

# **Sociology 190**

## **Life and Death in the USA: Medicine and Disease in Social Context**

**Monday, Wednesday 3-4  
Spring Term 2008**

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### **Course Website:**

<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 U.S. today. Who stays healthy and who falls ill? Who has a long life and who has a short one? What are the circumstances of death for most Americans, and how do these vary? 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 geography, social networks, parental traits, 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? 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? What policy levers are available to improve the health of the public?

While exploring these questions, we will also consider how social scientists, 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. In many ways, this course serves as an introduction to the field of public health.

### **Course Requirements:**

- section attendance & four 700-900 word commentaries (30%)
- mid-term exam (20%)
- take-home final exam (50%)

Regarding the four short assignments: Students must complete all four over the course of the term. These commentaries should be short essays discussing an aspect of the readings for the week they are completed. Good ones will reflect an understanding of the readings and will be critical of them or advance some kind of argument. We will often suggest a topic for these response papers, but this suggested topic is optional. The commentaries are to be handed in during the relevant section taking place during the week the readings are assigned. Two of the four assignments must be completed before the midterm and two after the midterm (but not during the last week of class); however, otherwise, the timing of the assignments is up to the student.

Regarding the final exam: It will consist of several essay questions. There will be some choice, but all the questions will require in-depth engagement with the major themes of the course. It will in all likelihood involve answering three questions each for 5-7 pages, hence 15-20 pages total. The exam will be distributed around the time of the last class and will be due at a time to be determined.

Graduate students taking Soc 190 for credit should see the instructor in order to arrange different requirements.

### **Sections:**

Sections will meet beginning the second week of class, and attendance is mandatory. There will be online section registration for sections, and section timing has yet to be determined. There are currently three teaching fellows already assigned for this class, and one head TF.

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**Books and Readings:**

Books are available for purchase at the Harvard Coop Book Store. Readings from books and articles average about 80 pages per session (range 12-220), or 160 pages per week. A course packet (**CP**) of readings is available for purchase at the Harvard Coop Bookstore and on reserve at Lamont Library. The remaining readings are available online via Hollis e-reserves (**R**), and links via the course website (**W**).

Bosk, C.L.. *Forgive and Remember*. Chicago: University of Chicago Press, 2003 [1979].

Christakis, N.A.. *Death Foretold: Prophecy and Prognosis in Medical Care*. Chicago: University of Chicago Press, 1999.

Cutler, D.. *Your Money or Your Life*. Cambridge: Oxford University Press, 2004.

Harris, J. *Enhancing Evolution: The Ethical Case for Making Better People*. Princeton: Princeton University Press, 2007

Illich, I.. *Limits to Medicine: Medical Nemesis, The Expropriation of Health*. New York, NY: London: Marion Boyars Publishers, 1999 [1976]

Martin, E.. *The Woman in the Body: A Cultural Analysis of Reproduction*. Boston: Beacon Press, 2001 [1987].

Marmot, M.. *Status Syndrome: How Your Social Standing Directly Affects Your Health and Life Expectancy*. London: Bloomsbury, 2004

Sandel, M.J. *The Case Against Perfection*. Cambridge: Belknap Press, 2007

Wilkinson, R.G.. *Mind the Gap: Hierarchies, Health, and Human Evolution*. New Haven, CT: Yale University Press, 2000.

**I. January 30 (Wed)**  
**Course Introduction**

We will briefly review the burden of illness and death in the U.S., touching on the costs, family effects, and implications for people's well-being and suffering. 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 life-long health. In short, we will introduce the basic bio-social 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.

**February 4 (Mon) and February 6 (Wed)**  
**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, and quality of life.

