four courses on theory and research methods that are the foundation for the major. The sequence provides you with the basis for reading scientific research and also conducting sociological research. A degree in sociology provides several skills that can be the basis of a successful career in many fields: Sociologists are trained to weigh controversies and develop complex analyses of social and organizational problems, a skill that is important in many careers, especially those that involve leadership positions. Sociologists understand how to review a social science literature on a problem, assess the direction of the literature, and provide thoughtful and well-written summaries and analyses. The capacity to digest, analyze, and synthesize a diverse set of sources is valuable in a wide range of careers. Sociologists are trained to translate research into policy analysis and develop policy based on research. Sociologists are trained in hypothesis generation and testing, data analysis, and both qualitative and quantitative methods. Sociologists have a broad understanding of our rapidly changing world and are well-equipped to adapt to new career circumstances and to help organizations adapt to changing economic, political, and social environments. Medical Sociology at Vanderbilt Medical sociologists are especially suited to develop research and programs on health disparities, to improve the doctor-patient relationship, and to develop community outreach and education programs. Unlike study in the medical humanities, medical sociology provides a rigorous foundation in hypothesis testing, data analysis, and both qualitative and quantitative methods. Some recently offered courses in medical sociology are listed below. See the catalog for more details, and see YES for current offering: Most of the faculty who do teaching and research in this area also are affiliated with the Center for Medicine, Health, and Society, and Sociology faculty member Jonathan Metzl is the director of the Center. Here is a brief description of the sociology faculty who teach in this area: Laura Carpenter works on gender and sexual health over the life course. He conducts research on family, race, and mental health, including research on bullying among children. He has also studied patient advocacy groups associated with complementary and alternative medicine. He is the author of Prozac on the Couch: How Schizophrenia Became a Black Disease. Evelyn Patterson studies demography and disease. She has received wide public acclaim for her studies of mortality rates and race among prisoners.

DOWNLOAD PDF SOCIOLOGY AND THE STUDY OF MEDICINE AND HEALTH

Chapter 2 : Medical sociology - Wikipedia

Learn sociology of health and medicine with free interactive flashcards. Choose from different sets of sociology of health and medicine flashcards on Quizlet.

It is a broad subfield that focuses on both macro- and micro-level components of health and illness. It generally focuses on both physical and mental health, although the sociology of mental health has emerged as a distinctive subfield and is covered only minimally in this article. Medical sociology highlights how issues of health and illness are socially constructed, how social factors result in health disparities, how individuals and societies respond to illness, and how the professions and health care are organized within and across societies. Issues of health, illness, and healing reside at the intersection of multiple disciplines, including social epidemiology, public health, demography, sociology of knowledge, and science and technology studies. However, the distinctive contribution of medical sociology is its intense focus on a more theoretical understanding of health than more applied disciplines would offer, as well as an attempt to understand how the different actors and organizations work together to create the health realities of a specific context. Although all of the major social theorists e. Medical sociology has gone through three developmental areas. Early on, much research was classified as sociology in medicine, whereby the sociological perspective was used to solve practical problems within medicine. Later, sociologists used issues of health, illness, and healing as a window for understanding larger sociological processes, for example, the socialization of medical students or the impact of societal institutions on individual lives. Currently, some prefer the notion of sociology of health, illness, and healing, reflecting the realities that not all health-related issues take place within the medical realm. Another unique characteristic of the field is that it developed earlier in the United States as compared to Europe, where medical sociologists, until recently, were largely housed within medical schools. This can be explained partly by research funding for sociological research focusing on health, most notably from institutions associated with the National Institutes of Health, as well as the intense attention several key American sociologists have given health and illness, including Talcott Parsons, Erving Goffman, Howard Becker, and Eliot Freidson. Textbooks There are several textbooks and introductory readers available that focus on medical sociology. They can be distinguished into two categories. On the one hand, several books provide a general overview of medical sociology, highlighting the key areas that medical sociologists work on. On the other hand, several readers are available that focus on similar topics but present the information through original articles. The three overview books Cockerham , Weiss and Lonnquist , Weitz are all widely used and frequently revised e. Courses in medical sociology frequently attract students of multiple backgrounds who share an interest in health and health care. Cockerham provides a relatively uncritical approach to the study of health and illness, which often works well in courses where the majority of students are nonsociology majors. Weitz takes a more critical approach to the study of health and illness and explicitly challenges approaches that are too sympathetic to the medical approach to understanding health and illness. Cockerham and Glasser is a reader that can accompany a textbook, perhaps most directly Cockerham , as the sections mirror the section organization of that text. Conrad also provides a selection of classical and contemporary readings from the field but from a more critical standpoint. Brown provides a selection of readings targeting key areas of medical sociology, illustrating how issues of health, illness, and healing must be understood in social context, and has a unique emphasis on social movements in health. Daniel addresses key controversies in the health care field by presenting opposing viewpoints on issues such as the role of pharmaceutical companies in high medication costs. This book can be a compliment to other readings and allows students to debate controversial issues in the field. Perspectives in medical sociology. A selection of theoretical and empirical articles in medical sociology with a focus on the social context of health and illness, the illness experienced both within and outside of encounters with the health care system, and the health care system. Upper Saddle River, NJ: A comprehensive overview of medical sociology focusing on the impact of

