HSS2321 - Sociopolitical Economic Perspectives

Lecture 1

Introduction

- we experience illness in a **social context**
- there are social **expectations of illness**
    - Example
        - relationships between disease and **social variables**
            - morbidity and mortality are inversely related to **income**
        - Institutional relationships between the medical system and illness
            - recognition of signs and symptoms
            - forms of treatments

Structural Functionalism - Emile Durkheim

- Sociology
    - **Auguste Comte (1798-1857):** Godfather of Sociology
- Structural Functionalism
    - **Emile Durkheim (1858-1917)**
        - founder of the theoretical and methodological model
        - Priority of structural functionalism is to:
            - **maintain a good working order in society**
        - **Structural functionalism**
            - Associated with a ***positivist methodology***
                - a bunch of blocks that work together, that can be observed objectively, making laws that A + B = C. **everything can be proved scientifically.**
    - **Positivist Methodology**
        - Social scientists both should and can remain **objective and value-free** while observing, recording, and measuring external social facts...
        - tend to rely on data that are assumed to be objective, collected from interviews and questionnaires...

Structural Functionalism - Aims

- Discover & explain the impact of social facts on human behaviour, attitudes, and feelings
- **Social factors** are real and external to human actions and determine human behaviour
- Social factors are seen in the **social structures** such as the norms that guide society
- Sociology is a science that seeks to **describe the world** in a series of universal causal laws
- **Human behaviour is objective** and **can be quantified** through methods (i.e. experiments & survey research)

Talcott Parson's Sick Role Behaviour

- Sick role behaviour is used to describe:
  - The relationship between the individual and society
  - The processes that maintain societal institutions
- **Two Rights.** The sick person is...
  1. Exempt from 'normal' social roles - sick student can miss exams
  2. Not responsible for his or her condition - we take care of them
- **Two Duties.** The sick person should... or else they do not qualify for the sick role
  1. Want to get well
  2. Seek technically competent help & co-operate with the physician

Criticisms of Sick Role Behaviour

- *Illness is viewed as a form of* ***deviance*** and is a potential threat to the social system unless it is managed for the benefit of the social system
- *Medical institutions are agents of social control* just as religious institutions and criminal justice systems are

Research that Considers Heath and Medical Variables as Dependent

- age, sex, height, wealth, culture, environment, education are the independent variable
  - these have an effect on **health and medical variables which are dependent**

Research that Considers Heath and Medical Variables as Independent

- health status exerts its effect on:
  - age, religion, sex, political views, martial and family status

Summary of Structural Functionalism

- To discover and explain the role of **social facts** in human behaviour, attitudes, or feelings
- Through scientific methods seek to **uncover universal causal laws** based upon quantitative analysis of 'objective' social phenomena
- Empirical analysis is part of the theoretical analysis that concerns the functions performed by various parts of the social system in order to **maintain that social system**

Structural Functionalism - Emile Durkheim

Model of subject matter	Society is a social system of interlocking and inter-related parts or institutions
Model of the subject matter in process	Institutions either perform or not to maintain a social equilibrium
Ways of doing sociological analysis	Systems are explainable and predicable through a series of 'if x.. then y' causal statements; x and y are social factors
Objectivity and subjectivity	Must be objective and study the social world objectively
Image of human nature	External factors impact on how human beings believe, think, feel and do

Conflict Theory - Karl Marx

- All social arrangements, sociological theories, and sociological methods have political and economic bases and **consequences**
- **Focuses on class** – or economic-based power relations and dynamics
- Marx believed that human thought and behaviour were the result of socio-economic relations, and that both were alterable
- This alteration betters both individuals and society as a whole
- Class struggle is related to the **means of production**
- The level of analysis is the social system because it is the system that needs to be changed and a new one established
- **Three distinguishing characteristics of CT research are:**
    1. To discover and document injustice (class, race, gender, power)
    2. All knowledge is rooted in social, material, and historical context
    3. Research methods must acknowledge social, economic, and historical context
- The primary subject of study is social classes, because they are the means to effect change

Conflict Theory - Vincent Navarro (Contemporary CT)

- Analysis focuses on recurrent patterns and the dynamics of power relations between social classes or between the sexes
- Ill health was related to the living conditions of the working class and the material conditions of capitalism (Navarro, 1986)
- Navarro believes that there are two major goals of contemporary capitalism:
    1. **The concentration of capital**
    2. **The growth of the state**

Conflict Theory - Hilary Graham

- Health-care work in the home:
    - Provision of healthy conditions in the home
    - Nursing the sick
    - Teaching about health
    - Mediating with doctors and hospitals, making visits to clinics, talking to a social or public health worker
- There is an **inverse relationship** between **class and some of the most sensitive indicators of a nation's health:**
    - Stillbirths
    - Prenatal mortality
    - Neonatal mortality
    - Postnatal mortality
    - Infant mortality
- In Canada today, there is wide variation across the country and across racial groups in infant mortality rates

Conflict Theory - Summary

The key principles are:

- **Documentation and analysis of injustice** resulting from class, race, gender, and power
- **Knowledge is never objective** but dependent upon its social, material, and historical **context**
- Understanding conflicting social and economic factors is essential for an understanding of other conditions of social life

Conflict Theory - Karl Marx

Model of subject matter	Society is a system of classes
Model of the subject matter in process	Power groups with contradictory purposes based upon their relationship to the basic economic structures
Ways of doing sociological analysis	Power groups are understood by examining the conflicts in historical context
Objectivity and subjectivity	Value-committed perspective
Image of human nature	Human beings are alienated from self, others, and meaningful work, and require revolutionary change for liberation

Symbolic Interactionalist Theory - Max Weber

- Social actions means:
  - Action to which the individual attaches subjective meaning
  - Causal explanation is directed to interpret the meaning of a situation from the viewpoint of the subject
  - It is impossible to gather objective data
  - All social reality is subjectively defined and experienced
- The level of analysis is not the system but the individual interaction with others, oneself, the mind and its meaning
- **This is micro-analysis**
- **Structural-functionalism and conflict theory are macro-analyses**

Disease vs. Illness

- Disease is defined as **'the pathology of the human body'**
- Illness is defined as **'the meaning of the experience associated with a given pathology'**
- Medicine attempts to understand the nature, cause of disease, and treatment
- Sociologists describe the impact of disease and diagnosis on the individual's perception of self and his or her relationships with others

Three Important Aspects

- Paying close attention to the meaningful interaction of social actors
- Understanding the subjects of study have of their own situations becomes the object of investigations
- Portraying the world views of the participants in their own language is the desired outcome of the research

Symbolic Interactionalist Theory - Max Weber

Model of subject matter	Society is composed of individuals who make their social lives meaningful through interaction
Model of the subject matter in process	Individuals create reality from situation to situation through interactions with others
Ways of doing sociological analysis	World views and symbols arise through interaction and are understandable through interpretation, empathy and understanding
Objectivity and subjectivity	Acceptance of contextual reflections of interactions between individuals
Image of human nature	Human beings continue to construct reality as they interact with each other

Feminist Theories

- A major theme throughout feminist analysis of health has been a criticism of the medicalization of women's lives
- **Women's health focuses were decided by white male doctors**; whereas women think it should be about equity, education, proper nutrition - things important to actual women; not from the establishments perspective
- Health is also mediated by culture, as is physical attractiveness
- **Stress, the number one health concern of women was associated with**:
  - Family responsibilities
  - Work responsibilities
  - Money worries
  - Violence
- These issues, resulting in health concerns, are NOT best addressed by the medical system
- **Feminist Theory focuses on criticizing patriarchy in society**
- **Can use any of the other approaches in its argumentation**

Critical or Anti-Racist Theories

- Anti-racist theory expands on feminism by including a focus on the fundamental significance of racialization and racism, along with gender, class, and sexual identities in understanding and theorizing the social world
- All knowledge is race-based and associated with power and wealth
- Power and dominance are gained by those who possess knowledge, and this knowledge determines what people think, feel, believe

Summary of Feminism and Critical Race Theories

- Due to race and gender, men and women of different race-groups **occupy different places in the social structure** and live in distinct but overlapping cultures
- Men and white peoples dominant in all institutions in society – more power, money, access to scarce resources
- Sociology of health, illness, and medicine historically has historically reflected male and white dominance with respect to subject matter and styles of theorizing and research
- Feminist and anti-racist researchers describe and explain the social world so that gender, race, class, and sexual orientation are central focuses

Sociology of Health in Canada

- American scholars focus on socio-psychological variables such as: stress, health locus of control, health behaviour models, and social support and tend to use survey research methods and takes an applied approach
- Canadian scholars focus on a more theoretical approach that emphasizes power over culture taking a more critical or political economic approach

Feminist & Anti-Racist Theory

Model of subject matter	Social organization, structure, power, and knowledge understood from women's and visible minority perspectives
Model of the subject matter in process	Individual identity is tied to relations between the patriarchal and racist social systems
Ways of doing sociological analysis	All methods of data collection are used but recommend a participatory approach, triangulation and language is anti-racist and gender appropriate
Objectivity and subjectivity	Impossible to be objective, thus necessary to clarify standpoint and acknowledge reflexivity
Image of human nature	Differences by race, class, gender, power, sexual orientation, disability or ability limit

Lecture 2 - Disease and Death in Canada & Intl.

Learning Objectives

- To examine:
  - Explanations for variations in life expectancy
  - Death, disease & disability vs. phys. & social determinants
  - Major causes of death in Canada
  - Potential years of life lost (PYLL): impact on policy
  - Behavioural pre-requisites to disease
  - New infectious diseases in Canada & around the world

Life Expectancy

- The average life expectancy for men and women has varied over the years and through many different types of social and economic arrangements
- Canada
  - 1831: 39 years
    - because life was more subject to war, epidemics, health issues, etc.
  - 2004: 80 years

Life Expectancy - Explanation

1. Epidemiological transition (Omran, 1979)

- ...as the economy changes from low to high per capita income, there is a corresponding transition from high mortality and high fertility to low mortality and low fertility…
- Changes in the patterns of disease: three distinct stages:
  1. The Age of Pestilence and Famine
  2. The Age of Receding Pandemics
     - discovery or penicillin and insulin and hygienist movement
  3. The Age of Degenerative and Man-Made Diseases

2. 'Sequential improvements' (McKeown)

- Study of last few hundreds years
  - **First: due to decline in infectious disease**
  - **Second: due to improvements in:**
    - Nutrition and Hygiene;
    - Control of disease causing microorganisms
    - Birth control
- **Study of 1900-1971**
  - Improved nutrition: ≈ 50%
  - Better hygiene: ≈ 15%
  - Immunization & medical therapy: ≈ 10%

3. 'Socio-Economic Resources' (Kim and Moody, 1992)

- Infant mortality rate (117 countries)
- Medicine vs. Socio-economic resources
- Using socio-economic status (SES) indicators:
  - GNP / Energy consumption / Daily caloric supply per capita
  - % of population in secondary education
  - Urbanization / Safe water-supply
- **Findings:**
  - Contribution of medical resources to the health of population is small compared to socio-economic resources

4. Political economy perspective

- Considers place of workers in global economy
- **Occupational conditions** (pay, security, safety)
- Prime determinants of equality, living conditions & health

5. Dependency Theory

- Global economic order & processes: prime determinants of health
- Multinational expansion maintains underdevelopment
- Three types of economic actors:
  - Core countries - Canada, Germany, Spain, U.S
  - Periphery countries - Cambodia, Haiti, Peru, Ethiopia
  - Semi-periphery countries - Korea, Mexico, Chile, Saudi Arabia
- Core countries exploit resources from Periphery Countries. Core countries are developed, exploitation of Periphery countries halts their development.

