**Critical perspectives on health and disease MF9185** (MEDFL5185)

# Course description

Most researchers in the medical and health sciences focus on health and disease, either directly or indirectly. But what do these basic concepts mean and what do they entail? Arguing that there is hardly a single answer to these questions, this course explores a variety of theories and perspectives on health, disease, sickness, and suffering. Specifically, the course will critically examine the various ways in which human health and disease is understood and engaged with in medicine and health sciences. By applying perspectives from philosophy, history, sociology, and anthropology the course aims to make you able to view medical and health research in a broader perspective, to see your research questions in new light, and to add to your abilities to interpret and understand data.

The course will investigate concepts, theories, and models of health and disease. In particular it will scrutinize various perspectives, knowledge systems, classification systems, and metaphors. The course will also investigate health management and governance, and analyze the relationship between power, interests, and gender in health and disease.

The course will use a combination of lectures, group work, video, and reflection notes in order to engage the participants in active reflection over basic concepts in health related research. It will actively use participants own research projects as examples.

# Learning outcome

**Knowledge**

This course will give you knowledge about

* various conceptions, definitions and explanations of health and disease
* historical perspectives on health and disease
* power and knowledge related to health and disease
* issues of equity and justice related to health and disease
* critical perspectives on health governance
* gendered perspectives on health and disease
* minority perspectives on health and disease
* critical perspectives on diagnoses and diagnostic systems
* critical perspectives on evidence and clinical guidelines related to health and disease
* anthropological and sociological perspectives on the body, health, and sickness

**Skills**

This course will give you skills to

* identify and apply a range of perspectives in reflection on health and disease (and on basic concepts more generally)
* consider own and others’ research questions and research undertakings in the light of critical theories
* draw on critical perspectives when analysing and iterpreting data

**General competence**

 This course will give you knowledge and skills that are helpful in

* exercising theoretical reflexivity
* planning research and analysing data
* maintaining a critical attitude to established conceptions and paradigms in the life sciences and in health care

# Lecturers

Anne Kari Tolo Heggestad, postdoctoral Fellow - Centre for Medical Ethics, HELSAM, UiO

Christoph Gradmann, professor - Department of Community Medicine and Global Health, UiO

Dag Album, professor, Department of Sociology and Human Geography, UiO

Jan Grue, professor in Qualitative Methods at the Department of Special Needs Education, UiO.

Jeanette H. Magnus, Senior Adviser - Management Section, Faculty of Medicine, UiO.

Lisbeth Thoresen, associate professor, Department of Health Sciences, Faculty of Medicine, UiO.

Eli Feiring, associate professor at Department of Health Management and Health Economics, UiO

Gunnar Tellnes, professor, Department of Community Medicine and Global Health, Faculty of Medicine, UiO

Kari Nyheim Solbrække, Department of Health Sciences, Faculty of Medicine, UiO

Kåre Moen, associate Professor - Department of Community Medicine and Global Health, UiO

Nina K. Vøllestad, professor and head of Institute of Health and Society, University of Oslo.

Bjørn Hofmann, professor, Institute for the health sciences, NTNU Gjøvik and Centre for medical ethics, HELSAM, UiO.

# Continuous reflection

Each day you are asked to reflect on the relevance of the topics for your own research. You will make reflection notes which can become valuable entries for your exam (essay).

# Reading list

Each participant should put together an individual reading list of 350 pages where at least 200 pages stems from the core reading list of the course. The reading list has to be submitted by the end of the lectures.

# Teaching

The course entails a mix of lectures, discussions, group work, and presentation of reflection notes.

# Examination

Take-home course exam: write an essay that discusses your own research in the light of the perspectives discussed in the course. The essay should be between 7 and 10 pages and be submitted within before August 6 at 16.00. Use Times New Roman font size 12, line spacing 1.5).

# Course committee

Professor Ingrid Christina Foss, Department of Nursing Science, HELSAM

Associate Professor Eli Feiring, Department of Health Management and Health Economics, HELSAM.

Professor Eivind Engebretsen, Department of Health Sciences, HELSAM.

Associate professor Kåre Moen, Department of Community Medicine and Global Health, HELSAM.

Professor Bjørn Hofmann, NTNU Gjøvik and Centre for medical ethics, HELSAM.

# Course leader

Professor Bjørn Hofmann, Institute for the health sciences, NTNU Gjøvik and Centre for medical ethics, HELSAM, UiO.

