

SOCY 28

Healthcare and Healthcare Policy

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MEETING TIME: T-Th 2:25–4:15PM

Blunt Alumni Center RM 007

OFFICE HOURS: Wednesdays 2–4PM

Blunt Alumni Center RM 006

COURSE DESCRIPTION

This class will be an introduction to modern medicine and healthcare in the United States, and in particular how the organization of the medical field influences how people receive care when they are sick. To faithfully engage such a topic it requires that we deal with a number of related but distinct topics including: the recent history of the medical profession, the economics of healthcare in the US, the subjective experience of illness, inequality in illness and treatment, and the care of the dying. During this course we will be returning to a fundamental question of how do healthcare workers get their work done, and how does this influence how patients move through the healthcare system and get well, worse, or die. There are no prerequisites for this course.

LEARNING OBJECTIVES

By the end of the course you will be familiar with several features of U.S. medicine, both in its modern form and how it has developed. Specifically you will be able to:

COURSE STRUCTURE

- Analyze how U.S. medicine has developed as a profession, including the institutional, epistemic, and political forces that have shaped it.
- Evaluate the role of medical professionals in constructing illness, prognosis, and appropriate care, especially through the lens of sociological theory and empirical research.
- Interpret sociological research on health inequalities, including how race, class, gender, and other forms of social stratification influence access to and outcomes of medical care.
- Apply sociological concepts to contemporary health issues, showing how social structures, ideologies, and institutions influence the delivery and experience of healthcare.

COURSE STRUCTURE

Though the course aims to provide you with foundational knowledge about how medicine and healthcare works in the US, and their recent history, we are aiming to develop the basis for understanding how this system works, what its consequences are for the people in it, and the probable means by which it can be reformed. The last of these is a tall order, as a tremendous amount of political will, funding, and institutional energy has been invested in healthcare reform, often with disappointing results. With that said, in this course we will be taking the standpoint of reformers seeking to amend how we care for the sick in the US, and in taking this perspective, learn how the system actually works. To this end the course is divided between content focused learning, including the readings and short lectures, and application focused discussions and projects.

COURSE MATERIAL

There are no books that you need to purchase for this course. All readings, including book chapters, will be made available to you through the course website.

ASSIGNMENTS AND GRADES

Reading Reactions

Each week you are required to submit a brief reading reaction on the course site **before class begins on Thursday**. These are not summaries, but thoughtful responses to the readings that engage with the arguments, identify tensions, or raise new questions. Each

ASSIGNMENTS AND GRADES

Assignment	Points	Percent Final Grade
Reading Reactions (20)	20	20%
Midterm Paper	40	40%
Final Project	40	40%

reaction should conclude with at least one open-ended discussion question you would like to explore in class.

Midterm Paper

For the midterm paper you will be taking the perspective of a reformer in the health-care field seeking to develop a policy intervention that will solve a problem that major stakeholders in the field have. I will provide prompts in advance that address the different areas of medicine and healthcare that we are covering in the course, and you can choose which of the prompts you want to work on. Midterm papers will be evaluated on the basis of accurately representing the content that we have learned by creating a proposal, as well as the novelty of the solution. You will not be graded on whether your proposal would succeed in practice, but rather on how thoughtfully and creatively it engages with course material and outside readings you find.

Papers should be approximately 6-7 pages which comes out to $\approx 2,000$ words not including notes, bibliography, etc...

Final Project

The final project for this class will see the proposals you created for the midterm paper being put to the test. You will be assigned to groups based upon the prompts you addressed in the midterm, and in each of these groups you will have to come to a consensus with your group members about which of the policies proposed by group members you will develop further.

The final in this class has two components:

1. Group component (25% of grade): Your group will collaborate on a proposal document and presentation to the class.
2. Individual component (15% of grade): Individually you will write a reflection/analysis of how your group's proposal evolved, what you personally contributed, and how course concepts from Weeks 6-7 inform the refined proposal.

COURSE POLICIES

Group work will occur both inside and outside our regularly scheduled class time and more details will be provided after the midterm.

COURSE POLICIES

Academic Responsibility

Dartmouth College is a community of scholars and learners committed to academic and personal honesty, responsibility, and respect for others. All students should conduct themselves in accordance with Dartmouth community standards, particularly the [academic honor principle](#). Academic integrity includes a commitment not to engage in or tolerate acts of falsification, misrepresentation, or deception. Such acts of dishonesty violate the fundamental ethical principles of the Dartmouth community and compromise the worth of work completed by others.