Death Disease and Disability: Global Context

Each year

- 8.5 million children under five years of age die, and
- 4 million die in the first month of life (Black et al. 2003)
  - Childhood malnutrition is a significant factor in the deaths of more than half of all child mortality
  - Prime determinant of health: the (absolute) ability of individuals and families to meet their basic human needs

Social Factors That Affect Health & Longevity

- The greater the relative inequality in societies, the higher the rate of disease and death
  - **Cuba vs. Dominican Republic -** same geography, different policies
  - **Canada vs. USA -** same geography, different wealth inequalities
- Socio-economic, political, and cultural factors affect health and longevity around the world
- The major causes of death are preventable and could be eliminated with minor and inexpensive interventions

Making Sense of Global Health Data - Exam Q

Identify 5 key findings

- improve life expectancy via:
  - vaccination, education, family planning, rich poor gap
  - health variations within a country
  - becoming a healthy country lets you become richer
  - we need to liberate data in order to face these challenges
  - care for Africa needs to be highly contextualized due to huge variations of wealth within populations

UN's Millenium Declaration

1. Eradicate poverty and hunger
2. Achieve universal primary education
3. Promote gender equality
4. Reduce child mortality
5. Improve maternal health
6. Reduce HIV/AIDS, malaria, and other diseases
7. Ensure environmental sustainability
8. Develop global partnerships to achieve these goals

Poverty and Inequality

Income level is associated with:

- Work
- Education
- Food
- Shelter
- Water
- Hygiene
- Sanitation

Economic decline affects the standard of living and health of all

Food Security

- Food security refers to a situation, either chronic or acute, in which people '**do not have access to enough safe, nutritious, and culturally acceptable food**'
- ≈ **852 million people** lack adequate nutrients for daily life
- More than half of the deaths occurring each year in the developing world are associated with malnutrition
- Food insecurity results from war, poverty, natural disasters, epidemics, and political & economic crisis

Physical and Social Environment

- Availability of clean drinking water: critical factor in health
  - Many fatal and debilitating chronic illnesses are spread by unsanitary water
    - ex. baby formula crisis
- More than one billion people or 1/6 of the world's population lack access to safe drinking water
- Prevention depends upon changes in: Water supply, Hygiene, Sanitation

Safety Security and Stability

- Civil war, international warfare, and violence in communities, workplaces, and the home are all threats to fundamental security
- Those at risk of violence are more likely to be:
  - Females, children, adolescents, old people
  - The homeless, the unemployed, migrants, refugees
  - Members of visible minorities
  - The chronically ill and mentally disabled
  - And victims of wars

Position of Women

- Position of women in society has a significant impact on the health of the people
- In no region of the world, are men and women equal in legal, economic, or social rights – this is particularly true in the developing world
- Reducing poverty will lead to an increase in the status of women, and will enhance economic development. increasing status of women best strategy to enhance economy!!
- In some part of sub-Saharan Africa women have 1 in 6 chance of dying in childbirth as compared to 1 in 8,700 in North America

Decreasing Child Mortality

- Interventions that would be required:
  - Improved water
  - Sanitation
  - Decrease in the levels of indoor pollution
  - Increased levels of information and education
- **Greater education in women, increase:**
  - knowledge about necessary nutrients for their children
  - Economic, domestic, political power & independence

Birth Control, Pregnancy, and Child Birth

- Effective birth control is an important cause of the decline in the mortality rate around world
- Pregnancy: too many, to closely together, are a threat to the health of the mother and child:
  - Illegal abortions
  - Malnutrition
  - Pregnancy takes a toll on a woman's body
  - Rest is needed in last trimester
  - Childbirth include greater risks
  - Half a million women die annually in childbirth
- Circumcision, excision, infibulation (Somalia: ≈100%). Rape.
- **DALY: disability adjusted life years**
  - DALY of rape comparable to that of AIDS, tuberculosis, cancer, etc.
  - rape causes higher rates of illness in all body systems of women compared to healthy ones

Comprehensive Health Care

Three levels of prevention:

Primary: **via community development & education**
Secondary: **disease treatment via hospitals**
Tertiary: **via teaching hospitals & HP**

- Primary health care is most associated with positive health outcomes in both the developed and developing world
  - oral rehydration therapy
  - Vaccinations and antibiotics
  - Disease-specific initiatives
- Along with smaller family sizes & improved socio-economic status

Immunization

- McKinlay and McKinlay (1977)
  - Most of the decline in mortality from the infectious diseases prevalent in the 1900 (40% of deaths) was the result of public health measures such as water purification and improvement in nutrition and birth control.
  - Significant decrease in mortality rate preceded treatment for each disease
- Immunization
  - In the developing world, only 10% of children receive protection from measles, tuberculosis, whooping cough, polio, tetanus and diphtheria.
  - 5,000,000 children still die from these diseases each year
  - Another 5,000,000 are disabled annually

Impact of Specific Diseases

Three of the most significant health problems globally:

- HIV/AIDS: strikes the poor & socially marginalized hardest
  - Sub-Saharan Africa:
    - 12,000,000 children lost one or both parents. 2,000,000 are HIV +.
      - Mental disorders: related to poverty, economic insecurity, and low level of education
      - Wars and natural disasters: 1998: 5,000,000 people displaced

Death, Disease and Disability in Canada

In Canada, infant mortality rate has dropped significantly as a result of better nutrition, living standards for the mother and baby, improved prenatal care postnatal medical care

- Infant mortality rate:

  1901: 134 / 1,000
  1960: 27 / 1,000
  1995: 6 / 1,000
- The chief causes of death today in Canada are heart disease, cancer and accidents
- Called the diseases of civilization or diseases of affluence, or what Omran called ‘man-made’ diseases, **Age of Degenerative and Man Made Diseases**

PYLL: Potential Years of Life Lost

- Good indicator for explaining causes of death in men & women of all ages in one year
- Used to explain premature death - Average Death Age - Real Death Age
- Major causes of death include:
  - Life stress
  - Sense of community belonging
  - Leisure-time physical activity
  - Smoking status, Alcohol use, Dietary practices
  - Employment status

Precursors to Disease & Death in Canada

- Marc Lalonde argued for a broader model of causes of disease beyond those attributed to the biomedical model and distinguished three causes of mortality
  - Self-imposed (lifestyle)
  - Environmental
  - Biological host factors

Alcohol and Street Drugs

Alcohol

- Excess consumption: associated with morbidity & mortality
- Consumption: men vs. women, age, income

Street Drugs

- Those who inject are more likely to be male, to have been in jail, to have parents that were users, and to have dropped out of school.

Cigarette Smoking

- Cigarette smoking is recognized as the leading cause of preventable disease in Canada
- Men and women smoke:
  - Because of addiction
  - To enhance social acceptability
  - To improve self-esteem and relative stress
  - To control weight
- Exposure to second-hand smoke

Physical Activity

- Canadians of all ages have increased their physical activity
- Physical activity is higher among the young

Sexuality and AIDS

2002 Risk categories:

- 69% Homosexually transmitted ,11% Heterosexually transmitted ,11% Transmitted via drug use, 3% by blood, 1% Prenatally, 5% Unknown
- Incidence among women is increasing rapidly in Canada

New Infectious Diseases

- 1918 Spanish flu (killed 40-50 millions), 1957 Asian flu, 1968 Hong Kong flu
  - Concerns about new strains are increased due to travel and the potential for exponential spread of new infectious diseases
- The newest being H5N1

Lecture 3 - Environment & Occupational Health and Illness

Learning Objectives

To examine:

- Three fundamental parts of the environment upon which health depends – water, air and land
- Important environmental threats
- Occupational health/safety issues that are significant causes of morbidity/mortality in Canada
- Gender differences in occupational health & safety
- Traffic, sports, and other accidents and violence as important challenges to health

Major Environmental Issues

Three fundamental components of the environment:

- **Air, Water, Land**
- Estimated 60-90% of cancers are environmentally caused
- **There is a correlation between employment in lower-status, lower social class jobs** and an **increased risk of developing a work-related cancer**
- Cash strapped economies of the developing world, lack alternatives, are more likely to allow for the dumping of wastes within their borders in return for cash payments

Issues That Impact Health

Climate Change: global warming

- **CO2/ others:**
  - Air pollutants (i.e. methane, nitrous oxide) reflect the sun's radiant energy back to earth, creating a warming trend affecting growing of crops and risk of flooding

Chemicals

- **Lead:**
  - neurotoxic effects (developmental impairment, language, motor co-ordination, ADD, learning disabilities, anemia)
- **Mercury:**
  - associated with seizures, blindness, deafness, cerebral palsy, and developmental delays.
- **PCBs/others (coolant fluids):**
  - neuron-developmental & reproductive problems
- **Pesticides:**
  - cancer & damage (nervous, reproductive, immune syst.) 50,000,000 people work on plantations, direct contact

Air Pollution

- Kills: men & women in polluted cities
- Exacerbates: lung illnesses, infections, cancer and CAD.
- Sick bldg synd.: extreme case of indoor pollution.
- Env. Sensitivity: allergy to several components
- Radon: most seriously harmful indoor pollutant
- Asbestos: lung cancer, mesothelioma
- 2nd hand smoke: sidestream & exhaled smoke (cancers & +)
- MV emissions: affect health, global warming, acid rains, etc.

3,000,000 people die every year from air pollution

Water Pollution

- Linked to : diarrhea, malaria, encephalitis, hepatitis A, others
- Overexploitation: a threat to water & ocean resources
- Great Lakes: 1/5 of the world's fresh surface water
- Water usage: 94% industry & agriculture, 6% household, schools, hospitals

Land Pollution

- Solid waste: domestic, manufacturing, hospital, radioactive
- Canada: importer of hazardous wastes for disposal
- NIMBY: Not in my backyard!

E-Waste:

- waste that comes from or is caused by electronics
- Contains: lead, mercury, arsenic, chromium

Bio-Diversity

- Threats to air, water, and land have implications for the future of life – the decline in biodiversity
- Given the **interdependence in the complex ecosystem**, the extinction of one species may very well indirectly lead to the extinction of others and ultimately may lead to the destruction of species that serve to protect human life.
- Rain forests comprise only 7% of the earth's surface, they are home to almost half of the living species of the planet

Food Safety

- Food safety has emerged as an important environmental and public health issue in the last two decades
- Food-borne diseases (FBD)
- OECD: 76 millions illnesses, 325,000 hospitalizations
- US: 5,000 deaths
- As a result, many people turn to organic food
- Perceived as healthier, no pesticides, no GMO, hypo-allergic

Occupational and Health Safety

- Statistics on workplace accidents and work-related injuries likely underestimate the number of injuries that occur
- WHO (citing International Labour Organization)
  - 2,200,000 work related deaths each year
- To attract multinational companies, poor countries will compete with one another by:
  - **lowering labour costs, reducing environmental standards, and creating free-trade industrial zone**

Work, Women and Stress

- Many women work in female-dominated job ghettos at jobs that are different from the work men do.
- Many jobs done by women provide lower pay, less power, little independence autonomy, or control.
- **Women make between 71%-82% of men's earnings**
- Examples:
  - Clerical workers, retails and services, hairdressers
  - Health-care workers
  - At home

Other Accidents and Violence

Canada: accidental injury & death (2004/05)

- Automobile accidents (45%)
- Unintentional falls (32%)
- Homicides and intentionally inflicted injuries (9%)

Sport injuries: a significant proportion of all accidents

- Ice hockey, cycling, skiing, and baseball
- Rate of death (35/100,000) comparable to cancer (215) and higher than heart disease (178)

Lecture 4 - Social Determinants of Health

Learning Objectives

To examine health outcomes through:

- Social determinants and iniquities
- Materialist; neo-materialist; life-course
- Social inclusion/exclusion & social capital
- Political organization
- Ideology
- Key social determinants
- Social theory, commodification, and health
- Growing inequality in Canada

Social Structure

- Hierarchical in structure (invisible ladder)
- Variables associated with social structure include:
  - Economic
  - Educational
  - Gender
  - Social status
- Cross-cutting indicators influence one another
- Examples:
  - Women, poverty, aboriginal
  - Men, education, social status
- **Perspective of Conflict Theory & Social justice:**
  - Hierarchical structure is indicator of iniquity
- **Iniquity, health and illness**
  - There is consistent and positive relationship between good health and location further up the social-structural hierarchy
  - People who have more wealth tend to also be healthier, and people who have less wealth tend to have poorer health
  - The overall degree of equity or inequity within a society affects the well-being of everyone, including both those at the top and those at the bottom of hierarchy
  - As the degree of overall inequality declines or increases, so, too, will the level of health likely vary
- **Outlines different explanations of inequality & health**
  1. Materialist approach
  2. Neo-materialist approach
  3. Social-psychological approach
  4. Life-course approach

1. Materialist Approach

- Health is linked with the provision of basic material goods and services
- It depends on available, accessible, good quality:
  - Food & water,
  - Transportation system & infrastructure
  - Employment & Housing
- **Income is central to health.**
  - It must be sufficient and stable
- **Income inequity perpetuates itself trough generations and leads to poorer health**
- Factors influencing health
  - Material circumstances
  - Nutritional inadequacies
  - Diminished capacity to cope
  - Challenges to mental health and well-being
  - Health-threatening behaviours
- Lifestyle. Is it always a choice?
  - as a child no, your food and activities determined by parents. as an adult almost, but sometimes your past choices in life determine the availability of your current choices.