**II. Session 1: The Role of Medical Care (February 4)**

- Cutler D. *Your Money or Your Life*. Cambridge: Oxford University Press, 2004, Chapter 5, "The Heart of the Matter" (pp. 47-60).
- Bailar JC and Gornik HL. Cancer Undefeated. *New England Journal of Medicine* 1997; 336: 1569-1574, along with commentaries, retorts, rejoinders, and ripostes in *New England Journal of Medicine* 1997; 337: 935-938. (CP)
- Kramer BS and Klausner RD. Grappling with Cancer -- Defeatism versus the Reality of Progress. *New England Journal of Medicine* 1997; 337: 931-934. (CP)
- Preston S. American Longevity: Past, Present, and Future. Distinguished Lecturer in Aging Series, Center for Economic Policy, Syracuse University Policy Brief 7/1996. (pp. 1-18). (W) and available online (<http://www-cpr.maxwell.syr.edu/pbriefs/pb7.pdf>)

**III. Session 2: Demographic Transition, Health Transition, and Compression of Morbidity (February 6)**

- Cutler D. *Your Money or Your Life*. Cambridge: Oxford University Press, 2004, Chapters 1-2 (pp. 1-21).
- Fries JF. Measuring and Monitoring Success in Compressing Morbidity. *Annals of Internal Medicine* 2003; 139: 455-459. (R)
- Fogel, RW. Secular Trends in Physiological Capital: Implications for Equity in Health Care. *Perspectives in Biology and Medicine* 2003; 46(3 Supl): S24-S38. (R)

**February 11 (Mon) and February 13 (Wed)**  
**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 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 11)**

- Link BG and Phelan J. Social Conditions as Fundamental Causes of Disease. *Journal of Health and Social Behavior* 1995 (Extra Issue): 80-94. (R)
- Smith JP. Healthy Bodies and Thick Wallets: The Dual Relation Between Health and Economic Status. *Journal of Economic Perspectives* 1999; 13: 145-166. (R)
- Goldman DP, Smith JP. Can patient self-management help explain the SES health gradient? *Proceedings of the National Academy of Science* 2002;99:10,929-10,934. (R)

**V. Session 2: Unequal Treatment and Unequal Outcomes with Respect to Race and Ethnicity (February 13)**

- Smedley BD, Stith AY, and Nelson AR, eds., IOM Report, *Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care*. Washington DC: National Academies Press, 2003, Chapter 1 (pp. 29-57). (CP) Also available online from the NAS.
- Baicker K, Chandra A, Skinner JS, Wennberg JE. Who You Are And Where You Live: How Race And Geography Affect The Treatment Of Medicare Beneficiaries. *Health Affairs*, "web exclusive" 10.1377/hlthaff.var.33 (pp. 33-44). (R)
- Blackhall LJ, Murphy ST, Frank G, Michel V, and Azen S. Ethnicity and Attitudes Toward Patient Autonomy. *JAMA* 1995; 274:820-825. (CP)
- Lauderdale D. Birth Outcomes for Arabic-Named Women in California Before and After September 11. *Demography* 2006; 43: 185-201. (R)

**VI. February 20 (Wed)**  
**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 view the world have concrete and measurable effects on their health? How do people cognitively construct medically relevant concepts, and how do these constructions in turn influence medical care and human experience?

- Martin, E.. *The Woman in the Body: A Cultural Analysis of Reproduction*. Boston: Beacon Press, 1987, pp. 27-67.
- Ecker JL and Frigoletto FD. Cesarean Delivery and the Risk-Benefit Calculus. *New England Journal of Medicine* 2007; 356(9): 885-888. (R)

Davis, K. *Reshaping the Female Body: The Dilemma of Cosmetic Surgery*. New York: Routledge, 1995, chapter 1 (pp. 14-38). (CP)

**February 25 (Mon), February 27 (Wed), and March 3 (Mon)**  
**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 affect the experience of dying. We will especially focus on the role of physician decision-making and on ethical aspects of terminal care, including decisions about euthanasia and life support withdrawal. During this set of sessions on the care of the terminally ill, we shall also begin to consider the process by which physicians are socialized to their role as doctors. How does physician training influence health care delivery and patient experience?