Cheating, plagiarism, use of the same work in multiple courses, and unauthorized collaboration will not be tolerated. At present, I consider the use of generative AI such as ChatGPT in producing work for this class a form of unauthorized collaboration, as it is my expectation is that you will independently produce any written work you submit for this course. Use of these tools in producing written work will be considered academically dishonest and a violation of Dartmouth's academic honor principle. Minor violations of the honor principle may result in loss of credit or failure for a given piece of work or in the course. Major violations may result in suspension or expulsion from the College. Please review the [Academic Honor Policy for Undergraduate Students in the Arts and Sciences](#) for more information on College wide policies for Undergraduate students.

Academic dishonesty often occurs when students feel pressure to perform and that they do not have the tools to achieve their goals. If you are falling behind or feeling overwhelmed, please come chat with me. Writing and research support are available to you through [the Writing Center](#). Peer tutoring and academic coaching are available through the [Academic Skills Center](#).

Absences

As participation is an important part of this course, chronic unexcused absences will cause a significant loss of points from your participation grade. If you are already aware of circumstances that will affect your ability to participate in the course regularly or occasionally (e.g., due to participation on an athletic team, college-excused events, religious observances), please arrange a meeting with me at the start of the term so we can plan ahead. If circumstances arise during the term that prevent you from attending

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class (e.g., serious illness, family emergency), please get in touch with me as soon as possible so we can make plans to keep you on track in the course.

I recognize that we continue to face challenging circumstances, and that you may find yourself in a situation that makes it difficult to attend class or keep up with the course material. If such a situation arises, please reach out to me as soon as possible so we can find a solution. I'm happy to work with you if you reach out.

Dartmouth has a deep commitment to support students' religious observances and diverse faith practices. Some students may wish to take part in religious observances that occur during this academic term. If you have a religious observance that conflicts with your participation in the course, please meet with me as soon as possible—before the end of the second week of the term at the latest—to discuss appropriate course adjustments.

Late Work

Assignments are due at the date and time specified on the syllabus and in Canvas. You have 24 hours after the original deadline to submit with no penalty. Work submitted after that grace period but within 7 days of the original deadline will receive a 10% deduction from the earned grade. Work submitted more than 7 days late will not be accepted. In cases of documented emergencies or serious illness, contact me as soon as possible to discuss accommodations. I am willing to work with you during genuine hardships, but you must communicate with me proactively.

Disclaimer

Some of the subject matter of this course deals with topics that are both universal and distressing. Sickness, pain, medical care, death and dying, are all topics that touch on our own and our loved one's lives at some point. Insight is a cooperative endeavor and as we move through the courses material I want to affirm my own and your commitments to dealing with the material of the course with curiosity and a reflective perspective. If you ever are distressed by the material you can reach out to me or other [on campus resources](#).

Technology in the Classroom

To foster focused and engaging discussion, this course generally discourages the use of laptops during class sessions. Research shows that laptops can easily become a source of distraction—both for the user and for nearby classmates. I strongly encourage you to take notes by hand or with a tablet in “distraction-free” mode if possible.

That said, I recognize that learning styles and access needs vary. If you prefer or require a laptop for note-taking or accessibility reasons, please feel free to use one. If

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you have a documented accommodation through Student Accessibility Services, or if you simply find that a laptop significantly supports your learning, you do not need to ask permission—just use it responsibly.

Please refrain from using phones during class unless it is part of a class activity or an urgent situation. If something comes up, a quick step out of class is totally fine.

Student Accessibility Services

Students requesting disability-related accommodations and services for this course are required to register with Student Accessibility Services (SAS; [Apply for Services webpage](#); student.accessibility.services@dartmouth.edu; 1-603-646-9900) and to request that an accommodation email be sent to me in advance of the need for an accommodation. Then, students should schedule a follow-up meeting with me to determine relevant details such as what role SAS or its Testing Center may play in accommodation implementation. This process works best for everyone when completed as early in the quarter as possible. If students have questions about whether they are eligible for accommodations or have concerns about the implementation of their accommodations, they should contact the SAS office. All inquiries and discussions will remain confidential.

COURSE OUTLINE

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Week 1 — Economics and Healthcare

The U.S. is one of the oddest countries in the world when it comes to how healthcare and medicine are paid for. Nearly every subject we touch on in this course, in one way or another, is influenced by the fact that medical care is paid for using a complicated and chaotic system.

