

# ICM 802

## The Social Basis of Medical Practice

Spring Semester, 2002  
University of Kansas School of Medicine

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## Course Objectives

### Primary Objectives

In their 1998 report on the medical curriculum, the American Association of Medical Colleges emphasized that a major challenge facing us in medicine today is to understand “how changes in society’s views of health and disease and changes in the organization, financing and delivery of health care can shape expectations of physicians.” This course is designed to put you ahead of that challenge.

At the conclusion of this course you will be familiar with a set of basic concepts and terms that are necessary for recognizing and examining the social forces that define and shape our medical practices.

The social basis of medical practice contains three important dimensions addressed in this course: the social forces that produce disease; the organization of medical practice; and the meanings that we attach to illness and medical care.

### Secondary Objectives

In addition, you will have the chance to become familiar with the history of medicine and health in America and Kansas.

You will have opportunity and support to improve your ability to communicate complex ideas quickly and effectively in standard written English.

You will gain experience working effectively in small discussion groups.

You will gain greater familiarity with online literature searching and internet searching for medical information.

## Outline of the Curriculum

The social basis of medical practice has three important dimensions, corresponding to the three blocks of the course:

**Block I: The Social Forces Producing Disease**

**Block II: The Structure and Organization of Medical Practice**

**Block III: The Cultural Meaning and Significance of Illness and Medicine**

## Course Components

### Lectures

All lectures will meet at 10:00 am in Wahl Hall East. A second session will meet 11:00 am to 11:50 am either in a small group discussion, or in a panel or second lecture format

in Wahl Hall East. There will be a ten-minute break with refreshments provided on days before small groups.

The lectures will outline topics in the historical development of American medicine, and provide the tools for examining the social basis of contemporary medical practice. Associated faculty and invited speakers will illustrate important complementary perspectives on relevant medical issues.

### **Small Group Sessions**

There will be eight small group meetings.

Small groups will permit you to explore further the issues raised in the readings and lectures through structured, collaborative exercises and discussions. The exercises emphasize the personal and professional relevance of the course material. The small groups do not repeat material already covered in readings or lectures.

To endorse the value of strong working relationships within the small groups attendance and participation are required and scored as a portion of the final grade.

### **Readings**

Readings for the course are available in the required textbook: The Social Medicine Reader, and in the material provided in this course pack included in this binder. The textbook is for sale at the bookstore and will be used further in your ICM courses in years two and four. Optional readings are available through Clendening Library or through request to the course director.

## **Evaluation**

### **Grades**

Final grades for the entire spring ICM 802 course will be calculated according to the following formula:

Clinical Skills.....50%  
Social Basis of Medical Practice.....50%

**To pass** ICM 802 for the semester you must complete and pass both components of the course: clinical skills and social basis of medical practice.

The following scale is used for the grading in all components of ICM 802 including Social Basis:

91-100.....Superior  
81-90.....High Satisfactory  
71-80.....Satisfactory  
65-70.....Low Satisfactory  
Below 65.....Unsatisfactory

### **Points**

Paper 1..... 22 points (see below for scoring)

Paper 2.....	22 points	(see below for scoring)
Small Group Exercises..	48 points	(6 points each on 8 exercises)
Final Exam.....	58 points	(breakdown provided prior to the exam)
Total possible.....	150 points	(raw scores scaled to 100-point total)

### **Writing and Exams**

The course requires two timed, in-class exams at the mid-term and final. These exams will cover material from the readings, small group exercises and lectures. The format is multiple-choice questions and short-answer essays. (All writing that a doctor does is inherently under a time constraint!)

In addition, there will be two brief (500 to 800 word) papers.

The point scale for scoring the two writing exercises is found on the Grading Guide at the end of the Curriculum.

Early notice will be given to students who need remedial assistance with writing. There will be a writing workshop and review of prior written assignments in lecture. An optional writing clinic will be made available for students who seek additional help with writing mechanics and organization.

### **Small Group Sessions and Exercises**

Prepare in advance for the small group sessions!