2. Neo-Materialist Approach

- Acknowledges the importance of a basic level of material adequacy, but...
  - ... centres its attention on the significance of the relative distribution of material and social goods in society
- Once a certain degree of material adequacy has been reached*, **equity & perceived equity become essentia**l to the overall health of a population. (*) Estimated at $5,000 US
- **Progressive redistribution policies**
  - Unemployment insurance
  - Leave policies for sickness, companionate care, and disability
  - Early childhood education and care programs
  - Universal education
  - Basic guaranteed annual income
- **More likely to have:**
  - Lower infant mortality
  - Longer life expectancy
  - Longer disability-free life expectancy

3. Socio-Psychological Functioning

Explains how neo-materialist theory works at the level of the individual

- Focuses attention on impact of inequity
- Highlights importance of social inclusion/exclusion
- **Social capital enhance inclusion**
  - Access to and presence of social benefits
  - Social, cultural & economic capital work together
  - Provides resources via social network & community inclusion
- **Type of capital or resources necessary to health**
  - Natural
  - Human
  - Material
  - Social and cultural
  - Psychological
  - Corporate
- **Those with adequate capital are less likely to be marginalized and more likely to be included in social life.**

Social Inclusion

- Related to social capital and is evident in characteristics of communities such as:
  - Civic engagement
  - Voter turnout
  - Representation of people with diverse background
- Presence of **well-functioning infrastructure** contributes to a high level of social inclusion
- Private education, health clubs, lack of accessible transportation, arts, etc., marginalizes people unable to pay for private goods and services

4. Life Course Approach

- Overlaps with three previous approaches
- Focuses on how: Impoverishment, inequity, a lack of redistributive policies, social exclusion and negative social comparison are exacerbated when they occur in childhood and continue through life.
- The health cost of childhood are increased through pathways, latency and cumulative effects.
- **Pathways**
  - Set children onto a course resulting from unhelpful or helpful health experience
  - Success breeds success
  - Reverse is also true
- **Latency**
  - Early developmental effects that may influence later life
  - Prematurity, underweight, overweight, obesity
- **Cumulative effects**
  - Accumulation of both disadvantages or advantages over a lifetime (including pathways & latency) influence health

Political Explanations for Inequality and Poor Health

- Navarro and Shi (2003)
  - Compared countries from OECD
  - **Organization for Economic Co-operation and Development**
  - From 1945-1980: Golden years of capitalism
- Health inequality and health outcomes based upon politically organized nation-states:
  - Social democratic
  - Christian democratic
  - Liberal
  - Ex-fascists

- Social Democratic
  - **Austria (5.1), Sweden (4.0), Denmark (5.2), Norway (4.0), Finland (4.0)**
    - Extensive taxation & redistribution policies (economic and social)
    - Full-employment policies
    - High level of union involvement
    - Extensive social safety net
    - High degree of employment in health, education, and welfare
    - High rate of female in the labour market
    - Infant mortality rate: (4.5)

Christian Democratic	Liberal	Ex-Facist
Belgium	Canada	Spain
Netherlands	Ireland	Greece
Germany	UK	Portugal
France	USA	Mortality Rate (6.4)
Italy	Mortality Rate (6.4)	
Switzerland		
Mortality Rate (5.3)		

Coburn

- The inequality & inequity have been growing since the golden years of capitalism, & the justification is rooted in the ascendancy of the ideology of neo-liberalism
- **Chief assumptions:**
  1. The markets are the best and most efficient allocators of resources in production and distribution
  2. Societies are composed of autonomous individuals mainly motivated by material or economic considerations
  3. Competition is the major market for innovation
- **Generates:** Increased inequality, decreased social cohesion.

An Operation Model For the Social Determinants of Health

- Health, illness, and death are not randomly distributed in a society. Their incidence prevalence are linked to the social organization of the society
- Many factors influence health outcomes:
  - Globalization of capital
  - Political-economic systems
  - Social policies
  - Cultural differences
  - Social-structural positions
  - Social determinants of health
  - Individual behaviours and coping responses

Social Determinants

- Inequality
- Food Security
- Poverty
- Employment
- Unemployment
- Education and Literacy
- Housing
- Neighbourhood

Economic and Health

- Health outcomes are impacted by:
  - Poverty
  - Poor nutrition
  - Inadequate housing and transportation
  - Lack of effective birth control
  - Commodification
  - Growth in inequality

Lecture 5 - Social Inequity in Canada

Learning Objectives

To examine:

- Inequality at both the individual and population levels
- The social determinants of health through age, gender, and racialized group membership
- Infant and child mortality rates
- Gender morbidity and mortality rates
- Differences in morbidity by age, income, lifestyle, psychological aspects of symptoms and care, & care
- Differences between aboriginals and non-aboriginals

Socio-Structural Positions and Health

Social determinants of health differentially distributed across:

- Gender
- Age
- Racialized groups
- Ethnicity

Age, Gender, and Life Expectancy

- Age is associated with morbidity rates and life expectancy in both predictable & unpredictable ways.
- Life expectancy rates are improving due to:
  - Decline in infant mortality rates
  - Decline in women's mortality rates
- The differences between life expectancies for men and women is changing however, men still live shorter lives
  - Lifestyle choices

Infancy and Youth

- There is a correlation between social class and infant and childhood mortality, accidents, and sickness
- Low-birth-weight babies are associated with:
  - Mothers less than 20 or greater than 35 years of age
  - Mothers who smoke during pregnancy
- Low-birth-weight associated with:
  - Overweight and obesity in later life
  - Diabetes, cardiovascular disease, intellectual and cognitive delays that impede learning
  - Susceptibility to suicide and accidents
  - Women's status in the developed world
  - Youth and risk-taking behaviour

The Elderly

- Health problems of the elderly are of growing concern as the population ages.
  - Hospitalizations
  - Medications
  - Chronic conditions
- Factors affecting quality and longevity of life:
  - Sense of purpose in life
  - Sense of control
  - Social participation
  - Life satisfaction
  - Socio-economic factors

Gender and Morbidity

- Women can expect to live longer than men but a higher percentage of women will experience some disability
  - Diseases associated with women are often non-fatal chronic illnesses
  - Diseases associated with men are often fatal
  - Marriage and family protect men more than women
    - From engaging in risky behaviours including drug use, excessive alcohol consumption

Gender, Poverty, Mortality and Morbidity

- Illness and death in women and female children are associated with their living conditions
- Factors that contribute to illness and death:
  - Lack of access to essential nutrients
  - Lack of social support
  - Lack of prenatal care

Gender and Sex Differences

- Women who smoke are more likely to develop lung cancer than men who smoke the same number of cigarettes
- Diabetes is the only one of 7 chronic diseases that is reported more often in men than in women
- **Osteoporosis** has only recently been recognized as a significant health problem facing older men
- **Men are at greater risk for suicide** than women in all age groups... however women are hospitalized for attempted suicide at one and a half times the rate of men.
- The income and health gradient is often steeper for men than for women

Racialization, Ethnicity, and Minority Status

- Race, ethnicity, & minority status affect health in Canada and elsewhere in the world
- Race?
  - A social construct used to distinguish among people on the basis of physical characteristics such as skin colour and texture, bone density, blood types, and facial structure.
- Ethnicity?
  - A common cultural background
- Minority status?
  - Numerical distribution of different ethnic categories of people

Immigrant Health

- The 2001 Census reported an estimated 5.4 million immigrants live in Canada
- 250,000 immigrants come to Canada annually
- Immigration accounts for much of Canada's population growth
- Life expectancy patterns
- The 'healthy immigrant effect'
- Canadian immigration policies

Race(ism) and Health

- 'Healthy Immigrant Effect' -Immigrants arrive in Canada healthier than Canadian residents, but health declines over time
  - Female & low income immigrants more likely to report decline in self rated health over time
- But…
  - 20% of visible minority Canadians report experiencing racism
  - Immigrants less likely to access cancer screening and mental health services
- US evidence shows both direct and indirect impacts of racism on health (i.e. birth outcomes).
  - These findings are as yet untested in Canada

Aboriginal Health

- Aboriginal peoples experience poorer life chances and lower life expectancy rates than non-Aboriginal Canadians
  - Demographics
  - Indicators of health and disease among Aboriginal Canadians
  - Sexually transmitted diseases
  - Inequalities
  - Self-perceived health and reported social problems
  - Residential schools, governance, land disputes and environments

Lecture 6 - Socio Psychological Factors

Learning Objectives

To examine:

- Socio-psychological factors related to morbidity and mortality
- Psychoneuroimmunology
- Measurements & consequences of stress
- Socio-economical reasons for seeking medical attention

Socio-Psychological Factors Associated with Illness

Socio-psychological factors associated with illness include:

- Stress
- Social support
- Social capital
- Sense of coherence
- Religion
- Prayer

Key Points

- Interpersonal relationship play a role in illness
  - Evidence from a wide variety of studies indicates that the mind and the body are related
  - At time psychological difficulties (stress, distress, isolation) become physical illness
  - They can also mimic physical illness and are considered psychosomatic illness

Stress

- Stress occurs when an organism must deal with demands much greater than, or much less than, the usual level of activity or perceived activity
- Too much change, in too short a period of time, can overtax the resources of the body
- **Cannon (1932)**
  - ...Health is defined by the ability of the human being to function satisfactorily in the particular environment in which he or she is operating...
- Flight or flight
- **Hense Selye (1956)**
  - Stress: includes all the specific changes in the biological system of the organism
  - Both positive & negative events can cause stress
- **General Adaptation Syndrome (GAS)**
  - Body's reaction to all stressful events
  - Three stages:
    - An alarm reaction
    - Resistance of adaptation
    - Exhaustion
- Prolonged stress response can lead to Allostatis
  - The 'wear and tear' of the body that can lead to disease

Engel (1971)

Stress can also lead to death

Stress Deaths

- Stress can also lead to death : Engel 1971
- Engel studied 170 reports of sudden death:
  - Deaths usually occurred within an hour of hearing emotionally intense information, which could be either positive or negative.
  - 27% when in personal danger or threat of injury
  - 21% collapse or death of a close friend
  - 20% during a period of intense grief
  - 9% threat of the lose of a close person
  - 7% after the danger was over
  - 6% a loss of status or self-esteem
  - 6% at reunion, triumph, or happy ending
  - 3% at the mourning/anniversary of the death of a close one

Stress

- Stress can be of short, medium of long duration
  - Chronic strains: can accumulate over a lifetime through stress proliferation and lead to an earlier onset of morbidity & mortality
  - Overwork itself is an insured cause of mortality in Japan.
    - 'Karoshi': a Japanese term that means death from overwork
- **Holmes & Rahe (1967)**
  - Social Readjustment Rating Scale (SRRS)
    - Stable & reliable. Use to 'predict' illness & symptoms
    - Also criticized (ignores: meaning of event for the person and pre-existing level of stress, some events may be signs, etc.)