Readings

1. Donald M. Berwick, Thomas W. Nolan, and John Whittington (May 2008). “The Triple Aim: Care, Health, And Cost.” *Health Affairs* 27.3, pp. 759–769. ISSN: 0278-2715. DOI: [10.1377/hlthaff.27.3.759](https://doi.org/10.1377/hlthaff.27.3.759)
2. Ana Paula Beck de Silva Etges et al. (Oct. 31, 2023). “Value-Based Reimbursement as a Mechanism to Achieve Social and Financial Impact in the Healthcare System.” *JHEOR* 10.2, pp. 100–103. DOI: [10.36469/001c.89151](https://doi.org/10.36469/001c.89151)
3. David N. Bernstein and Jonathan R. Crowe (May 26, 2024). “Price Transparency in United States’ Health Care: A Narrative Policy Review of the Current State and Way Forward.” *Inquiry* 61, p. 00469580241255823. ISSN: 0046-9580. DOI: [10.1177/00469580241255823](https://doi.org/10.1177/00469580241255823). PMID: [38798065](https://pubmed.ncbi.nlm.nih.gov/38798065/)
4. Helen Levy and David Meltzer (Apr. 1, 2008). “The Impact of Health Insurance on Health.” *Annu. Rev. Public Health* 29.1, pp. 399–409. ISSN: 0163-7525, 1545-2093. DOI: [10.1146/annurev.publhealth.28.021406.144042](https://doi.org/10.1146/annurev.publhealth.28.021406.144042)

Week 2 — Inequality in Medicine and Health

We commonly think of inequality in sociology, in fact one way of going about defining what sociology actually is, is by observing its interest in understanding how certain parts of the population become and remain materially disadvantaged while others are privileged. One place that inequality occurs that we talk about less frequently is health. In particular, who gets sick, with what, and how often and how these factors differentially impact social groups.

Readings

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1. Bruce G. Link and Jo Phelan (1995). "Social Conditions As Fundamental Causes of Disease." *Journal of Health and Social Behavior* 35, p. 80. ISSN: 00221465. DOI: [10.2387/2626958](https://doi.org/10.2387/2626958). JSTOR: 2626958
2. Andrea E. Willson, Kim M. Shuey, and Glen H. Elder Jr. (May 2007). "Cumulative Advantage Processes as Mechanisms of Inequality in Life Course Health." *American Journal of Sociology* 112.6, pp. 1886–1924. ISSN: 0002-9602, 1537-5390. DOI: [10.1086/512712](https://doi.org/10.1086/512712)
3. Kenneth F. Ferraro, Markus H. Schafer, and Lindsay R. Wilkinson (Feb. 2016). "Childhood Disadvantage and Health Problems in Middle and Later Life: Early Imprints on Physical Health?" *Am Sociol Rev* 81.1, pp. 107–133. ISSN: 0003-1224, 1939-8271. DOI: [10.1177/0003122415619617](https://doi.org/10.1177/0003122415619617)
4. David R. Williams and Michelle Sternthal (Mar. 2010). "Understanding Racial-ethnic Disparities in Health: Sociological Contributions." *J Health Soc Behav* 51 (1_suppl), S15–S27. ISSN: 0022-1465, 2150-6000. DOI: [10.1177/0022146510383838](https://doi.org/10.1177/0022146510383838)

Week 3 — *The Profession of Medicine*

To understand the contemporary practice of medicine, it is important to understand how it came to be as it is. In this week we are covering medicine as a profession, an occupation which requires a significant amount of training, expertise, and licensure to participate in. It might be hard to imagine, but what was considered appropriate medical care, and who provided it, was not always as it is today.

Readings

1. Paul Starr (1982). *The Social Transformation of American Medicine*. New York: Basic Books, **Introduction & Chapter 3**
2. Eliot Freidson (1988). *Profession of Medicine: A Study of the Sociology of Applied Knowledge*. University of Chicago Press ed. Chicago: University of Chicago Press. ISBN: 978-0-226-26228-4, **Chapters 2, 3, & 5**
3. D. W. Light (1991). "Professionalism as a Countervailing Power." *Journal of Health Politics, Policy and Law* 16.3, pp. 499–506. ISSN: 0361-6878
4. Katherine C. Kellogg (Oct. 2014). "Brokerage Professions and Implementing Reform in an Age of Experts." *American Sociological Review* 79.5, pp. 912–941. ISSN: 0003-1224, 1939-8271. DOI: [10.1177/0003122414544734](https://doi.org/10.1177/0003122414544734)

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Week 4 — *Diagnosis and Prognostication*

Medicine is partially defined by the different aspects of a person that it deals with, and the interventions that it performs. Two of the most critical of these are diagnosis and prognostication (the third being treatment). This week we are going to turn our eye to how clinicians go about diagnosing their patients and what they do when they need to figure out how their illnesses are going to change and influence their future.