# Place

Room 123, Fredrik Holsts Hus, Ullevål: <https://www.uio.no/english/about/getting-around/areas/geitmyrsveien-ulleval/gv05/>

On Monday June 11, 12.30-16.00 the course will be held in the Auditorium (124) in Fredrik Holsts Hus

# Course plan

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| --- | --- | --- | --- | --- | --- |
|  | Monday 11.06.2018 | Tuesday 12.06.2018 | Wednesday 13.06.2018 | Thursday 14.06.2018 | Friday 15.06.2018 |
| Main Topic | Concepts of health and disease | Perspectives on health and disease | Perspectives on health and disease (broad) | Power and knowledge in health and disease | Equity and justice in health and disease |
| 09.00 – 09.45 | Introduction | Presentation and discussion of reflection notes |
| 10.00 – 10.45 | What is health and what is disease? *Bjørn Hofmann* | Perspectives on disease: Disease, Illness, Sickness. *Bjørn Hofmann* | Gendered perspectives on health and disease. *Kari Nyheim Solbrække* | Knowledge and power in health and disease: Evidence, interpretation, and interests *Eivind Engebretsen* | Health, disease, and priority setting. *Anne Kari Tolo Heggestad*  |
| 11.00 – 11.45 | Concepts, definitions, and theories*Bjørn Hofmann* | Wellbeing and suffering. Experiencing health and disease (phenomenology)*Lisbeth Thoresen* | Historical perspectives on health and disease.*Christoph Gradmann*  | Critical perspectives on diagnoses and diagnostic systems. *Bjørn Hofmann* | Inequalities in health and disease. Burden of disease. Global health and health governance.*Jeanette Magnus*  |
| 11.45 – 12.30 | *Lunch* |
| 12.30 – 13.15 | What is the relationship between health and disease?*Bjørn Hofmann* | Valuing health and disease (ethics).*Bjørn Hofmann* | Health, disease, dys-function, disability in law.*Gunnar Tellnes*  | Constricting health and expanding disease: medicalization, over-diagnosis, overtreatment. *Bjørn Hofmann* | Minority perspectives on health and disease*Jeanette Magnus* |
| 13.30 – 14.15 | Health, disease, and other health concepts, such as disability, injuries, handicap, impairment. *Jan Grue* | Sick role, identity, stigma, and hierarchy of diseases.*Dag Album* | Biological, biomedical, and clinical perspectives on health and disease.*Nina K. Vøllestad* | Enhancing health and limiting disease: Human enhancement altering conceptions of health and disease. *Bjørn Hofmann* | Health, disease, agency, and responsibility*Eli Feiring*  |
| 14.30 – 15.15 | *Group work on the concepts of health and disease* |  The practical making of health and disease: the role of technology. *Bjørn Hofmann* | Anthropological perspectives on health and disease. *Kåre Moen* | *Group work on the power of knowledge about health and disease* | *Information about exam* |
| 15.30 – 16.00 | *Summary of group work* | *Summary of the day* | *Summary of the day* | *Summary of the day* | *Summary of the course* |

# Literature

Based on the literature list below, course participants will set up their own reading lists for their participation in this course, choosing 400 pages from the following literature.

Album, Dag, Lars EF Johannessen, and Erik B. Rasmussen. "Stability and change in disease prestige: A comparative analysis of three surveys spanning a quarter of a century." Social Science & Medicine (2017).

Aronowitz R. Framing disease: an underappreciated mechanism for the social patterning of health. Social science & medicine. 2008;67(1):1-9.

Aronowitz R. Making Sense of Illness: Science, Society, and Disease. New York: Cambridge University Press, 1998.

Boorse C. A Second Rebuttal on Health. Journal of Medicine and Philosophy 2014; 39:683-724.

Boorse C. On the Distincion Between Disease and Illness. Philosophy and Public Affairs 1975;5: 49-68.

Carel H. Can I Be Ill and Happy? Philosophia, 2007; 35: 95–110

Clouser KD, Culver CM, Gert B. Malady. In: Almeder RF, Humber JM (eds). What is a disease? Totowa, NJ: Humana Press, 1997: 173-217. (Følgende kan være lettere å få tak i: Clouser, K. D., Culver, C. M., & Gert, B. (1981). Malady: a new treatment of disease. Hastings Cent Rep, 11(3), 29-37.)

Conrad, Peter, and Kristin K. Barker. "The social construction of illness key insights and policy implications." Journal of health and social behavior 51.1 suppl (2010): S67-S79.

Csordas, Thomas J. "Embodiment as a Paradigm for Anthropology." Ethos 18.1 (1990): 5-47.

D’Amico R. Is disease a natural kind? Jornal of Medicine and Philosophy 1995; 20: 551-69.