At each meeting there will be a set of collaborative exercises to complete and submit for credit. Some of the exercises are complex. You may have difficulty participating fully without proper preparation.

Because independent and cooperative exploration of the material is encouraged in the groups, it is not necessary for the group to complete the entire exercise each week. The group leader may certify an incomplete exercise as complete for the purposes of scoring. It is only necessary for the group to work satisfactorily during the allotted time, and for all to participate. There is no single correct answer to any of the exercises. The group leaders will supply an answer key and discussion guide for each session to standardize the information available to the different groups, although each groups' discussions will necessarily have a different shape.

### **Lectures**

Material covered in the lectures will be necessary to complete the papers and will appear on the final examination.

# Curriculum

## Block I. Social Forces Producing Health and Disease

### January 9: Doctoring, Chronic Disease and the Disease-Illness Distinction

First hour. Lecture: “The Role of Medicine under Changing Patterns of Disease”

Second hour. Small group meeting #1. The role of the physician in the care of chronic and acute disease.

#### Required Readings:

Eric Cassell, “The Nature of Suffering and the Goals of Medicine” in The Social Medicine Reader eds. GE Henderson, NMP King, RP Strauss, SE Estroff, LR Churchill (Durham, NC: Duke University Press, 1997) pp. 13-22.

#### Optional Readings:

Charles E. Rosenberg, “The Therapeutic Revolution: Medicine, Meaning, and Social Change in Nineteenth-Century America,” in The Therapeutic Revolution: Essays in the Social History of American Medicine, ed. Morris J. Vogel and Charles E. Rosenberg (Philadelphia: University of Pennsylvania, 1979) pp. 3-25.

### January 16: Medicine as a Social Force Altering Disease

First hour. Lecture: “Medical Miracles and Population Health”

Second hour. Small group meeting #2. AIDS/HIV statistics and the social determinants of the epidemic.

#### Required Readings:

Chris Feudtner, “A Disease in Motion: Diabetes History and the New Paradigm of Transmuted Disease” Perspectives in Biology and Medicine (1996) 39(2):158-170.

Photocopies on HIV/AIDS in this course pack for small groups.

#### Optional Readings:

Thomas McKeown, “A Historical Appraisal of the Medical Task” in Gordon McLachlan and Thomas McKeown, eds. Medical History and Medical Care: A Symposium of Perspectives (London: Oxford University Press, 1971) pp. 27-55.

### **January 23: Poverty and the Differential Burden of Disease**

First hour. Lecture “Medicine’s Debt to the Poor”.

Second hour. Visiting Lecture.

No small group meeting.

#### **Required Readings:**

Laurie K. Abraham, “‘Where Crowded Humanity Suffers and Sickens’: The Banes Family and Their Neighborhood” in The Social Medicine Reader, pp. 121-130.

#### **Optional Readings:**

Paul Farmer, Simon Robin, St. Luc Ramilus and Jim Yong Kim, “Tuberculosis, Poverty and ‘Compliance’: Lessons from Rural Haiti,” Sem in Respiratory Infections (1991) 6(4):254-260.

John M. Eyler, “The Sick Poor and the State: Arthur Newsholme on Poverty, Disease, and Responsibility,” in Framing Disease: Studies in Cultural History, ed. Charles E. Rosenberg and Janet Golden (New Brunswick, NJ: Rutgers University Press, 1992) pp. 276-296.

### **January 30: Social Capital, Social Cohesion and Population Health**

First hour. Lecture “Social Forces Influencing Health”

Second hour. Small group meeting #3. Social Capital and Health in Kansas.

#### **Required Readings:**

Theodore Pincus, Robert Esther, Darren A. DeWalt, “Social Conditions and Self-Management Are More Powerful Determinants of Health than Access to Care,” Annals of Internal Medicine (1998) 129(5): 406-416.

Clyde Hertzman, “Health and Human Society,” American Scientist (2001) 89:538-545.

