Sociology 190
Life and Death in the USA:
Medicine and Disease in Social Context

Monday, Wednesday 3-4
Spring Term 2013
Location: Science Center C

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Course Website:
iSite: http://www.courses.fas.harvard.edu/0021

Course Description:

This course examines the social causes and context of illness, death, longevity, and health care in the USA today. Who stays healthy and who falls ill? Who has a long life and who has a short one? What is a good death and why do so few Americans achieve it? What is good medical care, who gets it, and why? What role do physicians play in producing health in our society? To what extent do factors outside individuals’ control (factors such as genetics, geography, social networks, parental traits, or hospital quality) influence health and health care? Does socioeconomic inequality in society harm individual health? Do certain kinds of social networks or neighborhoods improve health? How do social factors get under our skin and literally become embodied? What are the collective constraints on individuals’ life prospects? What is the difference between an individualistic and a public health perspective on illness? And what issues of ethics and justice are raised by such questions? Would a different organization of society, different public expenditures, or different public policies matter?

While exploring these questions, we will also consider how social scientists, biologists, epidemiologists, public health experts, and doctors address them — how they use theory to understand them and how they make “causal inferences” based on observational or experimental data. However, students are not expected to have in-depth knowledge of social science methods or statistics. The readings span the medical, public health, and social science literatures, and they reflect both qualitative and quantitative approaches. They also introduce new areas of “biosocial science.” In many ways, this course serves as an introduction to the field of public health.
Course Requirements:

- section attendance and participation (10%)
- in-class mid-term exam (non-cumulative) on February 27 (25%)
- in-class mid-term exam (non-cumulative) on April 15 (25%)
- take-home final exam (cumulative) (40%)

Regarding the mid-term exams: Each exam will have multiple choice questions and probably one short essay. There will be some choice. They will be administered on the above dates.

Regarding the final exam: It will consist of 2-3 essay questions, for a total of roughly 15-18 pages. There will be some choice, but all the questions will require in-depth engagement with the major themes of the whole course. The exam will be distributed no later than May 1 (e.g., perhaps on April 29) and will be due at a time to be determined (during reading period). We will be asking you to submit both a hard copy of the exam and also to upload it to a secure part of the course website (instructions will be provided). Because various electronic checks will be performed on the submitted exams, please be sure that all your work is your own and that you cite sources appropriately. Please do not cut and paste text (from any source) without attribution, as this can lead to a lot of unhappiness.

We expect that all written work you do in this class will be your own, and that you will not cheat in any way. It’s really depressing for all involved when this happens; it is especially embarrassing for the student; and it results in a very bad grade.

Professor Christakis reviews grades; if you feel your exam has been graded in error, please discuss this with your TF or the head TF first, but then do feel free to talk to him about it.

Collaboration:

Discussion and the exchange of ideas are essential to academic work. However, you should ensure that any written work you submit for evaluation is the result of your own research and writing and that it reflects your own approach to the topic. You must also adhere to standard citation practices and properly cite any books, articles, websites, lectures, etc., that have helped you with your work. In particular, students should be aware that collaboration on the take-home final exam is not permitted.

Course FAQ:

A selection of common questions is below, but many more are addressed at: http://christakis.med.harvard.edu/pages/teaching/faq.html

Also, please note:
- Sociology 190 counts for GenEd credit, in the “United States in the World” area.
- The class can be taken pass/fail.
- This class will not be offered next year at Harvard.
- Please check all exam dates now and make sure you have no conflicts, especially since we cannot make accommodations for things like senior theses.
- We allow the use of laptops in class to take notes. But please do not use your laptops to do unserious things that might distract those around you; it’s disrespectful.
• Graduate students taking Soc 190 for credit should see the instructor in order to arrange different requirements.

Sections:

Sections will meet beginning the third week of class. There will be online registration for sections; section timing has yet to be determined, but there will be many time slots to choose from.

The Head TF is:
Gabe Katsh
Department of Government
katsh@fas.harvard.edu
office hours: by appointment; sign up on the Google appointments calendar on the course iSite or email Gabe directly. Multiple times are available each week, both in CGIS and the Quad.