social factors on health, how individuals react to health and illness, the health professions, and social organization of health care. Readings in medical sociology. The emphasis is on empirical work, both quantitative and qualitative, with few articles focusing on theoretical development. The reader can also be used on its own, especially as some of the articles may be too challenging for an introduction course. The sociology of health and illness: The key areas covered are the social production of disease, the social organization of medicine, contemporary critical debates, and possible alternatives to the way we think about and organize health care currently. Clashing views in health and society. This book can be used effectively with other readings to help students engage in debates and critical thinking. The sociology of health, healing, and illness. A comprehensive overview of medical sociology with a focus on what medical sociology is, the impact of social factors on health and illness, health and illness behavior, the health professions, and health systems. The sociology of health, illness and health care: The book is organized into four sections: Users without a subscription are not able to see the full content on this page. Please subscribe or login. How to Subscribe Oxford Bibliographies Online is available by subscription and perpetual access to institutions. For more information or to contact an Oxford Sales Representative click here.

Chapter 3 : Introduction to Sociology/Health and Medicine - Wikibooks, open books for an open world

Sociological Perspective on Health This definition emphasizes the importance of being more than disease free, and recognizes that a healthy body depends upon a healthy environment and a stable mind. Medicine is the social institution that diagnoses, treats, and prevents disease.

Healthier lifestyles protect the body from disease, and with fewer diseases, there would be fewer health care related expenses, but healthier lifestyles rely upon the opportunity to possess favorable economic resources and neighborhood location e. Another element of high health care costs is related to the private management of healthcare by large corporations. While this is discussed in greater detail below, it is worth noting that corporate profits have also played a role in increased health care premiums. This figure shows the annual revenue of health care industries in the US from to in trillions of dollars. This figure show the annual operating incomes of Aetna, Kaiser Permanente, and Humana from The benefits and drawbacks of each of these models are discussed in this and the following section. Private insurance refers to health insurance provided by a non-governmental organization, usually a privately owned or publically traded corporation. Private insurance as the primary provider of health care in a developed nation is really only found in the United States as of It is important to note that while the United States is the most private of any system, there is a substantial public component. Of every dollar spent on health care in the United States, 44 cents comes from some level of government. In addition, government also increases private sector costs by imposing licensing and regulatory barriers to entry into both the practice of medicine and the drug trade within America. Advocates of the private model argue that this approach to health care has the following benefits: Some economists argue that the free market is better able to allocate discretionary spending where consumers value it the most. There is variation among individuals about how much they value peace of mind and a lower risk of death. For example, while a public-funded system see below might decide to pay for a pap smear only once every five years if the patient was not positive for the human papilloma virus based on cost efficiency, in a private system a consumer can choose to be screened more often and enjoy the luxury of greater peace of mind and marginally reduced risk. When evaluating the pool of current medical spending available to fund cost effective care for the uninsured, this discretionary spending might be moved to non-medical luxury goods. Also, since current private plans are not very good at limiting spending to cost effective procedures and schedules, those consumers exploiting this will view the transition to a public system as a reduction in their compensation or benefits, and will question whether a society that will allow them to buy a better car or a European vacation, but not better health care, is truly free. When health care is privately funded, the opportunity for making large amounts of money is an attractive proposition for researchers in medical technology and pharmaceuticals. Thus, the private insurance system, while it may not provide adequate care for everyone see the criticisms below , does provide cutting edge technology for those who can afford it. Advocates also argue that private industry is more efficient than government, which can be quite susceptible to bloat and bureaucracy. However, as is discussed below, this is not always true. Despite these possible benefits, the private insurance approach is not without its drawbacks. Following are some of the more common criticisms of the private health insurance approach to health care: As noted above, private insurance can be a boon to those who can afford the cutting edge technology. But the flipside to this boon is that the United States, the only mostly-private health delivery system in a developed country, is below average among developed nations by almost every health measure, including: Considering private insurers are supposed to cover the majority of health care costs in the U. One explanation for the higher health care costs in the U. In contrast, doctors who are salaried have no financial incentive to perform unnecessary tests. This was the explanation given for the wide disparity in Medicare spending for patients in the last two years of their lives at top teaching hospitals: When doctors are salaried, they are not inclined to perform unnecessary tests just to increase their income, which is what doctors using fee-for-service approaches do. Most experts believe that significant market failure occurs in health markets, thereby leading

