THE SOCIAL ORGANIZATION OF HEALTH CARE

AMERICAN MEDICINE IN THE 21ST CENTURY

Sociology 574

JAMES G. ANDERSON, Ph.D.
PROFESSOR OF SOCIOLOGY
PURDUE UNIVERSITY
WEST LAFAYETTE, IN 47907
Objectives

The major objective of this course is to critically examine the organization of health and medical care in the U.S. from a sociological perspective. The focus will be on:

1. Health and Illness in American Society
2. The health care professions
3. The professional and occupational roles of these practitioners
4. The organizational contexts in which they are trained and provide care
5. The cost and financing of health care in the U.S.
6. The politics of health care delivery
7. Health care reform proposals

Requirements:

The course is divided into a number of topics that will be discussed in class. Readings will be assigned for each topic. You are required to turn in written responses to the study questions by the following class on 20 of the issues. The reports should be two-three pages double spaced. Use a word processor. There will be two group assignments. Each is worth 5 points. These assignments will involve data collection and the preparation of a short research report (4-5 pages).

In addition, you will be expected to write a paper based on one of the topics covered in the course preferably related to your own field of study. The paper should be based on a small scale research project that you design and carry out after consultation with me. You will also be expected to make a short class presentation based on your project.

The projects should be carried out in stages (see following section). A preliminary outline of your project is due on Jan. 27. After conducting your research, a draft of the final report of your project is due on March 31. I will go through it and make suggestions for revisions. The final copy of your research report is due on April 28. Points will be deducted for failure to turn in your preliminary outline and draft of your report on time. Also, points will be deducted for failure to present your study in class on the scheduled date and to turn in your final report on time. If problems arise in meeting any of these deadlines, you are to contact me ahead of time to discuss a possible extension.
Texts:

Required:


Recommended:


Schedule:

<table>
<thead>
<tr>
<th>Week</th>
<th>Topic</th>
<th>Assignment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jan. 11</td>
<td>The U.S. Health Care System: An Overview</td>
<td>Ch. 1</td>
</tr>
<tr>
<td></td>
<td><strong>The Health Professions</strong></td>
<td></td>
</tr>
<tr>
<td>Jan. 13</td>
<td>The Health Professions: Medicine and Nursing</td>
<td>Ch. 2</td>
</tr>
<tr>
<td>Jan. 18</td>
<td>The Health Professions: Education and Socialization</td>
<td>Ch. 3</td>
</tr>
<tr>
<td>Jan. 20</td>
<td>The Health Professions: Medical Education &quot;Can We Produce a Better Doctor?&quot;</td>
<td>Ch. 4 VCR</td>
</tr>
<tr>
<td>Jan. 25</td>
<td>The Changing Practice of Medicine: Deprofessionalization</td>
<td>Ch. 5</td>
</tr>
<tr>
<td>Jan. 27</td>
<td>The Health Professions: Pharmacy &quot;Pharmacists&quot;</td>
<td>Ch. 7 DVD</td>
</tr>
<tr>
<td>Jan. 27</td>
<td>Preliminary Research Project Outline</td>
<td>Due</td>
</tr>
<tr>
<td>Feb 1</td>
<td>The Health Professions: Nursing &quot;Nursing,” Dr. Vicki Simpson</td>
<td>Ch. 6 DVD</td>
</tr>
<tr>
<td></td>
<td><strong>The Social Organization of Health Care</strong></td>
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<tr>
<td>Feb. 3</td>
<td>The Changing Practice of Medicine: The Transformation Of the American Hospital</td>
<td>Ch. 8</td>
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<tr>
<td>Feb. 8</td>
<td>The Changing Practice of Medicine: Managed Care</td>
<td>Ch. 9</td>
</tr>
<tr>
<td>Feb. 10</td>
<td>The Pharmaceutical Industry &quot;Big Bucks, Big Pharma”</td>
<td>Ch. 10 DVD</td>
</tr>
<tr>
<td>Feb. 15</td>
<td>Medical Technology</td>
<td>Ch. 11</td>
</tr>
<tr>
<td>Date</td>
<td>Topic</td>
<td>Chapter</td>
</tr>
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<td>-----------</td>
<td>-----------------------------------------------------------------------</td>
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<tr>
<td>Feb. 17</td>
<td>Alternative Medicine</td>
<td>Ch. 12</td>
</tr>
<tr>
<td></td>
<td>“The Alternative Fix”</td>
<td></td>
</tr>
<tr>
<td>Feb. 22</td>
<td>Costs, Access, and Quality</td>
<td>Ch. 13</td>
</tr>
<tr>
<td></td>
<td>“Money Driven Health Care”</td>
<td></td>
</tr>
<tr>
<td>Feb. 24</td>
<td><strong>Group Project</strong></td>
<td>Ch. 14</td>
</tr>
<tr>
<td>Mar. 1</td>
<td>The Changing Practice of Medicine: Long Term Care</td>
<td>Ch. 15</td>
</tr>
<tr>
<td>Mar. 1</td>
<td>Medicare Part D Group Project</td>
<td></td>
</tr>
<tr>
<td>Mar. 2</td>
<td>Critical Issues</td>
<td>Ch. 16</td>
</tr>
<tr>
<td>Mar. 8</td>
<td>The Changing Practice of Medicine: Medical Malpractice</td>
<td>Ch. 17</td>
</tr>
<tr>
<td></td>
<td>Group Survey</td>
<td></td>
</tr>
<tr>
<td></td>
<td>&quot;Malpractice&quot;</td>
<td></td>
</tr>
<tr>
<td>Mar. 10</td>
<td>The Uninsured</td>
<td>Ch. 18</td>
</tr>
<tr>
<td></td>
<td>“The Uninsured: 44 Million Forgotten Americans”</td>
<td></td>
</tr>
<tr>
<td>Mar. 14-19</td>
<td><strong>Spring Vacation</strong></td>
<td></td>
</tr>
<tr>
<td>Mar. 22</td>
<td>The Medicalization of Society</td>
<td>Ch. 19</td>
</tr>
<tr>
<td>Mar. 24</td>
<td>A System in Crisis: Finding a Solution for Health Care in America</td>
<td>Ch. 20</td>
</tr>
<tr>
<td></td>
<td>DVD</td>
<td></td>
</tr>
<tr>
<td>Mar. 29</td>
<td>Health Care Reform</td>
<td>Ch. 21</td>
</tr>
<tr>
<td></td>
<td>Group Project</td>
<td></td>
</tr>
<tr>
<td>Mar 31</td>
<td>The Future of Health Care Delivery</td>
<td>Ch. 22</td>
</tr>
<tr>
<td>Mar 31</td>
<td>Preliminary Research Reports Due</td>
<td></td>
</tr>
<tr>
<td>Apr. 5, 7</td>
<td>Class Presentations</td>
<td></td>
</tr>
<tr>
<td>Apr. 12, 14</td>
<td>Class Presentations</td>
<td></td>
</tr>
<tr>
<td>Apr. 19, 21</td>
<td>Class Presentations</td>
<td></td>
</tr>
<tr>
<td>Apr. 26, 28</td>
<td>Class Presentations</td>
<td></td>
</tr>
<tr>
<td>April 28</td>
<td>Final Research Report Due</td>
<td></td>
</tr>
</tbody>
</table>
Grading

Grading in the course will be based on the following:

<table>
<thead>
<tr>
<th>Item</th>
<th>Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>Proposal</td>
<td>5</td>
</tr>
<tr>
<td>Draft of Report</td>
<td>5</td>
</tr>
<tr>
<td>Final Research Report</td>
<td>40</td>
</tr>
<tr>
<td>Class Presentation</td>
<td>10</td>
</tr>
<tr>
<td>Study Questions (20)</td>
<td>20</td>
</tr>
<tr>
<td>Group Projects (2)</td>
<td>10</td>
</tr>
<tr>
<td>Class Attendance and Participation</td>
<td>10</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>

You are expected to attend and participate in each class. One point will be deducted for each class that you miss. In case of an illness or emergency, please notify me before class. I will determine whether or not to excuse you from class on that day. If you are excused from attending class, you must complete the written study questions for that class in order to receive credit for the class.

Group projects will be graded on both your contribution to the group effort and your specific written portion of the project.

Final grades will be based on the following:

<table>
<thead>
<tr>
<th>Points</th>
<th>Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>100-99</td>
<td>A+</td>
</tr>
<tr>
<td>98-93</td>
<td>A</td>
</tr>
<tr>
<td>92-90</td>
<td>A-</td>
</tr>
<tr>
<td>89-88</td>
<td>B+</td>
</tr>
<tr>
<td>87-83</td>
<td>B</td>
</tr>
<tr>
<td>82-80</td>
<td>B-</td>
</tr>
<tr>
<td>79-78</td>
<td>C+</td>
</tr>
<tr>
<td>77-73</td>
<td>C</td>
</tr>
<tr>
<td>72-70</td>
<td>C-</td>
</tr>
<tr>
<td>69-68</td>
<td>D+</td>
</tr>
<tr>
<td>67-63</td>
<td>D</td>
</tr>
<tr>
<td>62-60</td>
<td>D-</td>
</tr>
<tr>
<td>59-0</td>
<td>F</td>
</tr>
</tbody>
</table>
Evaluation Criteria for Written Assignments
(adapted from the GRE scoring guide)

An “A” paper presents a cogent, well-articulated analysis of the complexities of the topic and conveys the meaning of this complexity with skill. A typical paper in this category will:

- Clearly identify all critical features of the topic, including competing positions, and present an insightful position on the topic. Graduate students are expected to present and defend an original position.
- Develop this position with compelling arguments and/or persuasive examples
- Sustain a well-focused, well-organized analysis which connects your ideas in a logical progression, with clear transitions, and builds to a persuasive, forward-looking conclusion
- Express ideas fluently and precisely, use effective vocabulary and sentence variety
- Demonstrate excellent facility with the conventions of standard English with no errors of grammar, usage, or mechanics. The paper will use a standard bibliographic reference style. The paper will be proofread for other technical errors (page numbering, “widows” etc).
- Refer to a variety of sources (academic publications, “grey literature” from NGOs, popular print media, professional peer-reviewed scholarly websites, popular websites), but the bulk (80%) of the argument is based on peer-reviewed scholarly sources (unless the topic of the paper is specifically an analysis of popular sources)
- Include all the standard components of a written assignment, including but not limited to: cover page (title, course details, personal contact information), page numbers on all pages except title page, sub-headings, introduction with thesis, hypothesis, or research questions clearly articulated, paper summary AND conclusion – conclusion is forward-looking with ideas for further research or suggestions for interventions. See “Final Paper Checklist” in your syllabus for a more complete list.
- A few, minor errors are permitted if they do not interfere with the clarity of the argument or flow of the paper