Stress Factors

- **Daily hassles**
  - Accumulation of daily hassles may be more problematic for the individual organism than specific life events
  - Daily hassles & chronic stressors interact
- **Status (race, gender, culture, etc.)**
  - Potential for repeated discriminatory & stressful experience (school, housing, justice, medical, ...)
  - May lead to constant state of vigileance
- **One time trauma**
  - Tends to accumulate in some people
  - Especially those nearer the bottom of SES

Social Support

- **Cobb (1976)**
  - Social support: information that could lead a person to believe that he/she is ...
  - Cared for & loved
  - Esteemed & valued
  - Belongs to a network communication/mutual obligation
- **Thoits (1982)**
  - Social support exist to the extent that a person can count on others to offer specific services when the need arises
- **Social support**
  - Health benefits from receiving or providing
  - Persons who have support are less likely to be ill
  - Helps minimize harmful effects of stress
  - Contributes to mental and physical health
- **Findings**
  - Married people tend to live longer (Gove, 1973)
  - Death rates decline before significant occasions
  - Isolation & lack of social ties increase vulnerability
  - Social support can reduce morbidity/mortality

Social Capital and Cohesion

- **Three complementary ways (Poortinga, 2006)**
  - Bonding: horizontal ties among similar people
  - Bridging: links across different social groups
  - Linking: vertical interactions in formal structures
- **Social connection**
  - Relationships, friendship, connections:
  - Being able to:
  - Share feelings & intimacy; Relate to another
  - Ask for support; Be part of a social network
  - Give /receive support
  - Not being isolated from other, not being alone

Sense of Cohesion

- **Antonovsky (1979)**
- A ‘sense of coherence’ or a belief that things are under control and will work out in the long run is a crucial component of the state of mind that leads to health
- Three components
- **Comprehensibility:**
  - The world is fundamentally understandable and predictable
- **Being able to cope:**
  - The world/people expect that the person has the ability and the resources necessary to meet the demands
- **Meaningfulness:**
  - Motivation to achieve a desired outcome

Mind and Body Connection

- Socio-psychological issues
- Stress, social support, social capital, social cohesion and sense of coherence appear to operate on the body through the immune system
- Object of research in the field of psychoneuroimmunology

Religion & Health

- Religion and religiosity are associated with both physical and mental health
- Ellison (1991)
- Four means through which religion enhance well-being
  - **May increase social integration**
    - Social support network, community celebration, normative
  - **Personal relationship with a divine other**
    - Frequent prayer and meditation
  - **Personal system of meaning**
    - Explains several/all aspects of live
  - **Provides direction/support for patterns of behaviors**
    - Family mores, dietary restrictions, etc.
- Review of 250 studies (Levin, 1993). The greater the intensity or degree of religious involvement of the individual, the better the health…
  - Nine hypotheses
  - Behaviours
  - Heredity
  - Psychological effect
  - Psychodynamics of belief
  - Psychodynamics of religious rites
  - Psychodynamics of faith
  - Multifactorial explanations
  - Super-empirical explanation
  - Supernatural influence

Prayer

- **Targ (1997)**
  - Prayer affects changes in human beings as well as a number of other bodily systems (cells, fungi, yeast, bacteria, plants, single-celled organisms and animals)
- **Randolph Byrd, SF General Medical Center (1982-3)**
  - 393 Cardiac patients
  - 192 patients for whom a Catholic group prayed
  - 201 patients as a control group
  - Experimental group was healthier in 6 different ways
- **Krucoff (2005) MIT (Music, imagery & touch)**
  - Positive impact on the health of people

The Illness Iceberg

- **Illness detection**
  - Most symptoms of disease go largely unnoticed by the people who have the symptoms, by the health care practitioners, and by epidemiologists interested in measuring the incidence and prevalence of the disease
  - People often explain away or rationalize physical changes in their bodies in ways that seem to make sense.
  - Some signs of latent illness develop slowly over a long period of time
  - Practitioners are limited in what illness they can detect

Why People Seek Help

- **Illness behaviours varies according to the individual's social circumstances**
  - The first stage of illness is the acknowledgment or notice of symptoms or signs.
  - People w/ similar symptoms may respond very differently to them
- **Zola, 1973 (Pathways to the Doctor')**
  - Decision to seek treatment linked with one or more of the following:
  - Occurrence of an interpersonal crisis
  - Perceived interference with social or personal relations
  - Sanctioning by others
  - Perceived interference with vocational or physical activity
  - A kind of 'temporalizing' of symptoms
- **Mechanic, 1978**
  - Decision to seek help depends on 10 determinants:
  - Visibility & recognition of symptoms
  - Symptoms perceived as dangerous
  - Symptoms disrupting family, work and social activities
  - Frequency & persistence of symptoms
  - Amount of tolerance to the symptoms
  - Available information, knowledge, and cultural assumptions
  - Basic needs that lead to denial
  - Other needs competing with the symptoms
  - Competing interpretations given to the symptoms
  - Availability/accessibility of treatment, phys. & psychological costs

Lecture 7 - Experience of Being Ill

Learning Objectives

To examine:

- The meaning of experiencing illness
- The distinctions between illness, disease, and sickness
- Popular conceptions of illness
- The insider view of living with chronic illness
- The effect of illness on self and identity

Symbolic Interaction Interpretation

- Draws attention to the meanings, interpretations, and world views of human beings in relation to illness, sickness, disease, and death
  - Examining the subjective reality
  - The analysis is at the individual level
  - Meanings are constructed out of a social, political economic and historical contexts
  - Meanings reflect a person's position in the social structure and that person's relationship and experience
- What is viewed as disease or health varies from society to society
  - **Notions of health and disease depend on:**
    - Age
    - Gender
    - Socio-economic status

Illness, Sickness, and Disease

- **Disease:**
  - Diagnosed by a physician
  - Usually located in specific organs or system in the body
  - Curable through specific biomedical treatments
- **Illness**
  - The personal experience of the person who acknowledges that he or she does not feel well
- **Sickness**
  - The social actions taken by a person as a result of illness or disease (medication, visit to doctor, rest, ODS)
- Patients feel illness and act sickness; physicians diagnose and treat disease

Illness, Sickness, and Disease

- Illness, sickness, & disease are all socially constructed experiences
  - **Illness is socially mediated**
    - Sore back, common cold, goitre
  - **Sickness is socially mediated**
    - Use of medical care or alternatives, labour
  - **Disease is socially mediated**
    - Doctors: diagnoses within social & personal contexts
  - **Death is socially medicated**
    - Palliative treatment influenced by insurance availability

Identity Construct

Klawiter, 1999

- Identities constructed by breast cancer activists
- Three social movements
  - Raising funds for research : Race for the Cure
  - Broader women's health movement : Women & Cancer Walk
  - Environmental causes + supporting person w/ cancer : Toxic Tour

Variation in Being Ill

- Westerners tend to see illness as empirically caused and mechanically or chemically treatable.
  - There is a separation between the mind, the body & the spirit
- In most of the non-Westerner world, non-empirical explanations & cures for disease seem to dominate.
  - Illness is seen as a combination of spiritual, mental, and physical phenomena
- The experience of pain also varies from one social and cultural group to another

Eight Popular Conceptions of Health & Illness

- **Carelessness and failure**
  - Individuals are responsible for staying well
- **Choice**
  - We choose when we want to be ill, what type of illness we'll have, how severe will it be, and how long will it last
- **Despair**
  - Emotional experiences pre-dating the dev. of the disease
- **Secondary gain**
  - Illness may allow someone to meet needs that would otherwise go unmet or behave in ways he would like to

Popular Conceptions

- **Uncertainty**
  - Living with chronic disease create a state of uncertainty, which can cause ongoing suffering & emotional dissonance
- **Message of the body**
  - Illness is an expression of a whole person – body, mind and soul. Symptoms signs of a healing crisis
- **Communication**
  - Illness sends a message that one part of the body is alienated from the the 'self'. The body expresses the soul.
- **Metaphor**
  - Illness: a particular message at a special point in one's life

Media Images of Disease: Cancer, Heart Disease, and AIDS

- Diseases have unique meanings and metaphors associated with them
- **Cancer:**
  - The person with cancer is not offered much hope
- **Heart Disease:**
  - Portrayed in optimistic terms
- **AIDS:**
  - Portrayed as a disease person & somewhat morally repugnant

Illness as a Statistical Infrequency

- Illness is an infrequent state of mental or physical malfunctioning
  - When a condition, no matter how uncomfortable, is prevalent among a group of people, it is usually not considered pathological.
    - Illnesses such as the common cold and flu are so prevalent as to be largely unimportant

Illness as Sexual Politics

- From the feminist perspective the constraints and limitations of gender roles are associated with how we conceptualize illness and subsequently how we diagnosis various diseases
- Examples:
  - Women who wasted away in life of invalidism
  - Anorexia during 1920 and last 2-3 decades

The Insiders View: How Illness Experienced

- Researchers have turned their attention to the symbolic meanings and the social constructions of illness in the context of people's everyday experiences
  - Focus on analysis at the individual level
  - Individual attitudes: set in a social context at a particular place and at a particular point in time
  - Multiple examples in book, movies, internet
- Thomas, 1982
  - His work focus on the experiences of people with impairment, disability and handicaps.
    - Impairment: physical or psychological pathology
    - Disability: limitation on everyday activities
    - Handicap: a socially derived concept that labels a person pejoratively
- Goffman, 1963
  - Stigma: Attribution that discredits the value of a person
- Strauss and Glaser (1975)
- People with chronic illness face a variety of concerns:
  - Crisis Management
  - Managing medical regimens
  - The control of symptoms
  - Organizing and scheduling time
  - Preventing or coping with isolation
  - Dealing with uncertainty
  - Normalizing social and interpersonal relationship
  - Managing stigma
  - Managing knowledge and information

Living With An Illness Over Time

- What it means to live with an illness over time?
  - Chronic illness
  - Emotion work
  - Ontological
  - Philosophical work
  - Management of treatments, symptoms, disease, and health-care providers

Case Study: Women and Cancer

- The symbolic interaction approach focuses on people's actual experiences and the meaning made of them
- Concerned with the social world, the family relationships, the concept of the self, and other issues relating to the whole context of the lives of the women studied
- Stages:
  - Initial stage is shock.The sense of time changes after shock. While carrying out routine actions, women were preoccupied with themselves and were isolated in the midst of continuing activity.
  - Women who had just received a diagnosis of cancer felt they had lost their belief that the world made sense and that most things were, after all, meaningful and controllable.
  - Once the diagnosis was assimilated, women talked of changed images of themselves – changed self-identities
  - A number of women talked of how cancer was considered a taboo subject. This sense of having been touched by the untouchable led a number of women at this early stage of the disease to see themselves as outcasts and marginal to society
  - A diagnosis of cancer may lead a woman to re-examine her whole life and its meaning
  - Such a review of life involves criticizing and editing past experiences and decisions so that they make sense in the whole context of life
  - Cancer was considered a threat to the continuity of life
  - Women attempted to understand it as a message of symbolic importance and to gain from it a sense of new direction for the future

- The person as a result of cancer, becomes marginal to the mainstream of social activities
- Unlike normal social interaction, interactions with a person with cancer can become confusing and problematic
- Fear of future loss or unpredictable disruption in relationships may be one of the threats faced by people in contact with a person who has received a diagnosis of cancer

Lecture 8 - The Social Construction of Scientific and Medical Knowledge and Medical Practice

Learning Objectives

- About the sociology of medical science and medical practice—an examination of how medical and scientific knowledge is determined, created, and constructed by social conditions
- About the gaps between biomedical research and medical practice
- How new technologies are sometimes adopted before their safety and effectiveness are established
- About the everyday practice of medicine
- How medical/scientific knowledge is a social product with social consequences

Medical and Scientific Model: Historical and Cross-Cultural Context

- Positivism is described by attributes such as objectivity, precision, certainty (within a specific degree of error), generalizability, quantification, replication, and causality.
- Medical science is often considered to be outside of culture and social structure.
- A number of social theorists and researchers have demonstrated that beliefs regarding scientific objectivity are problematic.
- Positivism is described by attributes such as objectivity, precision, certainty (within a specific degree of error), generalizability, quantification, replication, and causality.
- Medical science is often considered to be outside of culture and social structure.
- A number of social theorists and researchers have demonstrated that beliefs regarding scientific objectivity are problematic.
- Cross-cultural research shows that what is considered disease in one culture may be considered normal in another.
- Being able to observe organs and organ symptoms depends directly on the tools available for measurement and, therefore, the level of technology in a given culture.

- **Mind-body dualism**
  - Began with Descartes, the philosopher who effectively argued for separation of the mind from the body.
  - Descarte's writing and thinking arose from a context of increasing secularization, which allowed for the belief in the separation of the body from the soul/mind.
- **Physical Reductionism**
  - Emphasizes the physically observable at the expense of other aspects of the individual, such as the subjectively experienced mental, sensual, and emotional.
  - It leads to a disregard for the social, political, and economic causes of ill health.

Medical and Scientific Model: Historical and Cross-Cultural Context

- **Regimen and Control**
  - They are an outgrowth of the machine metaphor.
  - They involve the underlying assumption that they body is to be dealt with, fixed, and continually improved.
  - Not only strictly medical procedures but even health promotion policies imply that the body is perfectible and under the control of the individual through such actions as exercise and diet, and by maintaining healthy habits such as not smoking and consuming alcohol only moderately.

