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SOCIOLOGY OF MEDICINE

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What is sociology medicine?

- Sociology of medicine is a subfield of sociology that examines the social, cultural, economic, and political factors that shape the production, distribution, and consumption of health care services and the experience of health and illness. It analyzes the social determinants of health, the relationship between health and social inequality, and the role of the health care system in shaping health outcomes.
- The sociology of medicine is concerned with understanding how social factors such as race, ethnicity, gender, and class affect access to health care and health outcomes. It explores the social construction of illness and disease, the cultural meanings of health and illness, and the ways in which medical knowledge and practice are shaped by social and cultural factors.



- Sociology is the scientific study of society, social behavior, and human groups. It explores how social structures, institutions, and cultural norms shape human behavior and relationships, and how social factors can have an impact on individuals and groups. Sociology is a broad field that encompasses a wide range of topics, including gender, race, class, education, religion, politics, and healthcare.
- The sociology of healthcare is a subfield of sociology that focuses on the social and cultural factors that shape healthcare systems and medical practice. It examines how social structures and cultural beliefs can influence health outcomes, access to healthcare, and the quality of care. It also explores the ways in which healthcare professionals and patients interact and how these interactions can be shaped by social factors.



- The field emerged in the mid-20th century, as sociologists began to study the social factors that influence health and illness, the ways in which medical knowledge is produced and used, and the social organization of medical institutions.
- In the early 20th century, the medical profession was dominated by a biomedical model that viewed illness as a purely biological phenomenon and focused on the diagnosis and treatment of disease. However, the social upheavals of the 1960s and 1970s brought about a shift in the way that health and illness were understood. Sociologists began to question the biomedical model and to explore the social factors that shape health outcomes, including poverty, race, and gender.



- The term "sociology of medicine" was introduced by Charles McIntire, an American sociologist and writer, at the end of the 19th century. In his work "Social Aspects of Medicine" (1895), McIntire discussed the social aspects of health and medicine, as well as the need to incorporate sociological research into medical practice. This work was one of the first attempts to apply sociological research to medicine and laid the foundation for the development of the sociology of medicine as a separate discipline.



History

- One of the key figures in the development of the sociology of medicine was Talcott Parsons, who developed a theoretical framework that viewed health and illness as social roles that are governed by social norms and expectations. Parsons argued that the sick role was a socially constructed category that granted individuals certain rights and obligations, such as the right to be exempt from normal social responsibilities and the obligation to seek medical treatment.
- Another important figure in the development of the sociology of medicine was Irving Zola, who focused on the social construction of illness and disability. Zola argued that illness and disability are not simply biological states but are also social categories that are constructed through the interaction between individuals and social institutions. He also emphasized the importance of the patient's perspective in understanding the experience of illness.
- Since its inception, the sociology of medicine has expanded to include a wide range of topics, including the social organization of medical institutions, the role of technology in medical practice, and the social and cultural dimensions of health and illness. Today, the sociology of medicine is a thriving field of inquiry that continues to shed light on the social and cultural factors that shape health outcomes and the ways in which medical knowledge is produced and used.



History

- **Emergence (1950s-1960s):** During this period, sociologists began to study the social determinants of health and illness, focusing on the relationship between social inequality and health outcomes. Key figures during this period included Talcott Parsons and Renee Fox.
- **Expansion (1970s-1980s):** In this period, health sociology expanded to include the study of the social and cultural dimensions of health and illness. This period was marked by an increasing interest in the patient's perspective and the development of new research methods. Key figures during this period included Irving Zola and David Mechanic.
- **Institutionalization (1990s-2000s):** During this period, health sociology became institutionalized as a recognized subfield of sociology. Researchers began to focus on the social organization of medical institutions, the role of technology in medical practice, and the global dimensions of health and illness.
- **Critical engagement (2000s-present):** In this period, health sociology has become increasingly critical of biomedical approaches to health and illness, and has focused on issues such as medicalization, pharmaceuticalization, and the social construction of health and illness. There has also been a growing interest in the intersection of health and social justice, and the role of social movements in shaping health policy.



The object and subject

- The object of sociology of medicine is the study of health and illness as social phenomena. This includes analyzing the social, cultural, economic, and political factors that shape the production, distribution, and consumption of health care services, as well as the experiences of health and illness among individuals and groups.
- The subject of sociology of medicine includes a wide range of topics and concepts, including the social determinants of health, medicalization, health inequalities, health care systems, health behaviors, health policies, and medical technologies. It also encompasses the study of the social and cultural meanings of health and illness, the experience of being a patient, and the social construction of disease categories.

