Today’s lecture: health and medicine

1. social constructionism and medicine
   a. what is sickness?
   b. how should the sick be treated?
   c. who should have jurisdiction over treating sickness?
   d. what is appropriate help-seeking behavior?

2. changes in leading causes of death

3. socioeconomic differences in access to care and in health outcomes

Recall:
orienting ideas of social constructionism: that many things that appear completely natural to us (1) are the product of; (2) could be; and (3) are continually reproduced by us in

social constructionism and what is sickness
what is considered sickness varies from society to society and in the same society over time
(example from 1800’s)
sick role

- social constructionism and how those who are considered
- Just like other roles, being is a specific position within society that contains both
- P : you are from the
- E : you are (1) expected not to and (2) to seek and comply with

 PRIVILEGES OF THE SICK ROLE ARE DIMINISHED WHEN:

1. person is seen as being problem
2. problem is not

SOCIAL CONSTRUCTIONISM AND HOW PROBLEMS SHOULD BE TREATED

m : an increase in the number of
Who has jurisdiction over treating medical problems?

- P is both the highest paid and the most
- Doctors effectively have a legally enforced medical treatment
- Examples:

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professionalization

P: the transformation of a craft or trade

Some features of successful professions:
1. based on
2. self-regulation by
3. claims to having an a
4. claims of over some particular domain of

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Starr, *Social Transformation of American Medicine*

the triumph of the physician was a
gender and health—a puzzle: women than men and are generally than men, they also see the doctor and have more

implications of changes in leading causes of death
• Compared to a century ago, people are less likely to die of a
• Consequently, the terrain of medicine has come increasingly to involve
• rise of – treatment for “medical” problems outside of a

Who should pay for health care?
• Dramatic increase in health care costs over the last 40 years
• In 1960, per-capita medical expenditures were about
• In 2000, per-capita medical expenditures were at least
• US than any other nation in the world
(infant mortality statistics)

Who should pay for health care?

- Is health care a that everyone has or is it a that people should only have access to if they are?
- Two-tiered system of medical care:

socioeconomic status and health

- Recall: socioeconomic status (SES) is a person’s social position
- In the US, low SES individuals at every point along the life course
- The relationship of is pervasively robust:
  1. robust over
  2. robust across
  3. robust within
socioeconomic status and health

The connection between SES is only partly explained by:
1. differences in
2. differences in
3. differences in

“fundamental cause” explanation

1. the different ways that low SES adversely affects health are
2. because SES implies , whenever resources can be used to , higher SES
   people will have an
3. therefore, we would expect the link between and disease outcomes to be even as the

fundamental causality: some examples

• health care technologies: PAP tests for cervical cancer and mammography for breast cancer
• as knowledge about health have become known, people of higher SES have than people of lower SES
(maybe extra material here)