BOOK REVIEW


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The Social Medicine Reader is a collection of scholarly and literary essays, short stories, and poems intended to call attention to the social and moral issues that underlie the practice of biomedicine in the United States. As a field, social medicine aims to understand the relationships between social and economic conditions and health, with the ultimate goal of using such knowledge to improve health outcomes and clinical practice. Traditionally, the field has been associated with physician–anthropologists such as Rudolf Virchow, Jim Kim, and Paul Farmer, who have emphasized the connections between political-economic inequalities and poor health. Social medicine also focuses on the relationships between patients and caregivers, cross-cultural standards of ethics, and experiences of health and illness.

In recent years, social medicine has received increasing attention in light of global events and processes such as the HIV, swine flu, and SARS pandemics; trends of increasing life expectancy and chronic disease prevalence worldwide; and concerns over the ethical implications of advancing biotechnologies. In this context, volumes such as The Social Medicine Reader have
emerged as tools for scholars, educators, and students in medicine, the social sciences and humanities, and global and public health who wish to investigate health disparities, evaluate health care systems, and reflect on meanings of wellness and illness. Readers interested in interdisciplinary approaches to health will find these volumes broadly relevant: contributors include sociologists, anthropologists, lawyers, historians, ethicists, novelists, poets, physicians, caregivers, and patients, and accordingly the first two volumes span a variety of experiences and perspectives regarding health and illness.

Volume 1, which covers “Patients, Doctors, and Illness,” is divided into four sections. Part I focuses on “The Experience of Illness” and includes accounts written by patients, their family members, and health care providers about struggles with chronic diseases such as diabetes, cancer, mental illness, and disability. These works detail the physical, emotional, and spiritual suffering patients endure, often as a result of medical encounters and treatments. Physician Eric Cassell argues that suffering typically receives limited attention from medical providers, while sociologist Arthur Frank analyzes burdensome social mandates that patients maintain outwardly hopeful and cheery attitudes in the midst of suffering through devastating diseases. Poetry, prose, and historical accounts additionally describe the gamut of emotions that patients experience in times of illness—for example, humor, despair, grief, fear, denial, relief—as well as the difficulties people face in adopting roles as patients of biomedical systems. Individually and as a whole, these pieces provide deeply personal narratives of illness and capture the essence of the strategies people use to cope with disease and care for the sick.

Part II, which focuses on “The Culture of Medicine and the Physician–Patient Relationship,” describes how physicians become socialized into a culture of medicine. Physician–anthropologist Melvin Konner, reflecting on his medical training, describes the process of learning how to relate to and interact with others as a physician, who must follow distinct and challenging norms of communication and interpersonal space within the clinic. Other contributors describe discomfort with the hierarchical and objectifying culture of medicine. This section also presents physicians’ accounts of grappling with the ethical gray areas of the physician–patient relationship. Surgeon and journalist Atul Gawande describes the paradox of offering patients the best care possible while simultaneously training students and residents to perform potentially risky procedures to ensure a future generation of expert care providers. Physician David Hilfiker bravely documents several of his medical mistakes. Describing the toll such errors took on his relationships with patients as well as his emotional health, Hilfiker encourages the medical profession to create spaces for confession and discussions of imperfection. Additional chapters detail how providers negotiate racial discrimination, informed consent, and patients’ requests for prayers, among other issues, in clinical
practice. As a whole, these chapters convey two important themes: first, that the ideal physician–patient relationship requires an intricate balance of professionalism, compassion, and mutual respect; and second, that this ideal can be difficult for many physicians and physicians-in-training to achieve under the constraints of the modern biomedical system.

Part III, “Health Care Ethics and the Clinician’s Role,” begins with an informative introduction to the basic concepts and principles of medical ethics, such as autonomy, beneficence, justice, virtue-based ethics, and moral relativism. Subsequent chapters focus on codes of ethics and medical oaths, legal and personal dilemmas of truth telling, and cross-cultural clashes over diagnostic disclosure. Selections also describe the complexity of the range of emotions that clinical practice provokes among health care providers: shame upon disclosing to a medical team a patient’s past medical history, shared in confidence; contempt for uncooperative patients and frustration with the self for such an emotional reaction, widely considered socially unacceptable even if kept private; and guilt over providing patients with false reassurances for the sake of psychological grace. Several of the works in this section present case studies with commentary from medical ethicists, lawyers, and physicians, which expose readers to a variety of well-argued ethical positions.

Part IV contains several poems, cases, and essays on “The End of Life.” The volume editors provide a helpful introduction that includes definitions of terms relevant to this field (e.g., euthanasia, physician-assisted suicide, brain death, persistent vegetative state). Subsequent selections present contrasting perspectives about the role of individual patients, family members, medical staff, and courts in decisions to withdraw life support from an elderly patient who is, by biomedical standards, very unlikely to recover from a persistent vegetative state (characterized by irreversible loss of cortical function, self-awareness, and consciousness, but maintained brain stem function, some reflexes, and heart and lung function, see page 234). Several chapters also describe the difficult situation of negotiating patients’ requests to withdraw life-sustaining care or hasten death through such a withdrawal or medications. Physician and ethicist Timothy Quill, detailing such an experience with a long-term patient diagnosed with leukemia, offers insights about how to assess and act on patients’ decisions to die; letters to the editor of the New England Journal of Medicine, in response to his narrative, offer both support for and critique of his actions, and raise many philosophical issues about the obligations and responsibilities of physicians to patients. Interwoven with these rich, thought-provoking essays are evocative poems that allude to the passage of time, acceptance of death, and remembrance of loved ones. This section represents an excellent starting point for conversations about end-of-life care, an issue that will continue to garner the attention of health care
practitioners, patients, and society at large as life expectancy and chronic disease rates increase worldwide.