Feiring E. Lifestyle, responsibility and justice. Journal of Medical Ethics 2008;34:33-36. <http://dx.doi.org/10.1136/jme.2006.019067>

Fulford KW. ‘What is (mental) disease?’: an open letter to Christopher Boorse. Journal of Medical Ethics 2001;27:80–85.

Gabbay J, Le May A. Evidence based guidelines or collectively constructed “mindlines?” Ethnographic study of knowledge management in primary care. BMJ 2004 Oct 30;329(7473):1013.

Greenhalgh, Trisha. Evidence-based medicine: A movement in crises? BMJ, 2014;348(3725)

Grue, Jan. Discourse analysis and disability: Some topics and issues. Discourse & Society 2011;22 (5):532-546.

Haldar, Marit; Engebretsen, Eivind & Album, Dag (2015). Legitimating the illegitimate: How doctors manage their knowledge of the prestige of diseases. Health. ISSN 1363-4593. . doi: 10.1177/1363459315596798

Hesslow G. Do we need a concept of disease. Theor Med 1993; 14, 1-14.

Hofmann B. Complexity of the concept of disease as shown through rival theoretical frameworks. Theoretical Medicine and Bioethics 2001; 22(3): 211-37.

Hofmann B. Disease. In: ten Have H, ed. Encyclopedia of Global Bioethics: Springer International Publishing; 2015:1-8

Hofmann B. Hva er sykdom? Oslo: Gyldendal Akademisk, 2014. (229 sider)

Hofmann B. Medicalization and overdiagnosis: different but alike. Medicine, health care, and philosophy. 2016;19:253-264.

Hofmann B. Simplified models of the relationship between health and disease. Theoretical Medicine and Bioethics 2005; 26(5): 355 - 377.

Hofmann B. Suffering: Harm to bodies, minds, and persons. Handbook of the Philosophy of Medicine. Berlin: Springer; 2015.

Khushf G. Expanding the horizon of reflection on health and disease. Journal of Medicine and Philosophy 1995; 20: 461-473.

Kingma, E. Naturalism about Health and Disease: Adding Nuance for Progress. Journal of Medicine & Philosophy 2014; 39.6: 590-608.

Leslie, Charles. "Medical pluralism in world perspective." Social Science & Medicine. Part B: Medical Anthropology 14.4 (1980): 191-195.

Lie, Anne Helene Kveim (2012). Sykehistorienes eksempelbruk, I: Ellen Marie Krefting; Anne Eriksen & Anne Birgitte Rønning (red.), Eksemplets makt. Kjønn, representasjon og autoritet fra antikken til i dag. Spartacus. ISBN 9788230400890. Kapittel VIII. s 203 – 229

Lock, Margaret, and Patricia Kaufert. "Menopause, local biologies, and cultures of aging." American Journal of Human Biology 13.4 (2001): 494-504.

Marinker, M. Why make people patients? J Med Ethics 1975; 1(2), 81-84.

Mol, Annemarie. "The logic of care." Health and the problem of Patient Choice (2008).

Mol, Annemarie. The body multiple: Ontology in medical practice. Duke University Press, 2002.

Nord E. Disability weights in the Global Burden of Disease 2010: unclear meaning and overstatement of international agreement. Health Policy, 2013; 111(1), 99-104.

Nordby H. The analytic-synthetic distinction and conceptual analysis of basic health concepts. Medicine Health Care and Philosophy 2006; 9: 169–180.

Nordenfelt L. The concepts of health and illness revisited. Med Health Care Philos. 2007;10(1):5-10.

Rabinow, Paul. Artificiality and enlightenment: from sociobiology to biosociality. Blackwell Publishing Ltd, 2005.

Rose, N. 'Normality and pathology in a biomedical age' SOCIOLOGICAL REVIEW, 2009; 57, SUPPL. 2: 66 - 83.

Räikkä J. The social concept of disease. Theoretical Medicine 1996;17(4): 353-61. (8 sider)

Risør, Mette Bech. "Illness explanations among patients with medically unexplained symptoms: different idioms for different contexts." Health 2009; 13.5: 505-521.

Scheper‐Hughes, Nancy, and Margaret M. Lock. "The mindful body: A prolegomenon to future work in medical anthropology." Medical anthropology quarterly 1987; 1.1: 6-41.

Smith R. In search of “non­disease”. BMJ 2002;324;883-5.

Solbrække, K. N., Søiland, H., Lode, K. Gripsrud, B. H. Our Genes, Our Selves: Hereditary breast cancer and biological citizenship in Norway. Medicine, Health Care and Philosophy. 2017; 20(1) 89-103.