Medical Science and Medical Practice: A Gap in Values

- There is often a significant gap between published biomedical research and the actual practice of medicine
- This gap stems from value differences between researchers and practitioners, including:
  1. **Certainty versus uncertainty:** Clinicians' work involves patients who want and need an immediate and certain response.
  2. **Evolutionary time versus clinical timeliness:** The clinician must make timely decisions in response to the expressed and observed needs of individual patients.
  3. **Aggregate measures versus individual prescriptions:** Clinicians need to rely on what they know from experience. They may be uneasy about relegating a given individual to a clinical trial or a new treatment, the outcome of which is unknown and will likely remain unknown for a considerable period of time.
  4. **Scientific objectivity versus clinical experience:** The clinician, in contrast, is faced with a unique and changing individual and, usually, subjectively experienced symptoms.
  5. **Constant change versus standards of treatment:** The clinician attempts to practise medicine under the direction and with the support of practice standards that must have a longer life than frequently changing scientific hypotheses.

- Evidence-based medicine (EBM) has been developed to bridge the gap between medical science and medical practice.
- EBM involves using statistical and other evaluative techniques for the meta-analysis of scientific literature related to all manner of potential medical diagnoses in order to inform the everyday practice of medicine.
- The idea behind EBM is that the care of individual patients should be based on the most up-to-date, valid, and reliable medical/scientific information.

Medical Technology: The Technology Imperative

- There also exists a gap between the use and the evaluation of new medical technology.
  - Practitioners tend to adopt new technologies before they are evaluated.
  - Practitioners continue to use new technologies after evaluation indicates they are ineffective or unsafe.
    - After it had been sold to millions of people, VIOXX—the highly popular drug for relief of arthritic pain—was found to be associated with an increased risk of serious cardiovascular adverse events and was subsequently pulled from the market in 2004.

The introduction of new medical technologies & their use patterns are related to 4 social forces:

1. **Key societal values:** Enthusiastic optimism, rather than realistic caution, is the norm in our society regarding new technology.
2. **The federal government:** Taxation policies, free trade agreements, support for education and science, and other federal incentives encourage the discovery of new technologies.
3. **Reimbursement strategies.**
4. **Economic incentives:** There is significant profit to be made from new technology.

- McKinlay and McKinlay (1981) developed a model—the seven stages in the career of a medical intervention—that could be used to explain the dissemination of new medical technologies before they are adequately tested.
  - Stage 1: A promising report.
  - Stage 2: Professional and organizational adoption.
  - Stage 3: Public acceptance and state (third party) endorsement.
  - Stage 4: Standard procedure and observational reports
  - Stage 5: Randomized controlled trial.
  - Stage 6: Professional denunciation
  - Stage 7: Erosion and discreditation

- Disease-mongering is the corporate construction of new diseases for the sole purpose of business profits, ‘extending the boundaries of treatable illness to expand markets for new products’.
- Two of the most interesting historical examples of disease-mongering in the interests of profit-making are from the nineteenth century: the diagnosis of drapetomania, which caused slaves to run away from their masters, and dysaethesia aethiopis, which referred to poor work habits among slaves.

Medical Science Reinforces Gender Role Stereotype

- Scientific medical knowledge is portrayed as an objective, generalizable, and positive accomplishment.
- What is taken to be objective medical science has been shown to reflect fundamental cultural and social-structural beliefs.
- Normative categories of social relations, in fact, have infused medical conceptions.
- Findlay (1993) studied the 10 most highly circulating texts in obstetrics and gynaecology in the 1950s in Canada, as well as representative selection of academic articles from five major obstetrics/gynaecology journals and from the Canadian Medical Association Journal.
  - Findlay's research showed that a half-century ago, physicians' descriptions and understandings of the female body guarded and reflected family values.
  - The publications emphasized the importance of separate spheres for men and women, of stable marriage and family life, and encouraged fertility among women (who were assumed to be white and middle-class).

- The women's movement of the 1960s and beyond has often focused on eliminating such prejudices.
- However, women are still seen as reproductive bodies and viewed as largely responsible for birth control and for accepting or refusing sexual intercourse.
- Emily Martin's The Woman in the Body (1987) also instructs us about gender biases in medical conceptions of women's bodies and their functions. She demonstrates how culture shapes what biological scientists see:
  - The female menstrual cycle is described in negative terms: menstruation is said to rid the body of waste, debris, and dead tissue. By contrast, while most sperm are also 'useless' and 'wasted', the life of the sperm is described as a 'feat'—the magnitude of the production of sperm is considered remarkable and valuable.

- Stereotyping regarding hegemonic masculinities also exists.
- For example, medical definitions of erectile functioning link the performance of masculinity to the ability to 'accomplish' an erection.
- In another example, attention deficit hyperactive disorder (ADHD) is a frequent diagnosis for children and young people that functions to control their behaviours, particularly in school.

The Sociology of Medical Practice

- Just as medical/scientific knowledge is a social product with social consequences, so too is the everyday practice of medicine
- The day-to-day practice of medicine is profoundly affected by the social characteristics of both patients and doctors; for example:
- There is evidence that physicians tend to prefer younger patients and hold negative images of elderly patients.
  - Physicians' attitudes and actions in regard to racialized characteristics reflect those of the wider socio-cultural context of which physicians are a part.
  - Differences have been documented in the way that physicians treat patients of different class backgrounds.
  - The social characteristics of physicians themselves, including gender, age, professional training, education, and form of practice, have also been shown to influence their work.

- **Cultural Variation in Medical Practice**
  - Lynn Payer (1988) visited doctors in several countries; the United States, England, West Germany, and France.
  - To each doctor, she presented the same symptoms.
  - She also examined morbidity and mortality tables and read medical journals and magazines in each country.
  - Using this method, Payer found strong cultural differences in diagnostic trends and patterns that seemed to reflect fundamental differences in history and culture.
  - (Please see page 225 of your text for detailed results)

- **Class and Resistance to Medical Knowledge**
  - Despite the power of 'medicalization from above', there is always resistance, or 'medicalization from below'.
  - Calnan and Williams (1992) demonstrate another type of resistance to medical thinking and hegemony. They studied lay evaluations of the trustworthiness of doctors with respect to nine specific medical care issues.
  - Calnan and Williams note that in making their decisions, respondents were guided by certain fundamental values of their own.

- **Medical Knowledge Becomes Popular Knowledge**
  - Magazines, newspapers, and audiovisual media have long been important as sources of health-related information and attitudes in modern mass societies.
  - These channels are being surpassed by the electronic superhighway—daily updates of scientific/medical news are available through the Internet.
  - Many websites are professionally run, but others are full of invalid and unreliable information.
  - Privacy and confidentiality are not always protected.

The Sociology of Medical Practice

- **Doctor-Patient Communication**
  - Doctor-patient communication reflects broader social structure and culture.
  - Physicians and patients each embody their own particular spaces as carriers of culture and structure.
  - One area of social life around which there is a great deal of ambiguity and ambivalence is sexuality.
  - On the one hand, sexual relations are more openly discussed, portrayed, and symbolized in all of the mass media today than in the past—yet many are still ambivalent about sex and still believe it to be a shameful duty to be kept secret.
  - It is useful to understand how such ambiguity and ambivalence are manifest in personal relations and in talk between doctors an their female patients.

Lecture 9 - Medicalization: The Medical Moral Mix

Introduction

- Today the definitions and diagnoses of illnesses are made primarily by the medical care system.
- The signs or symptoms that people pay attention to, and those they ignore, are largely determined by medical definitions of illness
- Some illnesses resist medical definitions (fibromyalgia, chronic fatigue syndrome, MS, Alzheimer)
- Diagnosis may precede awareness (HBP)
- A problem can be a disease, a sin or a legal issues (AIDS)

History of Western Medical Practice

- Historical periods:

  - **Medicine as a spiritual problem**
    - medical practitioners and priests were one, then
    - medical practitioners would treat external maladies, and
    - internal illnesses were treatable by supernatural forces

  - **Modern Western Medicine (300 - 400 BC)**
    - Strong tie between body, spirit, physician and clergy
    - Hippocrates, most important Greek physician.
    - Oath... First, do no harm.
    - Med. practice based on repeated, systematic, empirical observation

  - **Roman Collapse - Medieval Period (400 -...)**
    - Disease was a supernatural & physical experience
    - Barber-surgeons treated wounds... And cut hair
    - Medicine did not progress much
    - Bubonic plague took one third of the population of Europe
    - Raised empirical questions (contagion, immunity, distribution, etc.)

  - **Institutional Secularization (1700 - ...)**
    - Medicine distinguished from religious practices and folks medicine

Contemporary Medicine

- Medical science became increasingly influential during the period that urbanization, industrialization, bureaucratization, rationalization and secularization developed.
- Medical institutions began to increase their powers as agencies of social control
- Behaviour once viewed as sinful or criminal are now likely to be more likely viewed as illnesses. A large part of GNP is spent on Health Care

Medicalization: Zola

More of life come to be of concern to the medical profession. 4 components.

1. **Expansion of what in life is relevant to practice of medicine**
   - From biological, disease... to social, spiritual, moral
2. **Retention of absolute control of certain technical procedures**
   - Gate keepers to numerous associated services
3. **Retention of near-absolute access to certain areas**
   - Aging, drug addiction, alcoholism, pregnancy
4. **Extension of what is deemed relevant to good practice of life**
   - Depression, obesity, criminality, juvenile delinquency (social... to medical)

Medicalization of Human Behavior

- Conrad & Schneider (1980)
  - Analyzed medicalization process in mental illness, alcoholism, opiate addiction, delinquency, hyperkinesis, homosexuality, and crime.
  - Medicine as increasingly becoming an institution of social control.
    - Hyperkinesis, ADHD, PMS, menopause, erectile dysfunction
- Hart (2006)
  - Ritalin corresponds to a perceived failure among parents (usually mothers) and teachers (usually female) to socialize boys into acceptable behaviours.

Contemporary Physician as Moral Entrepreneur

- The modern world has increasingly relied on reason, not faith, as the way to truth.... yet in many ways the physician seen as a physical scientist & partly as a moral decision-maker
- Calling behaviour illness instead of sin is a moral act!
- Tuckett (1976) – decision between conflicting demands
  - **Need of one patient**, needs of several patients, allocation of time, resources, and skills
  - **Present,** future interest of patient, patients needs..., needs of patient's family
  - **Unable to help,** cannot live up to self-perception of healer service to patient, service to state
  - **Advancement of career,** the interest of the patients, doctor, church member, father/mother

Uncertainty of Medicalization

- Physician often has to make judgements in situations lacking in clarity
- **Bakwin (1945) - The 'medical decision rule'**
  - 1000 schoolchildren... Should they get tonsillectomies?
    - 1st doctor..., of 1000..., yes to 611
    - 2nd doctor..., of 389 left..., yes to 174
    - 3rd doctor..., of 215 left..., yes to 99!!!
- **Clifton Meador (1965) - Social source of Med. Dx:**
  - There is no category of illness called non-disease!
- **Waitskin (1989) – Personal troubles & social issues**
  - Observation, recording, transcription & analysis of the verbal interaction between doctor and patients
  - Medical encounter tend to convey ideological messages supportive of the current social order
  - These encounters have repercussion on social control
  - The medical language generally excludes a critical appraisal of the social context
- **Medicalization and demedicalization**
  - More recently, there is evidence of a decrease in medicalization
  - Linked in part to greater access to health, social, alternative care and medical information

Lecture 10 - Medical Practitioners, Medicare, and the State

The First Canadian Medical Systems

- Composed of the various medical/religious institutions of the many groups of Aboriginals peoples
- Medicine men or shamans spiritual leaders and healers were called upon to diagnose and treat various type of injuries and diseases.
- Aboriginal peoples used over 500 different plants as medicines
- Early settlers came on overcrowded boats
  - Leading to contagious diseases
- Epidemics: Cholera, smallpox, influenza, measles, scarlet fever

Origin Of Contemporary Medical Systems

- Most of first allopathic practitioners in New France were barber-surgeon from France or apothecaries.
- Bleeding, purging, vomiting was a treatment for variety of ailments
- There were also midwives, lay trained persons, and bones settlers
- First medical school: 1824
- Massive outbreak of cholera in 1832 & 1854
  - Gross Isle used as a place of quarantine
- PH measures: primarily emphasized quarantine and sanitation

Efforts of Early Allopathic Physicians to Organize

- From 1795... Numerous attempts, to have legislation passed to
  - Prohibit any but allopathic practitioners from practising
  - Provide the allopaths with licences
  - Control admittance to allopathic practice
- 1852: Upper Canada Journal of Medical, Physical & Physical Science
- 1859: Homeopathy was the first profession to be legalized
- 1869: Ontario Medical Act – College of Physicians & Surgeons
- 1910: Flexner Report – Medical Education in US & Canada
- 1920: Est. of the hospital-based, curatively oriented, technologically sophisticated medical sys