free market insurance models to operate inefficiently. The consumers of health care are vastly less knowledgeable than the medical professionals they buy it from. The extreme importance of health matters to the consumer adds to the problem of the information gap. This gives the medical profession the ability to set rates that are well above free market value. The need to ensure competence and qualifications among medical professionals also means that they are inevitably closely controlled by professional associations that can exert monopolistic control over prices. Monopolies are made even more likely by the sheer variety of specialists and the importance of geographic proximity. Patients in most markets have no more than one or two heart specialists or brain surgeons to choose from, making competition for patients between such experts very limited. In theory when a government sets billing rates it can negotiate with the professional societies with equal heft and knowledge, reaching a total cost that is closer to the ideal than an unregulated market. In private insurance systems, each insurance company is responsible for negotiating its own salaries. The private insurance or free-market approach also fails to provide an efficient delivery for health care because prevention is such an essential component, but one that most people misjudge. Screening for diseases such as cancer saves both lives and money, but there is a tendency within the general population to not correctly assess their risk of disease and thus to not have regular check ups. Many people are only willing to pay a doctor when they are sick, even though this care may be far more expensive than regular preventative care would have been. Delaying treatment until the condition is too severe to be treated can result, often with serious and lamentable consequences. Making regular appointments cheaper, or even free as is done in public systems , has been shown to reduce both rates of illness and costs of health care. Thus while some experts believe free doctor visits produce ideal results, most believe that forcing people to pay some fraction of the cost of an appointment is better. When a claim is made, particularly for a sizeable amount, the use of paperwork and bureaucracy can allow insurance companies to avoid payment of the claim or, at a minimum, greatly delay it. Some people simply give up pursuing their claims with their insurance provider. This is a cost-cutting technique employed by some companies; fighting claims legally is actually less expensive in some instances than paying the claims outright. Insurance companies usually do not announce their health insurance premiums more than one year in advance. This means that, if one becomes ill, he or she may find that the premiums have greatly increased. This largely defeats the purpose of having insurance in the eyes of many. However, this is not a concern in many group health plans because there are often laws that prevent companies from charging a single individual in the plan more than others who are enrolled in the same insurance plan. Health insurance is often only widely available at a reasonable cost through an employer-sponsored group plan. This means that unemployed individuals and self-employed individuals are at an extreme disadvantage and will have to pay for more for their health care. Experimental treatments or particularly expensive drugs are often not covered. Because insurance companies can avoid paying claims for experimental procedures, this has lead some insurers to claim that procedures are still experimental well after they have become standard medical practice. This phenomenon was especially prevalent among private insurance companies after organ transplants , particularly kidney transplants, first became standard medical practice, due to the tremendous costs associated with this procedure and other organ transplantation. This approach to avoiding paying premiums can also undermine medical advances. Health Maintenance Organizations or HMO types of health insurance are often criticized for excessive cost-cutting policies that include accountants or other administrators making medical decisions for customers. Rather than allowing such decisions to be made by health care professionals who know which procedures or treatments are necessary, these health plan administrators are dictating medical practice through their refusal to cover claims. As the health care recipient is not directly involved in payment of health care services and products, they are less likely to scrutinize or negotiate the costs of the health care they receive. To care providers health care professionals, not the insurers , insured care recipients are viewed as customers with relatively limitless financial resources who do not consider the prices of services. To address this concern, many insurers have implemented a program of bill review in which insured individuals are allowed to challenge items on a bill particularly an inpatient hospital

bill as being for goods or services not received. If a challenge is proven accurate, insured individuals are awarded with a percentage of the amount that the insurer would have otherwise paid for this disputed item or service. Concerns about health insurance are prevalent in the United States. A June survey of a random national sample by the Kaiser Family Foundation found that twice as many Americans are more worried about rising health care costs than losing their job or being the victim of a terrorist attack source. Healthcare changes in the United States, however, are typically rife with conflict, slow to progress, and dominated by concerns about profits rather than patients, which often leads to a highly fractured and conflict-oriented approach with little room for significant changes except over vast periods of time see debates surrounding Social Security , the Hill-Burton Act , the EMTALA , and the Patient Protection and Affordable Care Act for examples. Publicly Funded Health Care[edit] An alternative to private health insurance and the free-market approach to health care is publicly funded health care. Publicly funded medicine is health care that is paid wholly or mostly by public funds i. Publicly funded medicine is often referred to as socialized medicine by its opponents, whereas supporters of this approach tend to use the terms universal healthcare, single payer healthcare, or National Health Services. It is seen as a key part of a welfare state. This approach to health care is the most common and popular among developed and developing nations around the world today. The majority of developed nations have publicly funded health systems that cover the great majority of the population. Even among countries that have publicly funded medicine, different countries have different approaches to the funding and provision of medical services. Some areas of difference are whether the system will be funded from general government revenues e. Italy, Canada or through a government social security system France, Japan, Germany on a separate budget and funded with special separate taxes. What will be covered by the public system is also important; for instance, the Belgian government pays the bulk of the fees for dental and eye care, while the Australian government covers neither. The United States has been virtually alone among developed nations in not maintaining a publicly-funded health-care system since South Africa adopted a publicly-funded system after toppling its apartheid regime. However, a few states in the U. Other states, while not attempting to insure all of their residents strictly speaking, cover large numbers of people by reimbursing hospitals and other health-care providers using what is generally characterized as a charity care scheme, which often includes levies. Publicly funded medicine may be administered and provided by the government , but in some systems that is not an obligation: The organization providing public health insurance is not necessarily a public administration, and its budget may be isolated from the main state budget. Likewise, some systems do not necessarily provide universal healthcare, nor restrict coverage to public health facilities. Proponents of publicly funded medicine cite several advantages over private insurance or free-market approaches to health care: Publicly funded approaches provide universal access to health care to all citizens, resulting in equality in matters of life and death. Publicly funded health care reduces contractual paperwork. Publicly funded health care facilitates the creation of uniform standards of care. Publicly funded health care may help reduce illnesses associated with job loss. As many people in the US rely on their jobs for health insurance, losing their jobs increases stress and, as a result, increases illness. Publicly funded health care is not without its criticisms. Some purported disadvantages of the public system include: Some critics argue there is a greater likelihood of lower quality health care than privately funded systems. However, because of the universal accessibility of health care, this claim is generally not true. Price no longer influences the allocation of resources, thus removing a natural self-corrective mechanism for avoiding waste and inefficiency though the redundancy of the private system - competing insurers - often results in more inefficiency than a single, public system. Thus very long waits can occur before care is received. Because publicly funded medicine is a form of socialism , many of the general concerns about socialism can be applied to this approach. The state chooses for them. This also tends to be an over-exaggerated and ill-founded concern as there is some degree of freedom in choosing medical practitioners in public systems. While the goal of public systems is to provide equal service, the egalitarianism tends to be closer to partial egalitarianism.