**VII. Session 1: The Nature of Dying in the U.S. (February 25)**

Kleinman, A. *The Illness Narratives: Suffering, Healing, and the Human Condition*. New York: Basic Books, 1988, chapter 3, "The Vulnerability of Pain and the Pain of Vulnerability," (pp. 56-74) and chapter 9, "Illness Unto Death" (pp. 146-157). (CP)

Steinhauser KE, Christakis NA, Clipp EC, McNeilly M, McIntyre L, and Tulsky JA. Factors Considered Important at the End of Life by Patients, Family, Physicians, and Other Care Providers. *JAMA* 2000; 284: 2476-2482. (R)

J. Lynn, *et al.*. Perceptions by Family Members of the Dying Experience of Older and Seriously Ill Patients. *Annals of Internal Medicine* 1997; 126:97-106. (R)

**VIII. Session 2: The Role of Prognostication in End-of-Life Care (February 27)**

Christakis, N.A.. *Death Foretold: Prophecy and Prognosis in Medical Care*. Chicago: University of Chicago Press, 1999. Preface, and chapters 1,2,3,4,6, and 8.

**IX. Session 3: Selected Ethical Aspects of End-of-Life Care (March 3)**

Ackerman TF and Strong C. *A Casebook of Medical Ethics*. Oxford: Oxford University Press, 1989, pp. 89-97 (ethics cases). (CP)

Drickamer MA, Lee MA, Ganzini L. Practical Issues in Physician-Assisted Suicide. *Annals of Internal Medicine* 1997; 126: 146-151. (R)

Oregon's Death with Dignity Act: Three Years of Legalized Physician-Assisted Suicide, Oregon Department of Human Services Report, 2001 (W)  
([www.ohd.hr.state.or.us/chs/pas/00pasrpt.pdf](http://www.ohd.hr.state.or.us/chs/pas/00pasrpt.pdf))

Fox, R.C., "Training for Uncertainty," in Fox, R. C., *Essays in Medical Sociology*, New Brunswick, N.J.: Transaction Publishers, 1988, pp. 19-50. (CP)

**March 5 (Wed) and March 10 (Mon)**  
**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 social phenomenon? Why does harm occur and what, if anything, can be done about it? What ethical issues are raised by medical mistakes?

**X. Session 1: The Problem of Medical Harm (March 5)**

Illich, I., *Medical Nemesis: The Expropriation of Health*, New York, NY: Pantheon Books, 1976, part I (pp. 1-56).

Brennan TA, et al.. Incidence of Adverse Events and Negligence in Hospitalized Patients. *New England Journal of Medicine* 1991; 324: 370-376. (CP)

Reason J. Human Error: Models and Management. *British Medical Journal* 2000; 320: 768-770. (R)

**XI. Session 2: Socialization of Physicians with Respect to Medical Error (March 10)**

Bosk, C. L.. *Forgive and Remember*. Chicago: University of Chicago Press, 1979 (pp. 1-146).

Lief, H.I., and R.C. Fox, “Training for ‘Detached Concern’ in Medical Students,” in H.I. Lief, V.F. Lief, and N.R. Lief, eds., *The Psychological Basis of Medical Practice*, New York: Harper and Row, 1963, pp. 12-35. (CP)

**March 12 (Wed) and 17 (Mon)**  
**Individual 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 dramatic effects on population health. We will also explore how health risks vary by socioeconomic status.

**XII. Session 1: Obesity, Exercise, and Diet (March 12)**

McGinnis JM and Foege WH. Actual Causes of Death in the United States. *JAMA* 1993; 270: 2207-2212. (CP)

Paffenbarger, R.S., Hyde, R.T., Wing, A.L., Lee, I-M., Jung, D.L., & Kampert, J.B. The association of changes in physical activity level and other lifestyle characteristics with mortality among men. *New England Journal of Medicine* 1993; 328, 538–545. (CP)

Olshansky SJ, et al.. A Potential Decline in Life Expectancy in the United States in the 21st Century. *New England Journal of Medicine* 2005; 352: 1138-1145. (R)