Brief History of Universal Medical Insurance

1880s: Germany & Western Europe introduced social-welfare insurance, incl. health insurance
Early 1900s: New Zealand introduced social welfare, including health insurance
1948: Great Britain introduced national health insurance

Brief History of Universal Medical Insurance in Canada

- A Brief History of Universal Medical Insurance in Canada
- 1919: Mackenzie King suggested a system of universal medical insurance
- 1957: Federal Govt. – Hospital Insurance & Diagnostic Act (50% of cost)
- 1961: Royal Commission on Health Services – recommends universal HC
- 1968: Medical Care Act
- 1972: Implementation new universal medical insurance. Four objectives:
- Universality
- Portability
- Comprehensive coverage
- Administration
- Accessibility (added in 1984 – Canada Health Act... Banning extra billing)

Factors in the Development of Medicare

1. Widespread movement – towards rationalized bureaucratic social organization and monopoly capitalism
2. Spread of social welfare legislation in public education, old age pensions, family allowances, unemployment benefits & medical care insurance
3. Benefits to the medical profession in maintaining fee-for-service, cure oriented, hospital and technology based medical practice
4. The interest of life and health insurance companies in perpetuating their share of a profitable markets
5. The interest of the drug, medical and hospital supply companies in continuing to develop their increasingly profitable markets
6. The interest of the urban labour unions and farm co-operatives in social welfare benefits for their members
7. The charismatic qualities and dedication of individuals such as Tommy Douglas (in position of power and committed to universal medical care)

Factors

- Predominantly publicly financed and privately delivered
- A combination of funds and policies (at the federal level) and operational decisions (at the provincial and territory level)
- Federal responsible for direct HS delivery to veterans, Aboriginal on reserves, military personal, inmates and RCMP.
- Federal responsibilities also involve health protection, promotion and disease prevention.
- Ratio phys./population is lower in Canada than most OECD countries

Impact on Medicare on Health of Canadians

- Goal:
  - universally accessible medical care to all Canadians regardless of class, region, educational level, religious background, or gender
- Reality:
  - Accessibility varies... Minorities, regions, etc.
  - Universality varies... Not all populations covered, not all costs
  - Comprehensive coverage... Not all services covered
  - Administration... 70% public, 30% private
  - Portability... Variances exist between provinces
- Still, many positive impacts on Canadians' health
- Doctors' salaries increased dramatically, but have since levelled off
- Ratio of doctors to population in Canada continues to decrease
- 50% generalists, 50% specialists
- Changes in working conditions, control over other occupations, self-regulation in education, licensing, discipline and content of work
- Increased administrative, economic, political, and social constraints
- Medical practice is a source of stress for doctors, medical students, interns, and residents

Impact on Medicare on Health-Care Costs

- Health-care costs as a portion of Canada's GNP increased since the introduction of Medicare
- Until 1982, the greatest growth in medical expenditure was institutions
- From 1982 to present, the greatest growth is the cost of drugs. This is likely to continue as the population ages
- 1996: Canada Health & Social Transfer - less money to provinces, fewer strings attached. This resulted in decrease in number of hospitals, early discharge policies, cap on funding, etc.
- Three sets of proposals: users fees, control over supply & hospitals, recognition of alternative models of HC and payments (capitation, etc.)
- **Three sets of proposals to reduce costs:**
  - Users fees, extra billing, co-insurance, and deductibles
  - Control over supply & hospitals, contracting out of services
  - Recognition of alternative models of Health Care and payments
    - Increase role of other health professionals
    - Capitation
- Even in the midst of a universal medical care system, dental and vision care and prescription drugs are private expenditure

Lecture 11- The Medical Profession

The Profession of Medicine

- Society expects a formidable array of virtues and abilities in its doctors…
- ...technical competence, mastery of medical knowledge, sensitivity to the 'whole patient', communicative ease & skill, wise judgment, compassion and professional integrity'

1. Medicine as an Occupation

- **William Goode (1956, 1960): two characteristics**
  - Prolonged training in specialized, abstract knowledge / Service orientation
- **10 traits of a profession**
  1. Determines its own standard of education & training
  2. Stringent educational requirements
  3. Legal recognition of practice – license
  4. Licensing and administration standards managed by members
  5. Most legislation shaped by the profession
  6. Associated with high power, prestige and recognition
  7. Relatively free of lay control and evaluation
  8. Norms of practice enforced by the profession
  9. Members strongly identified and affiliated with profession
  10. Members usually stay in profession for life
- Limit: the approach ignores the historical development and its place in society

2. Medicine as a Process

- **Wilensky (1964) – the steps to become a profession**
  - Members engage in full-time work
  - Establish a relationship with training/education program
  - Establish and association
  - Gain legal status
  - Construct a code of ethics
- **Johnson (1972, 1977, 1982) – the power analysis approach (three variables)**
  - The more esoteric the knowledge base..., the less accessible
  - The greater the social distance..., the greater the power
  - The greater the homogeneity..., the greater the power
- **Willis (1983) – how the allopathic medical profession achieved dominance**
  - Subordination, limitation and exclusion

3. Medicine as Ideology

- A group of descriptive and prescriptive beliefs used to explain and legitimize certain practices and viewpoints
- **Parson (1951) – characteristics of a profession**
  - Universalism
  - Functional specificity
  - Affective neutrality
  - Collectivity orientation
- **Freidson (1975) – The profession of Medicine (three assertions)**
  - Medical knowledge is complex, detailed, and difficult
  - Medical work is based on the findings of objective science
  - Doctors can be trusted to put the welfare of public ahead of their own

The Profession of a Doctor

- Deprofessionalization
  - Increased control experienced by doctors from insurance companies and government billing policies bureaucracies
  - Demystification of medical knowledge
  - Increase consumer power
  - Increased support of HP and disease prevention
  - Lower popular belief in altruism of the profession
- As a result
  - Doctors' organization increasingly militant
  - Strikes, lawsuits against limitations in services
  - Supreme Court : Chaoulli Decision (2005)

History of Medical Education in Canada

Early medical education

- **After 1800:**
  - proprietary medical schools began to open in N.A.Most advanced medical training Europe (France & Germany)
- **Mid-1800s:**
  - Louis Pasteur’s germ theory lead to discovery, classification, and treatment of numerous diseases
- **1910:**
  - Flexner Report – medical Education in US & Canada. US (Harvard, Johns Hopkins, Western Reserve). Canada (McGill, Toronto)
- **1920:**
  - The medical profession in America had clearly established itself as a leading profession

Medical Education in Canada

- 1824: First Canadian Medical School
  - Montreal Institution (25 students), became McGill university in 1829
- Process of becoming a doctor
  - An undergraduate education in science and/or arts
  - Graduate study leading to MD
  - Minimum of one year of internship
  - Qualifying exams trough internship (Medical Council of Canada)
- 16 Canadians universities grant an MD degree
  - Students drawn from middle to upper-middle class family background
  - Since 1996, women students outnumber males
  - Financial concerns limits choosing medical school education

Process of Becoming a Doctor

- **Two dominant values of physicians-in-training**
  1. Clinical experience
  2. Medical responsibility
- **Two basics traits**
  1. Ability to remain emotionally detached in face of life-and-death emergencies
  2. Ability to deal with inevitable and constant uncertainty
- **Three sources of uncertainty**
  1. Impossible to learn everything
  2. The available medical knowledge is incomplete
  3. Uncertainty from having to distinguish between the two previous

Getting Doctored

- **Two most importance features of medical education**
  - Alienation
  - Authoritarian personality
- **Karl Marx - four types of alienation**
  1. Alienation of labour or productive activity
  2. Alienation from the product of labour
  3. Alienation of people's relationship with others around them
  4. Alienation from life

Lecture 12 - Nurses and Midwives

Historical context

- **Usually done by women** as extension of domestic role
- Rise of Christianity led to distinctive roles for nurses
- Role for devoted Christian women
- **Military nursing also has long history** (Knights of St-John of Jerusalem)
- Protestant Reformation - (mid-16th) nursing decreased
- Hospitals were considered places to go die
- **Marie Rollet Hébert**, 1st to provide nursing care in Canada
- Nursing sisters, emigrated to Quebec city and Montréal
- 18th & 19th Century Epidemic, lead to hospitals run by nursing sister

Nursing in Canada

- Two-third of all medical care providers
- Most female occupation (87.7%), clerical work is at 75.1
- Critical analysis
  - Sexism
    - Impact of Managerial Ideology in Hospitals – case mix grouping
    - Impact of Bureaucratic Hospital Organization – limited promotion & power
    - Impact of Cutbacks – limited job security
- **Working conditions**
  - Rigid working hours
  - Shift work
  - Often restricted to one hospital
  - Occupational health risks – infections, diseases, burnout, violence
  - Excessive workload
  - Involves non-nursing work
- **As hours of nursing to patient increase:**
  - Decrease in level of patient pain
  - Increase in patient's perception of self-care and health status
  - Increase in patient's post-discharge satisfaction
- **If too many hours – increase in likelihood of errors**
  - 3 x more if 12,5 hrs shift
  - Increase with overtime and 40+ hrs/week

Nursing as a Profession

- **Striving to reach professional status**
  - Increasing educational requirements
  - Forming their own 'college'
  - Carving out a body of knowledge different than other medical care workers
  - Emphasizing special qualities and skills that MD do not have
- **Nursing..., a paramedical occupation (Freidson, 1970)**
  - Technical knowledge usually developed/legitimated by physicians
  - Tasks usually designed to help physicians fulfill their important duties
  - Work at the request of the physician
  - Accorded less prestige than the medical profession
- From the day that Florence Nightingale and her nurses in the Crimea first waited to nurse until the doctor gave the orders, nurses waited on doctors
- **Contemporary nurses**
  - Efforts made to increase their position & reach professional status, by:
    - Shift to university training – **including 11 specialities (e.g. NPs)**
    - Takeover of physicians' dirty work
    - Use of managerial ideology – **speciality, training, responsibilities**
    - Rejecting high-tech medicine – **holistic care, HP & DP**
    - Unionizing

Midwifery

- **Midwife: with the women - Sage-femme: wise women**
  - **Practice of midwifery** can be traced to ancient history
  - Up to 14th century – flourished in Europe
  - Then witch-hunt killed many/most
  - **By the end of 15th century**, they gained formal legitimacy
  - From 1642..., power of male midwifes grew, that of female midwife declined
  - Status varied through 19th & 20th century
  - **To date**, midwifes are licensed in most provinces/territories
  - An estimated 450 midwifes are practicing across the country
- Based on the belief that childbirth is a natural process, and therefore the use of artificial or mechanical means to interfere with birth is avoided
- **Issues in the History of the Practice of Midwifery**
  - Bureaucratization & Hospitalization
  - Profits for doctors
  - The public health movement
  - Emphasis on safety and pain relief in childbirth
  - Campaign for ascendancy waged by physicians
  - The present status of midwives
  - With legal recognition of midwifery in most provinces, salary and workload levels have been established and institutionalized as part of the health-care delivery system

Guest Speaker

Guest Speaker: Native Women's Association of Canada

Term "Aboriginal" includes Indian (first nations), Inuit and Metis

- Represents 4.3% of the total Canadian population
- Aboriginal women have a better % of graduating from college than university
- 6 nations is known as Iroquois, meaning "snakes"
- Aboriginal people died from disease, not violence; did not have the immune system to fight of infections brought from Europeans

- 1876 - Indian Act introduced, regulating reserves and defining who is legally an Indian
- Indian Act Amendments, highlights
  - 1880 – Indian Residential Schools introduced (100% malnutrition rate, 50% death rate)
  - 1920 – Enfranchisement Amendment (Loss of Status)
- Indian Act, kicking women out who married non-aboriginal men. End up with a lot of women with no health benefits that do not have access to the community.