Readings

1. John Heritage and Douglas W. Maynard (Aug. 2006). “Problems and Prospects in the Study of Physician-Patient Interaction: 30 Years of Research.” *Annual Review of Sociology* 32.1, pp. 351–374. ISSN: 0360-0572, 1545-2115. DOI: [10.1146/annurev.soc.32.082905.093959](https://doi.org/10.1146/annurev.soc.32.082905.093959)
2. Jason Turowetz, Lucas Z. Wiscons, and Douglas W. Maynard (Jan. 2023). “Disorder or Difference? How Clinician-patient Interaction and Patient Age Shape the Process and Meaning of Autism Diagnosis.” *Sociology of Health & Illness*, pp. 1467–9566.13611. ISSN: 0141-9889, 1467-9566. DOI: [10.1111/1467-9566.13611](https://doi.org/10.1111/1467-9566.13611)
3. Peggy A. Thoits (Mar. 2005). “Differential Labeling of Mental Illness by Social Status: A New Look at an Old Problem.” *J Health Soc Behav* 46.1, pp. 102–119. ISSN: 0022-1465, 2150-6000. DOI: [10.1177/002214650504600108](https://doi.org/10.1177/002214650504600108)
4. Stefan Timmermans and Tanya Stivers (Dec. 2018). “Clinical Forecasting: Towards a Sociology of Prognosis.” *Social Science & Medicine* 218, pp. 13–20. ISSN: 02779536. DOI: [10.1016/j.socscimed.2018.09.031](https://doi.org/10.1016/j.socscimed.2018.09.031)

Week 5 — *The Illness Experience*

We take for granted that disease and illness are biological processes that are not mediated by social influences. Much of this class is oriented to showing how this taken for granted belief is misguided, and one place we can see this is in what sociologists describe as “the illness experience”, the socially conditioned consequences and first person confrontation with illness and injury.

Readings

1. Kristin Kay Barker (2005). *The Fibromyalgia Story: Medical Authority and Women's Worlds of Pain*. Philadelphia: Temple University Press. ISBN: 978-1-59213-160-0 978-1-59213-161-7, Chapter 3, 4, & 5

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2. Anthony Stavrianakis (2024). *Crucible of the Incurable: Facing ALS*. Expertise: Cultures and Technologies of Knowledge. Ithaca: Cornell University Press. ISBN: 978-1-5017-7834-6 978-1-5017-7833-9, **Chapter 3 & 4**
3. Paul Kalanithi and Abraham Verghese (2016). *When Breath Becomes Air*. First edition. New York: Random House. ISBN: 978-0-8129-8840-6, **Part 2**

Week 6 — Medicalization

Medicine is the profession with the authority to determine what are the problems of human health and what are the appropriate solutions to those problems. This authority has important implications for what is considered and not considered “illness”. Medicalization is the term used to describe how human phenomena come to be considered medical problems which require medicine to intervene in, or what “sickness” is and what to do about it.

Readings

1. Peter Conrad and Kristin Barker (2010). “The Social Construction of Illness: Key Insights and Policy Implications.” *Journal of Health and Social Behavior* 51.5, S67–S79
2. David Armstrong (June 1995). “The Rise of Surveillance Medicine.” *Sociology of Health and Illness* 17.3, pp. 393–404. ISSN: 0141-9889, 1467-9566. DOI: [10.1111/1467-9566.ep10933329](https://doi.org/10.1111/1467-9566.ep10933329)
3. Adele E. Clarke and Janet Shim (2011). “Medicalization and Biomedicalization Revisited: Technoscience and Transformations of Health, Illness and American Medicine.” : *Handbook of the Sociology of Health, Illness, and Healing*. Ed. by Bernice A. Pescosolido et al. New York, NY: Springer New York, pp. 173–199. ISBN: 978-1-4419-7259-0 978-1-4419-7261-3. DOI: [10.1007/978-1-4419-7261-3_10](https://doi.org/10.1007/978-1-4419-7261-3_10)

Week 7 — Death and Dying

We end this class with readings that deal with one of the most consequential events in human life, how it ends. The goal of medical care is to cure individuals of their illnesses or, barring cure, prolong their lives. Clinicians cannot always succeed in this endeavor and a large proportion of deaths in the US occur in medical settings. These readings

explore how medical care confronts the limits of its efficacy, and how clinical settings structure the dying trajectory for individuals.

Readings

1. Talcott Parsons (May 1963). "Death in American Society – a Brief Working Paper." *American Behavioral Scientist* 6.9, pp. 61–65. ISSN: 0002-7642, 1552-3381. DOI: [10.1177/000276426300600918](https://doi.org/10.1177/000276426300600918)
2. Nicholas A Christakis (2001). *Death Foretold: Prophecy and Prognosis in Medical Care*. Chicago: University of Chicago. ISBN: 978-0-226-10471-3, **Chapters 4 & 5**
3. Susan P. Shapiro (2019). *Speaking for the Dying: Life-and-Death Decisions in Intensive Care*. Chicago Series in Law and Society. Chicago: The University of Chicago Press. ISBN: 978-0-226-61560-8 978-0-226-61574-5, **Chapters 2 & 4**
4. Roi Livne (2019). *Values at the End of Life: The Logic of Palliative Care*. Cambridge, Massachusetts: Harvard University Press. ISBN: 978-0-674-54517-5, **Introduction & Chapter 3**