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**SociologicalYOU Chapter 14 PPT Audio Lecture Transcript**

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This is Next-Gen Introductory Sociology.

Welcome to Chapter 14: Health, Illness and Medicine.

There are five modules in this chapter.

Module 1: Health, Illness and Medicine

Module 2: The Structures of Health, Illness and Medicine

Module 3: Problems with Health Care

Module 4: Health and the Sociological Imagination

Module 5: Changes in Your Healthcare

This PowerPoint does not cover every key term in Chapter 14. Please read your textbook to see what is not covered in the PowerPoint. As we review the chapter, I would encourage you to consider these three points to ponder. These points should help you think critically about health, illness and medicine in your life, in society and in the larger world.

First, why is the health and life expectancy of Americans declining?

Second, why is the US healthcare system ranked below many other developed countries' systems?

Finally, what social changes are occurring in the healthcare system?

**Module 1: The Sociological Perspective**

**Module 1: Health, Illness and Medicine.** Let's begin with the social construction of health illness and medicine, starting with the key terms: medical sociology and health.

Medical sociology is the sociological analysis of social interactions, organizations and systems related to health, illness and medicine.

Health is a state of complete physical, mental and social well-being, not merely the absence of disease or infirmity.

There are three components that contribute to how health and illness are socially constructed. They are culture, personal experience and stakeholder initiatives.

Three additional key terms to consider when discussing health and illness are social stigma, medicalization and medical industrial complex.

Social stigma is defined as a negative label, characterized by one or more personal traits that form a stereotype about the individual.

Medicalization is the process by which non-medical problems become defined and treated as medical problems.

The medical industrial complex is the multi-billion-dollar enterprise consisting of doctors, hospitals, nursing homes, insurance companies, drug manufacturers and hospital supply and equipment companies.

Definitions of health and illness may vary by time and location. People in developing countries may have several minor diseases but still consider themselves healthy compared to those who are stricken with deadly diseases.

Individuals within a developed country, like the United States with the same minor diseases may consider themselves ill.

Culture, personal experience and stakeholder initiatives can impact how specific illnesses are viewed.

This is particularly evident in how mental illness has historically been defined in the United States and even how recently there have been changes that demonstrate social construction, such as in the case of attention disorders.

Let's consider the evolution of American health and lifestyles by looking at chronic diseases. Chronic diseases are long lasting health problems that normally can't be cured, only controlled, such as heart disease, cancer and stroke.

The transition from an agricultural to industrial society impacted the lifestyles and the health of Americans. The leading causes of death have changed from infectious to chronic diseases in the past century.

The American diet has been altered by fast food restaurants, which have played a role in the rise of obesity among children and adults. Smoking is the leading cause of preventable disease.

Table 14.1.1 offers a comparison between the leading causes of death in the United States from 1900 to 2017.

The sick role refers to the rights and responsibilities of those who are ill. There are four parts to the sick rule.

First, you are exempt from your normal social roles and obligations.

Second, you are not to be held personally responsible for your illness.

Third, you should make every effort possible to get well.

Fourth, you should seek professional medical help and follow their advice.

The term sick role was developed by Talcott Parsons in 1951 to explain the social processes and roles that occur when an individual becomes ill. He observed that ill people are exempt from social obligations and not held personally responsible for their illness.

The sick person must make an effort to get well and seek medical professionals, if needed.

These four components of the sick rule are expectations of the ill person and members of society. The sick role does not fit the situation of individuals who have chronic illness and society is less willing to excuse individuals for their conditions if they smoke or overeat.

**Module 2: Social Structures**

Module 2 gives us an opportunity to consider the social demography of health and illness, beginning with infant mortality rate.

The infant mortality rate is the number of deaths of children less than one year of age per 1,000 births. The Hispanic Mortality Paradox refers to the conditions by which Hispanics live longer, despite lower income and health care access.

Social class is a strong predictor in determining health and illness outcomes. Lower income and education are associated with poorer health.

Women have biological advantages in relation to health and have longer life expectancies than men. Women tend to have more supportive social relationships and stronger social networks, which are factors in their longevity. Men take more risks and may have more stressful occupations.

Health and illness are related to socioeconomic status and generally races with lower SES have poorer health outcomes, with the exception of Hispanics, whose life expectancy is higher than that of Whites.

The basic structures of healthcare in the United States include

Employment-based health insurance, which is a system in which an employer pays all or part of the health insurance premiums for the employee.

Medicaid, which is a government program established in 1965, funding health care for qualified persons living below the poverty level and/or who have disabilities.

Medicare which is a government program established in 65, funding healthcare for the elderly, the disabled and people receiving long-term treatment with dialysis and the

Children's Health Insurance Plan (CHIP) is part of Medicaid and it provides insurance to low-income children.

The US healthcare delivery system is one of the most expensive in the world yet it does not rank as one of the best in regards to access quality or cost. There are millions of uninsured Americans and the US spends more per person than other top-ranked countries.

The system is paid for by employment-based insurance in which the employer pays the bulk of the health insurance costs and the employee contributes a small portion.