A “B” paper presents a generally thoughtful, well-developed analysis of the complexities of the topic and conveys the meaning of this complexity clearly. A typical paper in this category will:

- Present a well-considered position on the topic
- Develop the position with logically sound reasons and/or well-chosen examples
- Be focused and well organized, connecting ideas appropriately
- Express ideas clearly and well, using appropriate vocabulary and sentence variety
- Demonstrate good facility with the conventions of standard English but may have some minor errors of grammar, usage, or mechanics. The paper will use a standard bibliographic reference style. The paper may have some other technical errors (page numbering, “widows” etc).
- Refer to a variety of sources (academic publications, “grey literature” from NGOs, popular print media, professional peer-reviewed scholarly websites, popular websites), but less than the bulk (80%) of the argument is based on peer-reviewed scholarly sources (unless the topic of the paper is specifically an analysis of popular sources)
• Include all the standard components of a written assignment, including but not limited to: cover page (title, course details, personal contact information), PAGE NUMBERS, subheadings, introduction with thesis, hypothesis, or research questions clearly articulated, paper summary AND conclusion – conclusion is forward-looking with ideas for further research or suggestions for interventions. See “Final Paper Checklist” in your syllabus for a more complete list.

A “C” paper demonstrates some competence in its analysis of the issue and in conveying its meaning, but is obviously flawed in at least ONE of the following ways:

• Is vague or limited in presenting or developing a position on the topic
• Is weak in the use of relevant arguments or evidence
• Is poorly focused and/or organized
• Has problems of language and sentence structure that interfere with the clarity of the argument
• Contains occasional major errors or frequent minor errors in grammar, usage or mechanics that interfere with the clarity of the argument
• Does not refer to a variety of sources as described above
• Is missing some of the standard components of a written assignment as described above

General Guidelines for Papers:

All papers must be typed, with 1 inch margins and in 12 point font (times new roman or similar) and double spaced. Papers can be turned in directly to me or emailed to the instructor (receipt of email papers will be confirmed by return email). The student is responsible for ensuring that the paper has reached the instructor by the deadline. The instructor is not liable for lost papers, undelivered e-mails or unreadable attachments. Late papers will be penalized (it doesn’t matter why they were late unless you have a doctor’s written excuse). For each day late (day 1 = the day the paper is due past the stated deadline or end of class) the paper will be reduced by 10% of the grade. Papers that are more than one week late, without prior permission from the instructor, will not be graded and will receive a 0 (unless you were in a coma or being held hostage – proof is required).

Cite your work. If you are unsure of how to reference or what should be referenced – see the instructor or consult the writing center. All quotations or numbers (facts and figures) must be referenced with a page number. Paraphrases or summaries of other’s work or ideas must be referenced with the author and year.

The best references are from recent, peer-reviewed journals. Books may be used for general information, but remember they are generally out of date by the time they are published and are not peer-reviewed. Web sites may be used with caution. Anyone can put information on a website – Bob’s Globalization Website is not an appropriate website to reference, even if you like what Bob has to say. Only websites that are maintained by reputable organizations – like the World Health Organization – are appropriate. Generally, if you can’t tell when the information was put on the website, or why the authors are experts, you shouldn’t use that site. If you have any doubts, check with the instructor. You will lose points on your papers if you use inappropriate websites as references (the amount of points depends on how much your argument relies on this reference).
Group Assignments

Groups will consist of 2-4 students. The group’s written reports are due on the date indicated in the syllabus. Correct and appropriate referencing is also required for presentations.

Final Paper/Research Project:

21-30 pages.

This is an individual paper. See the outline below concerning how the paper is organized and will be graded. A minimum of 12 references are required for this paper (but for most, I would recommend more). You are also required to present the results of your research using Power Point. Again see below regarding how to organize your presentation and how it will be graded.

Final Papers are Due Thursday April 28, 2011 by 4:30 pm.
You are expected to write a paper applying some aspect of the course material to your own field of study. The paper should be based on a small-scale research project that you design and carry out after consultation with me. I would suggest that you adhere to the following procedures in carrying out your project:

1. Identify an area of interest or one that is relevant to your major, minor, or career interests (e.g., medical malpractice).

2. Read the relevant chapter in the text to learn more about your area of interest. Also, look up some of the references cited in the text and read them (e.g., read Chapter 4: Malpractice).

3. Talk to me, a faculty member in your department, a practitioner in your field, or a graduate student in your department who has had some experience in a health-related field (e.g., an M.D., R.N., pharmacist, medical technician, etc.).

4. Define a specific research topic (e.g., ethical implications of genetic counseling and prenatal diagnosis).

5. Develop a preliminary outline of your paper. Your outline should include the following:

   A. State the specific problem that you intend to investigate.

   B. Indicate briefly what you already know from your preliminary readings and discussions about the problem.

   C. Indicate what you want to learn about the problem.

   D. Suggest how you plan to go about collecting information for your study (e.g., library research, site visits, interviews with practitioners and/or patients, questionnaires, etc.).

   E. Outline a timetable for your study. This should include expected dates for the completion of:

      (1) A literature review.

      (2) Development of your data collection plan and instruments (i.e., interview schedules, questionnaires, etc.)

      (3) Collection of data.

      (4) Preparation of a first draft of your research report.

      (5) Presentation of your report to the class.
(6) Revision and preparation of the final draft of your report.

6. Discuss your outline with me and revise it based on our discussion.

7. Submit your proposal for approval by the Human Research Subjects Committee.

8. Carry out your project and prepare the first draft of your report.

9. Revise your report and prepare the final draft.

10. Present your report to the class.

11. Submit your report to me.

12. Don’t forget to frequently discuss your project with me, other faculty, and/or students in your department as your research project progresses.
Research Project - Preliminary Outline

Develop and hand in to me a preliminary outline of your research project. Use a word processor to prepare your proposal. Your outline should include the following:

INTRODUCTION
A. State the specific problem that you intend to investigate.
B. Indicate what you want to learn about the problem. State your specific research objectives.

LITERATURE REVIEW
C. Indicate briefly what you have learned from your preliminary readings and discussions about the problem (Include references to the literature).

METHODS
D. Suggest how you plan to carry out your study (e.g., data collection, site visits, interviews with practitioners and/or patients, questionnaires, etc.)
E. Outline a timetable for your study. This should include expected dates for the completion of:
   (1) A literature review.
   (2) Development of your data collection plan and instruments (i.e., interview schedules, questionnaires, etc.
   (3) Collection of data.
   (4) Preparation of a first draft of your research report.
   (5) Presentation of your report to the class.
   (6) Revision and preparation of the final draft of your report.

REFERENCES
F. Include 3-6 references to your topic.

G. Use the following Headings: Introduction, Literature Review, Methods, References.

H. Discuss your outline with me and revise it based on our discussion.

I. Submit your proposal for approval by the Human Research Subjects Committee if necessary.
Preliminary Research Report  
Due: March 31

Hand in a draft of your research report. I will give it back to you with suggestions for a revision before the final report is due.

Class Presentation  
Due: When Scheduled

1. Your class presentation should be timed to last no more than 10 minutes.

2. It will be graded as follows:

Points

3  1. Introduction: Introduce the problem, its importance; State your research objectives and questions that you address in your research.

2  2. Methods: Describe the research methods you used for your study; How did you collect your data/information?; Who were your respondents?

3  3. Results: Present your findings organized around your research objectives or questions. Use graphs and tables when appropriate.

2  4. Discussion: Summarize your findings; point out the extent to which your results agree or disagree with other published studies and interpret similarities and differences; mention the limitations of your study.

5  5. Instructional Aids: You must use Power Point for your presentation. Provide me with an electronic copy of your Power Point presentation.

10  TOTAL
Final Report

Due: April 28

The final report of your research project should be organized as follows:

<table>
<thead>
<tr>
<th>Pages</th>
<th>Points</th>
<th>Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>5</td>
<td>1. Abstract: A brief summary of the content and purpose of your research report.</td>
</tr>
<tr>
<td>2-4</td>
<td>5</td>
<td>2. Introduction: Statement of the problem and clear statement of the purpose or objective of the research</td>
</tr>
<tr>
<td>6-8</td>
<td>10</td>
<td>3. Literature Review: Summary of the important literature that is relevant to the problem</td>
</tr>
<tr>
<td>1-2</td>
<td>5</td>
<td>4. Method: Describe how the study was conducted. Include a description of the data collection plan and any instruments used (e.g., questionnaire).</td>
</tr>
<tr>
<td>6-8</td>
<td>5</td>
<td>5. Results/Findings: Presentation of the results or findings of your research project, summary of the data collected, etc.</td>
</tr>
<tr>
<td>4-5</td>
<td>5</td>
<td>6. Conclusions/Implications: Clear statement of the conclusions or implications of your research findings, future directions for research, etc.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>8. Appendix: Include your Preliminary Project Outline, Preliminary Research Report and copies of the data that you collected. Also, provide me with an electronic copy of your PowerPoint presentation.</td>
</tr>
</tbody>
</table>

20-30 40       TOTAL
CHAPTER 1 - INTRODUCTION

PURDUE UNIVERSITY
DEPARTMENT OF SOCIOLOGY & ANTHROPOLOGY

SOC 574 – Social Organization of Health Care

James G. Anderson, Ph.D.  Spring Semester
Stone 353                    494-4703

Chapter One – Study Questions

Read Chapter 1 in Delivering Health Care in America,
Answer the Review Questions on p. 32.
Chapter One – Class Exercise

The table below indicates the number of deaths in the U.S. per year from 9 major causes. It also indicates how much the NIH spends each year on research into each cause. How would you allocate the approximate $76,000 per death spent on these 9 causes? Your total should come out to $76,000.