Jordan's Principle

- to stop jurisdictional disputes over medical services for first nations children
- Child had Carey Fineman Ziter Syndrome
- Majority of aboriginal violence is not from male aboriginals

Lecture 13 - Complementary and Alternative Medicine

Alternative, Complementary, and Allopathic Medicine

- **'Complementary and alternative medicines' (CAM)** are methods of treatment used both separately **(alternatively)** and preventively, and/or in association with **(complementary to)** allopathic (Western-style) medicine, such as:
  - Massage
  - Acupuncture
  - Prayer and faith healing
  - Chiropractic
  - Naturopathy
- CAMs are all the health-care practices that differ from allopathic medicine.
- CAMs tend not to be taught at allopathic medical schools and most are unavailable in North American hospitals.
- Various CAMs have been accepted and are readily available in a number of countries around the world in places where they may be seen as conventional.
- **Allopathic (conventional)** medicine refers to a type of healing based on opposition.
- Health is natural, and disease is an unwanted aberration caused by germs, bacteria, or such things as trauma from outside that attack the equilibrium of the body.
  - The germ theory of disease provides some of the basic assumptions upon which allopathic medicine has developed.

- A variety of **criticisms of the allopathic model have been offered.**
  - Advocates of holistic health criticize the medical model for a reductionist focus on, and limited mechanical and biomedical treatment of, the physical body.
  - Instead, holistic practitioners advocate treating the whole person—body, mind, and spirit—through a combination of methods best suited to a particular individual.
- CAM practitioners offer services apart from or in competition with the allopathic physician, and so stand in differing relationships to the dominant medical profession.
- Alternative medicine and therapy are already substantial and growing.
- Millions of Canadians spend a total well over $1 billion on treatments outside of conventional medicine.
- People **use alternative and complementary health care for a variety of reasons:**
  - Dissatisfaction with an allopathic doctor, or a rejection of the whole class of allopathic medicine
  - Allopathic doctor's treatment did not help or prescribed medications with serious side effects
  - Allopathic doctor could not diagnose the problems experienced

Alternative, Complementary, and Allopathic Medicine

- People use alternative and complementary health care for a variety of reasons:
- Dissatisfaction with an allopathic doctor, or a rejection of the whole class of allopathic medicine
- Allopathic doctor's treatment did not help or prescribed medications with serious side effects
- Allopathic doctor could not diagnose the problems experienced
- Personal desire to take control and responsibility of one's own health care
- Belief in holism, more knowledge of the body, or a more optimistic view of health
- Today, many allopathic doctors now believe that conventional medicine benefits from some of the ideas and methods used in alternative medicine, and refer their own patients to CAM practitioners.
- **Sutherland and Verhoef (1994)** studied the psychosocial determinants of alternative medicine use among people at a gastroenterology clinic in Calgary, 87% of whom used CAM.
- The most popular CAM practitioners among these people were chiropractors, herbalists, homeopaths, and naturopaths.
- They found that the desire for personal control was associated with choosing CAM.
- Users of alternative medicine were more skeptical of traditional medicine, had symptoms over a longer period of time, and were less likely to see themselves as in excellent or good health or to be satisfied with the clinic physicians and with the answers given by clinic physicians.

Chiropractic Treatment

- Chiropractic treatment is the **1** in Canada and the world.
- Chiropractic comes from the Greek words **cheir and practikas, meaning 'done by hand.'**
- The founder of chiropractic treatment was **Daniel David Palmer, born in Ontario.**
- The central tenet of chiropractic treatment is spinal manipulation.
- In 1895, Palmer manipulated a deaf man's spine after he had learned that the man lost his hearing after a back injury—this immediately restored the deaf man's hearing.
- Chiropractic treatment is based on the idea that **vertebral misalignment** can cause a wide variety of disorders by **interfering with the patterns of the nervous system**.
  - Anything that can be said to result from or to develop out of the context of a depressed immune system can be treated or prevented by chiropractic work.
- Chiropractors view their work as holistic, preventive care.
- Chiropractic treatment has also achieved a good deal of legitimation in the US, Europe, and Canada.
- Today there are approximately **50,000 chiropractors practising worldwide**, including 20,000 in the United States and 7,000 in Canada.
- Chiropractors constitute the **third largest group of primary medical care practitioners**, after physicians and dentists.
- Most people report using chiropractors for **lower back pain.**

Chiropractic Treatment

- Some studies have demonstrated the superiority of chiropractic treatment for neck and back injuries.
- There is some evidence to **suggest the efficacy of chiropractic work in treating a broader spectrum of disorders, including epilepsy, asthma, and diabetes.**
- Others, however, claim that chiropractic treatment is not only useless but often dangerous, and there is still resistance by many conventional practitioners to fully support and include it in mainstream medicine.
- The future prospects for the development and spread of chiropractic treatment must include a new focus on:
  - peer-reviewed research publications, increased standards of practice
  - improvement in the quality of chiropractic education and increased intra-group cohesion.

Naturopathy

- Naturopathy is a **system of primary care that uses natural methods and substances to support and stimulate the body's inherent self-healing processes**
- Naturopathy is based on the assumption that health and illness are both natural components of a total but unique human being—**spirit, body, and mind.**
- Naturopathy includes a number of **different healing streams**, including botanical medicine, clinical nutrition, traditional Chinese medicine/acupuncture, hydrotherapy, and homeopathy.
- The goal of naturopathic medicine is to assist the body in creating the most suitable conditions under which it can heal itself.
- Homeopathy, from the Greek words **homoios pathos**, which mean '**similar sickness',** is based on a number of principles that are in opposition to allopathic medicine. These include:
  - The key to the cure of illness is embodied in the **principle of similars**.
  - Different people react differently to the same illness because each person is unique.
  - The body should receive only one remedy at a time; otherwise the body's healing powers will be divided.
  - The physician should administer the minimum dosage required by the patient.
- In Canada, naturopathic doctors are highly trained, including three years of undergraduate work and four years of full-time study in naturopathic medicine.
- Naturopaths are **regulated in five provinces**—BC, Saskatchewan, Manitoba, Ontario, and Alberta—but are not covered by provincial health insurance plans.
- About **500 naturopaths are licensed** to practise in Canada.
- Naturopaths have grown in importance, and more and more mainstream practitioners use at least some naturopathic methods.
- Nevertheless, naturopathic medicine still faces an u**phill battle in establishing legitimacy** and becoming a fully regulated profession because:
  - its body of knowledge is not viewed as unique
  - it overlaps with other modes of healing
  - it lacks cohesion among its practitioners.

Lecture 14 - Pharmaceutical Industry and Medical Industrial Complex

Introduction

- The medical-industrial complex is a large, growing network of private and public corporations that provide medical care and products, supplies, and services for a profit
- **The medical-industrial complex includes:**
  - Nursing homes
  - Home-care services
  - Diagnostic services and medical tools
  - Pharmaceutical companies
- The pharmaceutical industry is one of the largest, most influential components of the medical-industrial complex.

Drug Use

- Drugs continue to be the **fastest-growing category of health spending** overall in the Canadian health system
  - The vast majority of this overall Canadian drug expenditure—approximately 84 per cent—is for prescribed drugs; the rest is for over-the-counter (OTC) drugs.
  - Today, drugs are the second largest health-care expenditure after hospitals (see Figure 14.1 in your textbook).
- One significant cause of the rapid increase in drug expenditures is the development of newer, more expensive drugs as well as aggressive advertising to physicians and consumers.
- While the Canada Health Act covers all necessary visits to hospitals, physicians, surgeons, and dentists—as well as a portion of long-term care services—it does not include prescription drugs outside of hospital.
- The vast majority of Canadians have some form of partial coverage for prescription drugs.
- Approximately 60 per cent of this comes from private plans; 25 per cent from public or governmental expenditures; 10 per cent from public provincial plans for exceptional circumstances, such as catastrophic diseases.
- Drugs are frequently over-prescribed in Canada.
- Medication errors (caused by inappropriate prescribing, incorrect use, lack of a follow-up monitoring system by a regulatory body) are relatively common in Canada and can be life-threatening.
- Between 5% and 23% of hospital admissions result from the inappropriate prescription of drugs.
- Two groups, women and the elderly, are particularly vulnerable to misprescribing.
- See Figure 14.3 in your textbook.

Drug Use

- Psychotropic drugs, such as benzodiazepines, are among the most heavily prescribed and often misprescribed drugs in Canada.
  - **Females and the elderly are more likely to be prescribed these drugs.**
- There is an association between socio-demographic factors and prescription drug use.
  - Seniors are among the heaviest users of drugs.
  - Females consistently use more prescription drugs and tend to visit doctors more frequently than males.
  - Despite provincial drug programs for low-income people, lower income groups spend a greater proportion of their income on prescription drugs than those in higher income groups.

Physician and Prescribing

- The number of visits to a physician has a strong tie to the number of prescriptions given.
- There are large differences in rates of prescription from doctor to doctor.
- The rate of inappropriate prescribing ranges from 17% to 43%.
  - Table 14.2 in your textbook outlines both inappropriate prescribing and use.
- Doctors receive much of their information about drugs from pharmaceutical companies.
- Commercial sources of information (such as drug advertising and pharmaceutical sales reps) have a significant influence on doctors' prescribing habits.
- **The more frequently physicians saw drug sales representatives:**
  - the more likely they were to use drugs even when not using drugs was the best option;
  - the less likely they were to prescribe generically;
  - the more likely they were to use more expensive medications when equally effective but less costly drugs were available.
- **The pharmaceutical industry financially supports:**
  - medical conferences
  - clubs in medical schools and hospitals
  - continuing education events
- It also provides numerous gifts to physicians including drug samples, wall charts and posters, pen sets, and notepads.
- Direct-to-consumer advertising, although illegal in Canada, influences the prescribing habits of doctors.
- Physicians are more likely to prescribe drugs that the patients, having seen them on US TV and in US newspapers and magazines, had requested.
- About **75% of patient-requested prescriptions** were filled compared to about 10% of prescriptions given to patients who had not specifically requested them.
- Other factors that influence doctors' prescribing habits include their level of medical education, knowledge of pharmaceuticals, and type of practice.

Physicians and Prescribing

- Becker et al. (1982) studied the rate at which physicians prescribed chloramphenicol; because the drug has potentially fatal complications, lower rates of prescription were interpreted as more appropriate prescribing of the drug
  - Younger physicians who had more years of post-graduate education had lower rates and likely more appropriate reasons for prescribing this drug.
- Further, Lexchin (1994) indicates that much of the over-prescription of antibiotics, stomach ulcer medications, and anti-hypertensives result from drug advertising.
- **Lexchin, a Canadian authority on the pharmaceutical industry, states that the causes of inappropriate prescribing are:**
  - (1) The lack of knowledge on the part of physicians.
  - (2) The patterns of practice of physicians.
- The typical Canadian doctor prescribes only a very limited number of the 5, 000 or so drugs presently on the Canadian market: 50% of all prescriptions written by GPs are for about 27 different medications.

Pharmaceutical Industry

- The pharmaceutical industry is one of the largest, fastest-growing, and most profitable manufacturing activities in Canada
- Use and profitability of drugs continues to increase, and will likely continue to increase in part due to long-term demographics (the aging of the population).
- **The pharmaceutical industry is successful in maintaining its position as one of the most profitable industries through a variety of strategies, including:**
  1. The absence of a link between manufacturing cost and price
  2. Patent protection
  3. Competition and drug development focused on drugs with widespread potential for use, rather than drugs for rare conditions
  4. Production of brand-name rather than generic products
  5. Drug distribution (dumping) in less-developed countries
  6. The change in the availability of many drugs from prescription-only to over-the-counter consumer purchase
  7. Advertising and providing select information to physicians and consumers.
- There are several instances where the profits of pharmaceutical companies have come before health in Canada, including:
  - **Thalidomide**
  - **Des (diethylstilbestrol)**
  - **Vioxx**

Thalidomide

- The incident with the most visibly tragic consequences was the thalidomide disaster.
- It resulted in the birth of over 100 babies in Canada with **phocomelia** (the absence of limbs and the presence of sea-like flippers instead).
- A West German company developed the drug in 1954 and it was licensed by another to produce and market in Canada—after reports had indicated that the drug caused nerve damage, affected balance, and caused tingling in the hands and feet.

Des (diethylstilbestrol)

- From the 1940s through to the 1960s, many physicians prescribed the synthetic estrogen hormone DES to pregnant women who had histories of miscarriage, diabetes, or toxemia of pregnancy.
- More than 4 million women worldwide took DES over this period.
- There are approximately 400,000 children of 'DES mothers' in Canada.
- The **female children have developed a number of health difficulties,** including a rare vaginal cancer, adenocarcinoma, and a variety of apparently benign structural changes of the uterus, cervix, and vagina.

