

P8749 SECTION 001:

**THE CONCEPT AND PRACTICE OF PROFESSIONALISM IN PUBLIC HEALTH AND
MEDICINE**

Sheila M. Rothman, Ph.D Professor of Sociomedical Sciences

**David J. Rothman, Ph.D. Bernard Schoenberg Professor of Social Medicine and
History**

Learning Objectives for the Course:

This course addresses three domains of competency identified by the ASPH MPH core competency model, including professionalism, social and behavioral sciences, and health policy and management. The primary focus of the course, however, is the concept of professionalism. Through a reading of the critical historical and sociological texts, key case studies, and classroom discussions, students will be able to:

- Define the concept of professionalism as it relates to public health and medicine;
- Understand how key events in the 19th and 20th century contributed to making public and medicine into professions;
- Explain the social, political, and economic factors that have influenced the concept of professionalism and the practice of public health and medicine;
- Define how the unique characteristics of public health its focus on population, community, and prevention have influenced the concept of professionalism and the practice of public health;
- Define how the unique characteristics of medicine, including its focus on individual, doctor/patient relationship, and cure have influenced the concept of professionalism and the practice of medicine;
- Analyze how these unique characteristic have created tensions between the professions and how these tensions have influenced professional behavior and practices in both fields;.
- Understand how public health and medicine interface with elected officials, enforcement agencies, regulatory agencies, human rights organizations, and industry and how these interactions shaped and are shaped by concepts of professionalism.

Evaluation:

The class will be conducted in seminar format. Students will be expected to attend all sessions and participate fully in the discussions. Students will be required to

present two case studies in class. Students will also be responsible for researching and writing a paper that explores in depth a salient issue in the field of professionalism. Papers will be due December 8, 2008.

Course Evaluation Breakdown:

20%- Attendance

40%- Presentation of Case Studies: Each worth 20%

40%- Final Paper

Copies of all readings will be available at the Health Science Library, Fayerweather Hall and Butler Library. A binding containing all the articles will be available for purchase at the college and health sciences campus bookstores. Starred (*) Items listed on syllabus will also be available at health sciences campus bookstores.

Course Topics

I. The Concept of Professionalism

A. Public Health

Required:

1. Institute of Medicine. *The Future of the Public's Health* (Washington, D.C. 2003), pp. 19-45. (Binder)
2. Institute of Medicine. *Who Will Keep the Public Healthy? Educating Public Health Professionals for the 21st Century* (Washington, D.C. 2001), pp. 27-40. (Binder)
3. Brandt A, Gardner M. "Antagonism and Accommodation: Interpreting the Relationship between Public Health and Medicine in the 21st Century." *American Journal of Public Health*, 2000 (90), pp. 707-715. (Binder)
4. Buchanan DR. "Autonomy, Paternalism, and Justice: Ethical Priorities in Public Health." *American Journal of Public Health*, 2008 (98), pp. 15-21. (Binder)

B. Medicine

Required:

1. The Hippocratic Oath (Binder)
2. *Foucault M. *The Birth of the Clinic: An Archaeology of Medical Perception* (New York 1994), pp. 38-53, 64-87, 149-173. (B)
3. Parsons T. *The Social System* (New York 1951), ch 10, pp.428-479. (B)
4. Friedson E. *Professionalism: The Third Logic* (Chicago 2001), pp. 17-35, 105-196. (B)

II. The Emergence of Professionalism

Required:

1. Rothstein WG. *American Physicians in the Nineteenth Century* (Baltimore 1972), pp.63-84.
2. Larsen MS. *The Rise of Professionalism: A Sociological Analysis* (Berkeley 1977), chs. 8-9, pp.104-158.
3. Starr P. *The Social Transformation of American Medicine* (New York 1982), pp. 1-78, 180-197. (B)
4. Warner JH. *The Therapeutic Perspective* (Princeton 1997), ch. 4, pp. 91-107.