<table>
<thead>
<tr>
<th>Disease</th>
<th>U.S. Deaths per Year</th>
<th>NIH Spending per Death</th>
<th>Your Spending per Death</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIV/AIDS</td>
<td>32,655</td>
<td>$43,206</td>
<td></td>
</tr>
<tr>
<td>Kidney and Urologic Diseases</td>
<td>24,392</td>
<td>$13,414</td>
<td></td>
</tr>
<tr>
<td>Chronic Liver Disease/Cirrhosis</td>
<td>25,135</td>
<td>$6,756</td>
<td></td>
</tr>
<tr>
<td>Diabetes</td>
<td>61,559</td>
<td>$4,856</td>
<td></td>
</tr>
<tr>
<td>Cancer</td>
<td>544,278</td>
<td>$4,732</td>
<td></td>
</tr>
<tr>
<td>Heart Disease</td>
<td>733,834</td>
<td>$1,160</td>
<td></td>
</tr>
<tr>
<td>Pneumonia/Influenza</td>
<td>82,579</td>
<td>$750</td>
<td></td>
</tr>
<tr>
<td>Lung Disease</td>
<td>106,146</td>
<td>$588</td>
<td></td>
</tr>
<tr>
<td>Septicemia (blood poisoning)</td>
<td>21,395</td>
<td>$509</td>
<td></td>
</tr>
</tbody>
</table>
Individually rank the list of health care priorities in order of importance; the number 1 for the most important, etc. The higher the issue ranks on the list, the more it deserves government or health care institution funding. Compare your ranking with the others in your group and develop a group ranking of the health care priorities. Present your ranking to the class and explain your reasons for ranking them the way you did.

---- medical research on disease causes and prevention
---- life-extending care for the elderly
---- life-sustaining technology for ‘vegetative’ patients
---- long term health care for the ages, such as nursing homes
---- health care benefits for the young, such as for those with leukemia and organ failure
---- comprehensive benefits for the poor and those without health insurance
---- home health care for the aged
---- profits for health care institutions
---- development of new treatment technologies
---- equal health care for all including the young, elderly and wealthy
---- other (specify) ________________________________
Chapter Two - Study Questions

Read Chapter 4 in Delivering Health Care in America,
Answer the Review Questions on p. 151
Listed below are guidelines for analyzing the development of a profession in American Society. Use these guidelines to rate each health profession on a scale from 1 (Low) to 10 (High). First, rate the profession from 1 to 10 on each characteristic. Then average the scores on the ten characteristics.

<table>
<thead>
<tr>
<th>Rating</th>
<th>Characteristic</th>
</tr>
</thead>
<tbody>
<tr>
<td>_____</td>
<td>1. The profession determines its own standards of education and training.</td>
</tr>
<tr>
<td>_____</td>
<td>2. The student professional goes through a more stringent socialization experience than the learner in other occupations.</td>
</tr>
<tr>
<td>_____</td>
<td>3. Professional practice is often legally recognized by some form of licensure.</td>
</tr>
<tr>
<td>_____</td>
<td>4. Licensing and admission boards are manned by members of the profession.</td>
</tr>
<tr>
<td>_____</td>
<td>5. Most legislation concerned with the profession is shaped by that profession.</td>
</tr>
<tr>
<td>_____</td>
<td>6. The occupation gains income, power, and prestige ranking, and can demand high-caliber students.</td>
</tr>
<tr>
<td>_____</td>
<td>7. The practitioner is relatively free of lay evaluation and control.</td>
</tr>
<tr>
<td>_____</td>
<td>8. The norms of practice enforced by the profession are more stringent than legal controls.</td>
</tr>
<tr>
<td>_____</td>
<td>9. Members are more strongly identified and affiliated with the profession than are members of other occupations with theirs.</td>
</tr>
<tr>
<td>_____</td>
<td>10. The profession is more likely to be a terminal occupation. Members do not care to leave it, and a higher proportion asserts that if they had it to do over again, they would again choose that type of work</td>
</tr>
</tbody>
</table>

_____ AVERAGE
CHAPTER 3 - THE HEALTH CARE PROFESSIONS:

EDUCATION AND PROFESSIONAL SOCIALIZATION

PURDUE UNIVERSITY
DEPARTMENT OF SOCIOLOGY & ANTHROPOLOGY

SOC 574 – Social Organization of Health Care

James G. Anderson, Ph.D.
Stone 353

Spring Semester
494-4703

Chapter Three – Study Question

Read Chapter 3 in Delivering Health Care in America,
Answer the Review Questions on p. 115.
Chapter Three – Case Studies

Case Study Number 1: Negative Reactions to Patients

1. What accounts for the development of a negative doctor-patient relationship among residents?
2. What kinds of patients are considered undesirable (e.g., GOMERS)?
3. How is this negative attitude manifested?
4. How do residents get rid of patients (GROP) that they find undesirable?
5. After they complete their training, do physicians regain their compassion and concern about patients?

Case Study Number 2: Stress

1. Are the long hours of work described by the resident a necessary part of medical education?
2. What are some other major sources of stress that medical students and resident physicians experience?
3. Do you consider certain aspects of this training to be hazing or rites of passage?
4. What are some ways that students/residents cope with this stress?
5. How do students/residents deal with the stress resulting from treating terminally ill patients and patients who have AIDS?

Case Study Number 3: Managing Medical Mistakes and Failures

1. Distinguish between and give examples of technical and moral errors or mistakes by physicians.
2. Would you classify the resident’s action as a technical or moral mistake?
3. Do you feel that the director of medicine’s reaction was the appropriate way to sanction the resident’s action?
4. How are physicians taught to detect, categorize, sanction and punish medical mistakes and failures?
5. Describe the rituals that play an important role in this process (e.g., horror stories, “putting on the hair shirt”).
6. What are some of the undesirable consequences of this socialization process?
Case Study Number 4: Detached Concern

1. What is meant by “detached concern”?
2. Did the resident in this case fail to show “detached concern”?
3. What experiences during medical education and residency training help students to develop an attitude of detached concern?
4. Is there a danger that student physicians may become insensitive and impersonal in dealing with patients?

Case Study Number 5: Medical Uncertainty

1. Outline the basic types of uncertainty that medical students and residents face.
2. In your estimation how widespread is “fudging” by medical students and residents?
3. Does the medical education system inadvertently encourage students to cover up their mistakes?
4. Describe the medical education experiences that teach students and residents to cope with uncertainty.
5. Is there a danger that in order to cope with the stress of uncertainty, student physicians may be unwilling to admit their uncertainty and may become more authoritarian in dealing with patients?

Case Study Number 6: Control in a Company of Equals

1. What are some of the factors that make it difficult to control medical practice?
2. What are some of the informal means that physicians use to regulate their peers’ practice behavior?
3. How effective are these mechanisms of control?
4. What are some of the consequences of the ineffectiveness of self-regulation among physicians?
Chapter Four – Study Question

(1) Take notes on the video “So You Want to Be a Doctor.”
Chapter 5 - The Changing Practice of Medicine: Deprofessionalization

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Chapter Five – Reading Assignments

Read: Chapters 18, 19 in The Sociology of Health & Illness.

Study Questions

1. What are some of the reasons for the decline of the power of the medical profession?

2. How have changes in the organization of health care affected the doctor-patient relationship?
Chapter Five

Factors Affecting the Profession of Medicine

(1) Private Health Insurance 1945-1960

(2) Medicare/Medicaid 1965
   (A) Increase in Funds
   (B) Rapid Inflation

(3) HMO Act in 1973 (market orientation)

(4) FTC Antitrust ruling 1979

(5) Monetarization of health care

(6) Decrease in philanthropy

(7) Increase in physician fees

(8) Increased specialization

(9) Increased cost of medical education

(10) Rise in for-profit medical enterprises
    (A) Hospitals
    (B) Nursing Homes
    (C) Ambulatory Surgery Centers
    (D) Renal-Dialysis program
    (E) Substance abuse center
Impact on Medicine

(1) Rationalization/restructuring of health care corporation (medical-industrial complex)
   (A) Horizontal integration
   (B) Vertical integration

(2) Introduction of cost controls
   (A) TEFRA 1982 (DRGs)
   (B) HMOs
   (C) Corporate Effect

(3) Corporate rationalization
   (A) Economic credentialing
   (B) Prior approval of services
   (C) Gate keepers
   (D) Practice guidelines
   (E) Practice profiles
   (F) Incentives
   (G) Use of allied health

Social Consequences

(1) Physician employees
(2) Conflicts of interest
(3) Decline in access to care
(4) Decline in quality of care
(5) Loss of physician autonomy
(6) Erosion of the profession of medicine
(7) Dispirited physicians
Discuss the following points raised in the 60 minutes segment “Doctors’ Dilemma”:

1. Physicians argue that they must justify their medical decisions to insurance clerks after they have delivered the care and the insurance company knows the outcome.

2. Physicians feel that insurance companies delay reimbursement and reimburse them for only a fraction of their actual fees.

3. Physicians state that the excessive amount of paperwork required for reimbursement reduces the time that they spend caring for patients.

4. Physicians state that almost 25% of health care costs are unnecessary administrative costs.

5. Physicians who would prefer private practice join HMOs because they pay higher salaries, pay malpractice insurance and take care of the paperwork required for reimbursement.

6. Physicians who work for HMOs and for-profit providers feel that these organizations are only interested in the “bottom line.”

7. One result of the hassles is that physicians may begin to blame their patients.

8. Some physicians quit practicing medicine because of the hassles.

9. Some students are discouraged from applying to medical school because they perceive a loss of autonomy and respect for physicians.
Is medicine a profession or a business?

Two groups will argue that medicine is a profession. In order to maintain the profession, physicians must remain free of conflicts of interest (e.g., entrepreneurial arrangements where physicians have financial interests in facilities where they refer patients or managed care contracts through which physicians share in profits derived from savings on the under-treatment of patients or arrangements where physicians purchase drugs and medical devices from suppliers at discount prices and sell them to patients at a higher price).