Mello MM, et al. Obesity -- The New Frontier of Public Health Law. *New England Journal of Medicine* 2006; 354: 2601-2610. (R)

**XIII. Session 2: Alcohol, Tobacco, and Firearms (March 17)**

- Schroeder SA. Tobacco Control in the Wake of the Master Settlement Agreement. *New England Journal of Medicine* 2004; 350: 293-301. (R)
- Wechsler H, Lee JE, Kuo M, Lee H. College Binge Drinking in the 1990's: A Continuing Problem -- Results from the Harvard School of Public Health 1999 College Alcohol Study. *Journal of American College Health*. 2004; 52(4): 159-168. (R)
- Kellermann AL, et al. Injuries due to Firearms in Three Cities. *New England Journal of Medicine* 1996; 335: 1438-1444. (R)
- Teret SP et al. Support for New Policies to Regulate Firearms. *New England Journal of Medicine* 1998; 339: 813-818. (R)
- Hemenway, D. Regulation of Firearms. *New England Journal of Medicine* 1998; 339: 843-845. (R)

**XIV. March 19 (Wed)**  
**Midterm Exam**

**XV. March 31 (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.

- Jarvis GK, and Northcott HC. Religion and Differences in Morbidity and Mortality. *Social Science and Medicine* 1987; 25: 813-824. (R)
- Phillips DP and Smith DG. Postponement of Death Until Symbolically Meaningful Occasions. *JAMA* 1990; 263: 1947-1951. (CP)
- Strawbridge W, Cohen R, Shena S, and Kaplan G. Frequent Attendance at Religious Services and Mortality over 28 Years. *American Journal of Public Health* 1997; 87: 957-61. (R)

**April 2 (Wed), April 7 (Mon), and April 9 (Wed)**  
**Inequality, Social Position, 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? How is connection to others salubrious, and how is loneliness harmful?

**XVI. Session 1: Social Inequality and Individual Health (April 2)**

- Wilkinson, R.G. *Mind the Gap: Hierarchies, Health, and Human Evolution*. New Haven, CT: Yale University Press, 2000. (71 pages)
- Lochner K, Pamuk E, Makuc D, Kennedy BP, and Kawachi I. State-level income inequality and individual mortality risk: a prospective, multilevel study. *American Journal of Public Health* 2001; 91: 385-391. (R)

Minkler M, Fuller-Thomson E, Guralnik JM. Gradient of disability across the socioeconomic spectrum in the United States. *New England Journal of Medicine* 2006; 335(7): 695-703. (R)

**XVII. Session 2: Stress, Status, and Social Hierarchy (April 7)**

Marmot, M. *Status Syndrome: How Your Social Standing Directly Affects Your Health and Life Expectancy*. London: Bloomsbury, 2004, chapters 1-6 and 10.

Sapolsky, RM. The Influence of Social Hierarchy on Primate Health. *Science* 2005; 308: 648-652. (R)

**XVIII. Session 3: Social Support and the Health Benefits of Relationships (April 9)**

House JS, Landis KR, and Umberson D. Social Relationships and Health. *Science* 1988; 241: 540-45. (R)

Christakis NA, and Allison, PD. Mortality After the Hospitalization of a Spouse, *New England Journal of Medicine* 2006; 354: 719-730. (R)

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

**XIX. April 14 (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 illness in 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 obesity to happiness) might spread within a social network and result in positive and negative “externalities.”

Bearman PS, Moody J, and Stovel K. Chains of Affection: The Structure of Adolescent Romantic and Sexual Networks. *American Journal of Sociology*. 2004; 110: 44-91. (R)

Bearman PS, and Moody J. Suicide and Friendships among American Adolescents. *American Journal of Public Health* 2004; 94: 89-96. (R)

Christakis NA. Social Networks and Collateral Health Effects. *British Medical Journal* 2004; 329: 184-185. (R)

Christakis NA and Fowler J. The Spread of Obesity in a Large Social Network over 32 Years. *New England Journal of Medicine* 2007; 357(4): 370-379. (R)

**April 16 (Wed) and April 21 (Mon)**

**Social Capital and Neighborhood Effects on Health**

We will consider how collective social structures, such as neighborhoods or social networks, may influence individual health. We will examine how “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 nearly random patterns of elective surgery across the U.S.. And we will consider the phenomenon of “physician induced demand” for medical care.