Chapter 4 : Sociology of health and illness - Wikipedia

For students interested in the study of the sociology of health and medicine, and in the medical social sciences more generally, there are substantial resources at the University of Chicago, as follows.

There is a great deal of data supporting the conclusion that these behaviors affect health more significantly than other factors. Sociologists agree that alcohol consumption, smoking, diet, and exercise are important issues, but they also see the importance of analyzing the cultural factors that affect these patterns. Sociologists also look at the effects that the productive process has on health and illness. While also looking at things such as industrial pollution , environmental pollution, accidents at work, and stress-related diseases. Studies of epidemiology show that autonomy and control in the workplace are vital factors in the etiology of heart disease. One cause is an effort-reward imbalance. Decreasing career advancement opportunities and major imbalances in control over work have been coupled with various negative health costs. Various studies have shown that pension rights may shed light on mortality differences between retired men and women of different socioeconomic statuses. These studies show that there are outside factors that influence health and illness. Note that levels of infection are much higher in sub-Saharan Africa. On the opposite end, there are many beliefs that an infected male can be cured of the infection by having sex with a virgin. These beliefs increase the number of people with the virus and also increase the number of rapes against women. It is used more than standard treatment because it is more affordable. This lack of research on whether the herbal medicines work and what the medicines consist of is a major flaw in the healing cycle of HIV in Africa. The labor force in Africa is slowly diminishing, due to HIV-related deaths and illness. In response, government income declines and so does tax revenue. The orphan epidemic in Africa is a regional problem. In most cases, both of the parents are affected with HIV. Due to this, the children are usually raised by their grandmothers and in extreme cases they are raised by themselves. In order to care for the sick parents, the children have to take on more responsibility by working to produce an income. Not only do the children lose their parents but they also lose their childhood as well. Having to provide care for their parents, the children also miss out on an education which increases the risk of teen pregnancy and people affected with HIV. The most efficient way to diminish the orphan epidemic is prevention: Also, educating adults about HIV and caring for the infected people adequately will lower the orphan population. The age range with the highest death rates, due to HIV, are those between the ages of 20 and 49 years. The fact that this age range is when adults acquire most of their income they cannot afford to send their children to school, due to the high medication costs. It also removes the people who could help aid in responding to the epidemic. Japan , for example, has the third highest life expectancy 82 years old , while Afghanistan has the 11th worst 44 years old. These problems are influenced by the sociological factors of religion or belief systems, attempts to reconcile traditional medicinal practices with modern professionalism, and the economic status of the inhabitants of Asia. Vietnam is a country with feudal, traditional roots, which, due to invasion, wars, technology and travel is becoming increasingly globalized. Globalization has altered traditional viewpoints and values. Even early globalization has added to this problem â€” Chinese influence made Vietnam a Confucian society , in which women are of less importance than men. Men in their superiority have no need to be sexually responsible, and women, generally not well educated, are often unaware of the risk, perpetuating the spread of HIV and AIDS as well as other STIs. Cultural beliefs shape attitudes towards physical and mental disabilities. China exemplifies this problem. According to Chinese Confucian tradition which is also applicable in other countries where Confucianism has been spread , people should always pursue good health in their lives, with an emphasis on health promotion and disease prevention. Many traditional healing practices include shamanism and herbal medicines , and may have been passed down orally in small groups or even institutionalized and professionalized. Now governments must be careful to create health policies that strike a balance between modernity and tradition. Organizations, like the World Health Organization , try to create policies that respect tradition without trying