Two groups will argue that medicine is no different from other businesses. Physicians should be allowed to profit from their expertise and the services that they provide just like other professionals (e.g., engineers, MBAs, attorneys, etc.). Physicians provide much of the venture capital for the startup of new medical facilities and ensure that patients receive high quality care. Moreover, the negative side effects of physicians participating in business arrangements are negligible and can be dealt with by existing peer review and regulation.
Chapter Six – Reading Assignments

Read: Chapter 20 in The Sociology of Health & Illness.
Outline the video on Nursing.
CHAPTER 7 - THE PHARMACY PROFESSION

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Chapter Seven– Reading Assignments

Read: Read Chapters 4 in Delivering Health Care in America,
Take notes on the video.
Chapter Eight – Reading Assignments

Read Chapter 8 in Delivering Health Care in America,
Answer the Review Questions on pp. 326-7.
Listed below are some of the practices used by Columbia/HCA. Rate each practice.

<table>
<thead>
<tr>
<th>Practice</th>
<th>Good Business</th>
<th>Questionable</th>
<th>Unethical</th>
<th>Fraudulent</th>
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<tr>
<td>Encourage physicians to buy shares in a group of hospitals and clinics where they work and refer their patients.</td>
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<td>Appoint and pay specialists who can boost patient volume as hospital directors</td>
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<td>Buy doctors’ practices and link their bonuses to how many procedures they perform at a Columbia/HCA hospital</td>
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<td>Increase the volume of home health care services by paying physicians to refer their patients to Columbia/HCA</td>
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<td>Buy-out non-profit hospitals where the value of their tax exemptions exceeds the value of the charity care provided</td>
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<td>Institute “disease management” to treat patients</td>
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<td>Compile a monthly corporate score card that rates and ranks each hospital on a dozen measures including return on assets, profit margin, productivity, and severity of the procedures billed to Medicare</td>
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<td>Limit the treatment of uninsured patients by discouraging expensive tests and unpaid drug prescriptions</td>
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<td>Reduce costs by downsizing (e.g., replacing RNs with LPNs and NAs)</td>
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<td>Reduce costs by standardizing supplies</td>
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<td>Reduce costs by limiting prescription drugs to a formulary</td>
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<td>Use “Upcoding” or “diagnosis creep” for more expensive procedures and or bill Medicare separately (unbundling) for tests and procedures that are part of the same diagnosis</td>
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Read: Read Chapter 9 in Delivering Health Care in America, Answer the Review Questions on pp. 371-2.
You are a member of the committee of the state legislature charged with the responsibility to prepare a patient protection law and present it for ratification to the full legislature. Listed below are some of the provisions that have been proposed. Indicate which provisions should be included in the proposed bill, which should be excluded, and which provisions need further consideration.

<table>
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<tr>
<th>Provisions</th>
<th>Include</th>
<th>Exclude</th>
<th>Further Study</th>
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<tr>
<td>Publish managed care plans’ performance ratings</td>
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<td>Establish and inform members of grievance procedures</td>
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<td>Disclose financial incentives for doctors to withhold care</td>
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<td>Require coverage for a 48 hour hospital stay after delivery and mastectomies</td>
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<td>Require coverage for visits to any emergency room when there is a reasonable expectation that an emergency exists</td>
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<td>Ban physician gag clauses in their contracts</td>
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<td>Cover prescription drugs not on the plan’s approval list if the patient can show they need the drug</td>
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<td>Guarantee members rights to be referred to a specialist when they require specialty care</td>
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<td>Permit members to seek care form providers outside the plan when more experienced providers exist for their illness.</td>
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<td>Establish independent boards to review decisions to deny coverage to members for specific procedures</td>
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<td>Permit members to enroll in clinical trials for new drugs and experimental procedures</td>
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<td>Provisions</td>
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<td>Prohibit managed care plans from paying bonuses to doctors who delay or withhold treatment from patients</td>
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<td>Require managed care plans to respond in 3 hours to a doctor’s request to extend a patient’s hospital stay</td>
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<td>Guarantee continuity of care for patients receiving treatment from a particular doctor, even if the doctor’s contract with the plan ends</td>
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<td>Prohibit managed care plans from retaliating against “whistle-blowers”</td>
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<td>Women must be permitted direct access to a women’s health specialist for routine and preventive health care services</td>
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<td>Health plans can not discourage sick people from enrolling</td>
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<td>Hospital patients who believe they are too sick to go home may request their cases be reviewed by an impartial arbiter</td>
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<td>Health plans must rule on a member’s request for services within 14 days or 72 hours in urgent cases. They must respond to an appeal within 30 days or 72 hours in urgent cases</td>
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<td>If a health plan cancels or refuses to sign a contract with a doctor, it must explain its reasons. The doctor can appeal and request a hearing</td>
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<td>Prohibit captivation payments to family practice physicians and internists</td>
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<td>Allow patients to sue their managed care plan when medical benefits are improperly denied</td>
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CHAPTER 10 - THE PHARMACEUTICAL INDUSTRY

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Chapter Ten Reading Assignment

Take notes on the video “Big Bucks, Big Pharma: Marketing Disease and Pushing Drugs.” Answer the following questions:

1. The pharmaceutical companies claim that direct-to-consumer advertising of drugs empowers consumers by educating them about new drugs. Do you agree with the statement? Why or why not?

2. Ads encourage patients to “Ask your doctor” about a new drug. Does this put undue pressure on doctors to prescribe a new more expensive drug when older, cheaper or even generic drugs might work as well?

3. Do you agree that new medical conditions such as restless leg syndrome, general anxiety disorder, social anxiety disorder are chiefly inventions by pharmaceutical companies to sell drugs. Explain your answer.

4. Many of the new drugs are slight variations on existing drugs that are going off patent. They are heavily promoted even though they work no better than the older versions which are cheaper. In order to secure FDA approval for a new drug, pharmaceutical companies only have to prove that the drug is safe and is more effective than a placebo. Should they be required to demonstrate that the drug is more effective than existing drugs that are on the market? If this policy were adopted would it have a negative effect on the development of new drugs?

5. Direct-to-consumer advertising of drugs is illegal in all developed countries except the U.S. Should it be banned in the U.S. or is advertising a form of free speech protected by the U.S. constitution?

6. What should be the penalties if a pharmaceutical company knowingly fails to alert the FDA and the public about serious and possibly lethal side effects of a new drug?
Chapter Eleven – Assignment

Read: Chapters 33-35 in The Sociology of Health & Illness.

Answer the following questions:

1. Outline the social and ethical issues surrounding artificial heart technology.

2. Outline the social and ethical issues that surround transplantation of organs.

3. Why does Conrad argue that popular conceptions of the promise of gene therapy may be partly a mirage?

OR

Read Chapter 5 in Delivering Health Care in America,
Answer the Review Questions on pp. 190-1.
Technological Dilemma: Withholding Life Support

In 1990, Terri Schiavo, a 26 year old married woman suffered a heart attack that deprived her brain of oxygen. She subsequently lapsed into a persistent vegetative state according to medical experts. Terri has no written Living Will or Medical Directive indicating her wishes about continuing life support. For the last 15 years she has not spoken. While she breathes on her own, without a feeding tube that provides nourishment she would die within 7-10 days. Scans have indicated that the upper portions of her brain were irreparably damaged. She evidenced reflex movements of the eyes, face and hands which are controlled by the lower portions of her brain.

Terri Schiavo’s parents, Bob and Mary Schindler, disagree with state court findings that she has no hope of regaining cognitive function. A dispute between Terri’s husband, Michael Schiavo, and parents began in 1993 when the Schindlers unsuccessfully sought a court order to remove Terri’s husband as her guardian. Then in 1998 Michael Schiavo went to state court to seek permission to remove Terri’s feeding tube. The Florida Courts appointed a guardian for Terri and removed her husband as guardian. The court concluded, based on trial testimony of doctors who had examined Terri, that she was in a persistent vegetative state with no hope of recovering cognitive abilities. Terri’s court appointed guardian agreed with the findings of the court and that the feeding tube should be removed in accordance with the request of Michael Schiavo. The Schindlers disagreed, saying that Terri is sometimes responsive to them and could recover. They do not want her to be allowed to die and have appealed court rulings several times. They also have tried unsuccessfully to persuade Florida’s courts that their daughter was denied due process. After reviewing a four year old video tape shot by her family showing Terri responding to her mother’s voice in 2002, County Circuit Court Judge Greer ruled that Terri had no cognitive function. After all appeals at the state level and the U.S. Supreme Court has declined to intervene, Terri’s feeding tube was removed on Friday, March 18, 2005.

The Schindlers appealed to the U.S. Congress to intervene in the case overriding the decisions of the Florida State Courts. The U.S. House Government Reform Committees issued subpoenas Friday for Terri and Michael Schiavo to testify at a hearing this week. Judge Greer denied a motion by the committee’s lawyers to intervene in the case. Subsequently, the U.S. Senate and House of Representative passed a special bill over the weekend providing Terri’s parents with standing to bring a suit in federal courts against any person who was a party to the state’s court proceedings relating to the withholding or withdrawing of food, fluids, or medical treatment necessary to sustain the life of Terri Schiavo. The law directs the U.S. district court to determine the merits of the parents’ claim that Terri has been denied due process and requests that the judge order the feeding tube to be reinserted.
Questions: Provide reasons for your answers.

1. If you had been appointed her guardian by the Florida courts, would you have her feeding tube removed?  ____Yes  ____No

2. If you were the Federal Judge would you order the feeding tube reinstated?  ____Yes  ____No

3. If you were Terri Schiavo would you want the feeding tube removed?  _____Yes  ____No
CHAPTER 12 - SOCIAL POLICY: FINANCING HEALTH CARE

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Chapter Twelve – Assignment

Read Chapter 6 in Delivering Health Care in America,

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Class Discussion – Chapter Twelve
Health care costs continue to escalate each year consuming a greater proportion of the GDP. Doctors blame patients and insurance companies. Government blames doctors and medical technology. Private industry blames the government. Discuss the following issues:

(1) In what ways are patients, doctors, for-profit industries, lawyers, medical technology and the reimbursement system at fault for the rising costs of health care? Rank these factors in importance. What are the major consequences of the rising costs of health care?

(2) Outline the arguments for and against the statement that physicians are to blame for the higher health care costs. With which side do you agree? State the arguments that support your position.