**XX. Session 1: Social Capital (April 16)**

Berkman LF, and Kawachi, I. *Social Epidemiology*. Oxford: Oxford University Press, 2000, Chapter 8 “Social Cohesion, Social Capital, and Health” (pp. 174-190). (CP)

Coleman J. Social Capital in the Creation of Human Capital. *American Journal of Sociology* 1988; 94: S95-S120. (R)

Klinenberg E. *Heat Wave: A Social Autopsy of Disaster in Chicago*. Chicago: University of Chicago Press, 2002, Chapter 2, “Race, Place, and Vulnerability: Urban Neighborhoods and the Ecology of Support,” (pp. 79-128). (CP)

**XXI. Session 2: Neighborhood Effects (April 21)**

Berkman LF, and Kawachi, I. *Social Epidemiology*. Oxford: Oxford University Press, 2000, Chapter 14 “Ecological Approaches: Re-Discovering the Role of the Physical and Social Environment” (pp. 332-348). (CP)

Center for Evaluative Clinical Sciences, Dartmouth Medical School, *The Quality of Medical Care in the United States: A Report on the Medicare Program: The Dartmouth Atlas of Health Care 1999*. Chicago: AHA Books, 1999. excerpts and color maps (pp. 1-7, 175-208); (R) available online at [http://www.dartmouthatlas.org/atlas/atlas\\_series.shtm](http://www.dartmouthatlas.org/atlas/atlas_series.shtm)

Morenoff JD. Neighborhood Mechanisms and the Spatial Dynamics of Birth Weight. *American Journal of Sociology* 2003; 108: 976-1017. (R)

**April 23 (Wed), April 28 (Mon), and April 30 (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 development as well as how society might regulate them. We will also consider the implications of lack of insurance for the health of 46,000,000 Americans. We will close with a consideration of some illustrative, selected 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.

**XXII. Session 1: Social Control of Individual Use of New Biotechnologies (April 23)**

Harris, J. *Enhancing Evolution: The Ethical Case for Making Better People*. Princeton: Princeton University Press, 2007. chapters 1-4, 6, 8, 9 (140 pages)

Sandel, MJ. *The Case Against Perfection*. Cambridge: Belknap Press, 2007. (128 pages)

**XXIII. Session 2: Access to Health Care and Health Insurance, and a Selection of Policy Interventions (April 28)**

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

Brook R, *et al.*. Does Free Care Improve Adults' Health? Results from a Randomized Controlled Trial. *New England Journal of Medicine* 1983; 309: 1426-34. (CP)

Andersen RE, Franckowiak SC, Snyder J, Bartlett SJ, and Fontaine KR. Can Inexpensive Signs Encourage the Use of Stairs? Results from a Community Intervention. *Annals of Internal Medicine* 1998; 129: 363-369. (R)

Moldrup, C. No Cure, No Pay. *British Medical Journal* 2005; 330: 1262-1264. (R)

Nattlinger AB, Hoffmann RG, Shapiro R, Gottlieb MS, and Goodwin JS. The Effect of Legislative Requirements on the Use of Breast-Conserving Surgery. *New England Journal of Medicine* 1996; 335: 1035-1040. (R)

**XXIV. Session 3: Public Health and Individual Experience (April 30)**

McGinnis JM, Williams-Russo P, and Knickman JR. The Case for More Active Policy Attention to Health Promotion. *Health Affairs* 2002; 21: 78-93. (R)

Hardin, G. The Tragedy of the Commons. *Science* 1968; 162: 1243-1248. (R)

**Take-Home Final Exam Due at Time to Be Specified**