to replace it with modern science, instead regulating it to ensure safety but keeping it accessible. Indigenous psychology is that which is derived from the laws, theories, principals, and ideas of a culture and unique to each society. They may or may not receive professional ANC depending on their education, class, and financial situation. Female midwives and healers are still the norm in most places. Western methods are overtaking the traditional in an attempt to improve maternal health and increase the number of live births. Even wealthy Asian nations, such as Japan, Singapore , and Taiwan , also have very elderly populations and thus have to try to sustain their economies and society with small younger generations while caring for their elderly citizens. While indigenous medicinal beliefs are not significantly prevalent in Australia, traditional ideas are still influential in the health care problems in many of the islands of the Pacific. Because of this, public health was professionalized beginning in the late s in an effort to control these and other diseases. In the s and s it was recognized that Australia had several hundred thousand alcoholics and prevention became a priority over cures, as there was a societal consensus that treatments are generally ineffective. The government has also waged a war on illegal drugs, particularly heroin , which in the s became widely used as a pain reliever. European colonization and late independence meant modernization but also slow economic growth, which had an enormous effect on health care, particularly on nutrition in the Pacific Islands. The end of colonization meant a loss of medical resources, and the fledgling independent governments could not afford to continue the health policies put in place by the colonial governments. Poorer rural communities, on the other hand, continue to suffer from malnutrition and malaria. Native attitudes towards weight contribute to the obesity problem. Tongan natives see obesity as a positive thing, especially in men. They also believe that women should do as little physical work as possible while the men provide for them, meaning they get very little exercise. It is as low as 67 in Russia and 73 in the Balkan states. The study of hypertension within the United Kingdom has turned to examining the role that beliefs play in its diagnosis and treatment. Hypertension is an essential topic for study since it is linked to increased risk of stroke and coronary heart disease. The most common treatment for hypertension is medication but compliance for this treatment plan is low. Patients commonly believe that high levels of anxiety when first diagnosed are the major cause and think that when stress levels decline so too will their hypertension. Other respondents in this UK based study had varying beliefs concerning the necessity of medication while others still argued that it was the side effects of medication that made them end their prescribed regimen. These common illness were examined not because of their seriousness but because of their frequency. The researchers explain five possible triggers that people seek medical aid: These kind of explanatory models are part of the process that people use to construct medical culture. It can help explore why some patients will follow a doctors instructions to the letter and others ignore them completely. Half of the respondents did not have any lay consultation before coming to the doctors office. One-third did not try any self-treatment and three-quarters of the sample consulted the doctor within three days of symptoms developing. These results echo similar studies in Ireland that explain this phenomenon as being based in a strong work ethic. Illness in these countries will affect their work and Finnish people will quickly get treatment so they can return to work. This research out of Finland also describes that this relationship between patient and doctor is based on: On one hand many patients believe they are the expert of their own body and view the Doctor-patient relationship as authoritarian. These people will often use knowledge outside the medical field to deal with health and illness. Others see the doctor as the expert and are shy about describing their symptoms and therefore rely on the doctor for diagnosis and treatment. Data was collected between and It was built by an amalgamation of wealth, ideas, culture, and practices. North America is highly advanced intellectually, technologically, and traditionally. This advantageous character of North American nations has caused a high average life expectancy of 75 years for males and 80 years for females. This leads to the conclusion that North America has cultivated a comparatively healthy society. As North America contains several core nations, the growing economies in those nations are able to maintain and develop medical institutions. This subsequently provides more access to health care for American citizens but health care is not universal. North America is known for being a leading nation in regards to industrialization

and modernization, but the United States lacks federal laws regarding health care as a basic human right. This lag of health care security causes subsequent issues with pharmaceutical competition, lack of care for the elderly, and little attention to alternative medicine. There are high incidence rates in many other world regions. There have also been 22, alcohol induced deaths in the United States in the past year, about 13, of which were related to liver disease. The Swine Flu also known as H1N1 epidemic is a recent disease emerging in the early 21st century. In April , during the early days of the outbreak, a molecular biologist named Dr. These students apparently brought the virus back from Mexico and infected their classmates. Flu viruses can be directly transmitted via droplets from sneezing or coughing from pigs to people, and vice versa. These cross-species infections occur most commonly when people are close to large numbers of pigs, such as in barns, livestock exhibits at fairs, and slaughterhouses. The flu is transmissible from human to human, either directly or via contaminated surfaces. Elevation is a major factor in the areas where malaria is found. The disease is spread from person to person via mosquito bites. People are typically bitten by mosquitoes at dusk and dawn. Symptoms of this disorder are: If left untreated, new symptoms can occur; people that are infected may experience seizures , delirium and coma. Severe cases may end in death. Malaria can be cured, but the symptoms may not become noticeable until months later. There are three forms of medication that can cure Malaria. Literature about Malaria treatment typically is focused toward people who are tourists. Most sources are not written with the native in mind.

Chapter 5 : Health - Sociology - Oxford Bibliographies

Sociology of Health and Illness. Our Sociology of Health & Illness program for graduate students draws on our unique location in New Mexico to foster research that addresses the wide array of health care problems in the United States.

