

Preface to the Third Edition

The eight editors of this third edition of the *Social Medicine Reader* include six current and two former members of the Department of Social Medicine in the University of North Carolina (UNC) at Chapel Hill School of Medicine. Founded in 1977, the Department of Social Medicine, which includes scholars in medicine, the social sciences, the humanities, and public health, is committed to the promotion and provision of multidisciplinary education, leadership, service, research, and scholarship at the intersection of medicine and society. This includes a focus on the social conditions and characteristics of patients and populations; the social dimensions of illness; the ethical and social contexts of medical care, institutions, and professions; and resource allocation and health care policy.

This two-volume reader reflects the syllabus of a year-long, required interdisciplinary course that has been taught to first-year medical students at UNC 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 matters. Teaching this perspective requires integrating medical and nonmedical materials and viewpoints. Therefore, this reader incorporates pieces from many fields within medicine, the social sciences, and humanities, representing the most engaging, provocative, and informative materials and issues we have traversed with our students.

Medicine's impact on society is multidimensional. Medicine shapes how we think about the most fundamental, enduring human experiences—conception, birth, maturation, sickness, suffering, healing, aging, and death—as well as the metaphors we use to express our deepest concerns. Medical practices and social responses to them have helped to redefine the meanings of age, race, and gender.

Social forces likewise have a powerful influence on medicine. Medical knowledge and practice, like all knowledge and practice, are shaped by political, cultural, and economic forces. This includes modern science's pursuit of knowledge through ostensibly neutral, objective observation and experimentation. Physicians' ideas about disease—in fact their very definitions of

disease—depend on the roles that science and scientists play in particular cultures, as well as on the various cultures of laboratory and clinical science. 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, economic, and political contexts.

While the origin of these volumes lies in teaching medical students, we believe the selections they include will resonate with a broader readership from allied health fields, the medical humanities, bioethics, arts and sciences, and the interested public. The many voices represented in these readings include individual narratives of illness experience, commentaries by physicians, debate about complex medical cases and practices, and conceptually and empirically based scholarly writings. 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 they do illuminate their nuances and complexities, inviting discussion and debate.

Repeatedly, the readings throughout these two 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 about power and authority, autonomy and choice, and security and risk. By critically analyzing these and many other related issues, we can open up possibilities, change what may seem inevitable, and practice professional training and caregiving with an increased capacity for reflection and self-examination. The goal is to ignite and fuel the inner voices of social and moral analysis among health care professionals, and among us all.

Any scholarly anthology 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 literature from which to draw. We have omitted some readings widely considered to be “classics” and have included some readings that are exciting and new—that we believe have an indelible impact. 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 critical examination, a labor of reading and discussion that is inherently difficult but educationally rewarding.

Volume 1, *Ethics and Cultures of Biomedicine*, examines experiences of illness; the roles and training of health care professionals and their relationships with patients; institutional cultures of bioscience and medicine; health care ethics; death and dying; and resource allocation and justice. Volume 2, *Differences and Inequalities*, explores health and illness, focusing on how difference and disability are defined and experienced in contemporary America and how social categories commonly used to predict disease outcomes—gender, race/ethnicity, and social class—shape health outcomes and medical care.

We thank our teaching colleagues who helped create and refine all three 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 four decades have improved our teaching and have influenced us greatly in making the selections for the reader. We thank the Department's faculty and staff, past and present; students and colleagues from Vanderbilt University School of Medicine and Wake Forest School of Medicine have similarly been instrumental. We especially thank Kathy Crosier, the course coordinator for our first-year class, who assisted with the preparation of the *Reader*. The editors gratefully acknowledge support from the Department of Social Medicine, University of North Carolina at Chapel Hill School of Medicine; the Center for Biomedical Ethics and Society, Vanderbilt University School of Medicine; and the Center for Bioethics, Health, and Society, Wake Forest University.

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