(3) Arguments are made that medical technology increases health care costs and thus must be regulated. Another argument is that technology reduces health care costs and that regulation will threaten research and development. Outline both arguments. Which side do you agree with and why?

(4) Some analysts argue that for-profit industry’s involvement in health care can increase efficiency and hold the costs of health care down. They also argue that the government’s role in health care should be limited. Other analysts argue that “free-market” health care has failed to deliver good health care to everyone at a reasonable cost. They argue that the only solution to the problems inherent in the health care system is to create a unitary national health care system. Outline both arguments. Which position do you agree with and why?

Answer the following questions:

(1) Do you agree or disagree with the statement “Ironically by maintaining a large private health insurance system aimed at limiting the reach of government regulation, we reap ever more complex regulation to compensate for the inadequacies of that very system.” Explain your answer.

(2) Do you think that the government should be responsible for providing health insurance to people who are no longer working because they lost their job due to layoffs or who do not receive health insurance benefits from their employer or who are unable to work? Explain your answer.

(3) Should children’s access to health insurance and health care depend upon whether employers provide health insurance benefits for their parents? How else could health care be provided for children?

(4) Do you believe that government-sponsored health insurance is actually a welfare program and allows people who should be working and earning their own health insurance benefits to take advantage since they aren’t paying for it? Explain your answer.

(5) Should insurance companies be permitted to set their premiums on the basis of “experience or risk rating” instead of on the basis of “community rating”? Should they be permitted to deny coverage for prior conditions?

(6) Should there be a “means test” to determine if an uninsured person is poor enough to meet state eligibility requirements in order to receive Medicare?
The Oregon legislators determined that it is better to provide health care coverage to everyone falling below the federal poverty line than to eliminate some people altogether in order to give virtually unlimited care to those who qualify. To make the new system possible, Oregon plans to limit services by means of its priority list. Daniel Callahan, a medical ethicist, argues that universal health care is neither feasible nor plausible without health care rationing as the state of Oregon has enacted. In contrast, Nat Hentoff, a columnist, argues that rationing health care as Oregon has done is inhumane and unethical since it prohibits physicians from treating patients who have little chance of recovery or who require expensive procedures.

(1) What do you think about Oregon’s health care plan? Is it humane and ethical?
(2) How will the poor be affected if health care is rationed?
(3) Do you agree or disagree with the argument that a patient’s “quality of life” should be considered in deciding what health care services to provide with public funds?
(4) If you were a member of the state commission that established Oregon’s priority list, what 3 medical treatments would you rank at the top of the priority list? What 3 medical treatments would you rank last on the priority list? Justify your decisions.

How important are the following regarding your health insurance coverage?
(Importance 1=least important; 10= most important)

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No co-payment

High lifetime limit (over $1 million)

Ability to see specialist without a referral

Ability to stay in the hospital after surgery or delivery without approval

Prescription drug benefit

Alternative medicine coverage

Ability to sue if denied coverage

Long-term care coverage

In order to cut costs, which of the following would you be most willing to accept?
(Willingness 1=least willing; 10= most willing)

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<td>No co-payment</td>
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<td>Required to choose provider from a list</td>
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<td>$20 co-payment per office visit</td>
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<td>Lifetime limit on expenditures of $550k</td>
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<td>Required to receive referral before seeing specialist</td>
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<td>3 week waiting to see physician in non-emergency</td>
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<td>Required to see NP for routing care</td>
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<td>Short hospitalization after surgery or delivery</td>
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<td>Not being able to sue if denied coverage</td>
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<td>Able to appeal to a review board for a binding decision</td>
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<td>Pay additional taxes to expand coverage to more Americans</td>
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</table>
Read: Chapter 21 in *The Sociology of Health & Illness*.

Answer the following questions:

1. Outline the 19th century between allopathic medicine and competing approaches (e.g., homeopathy, osteopathy, etc.).

2. Summarize the trends in complementary and alternative medicine (CAM).

3. Outline the medical profession’s response to complementary and alternative medicine (CAM).
Class Discussion

Based on the video “Cancer Wars – Dr. Stanislaw Burzynski” discuss the following issues:

1. Do you think it was appropriate for the federal government to prosecute Dr. Burzynski for selling and administering antineoplastons without FDA approval?
2. Do you think that the Texas medical authorities should revoke his medical license for illegally marketing his drugs?
3. Do you feel that the FDA should require convincing evidence of efficacy, safety and outcomes before an alternative therapy is permitted?
4. Some advocates argue that alternative medicine cannot be subjected to the standard scientific methods. Do you agree or disagree? Why.
5. Should the public be allowed to decide whether or not to use an alternative therapy? What about terminally ill patients?
6. Should patients have a right to sue if they are harmed by an alternative therapy? If so, whom can they sue? The practitioner? The pharmaceutical company or manufacturer? The FDA? If not, why not?
CHAPTER 14 –Alternative Medicine Group Project

PURDUE UNIVERSITY
DEPARTMENT OF SOCIOLOGY & ANTHROPOLOGY

SOC 574 – Social Organization of Health Care

James G. Anderson, Ph.D.  
Stone 353

Spring Semester  
494-4703

Group Project

Form teams of 4-5 persons. Each team member is to survey 5 males and 5 females. The team is to compile their data and report the results in a 3-4 page report. Include the following in your report:

(1) Objectives
(2) Research Methods
(3) Findings (Use graphs and text to compare male and female respondents)
(3) Discussion (What did you learn from the study? What are the limitations of your study?)

Indicate how many times during the past twelve months you have used the following alternative/complementary therapies:

<table>
<thead>
<tr>
<th>Type of Therapy</th>
<th>Used in past 12 months</th>
<th>Visited an alternative provider</th>
</tr>
</thead>
<tbody>
<tr>
<td>Relaxation techniques</td>
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<tr>
<td>Chiropractic</td>
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<td>Massage</td>
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<td>Imagery</td>
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<td>Spiritual healing</td>
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<td>Commercial weight-loss programs</td>
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<td>Lifestyle diets (macrobiotics, etc.)</td>
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<td>Herbal medicine</td>
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<td>Megavitamin therapy</td>
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<td>Self-help groups</td>
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<td>Treatment</td>
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<tr>
<td>Energy healing</td>
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<td>Biofeedback</td>
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<td>Hypnosis</td>
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<td>Homeopathy</td>
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<tr>
<td>Acupuncture</td>
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<td>Folk remedies</td>
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<tr>
<td>Exercise</td>
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<td>Prayer</td>
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CHAPTER 15 - HEALTH CARE DELIVERY AND SOCIAL POLICY: THE ELDERLY

PURDUE UNIVERSITY
DEPARTMENT OF SOCIOLOGY & ANTHROPOLOGY

SOC 574 – Social Organization of Health Care

James G. Anderson, Ph.D.
Stone 353

Spring Semester
494-4703

Chapter Fifteen – Reading Assignment

Read Chapter 10 in Delivering Health Care in America,
Answer the Review Questions on pp. 421-2.
Class Discussion - Chapter Fifteen

Be prepared to debate the issue that “Government should (not) provide universal health care for the elderly.”

Proponents argue that:

1. Long-term custodial care accounts for 81% of catastrophic costs for the elderly.
2. Over half of those 65 years and older will need some kind of long-term care (LTC).
3. Over 70% of single elderly patients spend down to the poverty level after 13 weeks in a nursing home.
4. 5% of Medicaid recipients in nursing homes consume 43% of the Medicaid budget.
5. The most equitable policy would be a universal mandatory LTC health insurance program financed by the federal government.
6. Outline the major proposals for financing universal LTC.

Dissidents argue that:

1. Family members should not be allowed to shift the cost of LTC onto the government and thus, onto taxpayers.
2. A government sponsored LTC health insurance program would be enormously costly.
3. Such a program would enormously increase both the demand for and the cost of LTC.
4. A tax supported program would be regressive - taxing younger working people to provide benefits for elderly persons with substantial resources.
5. The government should only provide assistance to those who do not have the resources to pay for long term care.
6. Instead of a government sponsored program the government should provide incentives for private insurance and savings to finance LTC. Outline the major ways that government could provide incentives for private financing of LTC.
Chapter Fifteen - Class Exercise

The following proposition will be debated in class:

Resolved: that life-extending high technology health care be rationed to the elderly who have completed their natural life span.

Issues:

(1) At what specific age would people be considered to have lived their "natural life span"?

(2) Would there be any exceptions based on the individual's health status prognosis, expectations for an extended life span, social responsibilities (e.g., support and care for other family members), and potential contributions to society, etc.?

(3) What health care technologies would be denied to the elderly?

(4) What health and social services, not currently provided by government programs, should be extended to the elderly?

(5) Would everyone (i.e., rich and poor) be denied certain services or could these services be purchased with private funds?

(6) What alternatives are there to rationing health care for the elderly?

Organization:

Three persons will debate the affirmative position; three will debate the negative position. The two sides will alternate.

Each side will make:

(1) An introductory statement of their position - 10 minutes

(2) Rejoinder to the other side - 5 minutes

(3) A summary statement of their position - 10 minutes

The class will vote on which side is the most persuasive.
Read Chapter 26 in The Sociology of Health & Illness.

Describe how monetary incentives built into managed care can turn doctors into business men/women.
Chapter Sixteen

Professional Conflicts of Interest

1. Questions:

   A. What situations represent a “Professional Conflict of Interest?”
   B. How extensive are conflicts of interest in health care?
   C. What challenges do they pose for the traditional physician commitment to act on behalf of the patient?
   D. What has been the medical profession’s response?
   E. How do other professional groups deal with this problem?
   F. What steps could the medical profession and society take to cope with physicians’ conflicts of interest?

2. The Problem

   A. Current practices provide doctors with financial incentives that may be at odds with patient interests.
   B. Doctors’ financial well being are tied to medical care providers, medical suppliers, pharmaceutical companies, third-party payers.
   C. These arrangements may predispose physicians to provide too many or too few services or to make inappropriate referrals.
   D. Patients may receive poorer quality care or may be harmed.
   E. Patients and society pay for wasteful services.

