

HPSC0086 Special Topic in HPS

Course Syllabus

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STS perspectives on pandemics, healthcare and inequality

Course Information

This module was written in the middle of COVID-19 pandemic and designed to explore how STS allows us to study different aspects of this global health crisis. Each week we will explore key concepts from history, philosophy and social studies of science and study various case studies. The focus of this module is to encourage students to develop their skills as independent, interdisciplinary scholars, who can apply these skills to an ongoing global health crisis. The teaching will be a mixture of video lectures, giving topic overviews, critical reading of philosophical and medical sources, and seminar activities, intended to allow students to autonomously develop their analytical skills.

Basic course information

Moodle Web site:	see moodle
Assessment:	10% Abstract (300 words)
	70% Essay (4000 words)
	20% Public Engagement Piece (700 words)
Timetable:	www.ucl.ac.uk/sts/hpsc
Prerequisites:	None.
Required texts:	Readings listed below. All readings are available through the UCL reading list service (search for HPSC0086)
Course tutor(s):	Erman Sozudogru & Cristiano Turbil
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Office location:	22 Gordon Square, Room 3.3 & 4.3
Office hours:	see Moodle

Schedule

Lecture	Topic	Reading
Introduction	What can STS tell us about Covid-19?	Familiarise yourself with the course syllabus and Moodle page. Bring a Covid-19 related case study that you would like to discuss during this course.
Framing a pandemic	How can we frame pandemics in their historical context?	Rosenberg & Golden, (1992), Charters & McKay (2020)
Stigma and social attitude towards disease	What does early responses to HIV tell us about social attitudes towards disease?	Brandt (1986), Sontag (1978)
Lay expertise and credibility	Who knows 'best'? And who gets to sit at the table?	Epstein (1995), Petersen et al. (2018)
Communication and public understanding of health	Can we effectively communicate medicine?	Durbach, (2000), Honigsbaum (2013)
Reading week – no lectures		
Concept of health and disease	Can philosophy help us?	Ereshefsky (2009), Morens et al. (2009)
Evaluating uncertainty and risk	Are we just following science?	Brown (2020), Douglas (2000)
Social determinants of health	How does social inequalities determine health outcomes?	Wilson (2009) Bambra (2020)
Global health	National versus Global Health?	Anderson (2014), Bashford (2015), Clancey (2012)
Conclusion(s)	Closing the circle	

Aims & objectives

Aims

This course will give you new and challenging ways to think about pandemics and healthcare, drawing on insights and material from philosophy, history, sociology and the public understanding of modern biomedicine. In this course, we will trace the interplay of scientific, clinical, social, religious and moral judgements invested in 'framing' a pandemic, and how these 'frames' have developed in different times and places.

Objectives

By the end of this course students will develop a range of skills:

- Close reading and critical interpretation of primary and secondary sources
- Discussion and debate with colleagues and the lecturer
- Constructing a clear, well-reasoned argument
- Develop engaging, well-structured written work that targets different audiences

During contact hours, this course is taught by lectures and in-class discussions. The course also includes a schedule of independent reading and research.

Seminars

For each topic, we will have a seminar where we have an in-depth discussion. For each session, I will provide some questions to help you engage with the topic. You must do all the required readings before attending the seminars. This year all seminars will run face to face unless we are instructed not to. For more information please refer to Moodle page.

Assessments

Summary

	Description	Deadline	Word limit
10%	Abstract	Term 2 Week 4	300 words
70%	Essay	Term 2 Week 11	4000 words
20%	Public Engagement Piece	Term 3 Week 1	700 words

The assessment for this module is designed as a research project consisting of three elements of coursework. While each – as with most university assessments - tests many different skills, I think that the most important objectives of this module (and hence its assessments) are concerned with ways of engaging with arguments covered in lectures. We want you to pick a topic in the first couple of weeks and start developing your ideas and arguments.

The first piece of assessment is to produce an **abstract** for your project. Your abstract must contain your thesis statement and a brief structure of the argument you are developing for your essay. You'll then develop the **academic essay**, which you'll submit at the end of term. You'll notice that I haven't provided any sample titles here. This is because an integral part of this assignment is for you to develop your own essay topic. Again, I know that this might feel a bit daunting. However, we will spend lots of time during the term discussing how you might go

about doing this. For example, we'll collectively have a look at some sample essays. And the final part of your assessment is the **public engagement piece** after the end of term.

We will discuss expectations for these different pieces of work during the course of the term. Most importantly, do come to the essay session tutorial in January. Here, you'll be able to look at some sample essays, discuss your ideas and deal with some of the practical aspects of essay writing (style, referencing, and so on). Do note that the assessment for this course might test slightly different skills from those that you might be expected to demonstrate in other areas of your degrees. Specifically, an important objective of this module (and hence its assessments) is to introduce you to developing an argument from scratch and communicate it to different audiences.

Through this process students are expected work in research groups, discussing and commenting on each other's work. Collaborations are encouraged however each assessment will be submitted individually.

Criteria for assessment

The departmental marking guidelines for individual items of assessment can be found in the STS Student Handbook.

Reading list

Readings are indicated in the schedule above, and are made available on the module in Moodle.

Alexandrova, A. (2016). Can the Science of Well-Being Be Objective? *British Journal for the Philosophy of Science*, 69(2), 421-445.