Sociology of Medicine about real life



Sociology of Medicine about real life



First, sociologists can study how social forces promote health and illness and why some social groups suffer more illness than others do.

Second, instead of studying broad patterns of illness, sociologists can study the experiences of those, like Lara, who live with illness on a day-to-day basis—exploring, for example, how illness affects individuals' sense of identity, relationships with family, or ideas about what causes illness.

Third, sociologists study how social factors affect health care providers.

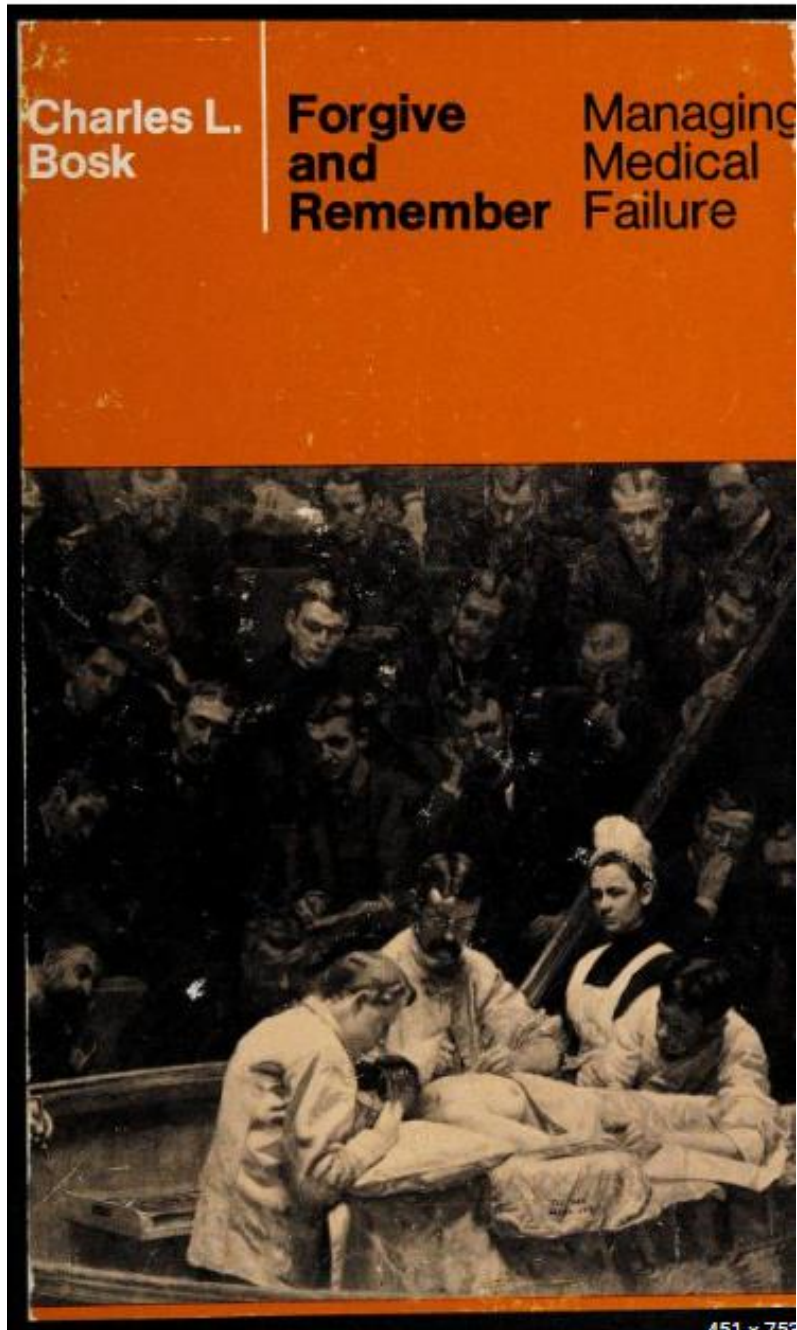
Sociological perspective on the example of domestic violence



