

## Preface to the Second Edition

Of the six editors of this second edition of the *Social Medicine Reader*, five are current members and one a former member of the Department of Social Medicine, University of North Carolina at Chapel Hill School of Medicine. Founded in 1977, the Department of Social Medicine includes scholars in medicine, the social sciences, the humanities, and public health. Its mission is to inform the work and thought of researchers, teachers, and practitioners on the social conditions and characteristics of patients, causes of illness, and barriers to effective care; and the responsibilities of the medical profession and other medical institutions.

This reader is based on the syllabus of a year-long, required, interdisciplinary course, *Medicine and Society*, which has been taught to first-year students at the University of North Carolina at Chapel Hill School of Medicine since 1978. The goal of the course since its inception has been to demonstrate that medicine and medical practice have a profound influence on—and are influenced by—social, cultural, political, and economic forces. Teaching this perspective requires integrating medical and non-medical materials and viewpoints. This reader, therefore, arises not from one or two academic disciplines, but from many fields within medicine, the social sciences, and humanities.

With health care and health so central to the political, personal, and financial discourse of the day, this reader provides a starting point for informed, critical analysis. The three volumes of the *Social Medicine Reader* represent the most engaging, provocative, and informative materials and issues we have traversed with our students. While the origin of these volumes lies in the teaching of medical students, the selections were deliberately made with an eye toward engaging nonmedical readers, both from the interested public and from students in the arts and sciences.

The selections challenge standard ways of thinking about medical cate-

gories of disease, social categories of risk, and the types of moral reasoning on which much of the field of bioethics has been based. Their many voices include individual narratives of illness experience, commentaries by physicians, debate about complex medical cases, and conceptually and empirically based writings by scholars in medicine, the social sciences, and humanities. These are readings with the literary and scholarly power to convey the complicated relationships between medicine, health, and society. They do not resolve the most vexing contemporary issues, but illuminate them.

Medicine's impact on society is multidimensional. Biomedical technology and practice, including its latest expression, genomic medicine, have profoundly affected our institutions and our social relations. Medicine has affected how we think about the most fundamental, enduring human experiences—conception, birth, maturation, sickness, suffering, healing, aging, and death—and it has shaped the metaphors we use to express our deepest concerns. Medical practices and our responses to them have helped to redefine the meaning of age, race, and gender. Technological advances in medicine have produced ethical dilemmas expressed in new vocabularies of science and economics, as well as in the familiar languages of morality and human relationships.

Social influences on medicine are apparent in several ways. First, modern science presumes that the pursuit of knowledge can and should be conducted with an unwavering adherence to neutral, objective observation and experimentation. Yet medical knowledge and practice, like all knowledge and practice, is shaped by political, cultural, and economic forces, within which doctors' ideas about disease—in fact their very definitions of disease—depend on the roles science and scientists play in particular cultures, as well as on the cultures of laboratory and clinical science. Medicine tends to reduce the world to a vocabulary of its own, one that seems immune to the vagaries and vicissitudes of culture. But diseases are not immutable; they are shaped by person, time, and place, and are identified and endowed with significance only within social and cultural contexts.

Despite the power of the biomedical model of disease and the increasing specificity of molecular and genetic knowledge, social factors have always influenced the occurrence and course of most diseases. And once disease has occurred, the power of medicine to alter its course is constrained by the larger social and economic context. Beyond these problems, many medical interventions are themselves of contested or unclear

value. Spending on health care in the United States has long outstripped that of other industrialized nations, but that spending has not resulted in a healthier population. What does our medicine produce? Who benefits from these enormous expenditures of resources?

Repeatedly, the readings throughout these three volumes make clear that much of what we encounter in science, in society, and in everyday and extraordinary lives is indeterminate, ambiguous, complex, and contradictory. And because of this inherent ambiguity, the interwoven selections highlight conflicts—conflict about power and authority, autonomy and choice, security and risk. By critically analyzing these and many other related issues, we can open up possibilities, change what seems inevitable, and practice medical education and doctoring with an increased capacity for reflection and self-examination. The goal is to ignite and to fuel the inner voices of social, human, and moral analysis among health care professionals, and among us all.

Any collection of readings like the three volumes that make up the *Social Medicine Reader* is open to challenges about what has been included and what has been left out. This collection is no exception. The study of medicine and society is dynamic, with large and ever expanding bodies of new literature from which to draw. We have omitted some readings widely considered “classics” and included some readings that are classic only in our experience. We have chosen to include material with literary and scholarly merit and that has worked well in the classroom, provoking discussion and engaging readers’ imaginations. These readings invite self-conscious, multilevel, critical examination, a work of reading and discussion that is inherently difficult but educationally rewarding.

The first edition of the *Social Medicine Reader* was a single volume. We decided to make the second edition three volumes to facilitate use by different audiences with different interests; however, the three volumes also function as an integrated whole. Volume I, *Patients, Doctors, and Illness*, examines the experience of illness, the roles and training of health care professionals and their relationships with patients, ethics in health care, and experiences and decisions at the end of life. It includes fictional and nonfiction narratives and poetry; definitions and case-based discussions of moral precepts in health care, such as truth telling, informed consent, privacy, autonomy, and beneficence; and scholarly readings providing legal, ethical, and practical perspectives on many familiar but persistent ethical and social questions raised by illness and health care. Volume II, *Social and Cultural Contributions to Health, Difference, and Inequality*,

explores health and illness, focusing on how difference and disability are defined and experienced in contemporary America and how the social categories commonly used to predict disease outcomes—gender, race/ethnicity, and social class—have become contested terrain. Narratives and essays feature individuals managing illness in daily life, and families both coping with and contributing to the challenges of ill health. Social epidemiological categories are examined empirically and critically. Volume III, *Health Policy, Markets, and Medicine*, examines issues and controversies in health policy. Essays analyze a broad spectrum of topics, from the historical forces that shaped development of the American health system to contemporary reform debates over controlling medical care spending and covering the uninsured. International health systems, medical care rationing, and emerging policy issues—including the rise of consumer-driven insurance and population aging—are also explored.

We thank our teaching colleagues who helped create and refine both the first and the second editions of this reader. These colleagues have come over the years from both within and outside the Department of Social Medicine and the University of North Carolina at Chapel Hill. Equal gratitude goes to our students, whose criticism and enthusiasm over two decades have improved our teaching and have influenced us greatly in making the selections for the Reader. The leadership of Department of Social Medicine chairs and course directors since 1978 has also been invaluable. We thank the department's faculty and staff, past and present; we especially thank Judy Benoit, for many years the Medicine and Society course coordinator, and Jeff Kim, our student research assistant. In addition, Larry Churchill thanks the faculty who have taught with him in the Ecology of Health Care course at Vanderbilt School of Medicine during 2002 and 2003 for their many ideas for improving the second edition of the reader. Jon Oberlander gratefully acknowledges the support of the Greenwall Foundation and its Faculty Scholars Program in Bioethics. The editors gratefully acknowledge support from the Department of Social Medicine, University of North Carolina at Chapel Hill School of Medicine, and the Center for Clinical and Research Ethics, Vanderbilt University.