Published on July 23, The number of patients using social media and the number of applications and solutions used by medical professionals online have been sky-rocketing in the past few years. While the number of e-patients is rising, the number of web-savvy doctors who can meet the expectations of these new generations of patients is not. This huge gap can only be closed by providing medical professionals with easily implementable, useful and primarily practical pieces of advice and suggestions about how they should use these tools or at least what they should know about these, so then when an e-patient has an internet-related question, they will know how to respond properly. As all medical professionals regardless of their medical specialties will meet e-patients, this issue with growing importance will affect every medical professional which means there is a huge need for such an easily understandable handbook. Published on August 25, Health technology is changing healthcare for patients, doctors, and regulators radically. A few short years ago, it would have been hard to imagine that exoskeletons could enable paralyzed people to walk again; that billions of people would rely on social media for information; and that the supercomputer Watson would be a key player in medical decision-making. Perhaps more than in any other field, technology has transformed medicine and healthcare in ways that a mere decade ago would have sounded like pure science fiction. Mesko examines these developments and the many more down the pipeline. His aim is to assess how the hand of technology can continue to provide the dose of humanity that is crucial to effective healthcare. He illuminates the technologies and trends that will shape the future of medicine. Published on September 1, Health technology is changing healthcare for patients, doctors, and regulators radically. The 40 questions he answers in his book are the most exciting he received about the future of medicine from over talks given at patient forums, pharmaceutical boards and doctor conferences. Keeping this glimpse into the future actionable, he also gives detailed methods for using technology to live a healthy and proactive. The questions he sought to answer include: Can actual, functioning organs be 3D printed? His predictions about digital health is trend-spotting with facts, instead of blank forecasts. Digital health offers great help both in the management of diabetes and hopefully in its prevention. More and more health insurance companies will integrate digital wearables into their wellness programs to reward healthy behaviour. Augmented and virtual reality has a great potential to reform medical education. More and more apps and programs appear to help medical students learn anatomy or practice surgical procedures. Researchers will collect genetic data, blood samples, medical images, and other information from the study participants. With the technology of 3D printing biomaterials, it will soon be possible to bio-print liver tissues and liver parts for transplantation. These bio-printed livers can also be used in the pharmaceutical industry to replace animal models for analysing the toxicity of new drugs. Health chatbots will further refine its diagnostic skills or build in special features such as voice interfaces. It is basically a sensor able to detect abnormal heart rhythm and atrial fibrillation AFib ; which sends all its findings to the accompanying app on the Apple Watch. A smart algorithm is able to analyse and predict heart rate. There are many ways to leverage on the complicated technology of the blockchain in healthcare: Scientist explore the use of blockchain technologies to securely share patient data, while enabling patients to follow the fate of their own data. The Fourth National Survey of Ethnic Minorities FNS presented the first opportunity to use nationally representative data on the health of ethnic minority people in Britain. The use of more sensitive measures show that difference in socioeconomic position make a major contribution to the relationship between ethnicity and health. However, health differences across ethnic groups are not be reducible to socioeconomic position. The relative deprivation faced by ethnic minority people is likely to involve more than material disadvantage. Ethnic minority people also face alienation and racial harassment. Racial harassment and perceptions of discrimination also have a considerable health impact. American Journal of

Public Health, 93 2. February Differences in health across ethnic groups have been documented in the United States and the United Kingdom. The extent to which socioeconomic inequalities underlie such differences remains contested, with many instead focusing on cultural or genetic explanations. In both the U. Other elements of social disadvantage, particularly experiences of racism, are also neglected. The author reviews existing evidence and presents new evidence to suggest that social and economic inequalities, underpinned by racism, are fundamental causes of ethnic inequalities in health. Patterns, mechanisms and implications for policy In: December 8, The growth of the post-retirement population has led to significant concern. This concern, however, typically neglects the heterogeneity of later life experiences and how these are patterned by inequalities that reflect how process of social stratification continue to operate into later life. It illustrates the patterning of health inequality, and investigates the importance of later life contexts and events in shaping inequality through and after the retirement process. Nazroo examines the extent to which later life continues to reflect stable social structures that shape inequalities and, consequently, health and wellbeing in later life. People use technology to self-track: Ninety million wearable sensors were shipped in to help us gather data about our lives. This book examines how people record, analyze, and reflect on this data, looking at the tools they use and the communities they become part of. The authors describe what happens when people turn their everyday experience â€" in particular, health and wellness-related experience â€" into data, and offer an introduction to the essential ideas and key challenges of using these technologies. They consider self-tracking as a social and cultural phenomenon, describing not only the use of data as a kind of mirror of the self but also how this enables people to connect to, and learn from, others. In order to cultivate data literacy, data vigilance, and data ownership we have to i increase our awareness of data; ii ensure our access to it; protect ourselves against those who would use it unethically; iii make informed choices about whether to give it over to aggregate research; and iv constantly question norms and ideals that may be designed into the tracking systems that collect it. Today, no one can lead an entirely untracked life. Gina Neff communication scholar at the University of Washington and Dawn Nafus anthropologist at Intel show us how to use data in a way that empowers and educates. A cornerstone textbook, popular with students and academics alike for its rigorous and accessible overview of the field. The text covers a diversity of topics and draws on a wide range of analytic approaches, spanning issues such as the social construction of medical knowledge, the analysis of lay health beliefs, concepts of lifestyles and risk, the experience of illness and the sociology of the body. It also explores matters which are central to health policy, such as professional-patient relationships, health inequalities and the changing nature of health care work. It is written for students of the social sciences who opt to study the field of health and illness in greater depth. Toward a Nonsecular Medical Anthropology In: Medical Anthropology, 35 3: The author calls on medical anthropology to become programmatically non-secular. Despite recent anthropological critiques of secularity most contemporary medical anthropologists continue to leave deities and religiosity out of their examinations of healing practices, especially in their accounts of biomedicine. A non-secular medical anthropology would insist that when deities are part of medical practice, they are integral to analysis. Importantly then, biomedical entities like germs and petri dishes need to be accounted for just as much as deities. Sociological Spectrum, 21 3: The medical sociologist can assist health care teams in improving quality of life of terminally ill patients and their caregivers. The authors explore the role of the medical sociologist in palliative care settings, discuss ways to integrate that role into the day-to-day processes of palliative medicine, and identify three areas of intervention where medical sociologists can bring a unique perspective to end-of-life settings. They conclude by examining impediments to the inclusion of the medical sociologist on the clinical team and discussing how these barriers can be addressed. Scheve, Christian von [] Sociology of Neuroscience or Neurosociology? Sociological Reflections on the Neurosciences. Advances in Medical Sociology, A neuroscientific turn has been diagnosed in several disciplines, but sociology has not yet undertaken this turn. Besides a general scepticism towards reductionist explanations, this is largely due to sociology focusing on its traditional role as observer and critic of current developments in science. The author argues that this sociology of neuroscience approach should be