3. Types of Conflict of Interest

   A. Conflicts between the physician’s interest (usually financial) and the patient’s interest.
   B. Conflicts that divide a physician’s loyalty between a patient and a third party.

4. The Changing Context of Medicine

   A. Monetarization of medicine
   B. Third-party payment
      Private Insurance
      Medicare/Medicaid
      HMOs
   C. Increased supply of physicians/hospital beds
   D. Changes in hospital payment
   E. Physicians’ investments
   F. Technology
   G. Loss of physician autonomy
   H. The federal government
5. Current Problems

A. Incentives to increase services
   (1) Fee-for-service practice
   (2) Kickbacks for referrals
   (3) Self-referral to medical facilities in which the physician invests
   (4) Income from dispensing drugs, medical products, ancillary services
   (5) Hospital purchase of physician’s practice
   (6) Payments made by hospitals to recruit and bond physicians
   (7) Gifts to physicians by medical suppliers

B. Incentives to decrease services
   (1) HMOs and financial incentives
   (2) Control of access to physicians
   (3) Gatekeepers
   (4) Management of care by physicians, nurses, administrative staff
   (5) Payment incentives
      Risk sharing
      Bonuses
      Financial penalties
      Distribution of profit/loss
   (6) Salaried physicians

7. The Limitations of the Medical Profession

A. AMA guidelines are voluntary
B. Today’s principles contain no statements regarding most of these conflicts of interest.
C. Antitrust laws prevent the AMA from restricting advertising and many commercial practices
D. The AMA has no procedures for monitoring compliance
E. Enforcement is left to state medical societies and professional licensing boards.

8. What Can Be Done?

A. Disclosure
B. Informed consent
C. Regulation
D. Consumer protection laws
E. Professional groups
### Chapter Sixteen Class Exercise

**Identify Positive (+) or Negative (-) of Each Physician Reimbursement Plan**

<table>
<thead>
<tr>
<th>Plan Characteristic</th>
<th>Traditional Fee-for-Service</th>
<th>Manage Care or Capitation</th>
<th>Salary</th>
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<tbody>
<tr>
<td>Choice of physician</td>
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<td>Access to specialists</td>
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<td>Necessary/unnecessary tests and procedures</td>
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<td>Access to hospital care</td>
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<td>Time with physicians</td>
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<td>Physician commitment to the patient’s care</td>
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<td>Incentives to provide good care</td>
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<td>Physician independence</td>
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<td>Cost of health care</td>
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<td>Effect on physicians’ practice behavior</td>
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<td>Patient’s waiting time for an appointment</td>
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<td>Patient satisfaction</td>
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<td>Physician satisfaction</td>
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<td>Doctor/patient relationship</td>
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<td>Patient autonomy</td>
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<td>Physicians’ income</td>
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Case Studies - Chapter Sixteen

Case Study A

Dr. A is a general practitioner in a small city. He was recently approached by a promoter who offered him the opportunity to invest in a freestanding radiology center. The center, to be staffed by a qualified radiologist, will provide x-rays and diagnostic imaging for all of Dr. A’s patients.

Dr. A is asked to put up $10,000 per share. He is told that he will earn 25 percent or more annually on his investment. The promoter tells him that the rest of the doctors in town are investing and shows him financial data from another facility that earned 80 percent annually after two years of operation. Dr. A’s return will be calculated based on his investment. However, the profitability of the center will depend on the total number of patients that are referred -- a fact that the promoter makes crystal clear to Dr. A.

Dr. A already owns stock in several publicly traded companies that sell drugs he prescribes to his patients. He has always told himself that the companies are so large (and his practice so small) that his judgment could never be affected by stock ownership. Furthermore, medicine is a field in which he has special knowledge -- why shouldn’t he use that knowledge to pick a good stock?

Dr. A is less certain about investing in an imaging center, even though he has often been envious of the income of radiologists. The promoter reassures him that everything is legal and the American Medical Association (AMA) is on record that these arrangements are not unethical. “Everyone is doing it -- opportunity knocks only once” are the last words Dr. A hears from the promoter.

What should Dr. A do? Are there any ethical or legal limits on physician investments of this sort?

Case Study B

Dr. B is a cardiologist who has a contract with a large pharmaceutical company. He receives $2500 for each patient he refers, as well as a 10% of all profits from the drugs manufactured by the company that they buy. The company’s drugs cost as much as 150% more than those provided by other pharmaceutical companies. Also in many cases generic forms of the drugs are available.

Dr. B sees no problem with this arrangement, claiming that his patients receive the best products from this pharmaceutical company. He is also aware that the insurance companies pick up the cost for most of the drugs that he prescribes. What problems, if any, do you see with this arrangement? Is this arrangement a conflict of interest? Why?
Case Study C

TAP Pharmaceuticals in lake Forest, IL makes Lupron, a drug used in the treatment of cancer. The company inflates the average wholesale price of the drug which governs Medicare reimbursement rates. At the same time, doctors can buy Lupron relatively cheaply and collect large reimbursement from Medicare. TAP uses this arrangement as an inducement to physicians to prescribe the drug. Is this arrangement appropriate? Some would argue that this is merely usual business practice with physicians purchasing the drug at a wholesale rate and charge for it use at a retail rate. Do you agree with this position?
CHAPTER 17 - THE CHANGING PRACTICE OF MEDICINE: MALPRACTICE

PURDUE UNIVERSITY
DEPARTMENT OF SOCIOLOGY & ANTHROPOLOGY

SOC 574 – Social Organization of Health Care

James G. Anderson, Ph.D.
Stone 353

Chapter Seventeen – Class Exercise

1. Use the Medical Malpractice Survey to interview four males and four females. You may work with two or three other student on this assignment.

2. What did you learn about the public’s attitude toward the malpractice issue? Are there differences in the way males and females responded?

3. Complete the class exercise on page 51 in the syllabus. Outline how you would reform the malpractice system in the U.S.

4. Turn in your surveys and answers during the next class period.
Medical Malpractice Survey

1. It is unfair for patients to expect that doctors will never make a mistake.
   
   1 = strongly disagree, 2 = disagree, 3 = undecided, 4 = agree, 5 = strongly agree

2. It is unfair when the courts award huge amounts of money to patients who sue for medical malpractice.
   
   1 = strongly disagree, 2 = disagree, 3 = undecided, 4 = agree, 5 = strongly agree

3. Fear of potential malpractice suits causes doctors to practice “defensive medicine” by performing unnecessary tests and procedures.
   
   1 = strongly disagree, 2 = disagree, 3 = undecided, 4 = agree, 5 = strongly agree

4. Physicians may change their practice patterns and/or avoid certain patients out of fear of malpractice suits.
   
   1 = strongly disagree, 2 = disagree, 3 = undecided, 4 = agree, 5 = strongly agree

5. Malpractice awards are a major cause of the rising costs of health care in the U.S.
   
   1 = strongly disagree, 2 = disagree, 3 = undecided, 4 = agree, 5 = strongly agree

   Total Score for Questions 1 through 5 _______

6. The current malpractice system is necessary and effective in deterring negligent physicians.
   
   1 = strongly disagree, 2 = disagree, 3 = undecided, 4 = agree, 5 = strongly agree

7. Patients who are injured by their medical care provider have a right to be compensated.
   
   1 = strongly disagree, 2 = disagree, 3 = undecided, 4 = agree, 5 = strongly agree

8. Malpractice suits don’t create a major problem since less than one out of eight persons injured by the health care system file a claim for damages.
   
   1 = strongly disagree, 2 = disagree, 3 = undecided, 4 = agree, 5 = strongly agree

9. Malpractice awards are reasonable since patients who receive large awards (over $250,000) are generally under compensated for their actual economic loss.
   
   1 = strongly disagree, 2 = disagree, 3 = undecided, 4 = agree, 5 = strongly agree

10. Malpractice insurance costs aren’t unreasonable since they account for only five percent of the average gross income of doctors.
    
    1 = strongly disagree, 2 = disagree, 3 = undecided, 4 = agree, 5 = strongly agree

   Total Score for Questions 6 through 10 _______
A number of malpractice reforms have been proposed and enacted in various states. You are a member of a state commission that is charged with responsibility for proposing a bill to reform malpractice. Indicate which of the reforms that you would be willing to vote for.

<table>
<thead>
<tr>
<th>Reform</th>
<th>Yes</th>
<th>No</th>
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<tr>
<td><strong>Reduction in the size of claims</strong></td>
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<td>Damage caps</td>
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<td>Caps on non-economic loss</td>
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<td><strong>Reducing claim frequency</strong></td>
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<td>Pretrial screening panels</td>
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<td>Arbitration</td>
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<td>Statute of limitation</td>
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<td>Attorney fee controls</td>
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<td><strong>Insurance reforms</strong></td>
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<td>Patient compensation funds</td>
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<td>Limits on insurance cancellation</td>
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<tr>
<td><strong>Malpractice Reform</strong></td>
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<tr>
<td>Use of medical practice guidelines</td>
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<td>Damage payment schedules</td>
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<tr>
<td>Administrative fault-based system</td>
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<td>No-fault system</td>
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CASE

Dr. Jones is an OBGYN who has practiced medicine in Indiana for 20 years. Several women have complained to the board that he has performed elective surgery on them without obtaining their informed consent. They claim that he recommended a complete hysterectomy to correct pain and anemia. As a result of the surgery they feel even weaker and experience intermittent severe pain resulting in the loss of work. Also, they are unable to bear children. They have hired an attorney who has brought their complaints to the Indiana State Board of Medical Licensure.

The women and their attorney want the board to withdraw Dr. Jones’ license to practice in Indiana. What is more they claim that the hospital’s medical staff knew that Dr. Jones was performing unnecessary surgery but did nothing to correct this practice. They have also requested that the board issue a sharp reprimand to the hospital and its medical staff.

Dr. Jones is in attendance along with his attorney and a physician who is a member of the hospital’s medical staff where Dr. Jones performed the surgery. Two women on whom Dr. Jones performed surgery and their attorney are also present.

ROLE PLAY

You will be assigned a role to play in the hearing. Try to create details as you go along that are consistent with the case. Covey your feelings of anger, outrage, betrayal by Dr. Jones and other physicians or rationalize and defend Dr. Jones’ behavior in order to spare the reputation of Dr. Jones, the hospital and its medical staff. Members of the hearing panel can ask questions or make statements at any time during the hearing. At the end of the hearing, the panel will be asked to vote on what action, if any, should be taken against Dr. Jones and the hospital’s medical staff.

