

### **The Culture of Medicine**

Anthropology 43307

Fall 2015 / T/TH 11:00 to 12:15 in DeBartolo Hall 203

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Or appointment

#### **Course description:**

Biomedicine is increasingly polarized by the lay public, with arguments ranging from disillusionment with its practice to an extolling of its abilities to solve social and medical problems. Debates have been waged over the perceived greed, avarice, and abuses of medical power, the efficacy of medical training, and how physician burnout and stress result in poor patient treatment. Yet these concerns are tempered by calls to action where medicine is not only seen as a social good and human right, but where physicians are the keys to social transformation through technological and care-giving innovation. How does such a paradox exist within a system of healing? Why is biomedicine so fraught with these opposing views? How did this system arise, and how does it become a culture of its own—with its own language, belief system, rituals, and ethos? This course will address some of the questions about medical ethos and practice across space and through time. It is open to juniors, seniors, and graduate students.

The course is divided into three parts. The first part lays the building blocks, where we discuss the origins of biomedicine and how doctors in the global North are trained. The second part addresses clinical ethnographies from across the world, especially the global South, including Malawi, Mexico, Papua New Guinea, Botswana, among others. The third and final part is aimed at understanding data analysis; using data collected on illness and the culture of medicine, we will use the software MAXQDA to learn how to understand and analyze data. This final section will provide students important transferrable analytical skills.

#### **Course Goals:**

The goals of this course are twofold. First, the course should allow you the chance to reflect on endlessly fascinating ways by which physicians are trained, how they view themselves, how they interact with others, and how they shape the health of their patients. Second, the course is designed to allow you to engage orally with the material and to hone your speaking skills in a variety of activities such as leading and participating in class discussions, making presentations, and engaging in discussions and debates with your peers.

#### **Learning Goals:**

At the end of the semester I expect students to learn the following skills:

1. Critical thinking: forming an argument, asserting a thesis, assessing the value of evidence, theorizing, providing evidence, discussing alternative arguments, coming to conclusions
2. Understanding: summarizing, interpreting, exemplifying, analyzing, evaluating, comparing, classifying, critiquing, explaining
3. Participating: asking and answering questions at appropriate times, absorbing and responding to information, working collaboratively to produce an informed position, and speaking clearly, fluently, and persuasively
4. Data analysis: identifying themes and patterns in data, creating a code book, coding, distilling data into coherent units.

#### **Grading:**

This is a discussion-based critical thinking course based primarily on readings and discussions. It will be managed in the form of a seminar, where student participation in discussion is vital for the class to function and be stimulating. Come prepared—active participation in class, evidence of commitment, enthusiasm, and preparedness will help to make this class enjoyable and challenging.

The grading scale I use is as follows: **A = 97-100, A- = 90-96, B+ = 87-89, B = 83-86, B- = 80-82, C+ = 77-79, C = 73-76, C- = 70-72, D = 60-69, F = under 60.** You should be aware that ND now considers a grade of C- and below as deficient.

### **Grading Rubric:**

- A – Excellent:** Mastery of course content at the highest level of attainment that can reasonably be expected. Over and above the expected standard. A distinguished result that is excellent with regard to the following aspects: analytical ability, discussion ability, and independent thought.
- B – Good:** Strong performance demonstrating a high level of attainment. Meets expectations. A good result with regard to the above-mentioned aspects.
- C – Satisfactory:** An acceptable performance demonstrating an adequate level of attainment. Just below expectations. The result is of a satisfactory standard with regard to the above-mentioned aspects.
- D – Poor:** A marginal performance in the required exercises demonstrating a minimal passing level of attainment. Below expectations. The result satisfies the minimum requirements with regard to the above-mentioned aspects, but not more.
- F – Fail:** An unacceptable performance. The F grade indicates that class performance has revealed almost no understanding of the course content. Well below expectations. The result does not meet the minimum requirements with regard to the above-mentioned aspects.