Anderson W. (2014), 'Making Global Health History: The Postcolonial Worldliness of Biomedicine', *Social History of Medicine* 27:2, 372-84.

Bambra C, Riordan R, Ford J, et al (2020) 'The COVID-19 pandemic and health inequalities' *J Epidemiol Community Health*;74:964-968.

Bashford A. (2015), 'Bioscapes: Gendering the Global History of Medicine', *Bulletin of the History of Medicine* 89:4 ,690-95.

Brandt, A. M. 1986. AIDS: From social history to social policy. *The Journal of Law, Medicine & Ethics*. 14(5-6): 231-242.

Brown, B. (2020). *Science and Moral Imagination: A New Ideal for Values in Science*, Pittsburgh: University of Pittsburgh Press.

Caplan, A.L., 1992. [Does the philosophy of medicine exist?](#) *Theoretical Medicine* 13, 67–77.

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

Carter, K.C. 2003. *The Rise of Causal Concepts of Disease: Case Histories*. Aldershot UK: Ashgate Publishing. Chapter 8 – The etiological standpoint. pp. 129-146.

Charters, E, McKay, RA. The history of science and medicine in the context of COVID-19. *Centaurus*. 2020; 62: 223– 233. <https://doi.org/10.1111/1600-0498.12311>

Clancey G. (2012), 'Intelligent Island to Biopolis: Smart Minds, Sick Bodies and Millennial Turns in Singapore', *Science Technology Society* 17:1 (2012), 13-35

Cooper, R. 2004. [What is Wrong with the DSM?](#) *History of Psychiatry*. **15**(1): 5-25.

Donkin, AJM, Goldblatt, P, Allen, J, & Marmot, M. (2017). Global action on the social determinants of health. *BMJ Global Health*, *2*, Article E000603. (2017), *BMJ Global Health*, *2*, Article e000603. (2017).

Douglas, H. (2000). Inductive Risk and Values in Science. *Philosophy of Science*, 67(4), 559-579.

Durbach N., (2000), “They might as well brand us’: working-class resistance to compulsory vaccination in Victorian England’, *Social History of Medicine*, 13, 45-62.

Engelhardt, H.T., 1974, “The Disease of Masturbation: Values and the Concept of Disease”, *Bulletin of the History of Medicine*, 48: 234–48.

Epstein, S. 1995. The Construction of Lay Expertise: AIDS Activism and the Forging of Credibility in the Reform of Clinical Trials. *Science, Technology, & Human Values*. **20**(4): 408-437.

Ereshefsky, M. 2009 [Defining ‘health’ and ‘disease’](#). *Studies in History and Philosophy of Science Part C* **40**: 221–227

Hájek, A. 2007. [The reference class problem is your problem too](#). *Synthese*. **156**(3): 563-85.

Henry, SG. 2006. [Recognizing Tacit Knowledge in Medical Epistemology](#). *Theoretical Medicine and Bioethics*. **27**:187–213.

Honigsbaum M., (2013) ‘Regulating the 1918-1919 Pandemic: Flu, Stoicism and the Northcliffe Press’, *Medical History*, 57, 165-185

Lane, C. 2006. [How shyness became an illness: a brief history of social phobia](#). *Common Knowledge*, **12**(3): 388-409.

Lloyd, E.A., 2002, “Reductionism in Medicine: Social Aspects of Health”, in M.H.V. Van Regenmortel and D.L. Hull (eds.), *Promises and Limits of Reductionism in the Biomedical Sciences*, New York: John Wiley & Sons, 67–82.

Morens, David M, Folkers, Gregory K & Fauci, Anthony S, 2009. What Is a Pandemic? *The Journal of infectious diseases*, 200(7), pp.1018–1021.

Petersen, Alan, Schermuly, Allegra Clare & Anderson, Alison, 2018. The shifting politics of patient activism: From bio-sociality to bio-digital citizenship. *Health* (London, England : 1997), 23(4), pp.478–494.

Plutynski, A. (2017). Safe or Sorry? Cancer Screening and Inductive Risk. In Exploring Inductive Risk (pp. Exploring Inductive Risk, 2017-08-31). New York: Oxford University Press.

Roache, R. (2019). Psychiatry's Problem with Reductionism. *Philosophy, Psychiatry, & Psychology* 26(3), 219-229.

Rosenberg C. & J. Golden (1992), 'Framing disease: illness, society and history', in Framing Disease: Studies in Cultural History, Rutgers University Press, 1992, xiii-xxvi.

Schaffner, K. F. (2013). Reduction and Reductionism in Psychiatry. In The Oxford Handbook of Philosophy and Psychiatry (Vol. 1, Oxford Handbooks in Philosophy, pp. The Oxford Handbook of Philosophy and Psychiatry, 2013-06-01, Vol.1). Oxford University Press.

Sontag, S., 1978. Disease as Political Metaphor (Book Review). , 25(2), p.29.

Wilson, J. (2009). Justice and the Social Determinants of Health: An Overview. *Public Health Ethics* , 2 (3) 210 - 213. (2009), *Public Health Ethics* , 2 (3) 210 - 213. (2009).

Important Policy Information

Details of college and departmental policies relating to modules and assessments can be found in the STS Student Handbook www.ucl.ac.uk/sts/handbook

All students taking modules in the STS department are expected to read these policies.