

Notes on medical sociology

[Sociology](#)



Moreover, medicine is a social institution of normative coercion, and medical sociology studies not only the subjective experience of health and illness but also the social, economical, and political context within those experiences take part. We said that medicine is coercive since doctors regulate our lives through medical treatments and conceptualizing society (for example crime and rebellious acts). Thus, we can talk about a "medical regime" and a "medical government" (p. Xiv).

Historically speaking, from the creation of medical sociology as a specific subfield of sociology (in the 1930's), it has been focus on the study of the relation between doctor-patient with vital importance of the "sick role" (Parsons). But it must study beyond that relation; social class, ethnicity, gender, age, demographical issues, epidemiology, globalization... All these elements become relevant nowadays (p. Xvi). Chapter 8 - The new medical sociology Our world has witnessed a huge international change called globalization.

It has changed social and economical relations, and also political. Health issues such as AIDS have been spread by globalization (the increase of tourism, more flights, migration, trade... So on). "Globalization has integrated world health into a single, highly interconnected system" (p. 270). Thus, globalization spreads diseases (97 million people traveled by air from the states to other countries by the end of 2000). Medical sociology has studied health and illness and medicine as a social institution. Also, it has created a complete body of knowledge, but we need to make a greater emphasis in other elements like economics, politics, rights, and citizenship, all of them key elements in the contemporary society. In few words, we need a new

medical sociology since we have a new medical economy, which is based on the pharmaceutical industry, insurance companies, research and development in emetics, microbiology, Information science, management of life processes (reproduction, aging, death...) (p. 271). " In more direct terms. The medical economy is based on the production, reproduction, and management of the human body' (p. 272). The modern context of medicine The medical profession used to rest on political powers and on the trust of the public. This statement entails the existence of a medical dominance and the existence of a consulting ethic. But these elements have changed because of the globalization (a global and corporate medical system) and the commercial potential of health and illness, changing the relations between doctors and patients.

However, not always doctors have got such a great social prestige; medical discoveries like Immunization, or Improvement in surgery like anesthesia, electrolyte physiology, or cardiopulmonary physiology in the 20th century, had established medicine as a high prestige profession. Nevertheless, medical technology advanced and it ruined medicine's autonomy, but these technological advances entail risks and dangers for social rights (p. 273). All these things have challenged the trust in medicine and doctors as professionals (p. 74). " Any understanding of medicine in contemporary society will have to examine the economics of the corporate structure of medical practice and locate that corporate structure within a set of global processes" (p. 274). The new medical economy has spread diseases and old pandemics, panicking society in specific cases like AIDS (Hollywood films have reflected that panic/fear). In this way, the new

medical sociology must draw attention to citizenship and civil rights, like a clean environment, adequate food and water supplies, medical services... P. 275). The centralization of health and medical care has changed, as well, the model of health care. Nowadays we must study international health policies, which entail vital problems because of the nations' sovereignty and international treatments (like the human rights). As we see, politics are really related to the new medical economy (p. 276) NP: SE habit De medicine alternative, peer sat SE llama " alternative" pursue hay nun dominate.

Thus, the new medical economy is linked with the rise of neo-liberal policies and ideology, and they do not suit with the social-welfare-working-class ideology of Europe, where the health is a social and public issue (centralized more or less by the state), whereas in the States health is a private-individual matter (related to philanthropy as well) (p. 277). " The modern development of corporate control over medical care as contributed to the decline of professional autonomy, initiative, and social status" (p. 278).

Furthermore, the free-market policies has undermined the welfare state in Europe and increased more the gap between classes in the US, increasing the poverty rates and the infant mortality. Also, the changes within the medical care system have brought physicians face to face since now there are more specialists (p. 279). The centralization of health care has also undermined the trust in doctors, since there are lots of different possibilities in the market (p. 279) NP: SE ha period conflate en la medicina o en Los discos con functionaries p; blocs.

Se deaconess De la technological o De la biracial. Reproductive technologies, microbiology, and genetic engineering have supposed huge changes within the medical system and the public confidence in the medical professionals. Moreover, hey have entailed a medical revolution which affects to all social rights (p. 280). " This revolution is a threat to traditional institutions and religious cosmologies, but it may also challenge the processes of political governance" (p. 281). Thus, the new medical sociology must take into account the concept of risk society/global risk.

This notion of risk has to do with the unintended and unexpected results of medical research and experimentation (p. 281). In this way, the globalization and the expansion of capitalism have introduced private business into public universities and research entrees, creating bias within the investigations and doing less critical works. Moreover, within the new system there is a big problem with the patents of drugs (p. 282). (Examples De problems con patents en Γ? Africa y USA pΓg. 283).

Regulation, the professions, and scientific knowledge " Globalization has intensified the dynamic relationship of risk and regulations" (p. 284).

Regulations and deregulation play a complex game influenced by global cog pneumatically companies Ana tenet drugs' sloe erects are economy an protected, in many cases, by federal laws and federal agencies in the States. Some drugs constitute a whole lifestyle, like Approach or Pixel. The sociology of health and illness must study the measures of controlling these risks and the social agents that can make it possible; either the state or medical profession (p. 286).