### **Assignments:**

I will determine your grade from the following sources in order to evaluate your progress towards attaining the class goals. Written assignments should be emailed to me no later than **6:00 pm** on the day they are listed in the syllabus. Late assignments will be penalized (they will be reduced one grade for every day they are late = from an A- to a B+ and so forth). Once an assignment is three days late, I will not accept it. I strongly encourage you to meet with me and discuss any concerns or questions you have with your assignment grades. Due to the short length of the term, however, these concerns or questions can only be addressed within two weeks after I have returned the assignment. Further instructions on the assignments are on Sakai.

ASSIGNMENT	PERCENTAGE	DUE DATE(S)
Research paper	45% (5%, 10% 30%)	09/17; 10/13; 12/14
Academic Talk Write-Up	20% (10%, 10%)	10/06; 11/24
Text analysis on qualitative data	10%	12/10
Leading discussion/Teaching	10%	Once in semester
Participation	10%	Daily
Attendance	5%	Daily

If you have a documented learning disability and are authorized to have special arrangements for assignments, please inform me at the beginning of the course.

### **Assignments for All Students**

#### **Academic Talk Write-up:**

Part of one's intellectual formation is the engagement with topics within and outside of one's discipline. To this end, you are required to attend two academic talks/events that fully or tangentially (but in interesting, creative ways) have to do with the culture of medicine, broadly construed. These could be talks within anthropology or outside of it. While I can let you know about several of these events as they appear on my radar, I am unlikely to know about every event on campus. Thus it is up to you to be aware of what is happening on campus and attend these events. If you have doubts about their suitability, please ask me. Your aim will be to attend these events and engage in some specific way—perhaps you can ask a question of the speaker or, if you are more reserved, you can approach the speaker later and ask them questions. Take good notes. Your paper should be around 800-words. The summary of the event should be no more than the first 200 words. The bulk of the paper should be an analysis that engages at least four of our class readings and/or topics. I will grade you on content, analytical engagement, clarity, and writing style. Each write up will be worth 10% (total of 20%).

#### **Text analysis on qualitative data:**

In this assignment you will learn the basics of text analysis on qualitative data. We will carry out small, ungraded, assignments in class as a group, and you will also carry out a group project (of no more than 3 people) on the data provided. This assignment will be worth 15%. The details of this assignment will emerge as the semester unfolds.

### Participation:

This is a discussion-based seminar, not a lecture course. A major part of your grade will be based on the quality of your participation in class discussion. It is not enough to just appear in class. You **MUST** come having done all the readings and be prepared to talk actively about the topic at hand. This means not only speaking, but also active listening and meaningful dialogue with classmates. You should bring in two questions to each class; the questions can either be for discussion or for clarification. Your active attendance and participation will count for 10% of your final grade. To earn your full points you must do more than simply show up in class. I expect you to also actively participate in the discussion and demonstrate that you are engaging the course material. I will grade you on reasoning, listening, evidence of reading, conduct, as well as leadership.

### Attendance:

I will take attendance daily (5%). Your presence in class discussion is essential for the class to be intellectually stimulating. You also have to be alert, awake, and actively listening. Excused absences include family emergency (your Dean needs to be aware of this), sports-related (I need notification from the Athletics office), or academic (conference details with your name on it). Every unexcused absence counts. After 3 unexcused absences your class grade drops one grade (from an A- to B+ and so forth). More than 5 absences result in the failure of the course. Consistent lateness, texting, or sleeping will affect your grade.

## **Assignments for Undergraduate Students**

### Research Paper:

You will be expected to write a 3000-word research paper (word count not including the references). The paper should be question-oriented and involve library research, and should have at least 12 scholarly/peer-reviewed references cited in text. You need to develop a theoretically informed topic that addresses issues present within the culture of medicine—either medical training, issues of clinician-patient interactions, hospital culture, etc. Explore outside of your comfort zone or delve deeply into a question that fascinates you. Your aim should be to address real-world problems by engaging in a local and global analysis. You will have three graded components as part of this larger project: a 300-word prospectus (5%), an annotated bibliography (10%), and the paper (30%). The final paper needs to be single-spaced and double-sided and delivered to me personally in my office on its due date. I would highly recommend taking a draft of the paper to the ND Writing Center and availing yourself of their excellent advisory services. Go to: <http://www.nd.edu/~writing/> to make an appointment, or call them at 631-5390.