Vioxx

- **Rofecoxib is a non-steroidal anti-inflammatory drug (NSAID)** that was approved in 1999 by the Food and Drug Administration in the US and Canada and many other countries.
- It was marketed under the name of Vioxx and sold to over 80 million people around the world suffering from pain.
- By the time this drug had to be withdrawn from the market because it was linked to increased risk of heart attacks and stroke, it was one of the most widely used drugs ever to be withdrawn.

Pharmaceutical Industry

• The government has an important role in the regulation of the drug industry and ultimately in the drug-related health of Canadians.

Most government regulations, however, are inadequate, and as a result:

- half the drugs now on the Canadian market have **never passed** modern tests regarding safety or effectiveness;
- even where regulations are in place in the industrialized world, substandard drugs are being **marketed and distributed overseas**;
- drug companies seem to **have a monopoly on the information available to doctors**, including the side effects of various drugs.

Pharmaceutical Industry

- Further, the safety and effectiveness of drugs in Canada may actually be in decline
- The balance of power between the Health Products and Food Branch of Health Canada and the pharmaceutical industry has been moving steadily towards the latter as the government reduces its responsibility for ensuring drug safety.
  - The Canadian government is also in a weak position because of the Canadian branch-plant economy in the pharmaceutical industry.
  - Most drugs are developed and tested elsewhere.

Medical Devices & Bioengineering

- Companies that produce and sell various medical devices, such as CAT scanners, MRI machines, artificial limbs, heart pacemakers, surgical equipment, are among the largest and most profitable growth industries in the world
- The medical device industry is largely self-regulated.
  - The **Health Products and Food Branch of Health Canada** does not generally require adequate evidence concerning the potential for harm or benefit or for the safety of many medical devices.
    - One of the most controversial of medical devices in recent years is the widely used and accepted silicone breast implant.

Lecture 15 - Healthcare Systems - International Context

Globalization, Medicalization, Health Care

- Health-care systems around the world must be seen in the context of globalization.
- Globalization is changing the relative importance of the sovereignty of nation-states and their governing structures.
- The imperatives of profit-making can supersede the state-level regulations regarding equity, safety, and adequate health for people and communities.
- Globalization is also linked to the spread of various diseases (**e.g., SARS**) and possible influenza pandemics of the near future.
- On the other hand, globalization supports the extension of knowledge and new technologies of health, prevention, and medical care through global organizations (WHO) and other means.
  - This has helped increase life expectancy and decrease infant mortality around the globe.

Brief History of the Worldwide Concern for Health

- The concerted effort to improve the health of people around the world predates the intensive globalization of the past two decades or so.
  - One beginning marker of this effort was the international forum on health held at **Alma Alta,** Kazakhstan, in 1978, which included 134 governments and 67 international organizations.
  - **The Alma Alta** accord, a unanimous resolution calling for 'Health for All by 2000' was to be based on the worldwide expansion of **primary health care (PHC**) as defined by the principles of equity, community, participation, intersectorial co-ordination, and the use of appropriate technology.
    - **Question: what is part of the Alma Alta**
      - a unanimous resolution calling for 'Health for All by 2000'
      - principles of equity, community, participation, intersectorial co-ordination, and the use of appropriate technology.

Healthcare Systems Differ Around The Globe

- One way to understand the globalization of health and medical care is to use data and analysis from the World Health Organization (WHO).
- There is a direct link between the spread of Western medicine and the income level of countries:
  - The richer the country, the more entrenched conventional Western medicine.
  - The richer the country, the lower the infant mortality rate and the higher the life expectancy —the poorest health outcomes are in the poorest countries.

Traditional Medicines in a Global Context

- In addition to conventional Western medicine, a parallel system of medicine called traditional medicine or folk healing is also widespread throughout the world.
- **This system is:**
  - known as **complementary and alternative medicine (CAM**) in the developed world;
  - provides methods of healing and health-care incorporation; for example, herbal medicines, spiritual practices, manual treatments, acupuncture, and/or indigenous medicines;
  - used by a significant percentage of the population in Africa, India, and China;
  - often more accessible, particularly in the developing world where allopathic medicine may be unavailable to low-income and/or rural residents, or may be culturally unacceptable.
- Successful integration of traditional and Western medicines is practised in some countries.
  - In China, for example, traditional Chinese and Western medical schools, hospitals, and practitioners coexist, showing that co-operation is possible.
- Research on TM is difficult. TM practices range from the **highly secretive, mystical, and subjective procedures** that may be **linked to the particular abilities, skills, and beliefs of individual practitioners, to more standardized systems.**
- The most widely accepted aspect of TM is the **traditional birth attendant** (TBA).

Healthcare in the US

- The US has the most expensive medical care system in the world; however, it under performs in terms of access, efficiency, equity, and health outcomes.
- **Table 15.4 i**n your textbook shows health-care rankings of seven leading developed nations. Note, Canada's overall rank is next to last.
- **Question**
  - how much of GNP does US invest into healthcare?
- The discrepancy between health-care cost and value in the US reflects the fact that health is treated not as human right, but as a commodity to be traded in the marketplace.
- Most Americans receive private health insurance through their employer, while others pay for insurance individually. Many Americans, however, have no insurance at all.
- The elderly and very poor receive universal health care coverage through Medicare and Medicaid respectively.
- About 1,300 private insurance companies offer health-care insurance.
- Insurance companies use managed care organizations—for-profit companies—such as **health maintenance organizations (HMOs).**
- Managed care involves a group of physicians and hospitals that agrees to provide services in return for premium payments.

Healthcare in the US

- Another notable feature of medical care in the US is its support and development of extensive and innovative medical research, leading-edge technologies, and new drugs.
  - The US system is highly developed in terms of technology, but at the expense of primary care.
- **US health care is so expensive due to myriad factors:**
  1. The power and prevalence of profit-making health-service corporations (e.g., HMOs, pharmaceuticals, private hospitals)
  2. A reliance on high-technology solutions and medical testing rather than on primary care
  3. Aging of the population
  4. Administrative costs of insurance companies and managed care organizations
  5. Physician self-referral (physicians who prescribe services for which they may have ownership)
     - Question
  6. Pharmaceutical, medical testing, and medical device companies are among the highest profit-making businesses in the US
  7. Medical fraudHigh salaries of doctors
- Change is occurring in the US health care system.
- Health-care reform and the development of a universal system have been priorities for President Barack Obama, who passed the Patient Protection and Affordable Care Act in 2010.

Healthcare in the UK

- The health-care system in the UK is called the **National Health Service (NHS).**
- NHS is tax-supported and government-operated, and provides universal coverage for all necessary health-care services, such as tests, physician visits, and hospitalization, to all UK residents.
  - There is a small out-of-pocket co-payment for some services
  - Doctors are paid a base salary plus capitation (per patient on a fixed patient load).
  - Patients can choose their GP.
- As in other European countries, there is a parallel private system in the UK.
  - It offers less waiting time, private hospital rooms, and some superior hospital services.
  - About **12 per cent of the British population pays for private** insurance to improve their guaranteed coverage.
- Overall, the UK's public-private hybrid system works fairly well.
  - **See Table 15.4 in your textbook.**

Healthcare in Developing Countries

- Many developing countries try to provide universal health care to all citizens. This goal is very difficult because of the lack of basic necessities and infrastructure such as education, clean water, roads, adequate and nutritious food, and other resources.
- Inequity between countries is also a significant source of poor health outcomes.
- Both internal corruption and the 'brain drain', where health-care professionals who were trained in the developing world emigrate to work in the developed world, are ongoing problems.
- The richest people, usually in cities, may have excellent care, while those in the countryside have little or no care.

Healthcare in Brazil

- There have been significant improvements in health outcomes associated with the dramatic changes in the provision of health care in Brazil over the last few decades.
  - **See Table 15.6 in your textbook.**
  - Brazil may provide a template for change in health systems for other developing countries.
    - There has been a rapid increase in vaccinations since the country's **Unified Health System, established in 1988.**
- Brazil has a hybrid health care system—a public health sector and private for-profit health sector.
  - It provides universality like the UK and has free enterprise like the US.
- Despite the vast improvements in coverage and improved health outcomes, problems remain in Brazil.
  - There is a disproportionate concentration on the provision of health care in urban areas.
  - The public health sector remains underfunded.

Process of Becoming a Doctor

- The most influential and complete sociological studies of medical education were done in the 1950's and 1960's, by Becker and Merton.
  - Becker et al. observed and spent time doing participant observation with medical students during their years of medical education at the University of Kansas.
    - They noted that the major consequences of medical school were that physicians-in-training became aware of the importance of two dominant values: clinical experience and medical responsibility.
  - Merton et al. describe medical education and socialization as a continuous process by which medical students learn to think of themselves as doctors and, in doing so, absorbed sufficient knowledge to feel comfortable in their new role.

Getting Doctored

- Shapiro: The two most important features of medical education are the concepts of alienation and the authoritarian personality.
- Alienation is evident in the relationships of:
  1. medical students to one another;
  2. in the relationships of doctors, interns, and residents towards one another; and
  3. in the approach of the medical student to studies, medical school, and pharmaceutical companies and other related institutions.

Autonomy and Social Control

- The profession has two major control bodies: the Canadian Medical Association (CMA) and the College of Physicians and Surgeons.
  - The CMA is an amalgamation of provincial medical associations, and represents physicians as a national lobby group. The provincial bodies negotiate with their respective medical-care plans regarding matters relevant to the practice of medicine.
  - The College has bodies in each province who are responsible for overseeing the practice of medicine in the interests of protecting the public.

Mistakes

- Millman:
  1. The definition of what constitutes a mistake is variable (results that patients interpret as mistakes are not necessarily considered medical errors).
  2. Some results of medical practice are considered undesirable enough to warrant investigation.
     - Doctors tend to use two mechanisms to deal with it: neutralization and collective rationalization.
  3. Hospitals have instituted formal mechanisms for dealing with mistakes, for using errors as a source of education, and for investigating culpability.

- Bosk (1979) studied the ways surgeons and surgeons-in-training at a major university medical centre regulated themselves.
  - He noted that the medical centre's hierarchy is structured and managed so that those at the bottom levels are more likely to have to bear responsibility for mistakes than those at the top.
  - There are two different kinds of mistakes—**technical and moral mistakes.**
- Wennberg (1984) showed that different colleague networks develop different sets of beliefs, norms, and practices regarding specific diseases and the appropriate treatment for them.
  - He noted that the differences must be due to subjective variations in the **practice norms** and styles of physicians in each area.

- In Canada today a significant minority of patients (7.5 %) experience negative effects as a result of medical error.
  - In general, however, **medical malpractice and complaints against doctors** have **diminished** in frequency in Canada in the recent past.
- Physicians develop different sets of beliefs, norms, and practices regarding specific diseases and the appropriate treatment for them.
- There is also considerable treatment variation both between provinces and within provinces.
- Variation occurs in part because medicine is an art and not a science; a great deal of uncertainty is involved in the practice of medicine.

Nursing Today

- Nurses have strived to reach **professional status**. They have done this by:
  - increasing their educational requirements;
  - forming their own 'college' to handle questions of practice and the discipline of members;
  - carving out a body of knowledge that would be separate from that used by other medical care workers;emphasizing the special qualities and skills that nurses have that physicians do not have.

- **Managerial ideology** assumes that it is the job of managers to run organizations as efficiently as possible so as to provide adequate service at minimal cost.
  - This ideology is the outcome of a historical trend that reflects the development of the money economy, bureaucracy, capitalism, and rationalization.

- In Canada, hospitals are funded chiefly through the public sector; federal and provincial funding provides operating grants; local municipalities also provide funds, as do local fundraising initiatives.
- Hospital managers are accountable to boards and the boards to the provinces—they are faced with limited financial resources.
- Several **rationalized management systems** have been developed for use in hospitals.
  - One is **case mix groupings (CMGs):** Assumes that all patients with a particular medical condition will require similar medical treatment (e.g., chemotherapy with stage-one lung cancer)
    - Rankin and Campbell observe that this has numerous deleterious effects on the working lives of nurses.
    - Such a system demeans the authority and autonomy of the nurse and diminishes her powers of decision-making.

- The effect of the **hospital's bureaucratic structure** on nursing is an area for the critical analysis of the nursing profession today.
- Opportunity consists of the available career expectations, ambitions and goals, and the probability of reaching these.
- The structure of opportunity within the organization is determined by rates of promotion, locations for promotion and jobs that lead to promotion.
- Opportunities for nurses are severely lacking in modern hospital organizations.