ROLES

Dr. Jones – You are to defend your actions. You might argue that other women on whom you performed surgery asked for your help and many who are not represented in this claim are grateful for your services. You may claim that that you discussed the surgery with each woman although you did not present them with a written description of possible side effects nor did you have them sign a written consent form. You can also state that there is some risk from any surgical procedure and patients must accept this risk if they agree to the surgery. The women also had varying degrees of pain and discomfort before the surgery.
Dr. Jones’ Attorney – You are to defend Dr. Jones. You can argue that Dr. Jones is licensed to perform the surgery and that he has 20 years of experience. You could admit that it would have been better if Dr. Jones had presented his patients with a written statement of potential risks of the surgery but that he had discussed them with his patients.

Patient – You are to condemn Dr. Jones’ behavior and ask that his license to practice medicine be forfeited. Also, you are to maintain that other physicians on the hospital’s medical staff knew about the problems due to Dr. Jones’ surgery but did nothing about it. You want the medical staff reprimanded. Tell the board about your feelings of weakness and severe pain that causes you to miss work frequently. Yell them of your feelings of loss at not being able to conceive a child. Express your feelings of anger and betrayal by Dr. Jones and the other physicians.

Patients’ Attorney – You are to support your client’s story that she was not adequately informed of the potential adverse effects of the surgery. You are to demand a forfeiture of Dr. Jones’ medical license and a reprimand for the hospital. You may threaten to sue for injury and punitive damages if the board does not act.

Physician on the Hospital Medical Staff – You are to argue that Dr. Jones may have shown poor judgment but doesn’t warrant a loss of his medical license. Also, you are to defend the medical staff. You may argue that that Dr. Jones has been performing a somewhat experimental procedure and that the women knew that there was some risk involved. Also, you can argue that it is not the place of other physicians on the hospital staff to interfere with Dr. Jones’ relations with his patients.

Chairman of the Hearing Board – You are to ask each participant to make a statement to the board. Board members and other participants in the hearing can ask questions or challenge statements made by anyone else.

Board Members – You are to listen to the statements made, ask questions and challenge statements if you wish. You will vote at the end of the hearing.

VOTE

For Dr. Jones you can vote:
(1) Revoke his license to practice medicine in Indiana.
(2) Put him on probation for a year during which his practice will be supervised by the hospital medical staff.
(3) Send him a letter reprimanding him for his behavior. The letter also would warn Dr. Jones that future violations of professional standards may result in probation or revocation of his license to practice medicine.
(4) Dismiss the case against Dr. Jones

For the hospital’s medical staff, you can vote to:
(1) Sends a letter strongly reprimanding them for not taking action against Dr. Jones
(2) Send a mild letter suggesting that the medical staff review Dr. Jones’ practice behavior
(3) Dismiss the case against the hospital’s medical staff.
CHAPTER 18 - HEALTH CARE DELIVERY AND SOCIAL POLICY: THE UNINSURED

PURDUE UNIVERSITY
DEPARTMENT OF SOCIOLOGY & ANTHROPOLOGY

SOC 574 – Social Organization of Health Care

James G. Anderson, Ph.D.
Stone 353

Spring Semester
494-4703

Chapter Eighteen Reading Assignment

Read Chapter 11 Delivering Health Care in America,
Answer the Review Questions on p. 475.

Read Chapters 27-28 in The Sociology of Health & Illness.

Answer the following questions:

1. Define medicalization and give examples.

2. How has medicalization broadened and expanded in society?

3. Describe the shift to biomedicalization.
CHAPTER 20 – COSTS, EQUITY AND QUALITY

PURDUE UNIVERSITY
DEPARTMENT OF SOCIOLOGY & ANTHROPOLOGY

SOC 574 – Social Organization of Health Care

James G. Anderson, Ph.D.
Stone 353

Spring Semester
494-4703

Chapter Twenty Reading Assignments

Read Chapter 12 in Delivering Health Care in America,

CHAPTER 21 – Money Driven Medicine

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CHAPTER 22 – THE FUTURE OF HEALTH CARE DELIVERY IN THE U.S

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DEPARTMENT OF SOCIOLOGY & ANTHROPOLOGY

SOC 574 – Social Organization of Health Care

James G. Anderson, Ph.D.
Stone 353

Chapter Twenty Two Reading Assignment

Read Chapter 14 Delivering Health Care in America,
Answer the Review Questions on pp. 590-1

SOC 574 – Social Organization of Health Care

James G. Anderson, Ph.D.
Stone 353

Chapter Twenty-One - Assignment

Read: Chapter 45-47 in The Sociology of Health and Illness.

Answer the following questions.

1. Outline Light’s four models of health Care Systems.

2. What lessons regarding health care reform can we learn from Canada?

3. What lessons regarding health care reform can we learn from the British National Health Service?

PURDUE UNIVERSITY
DEPARTMENT OF SOCIOLOGY & ANTHROPOLOGY

SOC 574 – Social Organization of Health Care

Dr. James G. Anderson
Stone 353
Group Exercise

Form a group of 4 students. You are a member of a Commission charged with responsibility for proposing reforms to the U.S. health care system. The aim of the commission is to develop a plan to provide health insurance for every American covering essential preventive care, acute care, chronic care, long-term care and the costs of catastrophic illness. The burden of paying for such coverage will have to be shared among individuals; businesses; and federal, state, and local governments. Include in your proposal:

(2) What benefits will be provided?

(3) How will health care be paid for?

(4) How will the costs of health care be controlled?

The reforms that you propose may involve:

(A) The existing American system of private health insurance with the cost shared by employer and employee; and public insurance for certain members of the population through programs like Medicare (for the elderly) and Medicaid (for the poor).

(B) A National Health Service like Britain's, owned and run by the government

(C) A National Health Insurance program like Canada's, where federal and state governments pay for care provided by private physicians and hospitals.

Your proposal should include strategies for providing health care for the following groups:

(A) The nonworking uninsured (e.g., the poor, homeless, deinstitutionalized mentally ill, etc.)

(B) The medically uninsurable (e.g., people with health conditions like AIDS that prevents them from obtaining private health insurance).

(C) The employed uninsured (e.g., people working in industries that do not offer health insurance to workers and/or their families)

(D) The underinsured (e.g., persons with inadequate insurance that won't cover the costs of a catastrophic illness).

Indicate the types of health care that would be provided under your plan for each of these groups, such as:

(A) Prenatal care

(B) Pediatric care

(C) Primary care to include physician visits and acute hospital care

(D) Emergency care

(E) Home care

(F) Nursing home care
(G) Protection against catastrophic illnesses.

Recommend means of financing the health care that your plan would provide. Financing may include:

(A) Vouchers for the poor.

(B) Tax credits for the near poor.

(C) Expansions of the existing Medicare and Medicaid programs

(D) New federal and state programs (e.g., kiddiecare).

(E) Federal and state subsidies to purchase private health insurance.

(F) Establishment of a state insurance pool for those who can not purchase health insurance because of their poor health or high risk.

(G) A payroll tax increase on workers and businesses.

(H) Mandate that employers must offer health insurance to their workers and their families.

(I) A payroll tax on employers who don't offer health insurance to their workers to help pay for the uninsured.

(J) Tax deductions for the purchase of health insurance.

(K) Industry or state-sponsored risk pools for small businesses and the self-employed.

(L) Passage of federal or state laws that would require insurance companies to sell group health insurance to small businesses; to sell coverage to an entire employee group, not just workers with minimal health risks; to base premiums on prevailing medical costs in the area.

(M) Develop state or federal sponsored long-term health care insurance.

(N) Offer tax incentives for the purchase of private long-term health care insurance.

(O) Develop a sliding-scale to allow workers below the poverty line who are above the Medicaid cutoff levels to buy into Medicaid.

(P) Direct federal and state grants to dedicated care givers to provide certain health services to specific groups (e.g., prenatal care for the poor).

(Q) The establishment of an indigent care pool of funds to pay for uncompensated charity care. One source of these funds might be a tax on each hospital's net patient revenues.
Read Chapter 2 in Ethics and Information Technology. Answer the questions for a total of three cases: one case from each of three sections (e.g., Health Services Online, Pharmaceutical Products, Mental Health Services, etc.).
Chapter Twenty-Three Group Project

Form teams of 4-5 persons. Each team member is to survey 5 males and 5 females. The team is to compile their data and report the results in a 2-3 page report. Include the following in your report:

(1) Objectives
(2) Research Methods
(3) Findings (Use graphs and text to compare male and female respondents and respondents by age and major)
(4) Discussion (What did you learn from the study? What are the limitations of your study?)
SOC 574 – The Social Organization of Health Care
Survey of Use of the Internet

1. Have you ever used the Internet for health related purposes?
   -----Yes   -----No

2. Have you ever communicated with your doctor via e-mail?
   -----Yes   -----No

3. Has your doctor ever referred you to health-related Web sites for information?
   -----Yes   -----No

4. If you could do so, which of the following would you like to be able to do online with your doctor(s)?
   Check all activities that are relevant.

<table>
<thead>
<tr>
<th>Activity on Line</th>
<th>Would like to do</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ask questions where no visit is necessary</td>
<td></td>
</tr>
<tr>
<td>Fix appointments</td>
<td></td>
</tr>
<tr>
<td>Get new prescriptions for medications you take</td>
<td></td>
</tr>
<tr>
<td>Receive results of medical tests</td>
<td></td>
</tr>
<tr>
<td>Manage a chronic disease</td>
<td></td>
</tr>
<tr>
<td>Other (specify)</td>
<td></td>
</tr>
<tr>
<td>To obtain information about clinical trials</td>
<td></td>
</tr>
<tr>
<td>None of these</td>
<td></td>
</tr>
<tr>
<td>Don’t know</td>
<td></td>
</tr>
</tbody>
</table>
5. Many doctors are reluctant to give patients their email addresses because they feel they may have a lot of email correspondence for which they will not get paid. Would you be willing to pay something for the ability to send and receive emails to and from your doctor(s) instead of having to visit or call them?