Books and Readings:

Books are available for purchase at the Harvard Coop Book Store. Readings from books and articles average about 55 pages per session (range 15-200), or 110 pages per week. Given very low demand in prior years, there is no course packet available for purchase. Readings are available online via Hollis e-reserves, and also linked via the course website for you to print out. A course packet of readings is also on reserve at Lamont Library.

January 28 (Mon)

I. Course Introduction

We will briefly review the burden of illness and death in the USA, touching on the costs, family effects, and implications for people’s well-being. We will also review the leading causes of death and how they vary by certain socio-demographic attributes. We will note geographic variation in illness and mortality and also the relevance of circumstances of birth (including in utero exposures, birthweight, birth order, parental occupation, etc.) to lifelong health. In short, we will introduce the basic biosocial facts to be explored in the course. And we will introduce the tension between individualistic and collective perspectives on medical care. We will in particular consider the case of suicide and the extent to which it reflects individual decision-making or collective constraints.

January 30 (Wed) and February 4 (Mon)
What Medical Care Has and Has Not Achieved

What are the benefits of medical care? How much do doctors actually help people? What are the relative roles of curative and preventative maneuvers in the health of the public? On the population level, what have been the benefits of “big medicine”? We will consider how the nature of illness and death has changed over the last century in the U.S., as part of the “health transition.” And we will introduce some ways of defining and measuring health other than mortality, including morbidity, physical functioning, quality of life, and “utility.”

II. Session 1: The Health Transition (January 30)


III. Session 2: The Role of Medical Care (February 4)

February 6 (Wed) and February 11 (Mon)
The Social Distribution of Illness

We will examine how disease and survival are distributed by basic socioeconomic variables. What is the role of sex, race, ethnicity, education, income, marital status, and other social variables in patient preferences, patient risks, patient care, and health outcomes? What are the methodological challenges of demonstrating and interpreting differences and inequalities in health outcomes and care? How do we distinguish the problem of unequal outcomes from that of unequal treatment, and what is the ethical implication of this difference?

IV. Session 1: Socioeconomic Status and Health (February 6)


V. Session 2: Unequal Treatment or Unequal Outcomes with Respect to Race and Ethnicity (February 11)


February 13 (Wed)
VI. The Social Construction of Illness and Medicine

How are the seemingly objective, natural or scientific concepts of “body,” “illness,” or “treatment” influenced and determined by social phenomena and the medical system itself? How does the way people come to view the world have concrete and measurable effects on their health? How do people cognitively construct medically relevant concepts, such as diagnostic categories, and how do these constructions in turn influence medical care and human experience? We will consider diverse examples, ranging from childbirth to plastic surgery to mental illness to cardiac care.


February 18
NO CLASS, Presidents’ Day

February 20 (Wed)
VII. Death and Dying

We will explore the nature of dying in the U.S. and what might be done to improve end-of-life care. We will consider the nature of a good death, how death affects family members, and where death occurs. We will examine how social policy or clinical arrangements (e.g., with respect to hospice care) affect the experience of dying. We will discuss the role of physician decision-making and begin to consider the process by which physicians are socialized to their role as doctors.

Christakis NA and Lamont EB. Extent and Determinants of Error in Doctors’ Prognoses for Terminally Ill Patients: Prospective Cohort Study British Medical Journal 2000; 320: 469-473.

February 25 (Mon)
VIII. Iatrogenesis and Medical Error

How common and serious are medical errors? What is the difference between harm, error, and maloccurrence? How do physicians cope with the inevitability of mistakes and harm? In what ways is “iatrogenesis” (doctor-caused injury) a widespread socio-medical phenomenon? Why does harm occur and what, if anything, can be done about it? What ethical and policy issues are raised by medical mistakes?


IX. February 27 (Wed)
MIDTERM #1
March 4 (Mon) and March 6 (Wed)

Health Behaviors

How do individuals’ choices and behaviors affect individuals’ health risks and health status? We will consider a range of health-related behaviors that are socially patterned and that can have substantial effects on both individual and population health. We will also explore the role of broader social policies and environmental effects on individual outcomes.

X. Session 1: Obesity and Exercise (March 4)


XI. Session 2: Tobacco, Alcohol, and Firearms (March 6)


XII. March 11 (Mon)

Religion and Health

Religion has numerous instrumental and symbolic effects on physical and mental health, and numerous aspects of religion may be relevant, from affiliation to religiosity to observance. Religious sentiments are also highly relevant to people’s choices regarding their own care, and their attitudes regarding medical advances.