Medicaid is a federal and state government-sponsored program providing health insurance to the impoverished.

Medicare is funded primarily by employers and employees via payroll deductions and upon turning 65 years of age, individuals are provided health insurance.

Other parts of the world often rely on socialized medicine. Socialized medicine is defined as medical and hospital care funded for all citizens by the government.

The United Kingdom is the best example of socialized medicine in which the hospitals and physicians are organized and financed by the government and all citizens receive health care services. The United Kingdom system was ranked the highest and produced the best health outcomes.

Sweden also provides universal coverage, dental coverage, generous paternal leave and guaranteed appointment times.

Germany's system is funded through employer and employee deductions and the patients pay small co-pays but do not receive medical bills.

**Module 3: Social Problems**

Under President Obama, the Affordable Care Act or ACA was enacted 2014 to increase access to health care.

This legislation has been repeatedly challenged in the courts by political leaders but has gained favorability in the eyes of the public.

The benefits of ACA include, but are not limited to, making it illegal for an insurance company to drop a patient for a pre-existing condition and allowing an individual to stay on their parents' insurance until the age of 26.

Why can't people afford to be sick? Well, let's analyze the cost. At more than 9,000 dollars per person, healthcare spending in the United States is the highest in the world.

Compare this to other nations' annual spending per person. Switzerland is at $6,78, Germany is $5,119, France is $4,367, Japan is $4,152, Canada is $4056 and the United Kingdom is $3,971 per person annually.

Studies indicate that Americans pay more for healthcare than any other country in the world yet visit their doctor less than citizens in other nations.

The cost of specific prescription drugs and medical procedures play a key role in the disparity between what Americans pay for their health care versus what citizens in other nations pay for the same care.

Additionally, the cost of insurance, whether employer-based or otherwise has risen dramatically over the last decade.

It isn't just about good doctors; quality health care is effective, safe coordinated and patient-centered.

Effectiveness of care focuses on the outcome of patient treatment, while safe care addresses the impact of medical errors.

Coordinated care refers to the effort to ensure that a patient's health professionals are successfully communicating among themselves about the patient's needs.

Technology is increasingly becoming an important part of the communication process.

Patient-centered care addresses the importance of focusing on the needs of the patient, not just physically, but also culturally and emotionally.

**Module 4: The Sociological Imagination**

This module explains the link between personal troubles and public health troubles, beginning with mental illness.

For our purposes mental illness is defined as abnormal thoughts, behaviors, emotions or actions that are a threat to the individual or society.

Herd immunity is a population's ability to resist disease as a result of a high percentage of its members being immune.

Figure 14.4.1 looks at contagion and in doing so illustrates the importance of immunization and herd immunity.

Module 4 addresses the vaccination debate by looking at reasons parents give for choosing not to vaccinate their children.

First, they think the illness is rare or not that bad.

Second, they fear vaccines might have side effects or cause autism.

Third, they think the pharmaceutical companies and government are conspiring against citizens.

Fourth, they trust the advice of their family and friends more than their doctor.

The concept of herd immunity helps explain how vaccination can benefit a population.

Anti-vaxxers are those parents who choose not to vaccinate their children. While they see their choice as a private one made for the well-being of their family, the implications of their choice to the broader society make it a public issue.

The United States vaccination rate is only better than 60% of countries around the world. Personal health troubles become a public issue when other members of society are impacted not only in terms of health but also in terms of the economic impact.

**Module 5: Social Change**

This module looks at technology and privacy by considering the health insurance portability and accountability act (HIPAA).

The issue of technology and healthcare as it relates to the security of patient medical information is an ever-growing concern among health professionals, patients and the larger society.

HIPAA was enacted to allow workers to keep their health insurance when they change jobs but also to protect their medical confidentiality.

While technology has improved patient care, concerns still exist over breaches of security that result in patient records being stolen or mishandled.

Module 5 assesses the social changes associated with physician-assisted suicide.

Physician-assisted suicide is a process in which a doctor provides a terminally-ill patient with the means to end their life at the time of the patient's choosing.

Dr Jack Kevorkian, also known as Dr. Death, was a vocal proponent of physician-assisted suicide. He designed a suicide machine and helped at least 130 individuals end their lives in the 1990s. He was arrested in 1999 and sentenced to 10 to 25 years in prison for second-degree murder.

Since then laws have been enacted in nine states and the District of Columbia permitting doctors to help terminally ill patients in their life.

Public opinion about this issue has changed over the years and there has been a slight decrease in support recently.

Medical experts note that the need to accommodate the end-of-life requests of the rapidly aging baby boomer population will become increasingly more important in the future.

The future of health care may involve travel. This is known as medical tourism. For our purposes it is defined as the practice of traveling to another country to seek health care.

The increase in medical tourism is part of the future of medicine. The top destinations include many countries in southeast Asia.

The most popular medical procedures include, but are not limited to, cosmetic surgeries, orthopedics and reproductive services. The reasons Americans choose to travel for their health include lower costs, high quality and world-class treatment.

This concludes the PowerPoint for **SociologicalYOU** Chapter 14 where we strive to “Connect Sociology and YOU!”

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