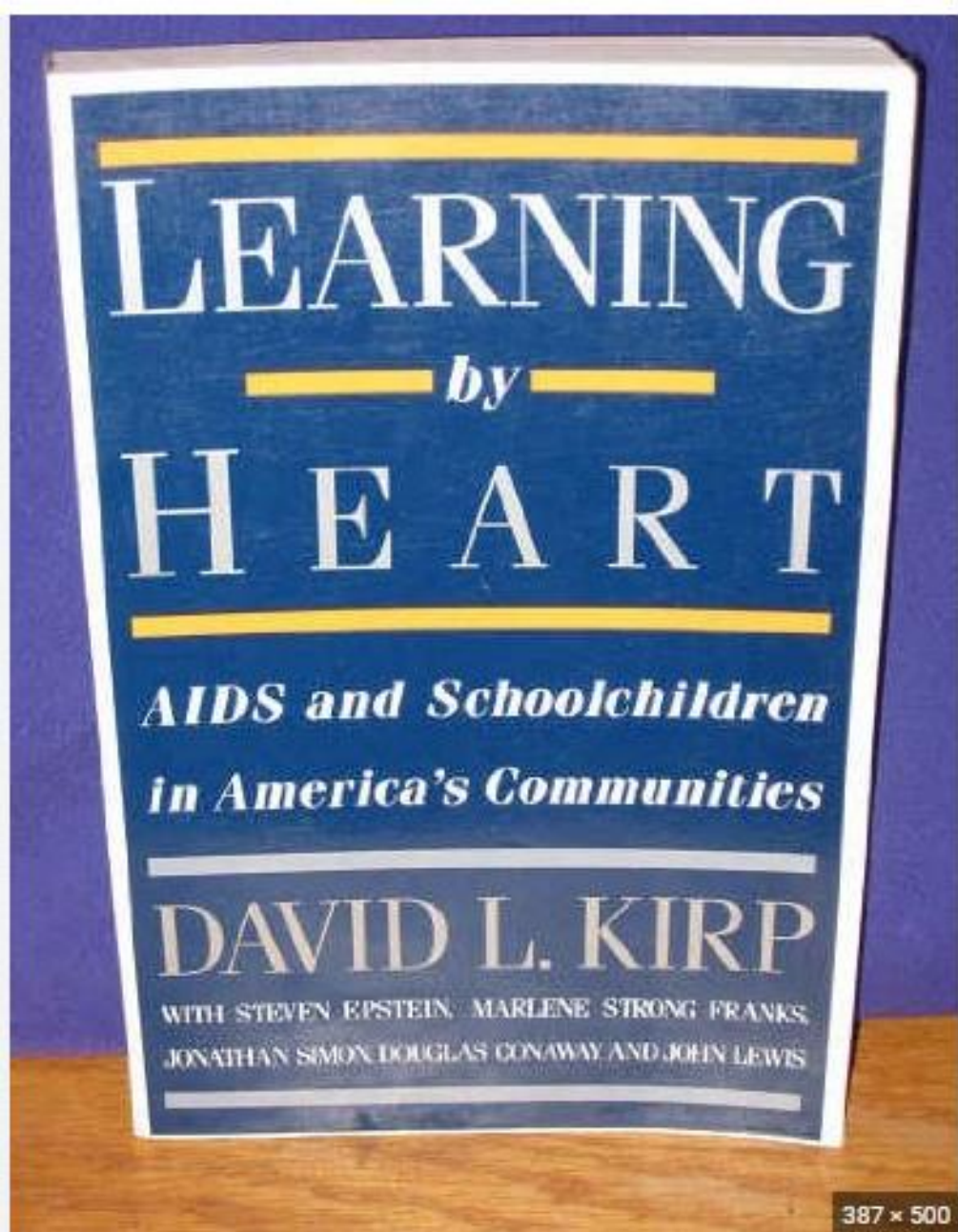
- Sociologists approach domestic violence as a social problem that is shaped by broader social, cultural, economic, and political factors. Rather than viewing domestic violence as a problem that is solely the result of individual choices or behaviors, sociologists analyze the social structures and institutions that contribute to the prevalence of domestic violence. From a sociological perspective, domestic violence is seen as a form of power and control that is used by one partner to dominate and subordinate the other. It is often rooted in gender inequality, where men are more likely to use violence against their female partners as a means of maintaining power and control in the relationship. Sociologists also recognize that domestic violence is not solely a problem of individual behavior, but rather it is a product of larger social systems and institutions. For example, gender roles and expectations, economic inequality, and cultural beliefs about violence and masculinity can all contribute to the perpetuation of domestic violence. Additionally, social institutions such as the criminal justice system and the health care system can both influence the response to and prevention of domestic violence. Sociologists also recognize that domestic violence is not limited to intimate partner relationships and can occur within other family structures, such as parent-child relationships and sibling relationships. Overall, the sociological perspective on domestic violence emphasizes the importance of understanding the broader social and cultural factors that contribute to its prevalence and the need for social and policy interventions to address and prevent it. This approach highlights the importance of addressing the root causes of domestic violence and the need for a comprehensive response that involves multiple social institutions and stakeholders.