Sontag S. Illness as Metaphor. New York: Farrar. Strays and Giroux, 1978. (35 sider)

Tucker, Ian. "Towards the multiple body." Theory & Psychology 16.3 (2006): 433-440.

Tveråmo A et al. En integrert forståelse av subjektive lidelser i klinisk praksis. Tidsskr Nor Legeforen nr. 22, 2014; 134: 2174 – 6

Undeland M, Malterud K. The fibromyalgia diagnosis - hardly helpful for the patients? Scandinavian Journal of Primary Health Care, 2007; 25: 250-255.

Wakefield JC. The Concept of Mental Disorder. American Psychologist, 1992; 47: 373–388.

Worall J, Worall J. Defining disease: much ado about nothing?' Analecta Husserliana 2001; 72, 33-55.

# Additional reading:

Aronowitz RA. Making Sense of Illness: Science, Society, and Disease. Cambridge University Press, Cambridge, U.K. and New York, 1998

Conrad P, Barker KK. The Social Construction of Illness: Key Insights and Policy Implications. Journal of Health and Social Behavior. 2010;51(1 suppl):S67-S79.

Eriksen TE, Kerry R, Mumford S, et al. At the borders of medical reasoning: aetiological and ontological challenges of medically unexplained symptoms. Philosophy, ethics, and humanities in medicine : PEHM 2013;8:11

Fabrega H, Jr. How psychiatric conditions were made. Psychiatry. 2007;70(2):130-153.

Greene J. Prescribing by numbers. Drugs and the definition of disease. Baltimore: Johns Hopkins University Press, 2006.

Horwitz AV. Creating Mental Illness, Chicago: University of Chicago Press, 2002.

Horwitz, A. V. and J.C. Wakefield. The Loss of Sadness, New York: Oxford University Press, 2007.

Kahn J. Race in a bottle: The story of BiDil and racialized medicine in a post-genomic age: Columbia University Press, 2013.

Katz, S. Disiplining old age. The formation og gerontological knowledge. University Press of Virginia, 1996.

Kingma, E. 2007. What is it to be healthy? Analysis 67:128–33.

Lindstrøm J A. Why Attention-Deficit/Hyperactivity Disorder Is Not a True Medical Syndrome. Ethical Human Psychology and Psychiatry.14; 2012.1; 61-73.

Lock M. The Alzheimer conundrum: Entanglements of dementia and aging. Princeton University Press, 2013.

Lupton D. The imperative of health: Public health and the regulated body. Vol 90: Taylor & Francis; 1995.

Magelssen, M., Nortvedt, P., & Solbakk, J. H. (2016). Rationing at the bedside: Immoral or unavoidable? Clinical Ethics, 11(4), 112-121. doi:10.1177/1477750916657664

Martin CM, Peterson C. The social construction of chronicity--a key to understanding chronic care transformations. Journal of evaluation in clinical practice. 2009;15(3):578-585.

Moynihan R. Medicalization. A new deal on disease definition. Bmj 2011;342:d2548

Mukherjee S. The emperor of all maladies. A biography of cancer. New York: Scribner, 2011.

Mukherjee S. The gene: An intimate history: Simon and Schuster, 2016.

Napier AD, Ancarno C, Butler B, et al. Culture and health. The Lancet. 2014;384(9954):1607-1639.

Nordenfelt, L.On the Nature of Health: An Action-Theoretic Perspective, 2nd edition, Dordrecht: Kluwer, 1995.

Rasmussen EB. Balancing medical accuracy and diagnostic consequences: diagnosing medically unexplained symptoms in primary care. Sociology of health & illness 2017 doi: 10.1111/1467-9566.12581

Reznek, L. The Nature of Disease, New York: Routledge, 1987.

Shilling C. Culture, the ‘sick role’ and the consumption of health. British Journal of Sociology 2002; 53: 621–638

Shim JK. Heart-sick: The politics of risk, inequality, and heart disease: NYU Press 2014.

Thagard. P.How Scientists Explain Disease, Princeton: Princeton University Press, 1999.

Tikkinen KA, Leinonen JS, Guyatt GH, et al. What is a disease? Perspectives of the public, health professionals and legislators. BMJ Open 2012;2(6).

Toombs SK. The Temporality of Illness: Four Levels of Experience. Theor Med 11, no. 3 (1990): 227-41.

Vogt H, Hofmann B, Getz L. The new holism: P4 systems medicine and the medicalization of health and life itself. Med Health Care Philos. 2016;19(2):307-23.

Wyller, V. B. (2014). Give to the Doctor What Is Due to the Doctor!: Why “Fair Rationing at the Bedside” Is Impossible: Oxford University Press.