complemented by an increased attention to actual neuroscientific findings with respect to key theoretical concepts in sociology and social theory more generally. Contemporary neuroscience research can assist in sharpening and empirically refining our understanding of a number of micro-sociological concepts that often elude investigation with more traditional social science methods. May 30, Starr analyses the attempts of the American Medical Association to improve academic training of physicians, establish a canon of professional malpractice to weed out quacks, and to improve the professional status of physicians. In book I he examines years of social change in the United States-from to He traces the transformation of health care from household service to market commodity and the concomitant rise of private medical practice to institutional dominance in the prevention and treatment of disease. Popular belief may endow a profession with cultural authority sufficient to justify its claims to self-regulation, state protection, client deference, and control of the means of work. Market expansion allows a profession to capitalize on gains in cultural authority. As its market expands, a profession specializes internally, and its client pool grows. Consequently, its members become less dependent on clients than on one another, their mutual relations less competitive and more solidary. In book II he turns to the 70 years from to in an effort to show how in the United States the accommodation of organized interests in national health policy has fostered a private corporate medicine that threatens the sovereign position of the medical profession. Revised and enlarged edition: Developing Health Information Networks In: Health Affairs 16 3: May-Jun As the information revolution takes off, the health care sector remains startlingly behind the times. There is no Microsoft market giant in the world of health information technology to move the industry toward standardization and cost efficiency. And government policymakers hold mixed views about regulating data collection and information systems. Some government decisionmakers argue that we have but a couple-year window to get health care information policy up to speed, before falling so hopelessly behind that research on quality of care outcomes is seriously compromised. Paul Starr details the evolution of health information policy and practice and offers his prognosis for the future. He concludes that at a minimum, government ought to ensure that consumers and other purchasers have the information to evaluate the cost and quality of care of competing plans and providers. Smart technology is here, smart networks are coming to health care, but smart health policy seems to be a long way off. Health Affairs 19 6: November-December The objectives and assumptions of health care reform have changed repeatedly during the past century and may now be entering a new historical phase as a result of the new economy rooted in information technology. In a high-growth context, proponents of reform may no longer feel obliged to bundle expanded coverage with tighter cost containment. At the same time, the new digital environment may facilitate innovations intended to inform and expand consumer choice and to improve quality. The new environment elevates transparency to a guiding principle. Health informatics has long been peripheral to reform and must now become more central.

Chapter 6 : Health and Medicine | Sociology | The University of Chicago

The sociology of health and illness requires a global approach of analysis because the influence of societal factors varies throughout the world. Diseases are examined and compared based on the traditional medicine, economics, religion, and culture that is specific to each region.

This definition emphasizes the importance of being more than disease free, and recognizes that a healthy body depends upon a healthy environment and a stable mind. Medicine is the social institution that diagnoses, treats, and prevents disease. To accomplish these tasks, medicine depends upon most other sciencesâ€"including life and earth sciences, chemistry, physics, and engineering. Preventive medicine is a more recent approach to medicine, which emphasizes health habits that prevent disease, including eating a healthier diet, getting adequate exercise, and insuring a safe environment. Sociology assumes that a functioning society depends upon healthy people and upon controlling illness. Parsons identified four components to the sick role. The sick person is Not held responsible for being sick. Not responsible for normal duties. Not supposed to like the role. Supposed to seek help to get out of the role. Society allows those who fulfill these criteria to assume the sick role, but society loses sympathy for and denies the role to those who appear to like it or those who do not seek treatment. In other cases, family and friends may show sympathy for a while, but lose patience with the victim and assume he or she is seeking attention or is a hypochondriac. Although many believe that science alone determines illness, this sociological view points out that society determines sickness as well. In the past, society first dismissed or judged various ailments, only to later recognize the ailments as legitimate. People now recognize premenstrual syndrome PMS â€"once considered female hypochondriaâ€"as a legitimate, treatable hormonal condition. People punished these victims for violating the norms and values of the society, rather than recognizing them as legitimately ill. As society became more knowledgeable about the disease, and as the disease affected a broader portion of the population, attitudes toward AIDS and those afflicted changed as well. Today some conditions still struggle for recognition as legitimate ailments. One controversial condition is chronic fatigue syndrome. These symptoms may last for years and often result in disability. Sufferers experience difficulty in getting their condition recognized, not only by family and friends, but by insurance companies as well. Because of social hesitancy to accept chronic fatigue syndrome as legitimate, sufferers who are unable to work are often denied disability. This renaming associates the disorder with more scientific, readily recognized diseases. More families, physicians, and employers are now taking the disease seriously, so chronic fatigue sufferers are gaining support. People with mental illnesses equally struggle for recognition and understanding. Although treatment conditions and understanding of mental illness have drastically improved, critics and mental health providers argue that considerable work remains. Because of new drugs that reduce or eliminate many symptoms and changed attitudes toward mental illness brought about by the work of sociologists and psychologists, many asylums closed and thousands of patients were released to community group homes, halfway houses, or independent living. Critics point to an increase in homelessness coinciding with deinstitutionalization. They claim many homeless are mentally ill patients who need institutionalization or at least better mental health care. Communities now face a number of issues due to deinstitutionalization because many localities object to group homes and halfway houses being located in their communities. Many wrongly believe that the mentallly ill are more likely to commit crimes. Because of this misperception, as well as others, recovered mentally ill people, as well as those diagnosed and in treatment, are still stigmatized and discriminated against. Psychiatrists and other medical doctors can prescribe drugs, while nonmedical professionals cannot. Insurance companies limit the kind of professional mentally ill patients may see and the length and cost of treatment. All these issues make it more difficult for mentally ill patients to get and remain in treatment. Some mental illnesses, such as paranoid schizophrenia, require drug treatment for normal functioning. Patients in the community sometimes neglect to take their medication when they start feeling better, opting out of continued