Photocopies of data for analysis available in this course pack for small groups

#### **Optional Readings:**

Ichiro Kawachi, BP Kennedy, K Lochner, et al., “Social Capital, Income Inequality, and Mortality,” American Journal of Public Health (1997) 87(9):1491-1498.

Ichiro Kawachi, “Social Cohesion and Health” in A.R. Tarlov, R.F. St. Peter, eds. The Society and Population Health Reader: A State and Community Perspective (New York: The New Press, 2000) pp. 57-74.

This article also included in the course-pack and has information specific to Kansas.

## Block II. The Structure and Organization of Medical Practice

### February 6: The Doctor-Patient Relationship

First hour. Lecture. "Development of the Doctor-Patient Relationship."

Second hour. Small group meeting #4. Medical Error.

**NOTE: First paper due next class.**

#### Required Readings:

David Hilfiker, "Facing Our Mistakes," in Social Medicine Reader, pp. 287-292.  
Shari Munch, "Moral Wounds: Complicated Complications," JAMA (2001) 285(9).

#### Optional Readings:

Alfred Worcester, "Past and Present Methods in the Practice of Medicine," Boston Medical and Surgical Journal (1912) 166:159-164.

### February 13: The Development of Hospitals and the Organization of Medical Work

First hour. No Class. [Biochemistry lecture]

Second hour. Lecture "Hospitals and Nursing Work"

**First paper due in class.**

#### Required Readings:

Charles Rosenberg, The Care of Strangers: The Rise of America's Hospital System (New York: Basic Books, 1987) pp. 212-236.

#### Optional Readings:

Susan Reverby, "A Caring Dilemma: Womanhood and Nursing in Historical Perspective," in The Sociology of Health and Illness: Critical Perspectives, eds. Peter Conrad, R Kern, third edition (New York: St. Martin's Press, 1990) pp.184-195.

### February 20: Specialties in Practice

First Hour. Lecture: "The Development of Specialization in Medicine"

Second hour. Small group meeting #5. Specialties and Specialty Choice.

#### Required Readings:

W. Bruce Fye, American Cardiology: The History of a Specialty and Its College (Baltimore: Johns Hopkins University Press, 1996) pp. xi-xii, and 1-12.

Photocopies of data available in course pack for small group.



**Optional Readings:**

George Rosen, The Specialization of Medicine with Particular Reference to Ophthalmology (New York: Froben Press, 1944).

Rosemary Stevens, American Medicine and the Public Interest (New Haven: Yale University Press, 1971).

**February 27: Management, Insurance and the Systems of Care**

First hour. Lecture: "The Evolution of Health Insurance"

Second hour. Visiting Lecture and Panel Discussion.

No small group meeting.

**Required Readings:**

Donald L. Madison, "Paying for Medical Care in America," in The Social Medicine Reader, pp. 415-446.

**Optional Readings:**

Paul Starr, "Transformation in Defeat: The Changing Objectives of National Health Insurance, 1915-1980," in Compulsory Health Insurance: The Continuing American Debate, ed. Ronald L. Numbers (Westport: Greenwood Press, 1982) pp. 115-143.

S Woolhandler, DU Himmelstein, "The Deteriorating Administrative Efficiency of the U.S. Healthcare System," NEJM (1991) 324:1253-58.

**Block III. The Cultural Significance and Meaning of Illness and Disease****March 6: Culture, Medicine and Illness**

First hour. Lecture: "The Culture of Biomedicine and the Patient's Culture."

Second hour. Small group meeting #6. Cultural Diversity, Race and Health.

**Required Readings:**

Anne Fadiman, The Spirit Catches You and You Fall Down: A Hmong Child, Her American Doctors and Collision of Two Cultures. (New York: Farrar, Straus and Giroux, 1997) pp. 38-59, 250-261.

**March 13: The Culture of Doctoring**

First hour: Lecture: The Experience and the Meaning of Doctoring

Second hour: Workshop: "Review of Writing and Writing in your Medical Career"

**Required Readings:**

Maureen A. Flannery, "Simple Living and Hard Choices," in Social Medicine Reader, pp. 293-300.