### Leading Discussion:

A very important part of your grade will be leading a class discussion with one of your classmates (10%). Over the course of the semester, you will take a turn as discussion leader and, for approximately 30 minutes will lead your classmates in a brief and incisive discussion about the readings for that day. **DO NOT** just present a summary of the reading. Your job will be to jump-start that day's discussion. You will be graded not only on your own analysis, but also on how well you engage discussion with the class as a whole. Come with questions for discussion, short video clips that can be discussed alongside the readings, and other activities that can engage your peers in conversation. This activity will prepare you for public speaking and critical thinking as well as to give you leadership skills. The ultimate aim is to help the day's discussion reach a deeper level. It is your responsibility to talk with me at least 10 days before you present so I can guide you through this process.

## **Assignments for Graduate Students**

### Literature Review:

An important goal within a graduate career is the production of a final thesis or dissertation. These written products are usually based on empirically collected data, and are divided into chapters. One of these chapters is the literature review. A literature review discusses published information and usually has an organizational pattern, combining both summary and synthesis. A summary is a recap of the important information of the source, but a synthesis is a re-organization, or a reshuffling, of that information. Your literature review might give a new interpretation of old material or combine new with old interpretations. Or it might trace the intellectual progression of the field, including major debates. And depending on the situation, the literature review may evaluate the sources and advise the reader on the most pertinent or relevant. Literature reviews are helpful regardless of what discipline you are in, what stage of your degree you are at, or whether your methods are primarily deductive or inductive. These reviews can serve the twofold goal of

focusing your topic/research question and helping your readers (usually your committee members) to understand what the larger point of your research is (the “so what” question). Your goal for this assignment will thus be to write a 4000-word literature review relevant not only to your research but also to our class topic. There will be two graded components to this assignment: a 300-word abstract that delineates your topic (5%) and the review (35%). The final paper needs to be single-spaced and double-sided and delivered to me personally in my office on its due date.

#### Teaching a class:

An important skill to learn as a graduate student is how to teach concepts and ideas to others. To this end, each graduate student will have to teach one class (75 minutes) during the semester. You must meet with me before the end of the second week of the semester to talk about your interests and what class you might want to teach.

#### Readings:

We will have several readings during the semester covering the topics of the world of medicine. Because this is a senior-level/graduate seminar, it is reading and discussion based. A major part of contributing to the discussion is by reading the relevant course material and extracting three major elements from it: what is being said, why is it being said, how it is being said. You should come to class prepared with the knowledge from the readings and questions you have generated during your reading. These you will use in class to challenge the material, your classmates, yourselves and, yes, even the professor.