-----Yes  -----No  -----Don’t know

6. How strongly do you agree or disagree with each of the following statements?

<table>
<thead>
<tr>
<th>Statement</th>
<th>Agree Strongly</th>
<th>Agree Somewhat</th>
<th>Disagree Somewhat</th>
<th>Disagree Strongly</th>
<th>Not Sure</th>
</tr>
</thead>
<tbody>
<tr>
<td>The use of electronic medical records can significantly decrease the frequency of medical errors</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The use of electronic medical records can significantly decrease healthcare costs</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The use of electronic medical records makes it more difficult to ensure patients’ privacy</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The use of electronic medical records can improve the quality of care patients receive by reducing the number of redundant or unnecessary tests and procedures they receive</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

8. I am     -----Male     -----Female

9. What is your age? -----under 18 -----18-25 -----25-40 -----41-50 -----50-65 -----65+

10. If you are enrolled in college, what is your major? -----------------------------


SOC 574 – The Social Organization of Health Care
Survey Use of the Internet

1. Have you ever used the Internet for health related purposes?
   ----Yes  ----No

2. If so, indicate which of the following purposes that you used the Internet for:

<table>
<thead>
<tr>
<th>Purpose</th>
<th>Used</th>
</tr>
</thead>
<tbody>
<tr>
<td>To obtain information about health products</td>
<td></td>
</tr>
<tr>
<td>To obtain information about prescription drugs</td>
<td></td>
</tr>
<tr>
<td>To purchase health products</td>
<td></td>
</tr>
<tr>
<td>To purchase prescription drugs</td>
<td></td>
</tr>
<tr>
<td>To obtain information about health care providers</td>
<td></td>
</tr>
<tr>
<td>To obtain health-related information about foods, diets, and/or weight-</td>
<td></td>
</tr>
<tr>
<td>loss programs</td>
<td></td>
</tr>
<tr>
<td>To obtain information about clinical trials</td>
<td></td>
</tr>
<tr>
<td>To obtain information about psychological conditions, substance abuse,</td>
<td></td>
</tr>
<tr>
<td>etc.</td>
<td></td>
</tr>
<tr>
<td>To obtain information about specific illnesses (e.g., diabetes, asthma,</td>
<td></td>
</tr>
<tr>
<td>high blood pressure, etc.)</td>
<td></td>
</tr>
<tr>
<td>Other (specify)</td>
<td></td>
</tr>
</tbody>
</table>

3. Indicate which of the following health-related Web sites you have visited.

<table>
<thead>
<tr>
<th>Web Site</th>
<th>Visited</th>
</tr>
</thead>
<tbody>
<tr>
<td>WebMD</td>
<td></td>
</tr>
<tr>
<td>APA</td>
<td></td>
</tr>
<tr>
<td>AMA</td>
<td></td>
</tr>
<tr>
<td>Oncolink</td>
<td></td>
</tr>
<tr>
<td>Medline/Medline Plus</td>
<td></td>
</tr>
</tbody>
</table>
4. Have you ever discussed information obtained from a Web site with your doctor?
   -----Yes  -----No

5. If yes, how did your doctor react when you approached him/her?

   ----- S/he was totally supportive, discussed the information openly with me, and encouraged me to use the Internet in the future.

   ----- S/he briefly discussed the information with me.

   ----- S/he discussed the information with me but implied that s/he preferred that I not seek health-related information on my own.

   ----- S/he resented having her/his authority questioned and requested that I not use the Internet to find health-related information on my own.

6. Have you ever communicated with your doctor via e-mail?
   -----Yes  -----No

7. Has your doctor ever referred you to health-related Web sites for information?
   -----Yes  -----No

8. I am  -----Male  -----Female

9. What is your age?  -----under 18  -----18-25  -----25-40  -----41-50  -----50-65  -----65+

10. If you are enrolled in college, what is your major?  -------------------------------------------
Read Chapter 4 in Ethics and Information Technology. Answer the questions for a total of three cases: one case from each of three sections.
CHAPTER 25 - MEDICAL ERRORS

PURDUE UNIVERSITY
DEPARTMENT OF SOCIOLOGY & ANTHROPOLOGY

SOC 574 – Social Organization of Health Care

James G. Anderson, Ph.D.  Spring Semester
Stone 353  494-4703

Chapter Twenty-Five Reading Assignment

Read Chapter 6 in Ethics and Information Technology. Answer the questions for a total of two cases: one case from each of two sections.
At 243 beds, Northern Michigan Hospital has about 120 physicians with privileges, 450 registered nurses and 15 pharmacists. But as is the case with most hospitals, the hand-off patient information during a normal shift change can be sketchy at best. To ensure that nurse coming on to the floor are apprised of each patient’s status and any medications already administered, the Joint Commission on Accreditation of Healthcare Organizations mandated hospitals establish standards for effective shift transfer communication.

One of the most serious oversights has always involved the amount of drugs being administered and the time frame during which they should be given. This often involves pain management drugs that can be given near the end of one shift and then administered again at the beginning of the next shift if the patient is still in pain.

But another common overdose involves insulin. Forty percent to 60 percent of patients in most hospitals are on insulin, which reflects the diabetes epidemic in this county. Here again is where confusion at shift change - a misread order, or a case where “the L.P.N. gave it, but didn’t tell the R.N.” can have dire consequences.

Serious medical errors could result in a patient’s death or spending one or more additional days in the hospital, which hospital administrators have estimated at $2,600 per day. Less serious errors can cost about $10 each in labor which is based on the time it takes to “package up a wrong dose, take it back to the pharmacy and get the right dose back in to the nurse’s hand.” Given the possible expenditures for extra patient days and labor costs, the hospital estimates that reducing medication errors could save more than $1 million in 2007.

You are a member of the North Michigan Hospital Patient Safety Committee. The committee has been assigned responsibility for coming up with a plan to reduce medication errors by at least 50% in the next twelve months. Possible interventions include:

1. Individual interventions:
   a. Inform staff who made the initial error
   b. Inform staff who was also involved in error
   c. Provide education and training for staff
   d. Inform the patient’s physician
   e. Inform the patient/caregiver of medication error
   f. Institute new policies/procedures
   g. Enhance communication among staff

2. System interventions
   a. Modify/implement new computer software
   b. Modify staffing practices
   c. Modify the nursing unit environment
   d. Change the hospital formulary

Prepare a plan for reducing medication errors. Include in your plan:

1. Specific interventions
2. A brief explanation for why you chose the specific interventions you propose.
3. A discussion of the cost-benefit of the proposed interventions. In other words, indicate how you would go about determining cost-benefit.
4. A proposed time schedule for phasing in your interventions.
Chapter Twenty-Five Exercise

Answer the following questions based on the Prime Time Segment “Clinical Evidence” about Medicare fraud:

1. How widespread is fraud in the health care system?

2. Who is responsible for this fraud (e.g., physicians, hospitals and clinics, third-party payers, patients, the government)?

3. Is the medical profession capable of preventing fraud?

4. Are more government regulation and stiffer penalties needed to prevent fraud?

5. What would you propose to prevent health care fraud?
Chapter Twenty-Five Exercise

Answer the following questions based on the Prime Time Segment “Doctor Knows Best” about kickbacks:

1. What are some other examples of direct and/or indirect kickback arrangements?

2. How widespread are kickbacks in the health care system?

3. Who is primarily responsible for kickbacks (e.g., physicians, hospitals and clinics, third-party payers, for-profit providers)?

4. Is the medical profession capable of preventing kickbacks?

5. Are more government regulation and stiffer penalties needed to prevent kickbacks?

6. What would you propose to prevent kickbacks?
Discuss the following points raised in the 60 minutes segment “Doctors’ Dilemma”:

1. Physicians argue that they must justify their medical decisions to insurance clerks after they have delivered the care and the insurance company knows the outcome.

2. Physicians feel that insurance companies delay reimbursement and reimburse them for only a fraction of their actual fees.

3. Physicians state that the excessive amount of paperwork required for reimbursement reduces the time that they spend caring for patients.

4. Physicians state that almost 25% of health care costs are unnecessary administrative costs.

5. Physicians who would prefer private practice join HMOs because they pay higher salaries, pay malpractice insurance and take care of the paperwork required for reimbursement.

6. Physicians who work for HMOs and for-profit providers feel that these organizations are only interested in the “bottom line.”

7. One result of the hassles is that physicians may begin to blame their patients.

8. Some physicians quit practicing medicine because of the hassles.

9. Some students are discouraged from applying to medical school because they perceive a loss of autonomy and respect for physicians.
CHAPTER 26 - THE CHANGING PHYSICIAN-PATIENT RELATIONSHIP

PURDUE UNIVERSITY
DEPARTMENT OF SOCIOLOGY & ANTHROPOLOGY

SOC 574 – Social Organization of Health Care

James G. Anderson, Ph.D. Stone 353
Spring Semester 494-4703

Chapter Twenty-Six Reading Assignment

Read Chapter 7 in Ethics and Information Technology. Answer the questions for a total of two cases in the section on “The Doctor-Patient Relationship.”
Based on the video 20/20, A License to Bill, discuss the following issues:

1. Do you think that recruiting patients (e.g., children) to receive medical care is unethical? Illegal?

2. Is rewarding patients (e.g., children) with gifts, prizes, and parties unethical? Illegal?

3. Is providing monetary incentives to individuals to recruit patients a kickback? Is this practice unethical? Illegal?

4. Should Medicaid/Medicare limit the services provided to an individual in any period of time (e.g., one year)?

5. Should Medicare/Medicaid routinely investigate diagnoses and claims that are submitted for reimbursement?

6. If so, who should investigate these claims? Prosecute fraudulent cases?
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The Changing Practice of Medicine: Medical Malpractice


**Changing Practice of Medicine: Conflicts of Interest and Specialization**


**The Changing Practice of Medicine: Deprofessionalization**


Alternative Practitioners


**The Changing Physician-Patient Relationship**


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The Clinton Reform Plan 19(1): spring 1994
Complexity and Ambiguity in Policy Making 19(2): summer 1994
Assessing National Health Care Reform 19(3): fall 1994
Paying Providers 19(4): winter 1994
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