**March 27: Spring Break**

**N.B.: Second paper due next class. See attached description at end of curriculum.**

**April 3: Student Research Day****April 8 [Monday!]: Alternative Medicine, Holism, and Spirituality**

First hour. Lecture "Holism and Alternative Medicine."

Second hour: Visiting Lecture: "Spirituality in Illness and Health Care"

**Required Readings:**

Joanne Lynn, "Travels in the Valley of the Shadow," in Empathy and the Practice of Medicine: Beyond Pills and the Scalpel (New Haven: Yale University School of Medicine, 1993) pp. 40-53.

**Optional Readings:**

Timothy P. Daaleman; Larry VandeCreek, "Placing Religion and Spirituality in End-of-Life Care" JAMA (2000) 284(19).

Charles E. Rosenberg, "Holism in Twentieth-Century Medicine," in Greater than the Parts: Holism in Biomedicine, 1920-1950 (New York: Oxford University Press, 1998) pp. 335-355.

Anne Harrington, "Unmasking Suffering's Masks: Reflections on Old and New Memories of Nazi Medicine," Daedalus (1996) 125(1):181-205.

**Second Paper Due in Class.****April 10: The Classification, Definition and Meaning of Disease**

First hour. Lecture: "What is A Disease?"

Second hour. Small group meeting #7. Sildenafil and the Disorder of Erectile Dysfunction

**Required Readings:**

Robert Aronowitz, "When Do Symptoms Become a Disease?" Annals of Internal Medicine (2001) 134(9): 803-808.

"Viagra Settlement." Petition to Join Class-Action Suit Against Aetna for Reimbursement of Costs of Viagra. PHL A #1466276v1.

Michael R. McGarvey, "Tough Choices: The Cost-Effectiveness of Viagra" Annals of Internal Medicine (2000) 132(12): 994-95.

**Optional Readings:**

Christopher Lawrence, “‘Definite and Material’: Coronary Thrombosis and Cardiologists in the 1920s” in Framing Disease: Studies in Cultural History, ed. Charles E. Rosenberg and Janet Golden (New Brunswick, NJ: Rutgers University Press, 1992) pp. 50-82.

**April 17: Research, Placebo Trials and the Placebo Effect**

First hour. Lecture: “Placebo in Medical Practice and Science.”

Second hour. Small group meeting #8. Placebos in Medical Research.

**Required Readings:**

Allan Brandt, “Racism and Research: the Case of the Tuskegee Syphilis Study,” in J. Leavitt, and R. Numbers, eds. Sickness and Health in America, 3<sup>rd</sup> edition (Madison, WI: University of Wisconsin Press, 1997) pp. 392-404.

**Optional Readings:**

Richard C. Cabot, “The Use of Truth and Falsehood in Medicine: An Experimental Study” American Medicine (1903) 5:344-49.

George J. Annas, “Faith (Healing), Hope, and Charity at the FDA: The Politics of the AIDS Drug Trials,” in Social Medicine Reader, pp. 375-388.

**April 26: Final Exam. Battenfeld Auditorium. 1 pm - 3 pm.**

# Grading Guide for Papers

## 24 Points Total in Three Categories

### 1. Writing Mechanics (Total of 8 Points)

**8 Points:** The paper is entirely free of errors in standard English grammar, spelling, syntax, and usage.

**6 Points:** There are errors of grammar, spelling, syntax, or usage, but not in the majority of the paper, and not in a form that appreciably interferes with the sense of the paper.

**4 Points:** Errors of grammar, spelling, syntax, or usage appear throughout the paper or in a form that interferes with the reader's ability to make sense of the paper.

### 2. Clarity of Argument (Total of 8 Points)

**8 Points:** The paper states the author's hypothesis, perspective, or argument in the first paragraph and supports it clearly and persuasively in the following paragraphs. The paper concludes with an enhanced restatement of the author's position.

**6 Points:** The paper takes an identifiable position in first paragraph and returns to it in the following paragraphs. The paper concludes in a way that does not seem too arbitrary and without straying far from the main theme.

