## COURSE No.: SS 416N: SOCIOLOGY OF MEDICINE

MA 3rd Semester/Optional; (Monsoon Semester: July-December); Credit: 4 (Four)

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Is medicine an art or a science? The posing of this question presupposes that the universe of knowledge, represented by the University, is divided into the arts and the sciences, and further into applied arts and applied sciences. Medicine, which appears as an applied science (or an art?), has as its object of enquiry the pathological (pathos - suffering). This seems to lead to a paradox: how is one to constitute a science of suffering, or a science of the *experience* of disease and illness? How is one to have a measure of an object that does not remain identical to itself but instead grows, transforms, suffers and dies? If one does proceed to construct a science of such an object, what are its sociological (religious, political, economic and ethical) implications?

The paradox and its implications can be approached through different prisms. The prisms for this particular course are two: one conceptual and the other thematic. The conceptual prism is the notion of evidence. For example: what role does the patient and his testimony play in the science (or art?) of diagnosis and prognosis? Is his testimony to be wholly discounted or is it cardinal? Does personal testimony have a role to play in a randomized clinical trial to test the efficacy of a drug?

These questions (and many others) may be broached thematically by looking at pregnancy and childbirth. Is pregnancy a disease? When and how does it enter the portals of a hospital? Why does it appear dangerous outside its portals if it is not a disease? Who determines the course of pregnancy, its form and the posture of birthing? In the birthing room, what *positions* do the doctor, prospective mother (patient?), nurse, intern and student occupy? Is this determination coloured by class, race or location? What is the relationship between machines and people? In the case of impending maternal death, miscarriage, or perinatal death, what role does religion play in a secular and scientific setting such as the hospital?

It is evident that questions of evidence, as seen through our chosen thematic, raise questions about the relationship between doctor and patient, between lay and expert knowledge, the organization of medicine as an institution, and the question of technology, social class and the politics of location. We hope to examine these questions and others along the way by plunging initially into a set of readings on pregnancy and childbirth and subsequently trace the questions and paradoxes it throws up by looking at history and epistemology for their origins and conditions of possibility.

GRADING (Mode of Evaluation)

Every class will bear witness to a close reading of about 30-50 pages of text. It will be presented *in person* as an 800-word written essay by a respondent, followed by four hundred-word written responses by two discussants. These 800-word written responses should be sent as an email attachment by Thursday midnight to the whole class through a group email ID that will be soon be set up. The discussants should send in their responses by Saturday midnight. The respondent's main responsibility is to lay out the argument in detail and subsequently to raise critical questions. The discussants' primary responsibility is to raise critical questions of the text and to respond to the 800-word essay by the respondent. All the others have to appear in class with 2 (written) questions (more are welcome) of the text. These class presentations and questions *in person* will constitute 25% (one credit) of the cumulative grade.

Another 25% (one credit) will be given to either a term paper (3000 to 5000 words) based on a small piece of primary research (highly recommended), to be determined in consultation with me, or a term paper (3000 -5000 words) on a mutually acceptable topic. I hope to meet students in small batches, or on a one-on-one basis during the tutorial hour set aside for the course. Both class presentations and the mid-term paper have to be sent to me personally as an email attachment (the proof of submission) and as a hard copy to be deposited in my letter box in the CSSS office. Every student has to make a minimum of 4 class presentations. Both the class presentations and the mid-term paper together (2 credits) are necessary and mandatory. Students may not be allowed to take the end-of-term exam unless they make the 4 class presentations in class, and submit a 3000 to 5000-word term paper. The mid-term paper has to be submitted by 1 November. There will be grade cut for every week of late submission. And the term paper may not be accepted after 15 November.

The final 50% (2 credits) will be administered through the mandated end-of-term exam. It is clear from the above that the students are likely to get from the course only as much as they put in.

Appended below is a reading list. While I would like to see a substantial part of these readings covered, we will not be covering all of them. I invite students to bring their concerns and interests to bear upon the course. I would be more than happy to change some of the readings to reflect these concerns. Hence a lot depends on the passion that all of you bring to bear upon the course. To ensure that this does happen, I welcome about 3 volunteers every week for a media watch. These volunteers are expected to follow the popular media keenly during their watch for issues and stories that may be of interest to the course and bring them to our notice.

## READINGS

FILM: SILENT SCREAM

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- Naraindas, Harish. 2014. 'Nosopolitics. Epistemic Mangling and the Creolization of Contemporary Ayurveda.'In "Medical Pluralism and Homeopathy in India and Germany (1810-2010). A Comparison of Practices", Medizin, Gesellschaft und Geschichte, (MedGG-Beiheft 50), Jahrbuch des Institutsfür Geschichte der Medizin der Robert Bosch Stiftun, edited by Martin Dinges, 105-35., Stuttgart: Franz Steiner Verlag.
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