- According to C. Wright Mills (1959), the sociologist who first drew attention to this dichotomy:
- [Personal] troubles occur within the character of the individual and within the range of his immediate relations with others; they have to do with his self and with those limited areas of social life of which he is directly and personally aware.
- [Public] issues have to do with matters that transcend these local environments of the individual and the range of his inner life. They have to do with the organization of many such milieux into the institutions of an historical society as a whole.



- In "Forgive and Remember: Managing Medical Failure," Charles Bosk provides several examples of how medical professionals respond to medical errors and failures from a sociological perspective.
- Bosk's analysis emphasizes the importance of understanding the social and cultural factors that shape medical practice and the management of medical errors. His examples illustrate how institutional culture, social roles, and other symbolic resources can shape the response to medical errors, and how this response can have consequences for patient care and medical practice. By examining these factors from a sociological perspective, Bosk highlights the need for a comprehensive and systemic approach to addressing medical errors that goes beyond individual blame and punishment and emphasizes learning and improvement.



- The authors argue that the way in which HIV and AIDS are understood and talked about in American society has a significant impact on how schoolchildren are treated and how they experience their illness. They show how cultural beliefs about HIV and AIDS can create stigma and discrimination that can affect children's self-esteem, social relationships, and educational opportunities.
- One example from the book is the case of a young girl who contracted HIV through a blood transfusion. Despite having no symptoms and no infectiousness, she was excluded from her school and forced to attend a separate facility for children with disabilities. The authors argue that this response reflects a culture of fear and misunderstanding around HIV and AIDS, in which infected individuals are seen as dangerous and contagious. This culture can lead to stigmatization and discrimination of infected individuals, and can also perpetuate myths and misconceptions about the disease.
- The authors also highlight the ways in which social and economic factors can compound the negative experiences of schoolchildren affected by HIV and AIDS. They show how poverty, inadequate healthcare, and lack of social support can make it difficult for children and their families to access the resources they need to manage their illness and navigate the educational system. This can lead to social exclusion, poor academic performance, and reduced opportunities for future success.



Critics

1. Limited focus: Some critics argue that the sociology of health has been too focused on medical institutions and the experiences of patients, and has neglected other important aspects of health such as public health, social determinants of health, and global health issues.
2. Over-reliance on biomedical models: Some critics argue that the sociology of health has been too focused on the biomedical model of health and illness, and has neglected the social, cultural, and economic factors that contribute to health outcomes.
3. Lack of theoretical coherence: Some critics argue that the sociology of health lacks a clear theoretical framework, and that there is little agreement on core concepts and research methods within the field.
4. Ethnocentrism: Some critics argue that the sociology of health has been too focused on Western societies and neglects the perspectives and experiences of non-Western cultures.
5. Lack of impact: Some critics argue that the sociology of health has had limited impact on policy and practice, and that there is a need for more effective communication and collaboration between sociologists and health practitioners.



The sociology of medicine seeks to address a wide range of modern problems related to health and healthcare. Some of the key issues and challenges that the sociology of medicine aims to address include

- Health inequities: The sociology of medicine seeks to understand the social, economic, and political factors that contribute to health inequities and disparities, and to develop interventions that address these issues.
- Patient experiences: The sociology of medicine aims to understand the experiences of patients in healthcare settings, including issues related to communication, trust, and autonomy.
- Medicalization: The sociology of medicine seeks to understand the process of medicalization, or the expansion of medical authority into non-medical areas of life, and its impact on individuals and society.
- Global health: The sociology of medicine addresses global health challenges such as the spread of infectious diseases, health inequalities, and the impact of globalization on health.
- Technology and healthcare: The sociology of medicine explores the social and ethical implications of new technologies in healthcare, such as artificial intelligence and genomics.
- Healthcare systems: The sociology of medicine seeks to understand the organization and delivery of healthcare systems, including issues related to access, financing, and quality of care.



Thank you for your attention!