III. Educating the Professions

Required:

1. Ludmerer KM. *Time to Heal: American Medical Education from the Turn of the Century to the Era of Managed Care* (Oxford, UK 1999), pp. 3-78, 102-124, 162-179. (B)
2. *Rothman DJ, Rothman SM. "Working Stiffs: The Medical Resident and Medicine as a Profession" in Rothman and Rothman, *Trust is Not Enough: Bringing Human Rights to Medicine* (New York 2006), pp. 199-213. (B)

Recommended:

3. Fee E. "Competition for the First School of Hygiene and Public Health." *Bulletin of the History of Medicine* 1983 (57), pp. 339-363.

IV. Public Health and the Market*Required:*

1. Jacobson, M. "Lifting the Veil of Secrecy from Industry Funding of Nonprofit Health Organizations." *International Journal of Occupational and Environmental Health*, 2005 (11), pp. 349-355.
2. Nestle, M, Jacobson MF. "Halting the Obesity Epidemic: A Public Health Policy Approach." *Public Health Report*, 2000 (115), pp. 12-24.
3. Hawkes C. "Regulating Food Marketing to Young People Worldwide: Trends and Policy Drivers." *American Journal of Public Health*, 2007 (97), pp. 1962-1973.
4. Hastings G, Anderson S. "Alcohol Marketing and Young People's Drinking: A Review of the Research." *Journal of Public Health Policy*, 2005 (26), pp. 96-311.

Recommended:

5. Wintemute GJ. "Where the Guns Come from: The Gun Industry and Gun Commerce." *The Future of Children*, 2002 (12), pp. 54-71.

V. Money and Medicine*Required:*

1. Gardner MN, Brandt AM. "The Doctors' Choice is America's Choice: The Physician in US Cigarette Advertisements, 1930-1953." *American Journal of Public Health*, 2006 (96), pp. 222-232.
2. Mark R. *Medicine, Money, and Morals: Physicians' Conflicts of Interest*. (Oxford, 1993), chs. 1-2, 5, pp. TBA. (B)
3. Rothman DJ, "Money and Medicine: What Should Physicians Earn/Be Paid?" in
4. Horowitz IL (ed.). *Eli Ginzberg: The Economist as Public Intellectual* (Chicago 2002), pp. 107-120.
5. Wazana A. "Physicians and the Pharmaceutical Industry: Is a Gift Ever Just a Gift?" *JAMA*, 2000, 283(3), pp. 373-380.
6. Chimonas S and Rothman D. "New Federal Guidelines for Physician-Pharmaceutical Industry Relations: The Politics of Policy Formation." *Health Affairs*, 2005, 24(4), pp. 949-960.
7. Brennan T, Rothman DJ. "Health Industry Practices that Create Conflict of Interest: A Policy Proposal for Academic Medical Centers." *JAMA*, 2006, 295(4), pp. 429-433.

VI. Public Health and the State*Required:*

1. Jacobson v Massachusetts 197 YS 11 (1905).

2. *Leavitt JW. *Typhoid Mary: Captive to the Public's Health* (Boston 1996) pp. 14-95.
3. Rothman DJ, Goldman, J. "New Initiatives on Diabetes & HIV/AIDS: Implications for Public Health & Medical Professionalism." *American Journal of Public Health*, Forthcoming May Issue, pp. TBA.

A. Regulating the Professions

Required:

2. Public Health Code of Ethics. Accessible online:
http://www.publichealth.columbus.gov/Asset/iu_files/Public_Health_Code_of_Ethics.pdf
3. Rosenbaum S. "The Impact of United States Law on Medicine as a Profession." *JAMA*, 2003, 289(12), pp. 1546-1556.
4. Mann JM. "Medicine and Public Health, Ethics and Human Rights." *Hastings Center Report*, 1997 (270), pp. 6-13.
5. *Bosk CL. *Forgive and Remember: Managing Medical Failure* (Chicago, 2003), pp. 2-213(B)
6. IOM. *To Err is Human* (Washington, D.C. 2000), pp. 49-68, 86-108. (B)

VIII. The Pursuit of Knowledge and Professional Ethics

A. The Case of AIDS

Required:

1. Koski G, Nightingale SL. "Research Involving Human Subjects in Developing Countries." *NEJM*, 2001(345), pp. 130-138.
2. Shapiro HT, Meslin EM. "Ethical Issues in the Design and Conduct of Clinical Trials in Developing Countries." *NEJM*, 2001 (345), pp. 139-142.
3. Bryan CS. "Theodore E. Woodward Award: HIV/AIDS, Ethics and Professionalism: Where Went the Debate?" *Transactions of the American Clinical & Climatological Association*. 2003 (114), pp. 353-66 and discussion pp. 366-7.
4. *Rothman DJ, Rothman SM. "The Shame of Medical Research" in Rothman and Rothman, *Trust is Not Enough: Bringing Human Rights to Medicine* (New York 2006), pp. 53-88(B)

B. The Case of Organs

Required:

1. Titmuss R. *The Gift Relationship: From Human Blood to Social Policy* (New Press, 1997), pp. 70-89.
2. Cohen L. "Where It Hurts: Indian Material for an Ethic of Organ Transplantation, *Daedalus*, 1999 (128), pp. 135-165
3. *World Medical Association Statement on Human Organ and Tissue Donation and Transplantation* (2000). Accessible online at [:http://www.wma.net/e/policy/wma.htm](http://www.wma.net/e/policy/wma.htm).

4. *Rothman DJ, Rothman SM. “The International Traffic in Organs” in Rothman and Rothman, *Trust is Not Enough: Bringing Human Rights to Medicine*, pp. 3-29

IX. Differentiating Public Health from Social Custom: The Case of Female Circumcision

Required:

1. Shweder RA. “What about ‘Female Genital Mutilation?’ and Why Understanding Culture Matters in the First Place.” *Daedalus*, Vol. 129, 2000, pp. 209-232.
2. Althaus FA. “Female Circumcision: Rite of Passage or Violation of Rights?” *International Family Planning Perspectives*, 1997 (23), pp. 130-133.
3. Correa S, Petchesky R. “Reproductive and Sexual Rights: A Feminist Perspective” in G. Sen, A. Germain, and L. Chen, eds., *Population Policies Reconsidered* (Boston, 1994), pp. 107-123.
4. Coomaraswamy R. “To Bellow Like a Cow: Women, Ethnicity, and the Discourse of Rights” in Rebecca Cook, ed., *Human Rights of Women: National and International Perspectives* (Philadelphia, 1994), pp. 39-57.

X. Professional Participation in Torture and Executions

Required:

1. Landau M. “The Limits of Pressure,” *Israel Democracy* (1990).
2. Brody R, “The Road of Abu Ghraib.” *Human Rights Watch*, June 2004, pp. 1-12, 24-35.
3. Gwande A. “When Law and Ethics Collide—Why Physicians participate in Executions.” *NEJM*, 2006 (354), pp. 1221-1229
4. Gwande A. “Physicians and Execution—Highlights from a Discussion of Lethal Injections.” *NEJM*, 2008 (358), pp. 448-451.
5. Miles, SH. “Abu Ghraib: Its Legacy for Military Medicine.” *Lancet*, 2004, pp. 725-29.
6. International Dual Loyalty Working Group. *Dual Loyalty & Human Rights in Health Professional Practice* (Cape Town SA 2002), pp. 1-77.

XI. Professionalism and the Right to Health and Health Care

Required:

1. “The Declaration of Alma Ata.” *International Conference on Primary Health Care*, (Alma Ata, 1978).
2. Chen LC, Cash RA. “A decade after Alma Ata: can primary health care lead to health for all?” *NEJM*, 1988, 319(14), pp. 946-7.
3. Farmer, P. *Health, Human Rights, and the New War in the Poor* (Berkeley 2003), pp. 137-159. (B)
4. Mann JM. “Medicine and Public Health Ethics and Human Rights.” *Hastings Center Report*, 1997, pp. 6-13
5. Rothman DJ, Rothman SM. “The Right to Health Care: Lessons from South Africa” in Rothman and Rothman, *Trust is Not Enough: Bringing Human Rights to Medicine*, pp. 139-155. (B)