1. Lupton, Deborah. 2012. *Medicine as Culture: Illness, Disease, and the Body*. Third Edition. Los Angeles: Sage. **(DL)**.
2. Foucault, Michel. 1994 (1973). *The Birth of the Clinic: An Archaeology of Medical Perception*. New York: Vintage Books. **(MF)**.
3. Konner, Melvin. 1987. *Becoming a Doctor: A Journey of Initiation into Medical School*. New York: Penguin. **(MK)**.
4. Wendland, Claire L. 2010. *A Heart for the Work: Journeys through an African Medical School*. Chicago: University of Chicago Press. **(CW)**.
5. Livingston, Julie. 2012. *Improvising medicine: An African oncology ward in an emerging cancer epidemic*. Durham: Duke University Press. **(JL)**.
6. Various readings organized below by date of reading – on Sakai **(VR)**
  - a. Good, M.J.D., et al. 2005. The culture of medicine and racial, ethnic, and class disparities in healthcare. In *The Blackwell Companion to Social inequalities*. Pp. 396-423.
  - b. Markel, H. 2004. “I swear by Apollo”. *New England Journal of Medicine*, 350(20):2026-2029
  - c. Gillon, R. 1985. “Primum non nocere” and the principle of non-maleficence. *BMJ*, 291:130-131.
  - d. Lock, M., & V. Nguyen. 2010. The normal body. In *An anthropology of biomedicine*. Pp. 32-56.
  - e. Davenport, B.A. 2000. Witnessing and the medical gaze: how medical students learn to see at a free clinic for the homeless. *Medical Anthropology Quarterly*, 310-327.
  - f. Rice, T. 2010. ‘The hallmark of a doctor’: The stethoscope and the making of medical identity. *Journal of Material Culture*, 15: 287
  - g. Davis-Floyd, R.E. 1987. Obstetric training as a rite of passage. *Medical Anthropology Quarterly*, 1(3), 288-318.
  - h. Van der Geest, S., & Finkler, K. 2004. Hospital ethnography: introduction. *Social science & medicine*, 59(10), 1995-2001.
  - i. Finkler, K. 2004. Biomedicine globalized and localized: western medical practices in an outpatient clinic of a Mexican hospital. *Social Science & Medicine*, 59(10), 2037-2051.
  - j. Holmes, S.M. 2012. The clinical gaze in the practice of migrant health: Mexican migrants in the United States. *Social science & medicine*, 74(6), 873-881.
  - k. Street, A. 2009. Failed recipients: extracting blood in a Papua New Guinean hospital. *Body and Society*, 15(2), 193-215.
  - l. Street, A. 2011. Artefacts of not-knowing: The medical record, the diagnosis and the production of uncertainty in Papua New Guinean biomedicine. *Social studies of science*, 41(6), 815-834.
  - m. Kirmayer, L.J. 2008. Empathy and alterity in cultural psychiatry. *Ethos*, 36(4), 457-474.
  - n. Sayre, J. 2001. The use of aberrant medical humor by psychiatric unit staff. *Issues in Mental Health Nursing*, 22(7), 669-689.

- o. Watson, K. 2011. Gallows humor in medicine. *Hastings Center Report*, 41(5), 37-45.
- p. Wutich, A., G. Ryan, & H.R. Bernard. 2015. Text analysis. In Handbook of methods in cultural anthropology. Pp.533-560.
- q. Ryan, G. & H.R. Bernard. Data management and analysis methods. In Handbook of qualitative research. Pp. 769-802
- r. Peters, V. 2007. How qualitative data analysis software may support the qualitative analysis process. *Quality & quantity*, 41(5), 635-659.
- s. Ryan, G. & H.R. Bernard. 2003. Techniques to identify themes. *Field Methods* 15, 85-109.
- t. Weitzman, E. A. 2000. Software and qualitative research. In *Handbook of qualitative research*, 2, 803-820.
- u. Fox, R.C. 2005. Becoming a physician. *New England Journal of Medicine* 353(13), 1316-1319.
- v. Gorlin, R, and H.D. Zucker. 1983. Physician's reactions to patients: A key to teaching humanistic medicine. *The New England Journal of Medicine* 308(18), 1059-1063.

### **Important policies:**

#### **Classroom behavior:**

It is everyone's responsibility to create an environment that fosters respect, intellectual stimulation, and allows everyone to participate comfortably. By the same token, texting, facebooking, tweeting, phone use, and any other activity that adversely affects your classmates' learning are not allowed. While I understand that some students prefer to type their class notes rather than handwriting them, I do not allow laptops in class (except for some activities, especially at the end of the semester). It has been well established that typing is less conducive to learning than handwriting. You may bring in a tablet ONLY if you are using it to access the class readings.

#### **Honor Code:**

I expect all students to adhere to academic honesty following the tenets of the Notre Dame Honor Code ("As a member of the Notre Dame community I will not participate in or tolerate academic dishonesty"). A violation of this code is serious and could result in a failing grade.