Volume 2 engages a different set of issues, outlined in three major sections. Part I, “Defining and Experiencing Difference,” aims to contextualize popular understandings of disability as well as convey the everyday experience of living with a disability. This section begins with a historical piece that reveals medical institutions’ and popular culture’s roles in shaping common understandings of “eugenics” and “heredity.” Next, the section moves to anthropologist Rayna Rapp’s research about the dissonant meanings health care providers and parents ascribe to Down Syndrome. Despite discouraging biomedical pronouncements of their children’s limited life possibilities, Rapp shows that many parents believe their children have received a gift of the capacity to love endlessly along with their chromosomal abnormality; these parents strive to access resources that promote acceptance of their children and aspirations for their success. Both of these selections demonstrate how medical personnel’s interpretations of disability may reflect social ideas about desirable traits and bodies, which are rooted in history and popular culture rather than science. Literary pieces in this section employ a more person-centered, phenomenological approach to the experience of disability; first-hand accounts of adjusting to continual paralysis from multiple sclerosis and caring for a paralyzed partner call attention to the ways that self-identity and relationships may or may not change in the face of disease. Novelist Gordon Weaver provides a gripping account of a brilliant university student with cerebral palsy who develops speech problems during an intimate moment with his date. Taken together, these pieces demonstrate how historical and cultural processes, as well as individual experiences, influence and contest popular meanings of disability.

Part II, “Social Factors and Inequality,” attends to political-economic and social identity-based determinants of health. The first chapter, an excerpt from Paul Farmer’s Infections and Inequalities, describes how racism and poverty affect the distribution of adverse health outcomes. Although Farmer’s work addresses these dynamics on a global scale, the majority of this section concerns such issues within the United States. After a summary of the Institute of Medicine’s report on racial and ethnic disparities in medical treatment, which describes relationships between discrimination, health care inaccessibility, and minorities’ adverse health outcomes, three major themes surface in the remaining essays: culture-, gender-, and race-based inequalities. Those chapters that assume a cultural orientation to inequality provide examples of minority patients’ and biomedical practitioners’ clashing models of disease. They also critique clinical “cultural competency” initiatives that may encourage health care providers to take cues from ethnic stereotypes rather than meaningfully engage with difference. Four essays about gender inequality cover topics such as the ethics of surgical gender “correction” of children
born with ambiguous genitalia; the role of pharmaceutical companies in promoting conditions such as “andropause,” the male equivalent of menopause, for corporate material gain; and the roots of the social epidemiology maxim, “women get sicker, but men die quicker,” which refers to morbidity and mortality gaps between men and women worldwide. A last set of chapters problematizes the idea of employing “race” as a biological category in biomedicine, citing the potential of genomic medicine to stigmatize particular populations as well as the homogenizing label of “whiteness” that does not account for disparities experienced by fair-skinned subgroups. Some authors argue that using “race” as the basis for clinical comparison obscures an array of complex factors that affect clinical outcomes, whereas others rebut that “race” often provides clinicians with helpful clues in diagnosing and treating disease. As a whole, this section illustrates the salience and relevance of social categories to any analysis of health outcomes and disparities.

Part III, “Social Relationships and Sickness,” examines how illness influences and is influenced by social relationships and caregiving. The section begins with sociologist Laurie Abraham’s haunting description of urban poverty in Chicago, where household relationships are configured around acts of caring for sick family members, whose illness-related needs are constant in light of decrepit living conditions as well as inaccessible and intermittent medical care. The subsequent chapters offer accounts of how illness can transform relationships: a sister mourns the loss of a deep relationship with her brother, unraveled by schizophrenia; a wife, who cares for her quadriplegic husband with love and devotion, expresses frustration with the minimal support she receives from a health care system that situates her as a caregiver rather than a family member suffering from emotional distress. The concluding piece, an essay about the social obligations of children to their aging parents, underscores the broader question addressed in this section: What are friends’ and family members’ obligations to each other in times of illness, and what are the limits of those obligations?

Volumes I and II of The Social Medicine Reader offer an important sociocultural perspective about biomedicine, which is often deprioritized within medical education relative to epistemologies based in the hard sciences. However, the organization of the volumes recapitulates current trends in medical education that could productively be challenged: works about social inequalities and difference stand as their own sections, but do not appear in the “Ethics” section. While the editors’ overall selections indicate their sympathy to the cause of social justice in medicine, scholars of medicine would do well to explicitly frame marginalized populations’ limited access to high-quality health care as an ethical issue. Such a stance might encourage students to think outside of the boundaries of the traditional realm of “ethics.”
This observation aside, however, these volumes are well-written, index a range of perspectives, and demonstrate a reflexive self-awareness among medical practitioners that sometimes goes unnoticed in social scientific critiques of biomedicine. As such, the volumes humanize medical practice and deconstruct notions of biomedicine as a monolithic institution, instead pointing to the multiple forms it takes in a variety of contexts.

Although no volume about the social aspects of medicine can be comprehensive, this thoughtful compilation includes works about many of the most important topics in medical practice, such as provider–patient relationships and the effects of social inequality on health outcomes. The Social Medicine Readers also engage emergent and increasingly urgent issues, such as caregiving and end-of-life therapies. Although not included in this review, readers may also turn to the third volume for perspectives about “Health Policy, Markets, and Medicine.” Overall, these volumes represent useful teaching tools for junior medical students, advanced undergraduates in premedical or public health curricula, and students in medical ethics courses, medical anthropology, and the medical humanities.

Anita Chary MD/PhD Candidate
Washington University
charya@wusm.wustl.edu