**4 Points:** The paper offers observations concerning some theme. The paper, however, either strays significantly from the theme or ends abruptly, and fails to develop an argument, hypothesis, or perspective that is clear to the reader.

### 3. Use of Evidence (Total of 8 Points)

**8 Points:** The paper accurately cites in organized fashion sufficient evidence to establish the author's position clearly and persuasively.

**6 Points:** The paper cites evidence from the course and readings, but it either contains minor factual errors or does not select and organize the evidence in the most effective manner.

**4 Points:** The paper contains evidence of some kind, but does not organize or select it in a coherent fashion, omits important relevant evidence from the course, or makes significant factual errors that are evident to the reader.

## Writing Assignment One

**DUE: February 6 in class**

Before you start this exercise, review the material on “Writing and Exams” in the first section of the course guide. You may refer to the attached grading guide also.

You are a physician in private practice and you have received the enclosed letter from a company called “integrated diagnostic centers.” The purpose of the letter is not fully clear but it suggests a chance to make money by changing the way you refer your patients for expensive imaging studies like “MRI’s, CT Scans, Ultrasound, Nuclear.”

Make some reasonable assumptions about what this offer means. It must mean at least that you would begin sending your patients to this company’s imaging centers, and in exchange you would make money from the arrangements. The letter emphasizes that the arrangements are “compliant with... Anti-Kickback legislation,” referring to legislation that prohibits physicians from collecting additional fees by selectively referring patients for services with certain financial connections to the physician. It is not clear how the company maintains compliance. You may assume for the purpose of this exercise that more imaging studies will mean larger payments to your practice.

Write a detailed letter addressed to “integrated diagnostic centers” politely declining their offer and explaining some of the negative impact their arrangements might have on the health of your patients, and their community. Your letter must also state what influence these arrangements might have on physician-patient relationships both in your practice and in your community in general.

Use appropriate material from the readings, lectures or small group exercises to support your explanation and argument. Do not give full academic citations for your sources. You must, however, acknowledge the source of your information. Use informal references such as “Cassell says in his article on the role of medicine that...” or “as Dr. Martensen said in his lecture.”

The minimum length is 500 words. The maximum length is 800 words. Submit a double-spaced, typewritten paper with your name, date and course information. You will receive the papers back with comments and scores.

This is not a test of how much information from the course you can recite, although you must use material from the course as evidence in the paper. Choose your facts carefully and explain their significance. A good paper will have at least three or four well chosen and important pieces of evidence from the course fitting reasonably into its argument.

## Writing Assignment Two

**DUE: April 8 in class**

Picture yourself as a doctor ten years from now. Write a paper describing and analyzing the relationship of your life and work to the people, communities, and institutions around you including more than one level of social context.

The middle block of this course attempted to situate medicine in its social context, starting from the smallest unit and building up from the doctor-patient relationship, hospitals and other institutions, specialties within medicine, specialized professions outside of medicine (nursing), systems of care and insurance mechanisms. Refer to at least two different levels of social context in your analysis. For example, do not write only about your relationship to individual patients, but explain how you might fit into a hospital, a community, a group of different physicians, a group of other health professionals, or a health system. Be very clear about what the levels are that you are describing and analyzing.

You must refer to appropriate material from the readings, lectures or small group exercises to organize, support, and clarify your description.

As previously, do not give full academic citations for your sources. You must, however, acknowledge definite sources for your information. Do not rely solely on your opinions or conjectures, although you will certainly include them. When you do offer opinions and conjectures, identify them as such: "I believe that the hospital is...."

It may be too early to know with certainty your future specialty, for example. Try, however, to make some assumptions about the conditions of your practice. You may not be planning a clinical career, but should still be able to complete the assignment referring to your career however you define it. (Laboratory scientists, medical missionaries, and pharmaceutical company executives all have social contexts.)

The minimum length is 500 words. The maximum length is 800 words. Submit a double-spaced, typewritten paper with your name, date and course information. You will receive the papers back with comments and scores.