treatment and resulting in a relapse. Patients who stop taking their medications are the ones most likely to become homeless or to pose a danger to themselves or others. These are not the majority of patients being treated for a mental illness, however. People with conditions such as depression, panic, bipolar disorder formerly known as manic depression , and a host of other debilitating conditions can respond well to other therapies in addition to medication. With treatment, they are no different from any other member of society. Major health problems in the United States Over the 20th century, medicine responded to the most common health threats with effective treatments. By the end of the century, the leading causes of death had changed dramatically. According to the national Center for Health Statistics, the top ten causes of death are: At the beginning of the century, the leading causes of death were tuberculosis, pneumonia, diarrhea, heart disease, nephritis, accidents, blood vessel diseases, cancer, bronchitis, and diphtheria. Discovery and development of vaccines and antibiotics meant that diseases once deadly are curable or nonexistent. People live longer, thus suffering more diseases associated with old age such as heart disease, cancer, and blood vessel diseases. What cannot be overlooked is the eleventh cause of death: AIDS, or acquired immune deficiency syndrome. First recognized in , the origin of AIDS is still controversial, though many experts find evidence pointing to African monkeys. In the United States, the disease first appeared in male homosexuals. Other means of transmission are drug injection, 25 percent; heterosexual sex, 8 percent; homosexual sex and drug addiction, 7 percent; undetermined, 6 percent; and blood transfusions, 2 percent. The lengthy incubation period, sometimes lasting several years, contributes to its spread. While AIDS is the eleventh cause of death for the overall population, it is the leading cause of death for men age 24â€”44 in the United States. Alcohol and nicotine The most commonly abused drugs in the United States are alcohol and nicotine. According to the statistical abstract, Americans consume on average 37 gallons of alcohol per year, the majority being beer at an average of 32 gallons per year. The remaining 5 gallons is comprised of 3 gallons of wine and 2 gallons of other distilled alcohol. At this rate, Americans consume more beer than either coffee or milk. Beer consumption has become a major issue on college campuses with recent epidemics of binge drinking, particularly by college males. Many incidents have resulted in injury and death. Although many recent studies have extolled the health benefits of moderate alcohol consumption, the emphasis of these studies is upon moderate consumption or one or fewer glasses of wine per day. Some emerging studies indicate that the health benefits may be the same for grape juice and wine. Alcohol increases the risk of birth defects, and women who are or may become pregnant should not consume alcohol. In the surgeon general issued the first warning that smoking could be hazardous to health. Since then the evidence has mounted and the powerful tobacco industry has increasingly found itself on the losing side of lawsuits. Emphysema, lung cancer, heart disease, and other cancers are attributed to smoking. Morbidity experts estimate nicotine kills about , Americans each year, making it the most deadly recreational drug. Although cigarette advertising is limited, it remains a central controversy, especially advertising aimed at teens and youth.

Chapter 7 : SocioSite: SOCIOLOGY OF HEALTH & ILLNESS

2. the ASA assumed control of an existing journal in medical sociology and renamed it on the Journal of Health and Social Behavior. The ASA currently has 1, members of in the medical sociology field. aSA 15, members.

Chapter 8 : Health Careers | Vanderbilt Department of Sociology | Vanderbilt University

The World Health Organization (WHO) defines health as "a state of complete physical, mental and social well-being, and does not consist only of the absence of disease or infirmity" Though this is a useful definition, some would consider it idealistic and non-realistic because using the WHO definition classifies % of people as unhealthy.

Chapter 9 : Social Science & Medicine - Journal - Elsevier

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Medical sociology is the sociological analysis of medical organizations and institutions; the production of knowledge and selection of methods, the actions and interactions of healthcare professionals, and the social or cultural (rather than clinical or bodily) effects of medical practice.