#### **Office hours:**

I encourage you to come to my office to discuss your queries, progress in class, or any issues that come up. If you cannot come to my office hours you can make an appointment at a time that suits us both. This is an opportunity for you to ask questions outside of class in a less formal setting.

### **LECTURE AND READING SCHEDULE:**

PART I: LAYING THE GROUNDWORK		
WEEK	TOPIC	ASSIGNMENT
<b>Week #1</b> Aug/25  Aug/27	<u>Introduction</u> Get acquainted session  <b>VR</b> – Good et al., Markel; Gillon	
<b>Week #2</b> Sep/01  Sep/03	<u>Medicine as culture</u> <b>DL</b> – Introduction-Ch.1; <b>VR</b> – Lock and Nguyen  <b>DL</b> – Ch.2, Ch. 5	Student-led discussion
<b>Week #3</b> Sep/08  Sep/10	<u>Origins of biomedicine</u> <b>MF</b> – Preface – Ch. 2  <b>MF</b> – Ch. 3—5	
<b>Week #4</b> Sep/15	<u>Clinical gaze</u> <b>MF</b> – Ch. 6—7; <b>VR</b> – Davenport	

Sep/17	<b>MF</b> – Ch.8—Conclusion; <b>VR</b> – Rice	Research prospectus/abstract
<b>Week #5</b> Sep/22	<u>Representations of medicine</u> <b>DL</b> – Ch. 3—4	Student-led discussion
Sep/24	<b>DL</b> – Ch. 6; <b>MK</b> – Preface—Ch. 2	
<b>Week #6</b> Sep/29	<u>Doctors in the making</u> <b>MK</b> – Ch. 3—Ch. 7	
Oct/01	<b>MK</b> – Ch. 8—Glossary; <b>VR</b> – Davis-Floyd	
<b>PART II: CASES ACROSS THE WORLD</b>		
<b>WEEK</b>	<b>TOPIC</b>	<b>ASSIGNMENT</b>
<b>Week #7</b> Oct/06	<u>Journeys through an African medical school</u> <b>CW</b> – Prologue—Ch.2	Academic Talk #1
Oct/08	<b>Movie</b>	
<b>Week #8</b> Oct/13	<b>CW</b> – Ch.3—4	Annotated Bibliography
Oct/15	<b>CW</b> – Ch.5—Epilogue	
Oct/17-25	No class – Mid-Term break!	
<b>Week #9</b> Oct/27	<u>Hospital ethnographies</u> <b>VR</b> – Van der Geest; Finkler; Holmes	
Oct/29	<b>Guest speaker</b>	
<b>Week #10</b> Nov/03	<u>Hospital records and humor</u> <b>VR</b> – Street I; Street II	Student-led discussion
Nov/05	<b>VR</b> – Kirmayer; Sayre; Watson	
<b>Week #11</b> Nov/10	<u>Improvising medicine</u> <b>JL</b> – Preface – Ch. 2	
Nov/12	<b>JL</b> – Ch. 3 – 4	
<b>Week #12</b> Nov/17	<b>JL</b> – Ch. 5 – Epilogue	Student-led discussion
Nov/19	TBD	
<b>PART III: PUTTING IT ALL TOGETHER</b>		
<b>Week #13</b> Nov/24	<u>Text analysis</u> <b>VR</b> – Wutich et al.; Ryan & Bernard I; Peters	Academic Talk #2

Nov/26	No class, Thanksgiving	
<b>Week #14</b> Dec/01	<u>Finding themes, work on coding</u> <b>VR</b> – Ryan & Bernard II; Weitzman	
Dec/03	No reading for today	
<b>Week #15</b> Dec/08	<u>Summing up</u> No reading for today	
Dec/10	<b>VR</b> – Fox; Gorlin & Zucker	Text Analysis Paper
<b>Finals Week</b> Dec/14	10:30-12:30 Happy holidays!	Final paper delivered personally to my office