In the 1950s Parsons published *The Social System*, developing the concept of the sick role, and the notion of medical profession as a completely autonomous profession capable of manage its business and make a beneficial contribution to the medical academy. Moreover, he stated the existence and need of a medical power which consists in a deiced regime that must be accepted by the patient in order to return to a " normal/ healthy' state (since sickness is a kind of deviance). However, medical profession has proved that it is not so autonomous and it depends in these days on economical powers and financial relations (p. 86). In Britain, successive governments have tried to create medical markets in order to create medical competence (and they were successful as well as the changes withineducationsystem). The professions are disappearing, " the professions are not and cannot be effective regulatory devices in a global-risk society' (p. 288). The risk society has complex socioeconomic relations, thus, governments need specialized and expert opinions. But the scientific knowledge is profoundly linked with political issues and ideology.

In many cases the chosen option attends more to political matters rather than health and welfare issues (p. 289). Furthermore, the scientific knowledge itself has become more complex and expertise do not always agree to each other. Also, the time is a vital problem for health policies and the management of risks. Drug tests and medical experiments need long periods of time, and this influences on the policies and on the economical/financial relations between companies, states, and universities (p. 290). Moreover, there are moral problems with organ transplants and cloning (p. 91). Technology, law, and the body

has to take into account international and national law since globalization creates new unregulated risks that must be regulated (like cloning, reproductive technologies, or organ transplants). These laws have to constraint the bad unintended results of medical experimentation and investigation. Since neo-liberal ideas claim for a free market, the regulation of drugs and reattempts (of human rights) must be carried out by government and policies.

Nevertheless, some authors think that those advances are going to be abided to capitalist economy, however, as Max Weber stated even the capitalist system needs a legal framework in order to work and legitimate its dynamic (p. 292). Thus, medical corporations want a free market in order to get more benefits albeit they need some kind of law to protect themselves and their products (p. 293). Medical citizenship The new medical sociology does not have to construct a concept of citizenship according to moral values (like human rights), since it is a positive science.

Instead of that, sociology has treated citizenship in social terms, and I has acknowledged the central importance of health and medical technologies in the political struggle these days (p. 293). Thus, health is considered as a social right, but there is scarcity since our expectations (baby boomers' expectations above all) are much more higher than the actual capacity of medicine for providing treatments and solutions. Furthermore, tenure Is a Dalliance Detente " get economical Detentes" Ana " get inanely Testicles" (p. 294). Neo-liberal policies increase social inequalities and damaged social solidarity.

Thus, social citizenship would be a good political response to bring up social justice to our consumer culture. Since there is scarcity both social capital and social status play vital roles to maintain a healthy lifestyle, and this type of lifestyle is socially desirable since it is embedded in our consumer culture (probably because of capitalism but also because of the neo-conservative ideas you fight against scarcity and the high budgets => they passed the responsibility to individuals), and this is vital because nowadays there are more chronic diseases which need long-term social resources (p. 295 and 296).

Thus, medical demands are (and will keep being) central in political campaigns, and social citizenship institutions would protect individuals from capitalist free-market. This means that sociology has to take into account this new political dimension very related to rights, freedoms, liberties, medicine, welfare (which is not the same as medicine), moral boundaries... (p. 297). Moreover, the new medical sociology has to face the changes occurred within democracy. Since we live in a globalized world, the boundaries of social rights have changed, as well as the concept of citizenship is more complex.

Are outsiders subject to be medically treated? (p. 299). On the other hand, the new medical sociology must pay attention to the situation of women, since we live in a post-fordist society which keeps the patriarchy as the main element of gender dominance (p. 301). Equality and health We need to distinguish between morbidity rates and mortality rates since they show us changes over time (p. 302). Age, gender, ethnicity, class have to do with those health inequalities (p. 303). Cambiums en lass unfermented

(important) en la paging 304. Neoconservatives and economic deregulation
Keynesian era has ended and deregulation are common since the Cold War.

The idea is to avoid free riders and let the market be free of governmental constraints. The public sector, thus, is transferring competences to the private sector, to individuals, and to charity and philanthropy. This entails a change in the very notion of social citizenship created by the welfare states (p. 307). Moreover, neoconservatives encourages the voluntary sector not because they want to create an " active citizenship", but because it would decrease the public expenditure and he welfare services = public cost (p. 309). Conclusion: globalization, citizenship, and social capital

Neoconservatives is dangerous for individuals' health, for social cohesion (social capital) and for social rights since it diminishes governments authority (p. 310). Contemporary West is tied up to serve to market logic and economical rationalism (p. 311). The new medical sociology must explain those asymmetrical relations and connect our personal problems with the global social structure (as Wright Mills said) (p. 312). " Sociologists have the moral role to illuminate and criticize the social problems of the period in which he or she lives" (p. 312). Personal experiences are linked with bigger structures (p. 313).