March 13 (Wed), March 25 (Mon), and March 27 (Wed)
Inequality, Social Hierarchy, Stress, and Social Support

What do baboons in the Serengeti, civil servants in London, and actors in Hollywood have in common? How does relative position, and not just absolute position, matter to health? How can social structure be stressful? How can it be salubrious? What are the health consequences of stress and how might an individual’s social support buffer the adverse effect of stress on health?

XIII. Session 1: Social Inequality and Individual Health (March 13)


March 16-24
NO CLASS, Spring Break

XIV. Session 2: Stress, Status, and Social Hierarchy (March 25)


XV. Session 3: Social Support and the Health Benefits of Relationships (March 27)

Cohen S et al.. Social Ties and Susceptibility to the Common Cold. *JAMA* 1997; 277: 1940-1944.

April 1 (Mon), April 3 (Wed), and April 8 (Mon)
Health and Social Networks

Can there be a non-biological transmission of disease? How does the health care delivered to one person affect the health of others? Does treating depression in parents prevent asthma in their children? Does weight gain or seatbelt use or drinking by those close to you directly affect your health? We will examine the difference between social support (measured at the individual level) and social networks (construed at the group level); and we will consider how illness and health-related phenomena (ranging from sexual practices to smoking to obesity to emotions) might spread within a social network and result in positive and negative “externalities.” We will explore the evolutionary significance and biological basis for social network structure and
function. We will consider very new work involving interventions in online and offline networks to improve health. We will also evaluate some of the ethical implications of using network methods to target interventions. And we will introduce the idea of computational social science.

**XVI. Session 1: Social Network Function (April 1)**


**XVII. Session 2: Social Network Structure (April 3)**


**XVIII. Session 3: Social Network Interventions (April 8)**


**April 10 (Wed)**

**XIX. Social Capital**

We will examine the very important concept of “social capital,” first advanced by Coleman in 1988, and also the nature of “emergent” properties of social systems. How and why do groups of people come to have properties that do not inhere in the individuals themselves? And to what productive ends, both good and bad, might social capital be put — by individuals and by policymakers?


**XX. April 15 (Mon)**

**MIDTERM #2**
Neighborhood Effects on Health

We will consider how neighborhoods, as a particular form of collective social structure, may influence individual health. We will examine how local social capital and collective efficacy play a role in health. And we will examine how local physical infrastructure and medical resources affect health. In the process, we will examine geographic variation in a large variety of seemingly objective medical procedures, including the striking differences in care at the end of life and the wide-varying patterns of elective surgery across the U.S.. And we will consider the phenomenon of “physician-induced demand” for medical care.


Behavior Genetics, Gene-Environment Interactions, and Social Epigenetics

We will consider the cutting-edge field of biosocial science, and in particular focus on the ways in which our genes are in conversation with our social environment. To what extent does our genetic makeup influence our behaviors? To what extent do our genes increase or decrease our risk for illness given particular environmental exposures? What are the biological bases of resilience? And how does the social environment come to regulate our genome? How do social exposures “get under our skin”? How are they literally embodied?


April 24 (Wed), April 29 (Mon), and May 1 (Wed)
Public Policy and Health and Health Care

We will examine some macro and micro public policies that can affect individual and public health. As a powerful illustration, we will examine how society might respond to the emergence of new bio-technologies that promise to provide “super-human” enhancements to the human body, and we will consider moral aspects of these developments as well as how society might regulate them. We will also consider the implications of lack of insurance for the health of over 46,000,000 Americans, a number slated to substantially decrease with the implementation of recent health reform legislation. We will close with a consideration of some illustrative individual, local, and national efforts to improve the health of the public, and with a recapitulation of the fundamental tension between individual and collective perspectives on health and health care.

XXIII. Session 1: Social Control of Individual Use of New Biotechnologies (April 24)


XXIV. Session 2: A Selection of Policy Interventions (April 29)

Cutler, D. Your Money or Your Life. Cambridge: Oxford University Press, 2004, Chapters 7-10 (pp. 76-123).

XXV. Session 3: Public Health and Individual Experience (May 1)


Take-Home Final Exam
The exam will be distributed no later than May 1 and will be due approximately eight days later, as will be discussed in class.