Glossary

**academic health center (AHC):** a center that typically consists of one or more hospitals with comprehensive medical specialties, the latest and most advanced medical technology, and sophisticated research laboratories. Often the AHC is a dominant part of the university in which it is located, and it may be the institution’s largest securer of grant money and its most prestigious component.

**active euthanasia:** a procedure in which a physician directly administers the cause of death to a patient.

**acupuncture:** the insertion of fine needles into one or more acupuncture “points” charted on the body. The needles used vary in length, width, and type of metal, and treatments vary in terms of the depth to which needles are inserted, the duration of insertion, and the needle rotation. The insertion of the needles is performed to stimulate chi in the body and to redirect it so that imbalances are corrected. The needles are inserted in those points that correspond to the particular internal organs where the imbalance exists.

**acute infectious diseases:** diseases, typically caused by bacteria or viruses, that can occur suddenly and can be communicated to other people (e.g., influenza, tuberculosis, Ebola).

**advance directives:** legal documents, including living wills and health care powers of attorney, that specify which treatments a patient would want and which ones they would not want at some future time when they are incapable of deciding or expressing their wishes.

**advanced practice providers (APPs):** medical providers, such as nurse practitioners, physician assistants, certified nurse-midwives, and certified nurse-anesthetists, whose education and training enable them to provide many primary or specialist services directly to patients.

**advanced practice registered nurses (APRNs):** registered nurses who have acquired a masters, post-masters, or doctoral degree and additional certification in one or more of around 20 nursing specialties, including nurse practitioners, clinical nurse specialists, nurse-anesthetists, and nurse-midwives.

**allied health workers:** a wide range of health care workers, including physical therapists, medical technologists, paramedics, and recreational therapists, who support the work of the physician by performing or assisting with a variety of medical tasks.

**alternative medicine:** a non-mainstream form of medical therapy that is used instead of conventional medicine.
**ambulatory care:** personal health care provided for an individual who is not an inpatient in a health care facility; it can include preventive care, acute primary care, treatment of minor emergencies, and many surgical procedures.

**American Medical Association (AMA):** an organization established in 1847 to be the collective body of physicians in the United States. Its influence increased over the years, and in the early 1900s the federal government gave it the power to oversee medical education and medical licensure. Today it is one of the most powerful health care lobbying groups in Washington.

**autonomy:** personal self-determination; the ability of individuals to make their own choices and decisions and have them respected by others.

**barefoot doctors:** (later called *countryside doctors*) Chinese peasants who received a few months of medical training and then returned to their commune to treat minor illnesses (including colds, gastrointestinal ailments, and minor injuries), provide immunizations and birth control, and improve sanitation. Their role compensated for the critical shortage of physicians in rural areas.

**Behavioral Risk Factor Surveillance System (BRFSS):** a telephone survey that state health departments conduct monthly over landline and cellular telephones, using a standardized questionnaire. The BRFSS is used to collect prevalence data from adult U.S. residents about their risk behaviors and preventive health practices that can affect their health status. Respondent data are forwarded to the Centers for Disease Control and Prevention (CDC) to be aggregated for each state, returned with standard tabulations, and published at the year’s end by each state.

**beneficence:** doing good for the patient; physicians taking whatever actions are considered to be in the patient’s best interest.

**benevolent deception:** lying to or deceiving a patient because the physician believes that this is in the patient’s best interest.

**biomedical definition of health:** the defining of health simply as the absence of disease or physiological malfunction; it is not a positive state, but the absence of a negative state (i.e., if a person is not sick, they are well). It focuses solely on an individual’s physiological state and the presence or absence of symptoms of sickness.

**biomedical model:** a model in which medicine is essentially disease oriented or illness oriented, rather than patient oriented. The key to effective medical care is believed to be correct diagnosis of some physiological aberration, followed by correct application of the curative agent.

**biomedicalization:** the major intense highly sophisticated technoscientific innovations occurring in molecular biology, biotechnologies, genomization, transplant medicine, and other twenty-first-century medical technologies.
**biopsychosocial model:** a model that combines the biomedical model and interest in the patient, the social context in which he or she lives, and the complementary system devised by society to deal with the disruptive effects of illness—that is, the physician role and the health care system.

**Black Death:** the name given to the bubonic plague that swept through Europe in the 1300s A.D. and killed more than 40 million people within a 20-year period.

**brain death:** a definition of death as a permanently non-functioning whole brain (cerebrum and brainstem), with no reflexes, no spontaneous breathing, no cerebral function, and no awareness of externally applied stimuli. If breathing persists, but only by means of an artificial respirator, the person is officially dead.

**buffering effects model of social support:** a model in which social support acts as a buffer in the presence of stress, helping to decrease its negative effects.

**capitation system:** a system of payment (primarily) to physicians that bases compensation on the number of patients for whom a physician is willing to accept responsibility, regardless of the number of services provided.

**caregiver stress:** the emotional and physical strain of caregiving.

**casuistry:** an approach to medical ethics that emphasizes the value of beginning with analysis of particular cases, extracting moral rules from them, and applying these rules to new cases.

**Centers for Disease Control and Prevention (CDC):** the nationwide system of disease surveillance in the United States. Located in Atlanta, Georgia, it provides ongoing evaluations of disease conditions and sponsors systematic responses to these conditions.

**certified nurse-midwife (CNM):** a registered nurse who has additional nationally accredited training (usually 18 months to 2 years) in midwifery, and who possesses certification by the American College of Nurse-Midwives. A national certification exam must be completed. CNMs provide gynecological care, take histories, perform physical examinations, monitor care (especially as it relates to pregnancy and childbirth), and deliver babies.

**certified registered nurse-anesthetist (CRNA):** a registered nurse who has undergone an additional 2 or 3 years’ training for certification, which provides a master’s degree. CRNAs are fully qualified to perform anesthesiology in all 50 states, and typically work as licensed independent practitioners.

**charity care:** health care provided for patients who have been deemed by a hospital to be unable to pay. Its value is typically determined prior to admission.

**Children’s Health Insurance Program (CHIP):** a program that was created in 1997 with the objective of reducing the number of children without health insurance. It provides insurance for
uninsured children up to the age of 19 years in families with incomes that are too high to qualify for Medicaid. The federal government gives states grants that pay for about two-thirds of the program, and the state pays for the remainder.

**chiropractic:** a field of medicine that is based on the belief that health problems are expressions of underlying problems, including blockages of the flow of vital energy caused by malalignments of the vertebrae. Through spinal manipulation, a chiropractor expects the specific problem to disappear and the patient’s general health to improve.

**Christian Science healing:** a field of healing based on the belief that illness and pain are not real, but only illusions of the mind, and that a person feels ill only when their underlying spiritual condition is in disrepair. Christian Scientists believe that treatment is a form of prayer or communion with God in which God’s reality and power become so real as to eclipse disease and pain. Therefore the only appropriate curative techniques are prayer and spiritual rediscovery. Although Christian Scientists believe that they have the power to cure themselves, the assistance of a Christian Science practitioner is frequently sought.

**chronic degenerative diseases:** diseases that usually occur in later life because they are caused by long-term deterioration of the body or a particular organ.

**chronic illness:** a disease or condition that is ongoing or recurrent and that typically persists for as long as the person lives (e.g., diabetes).

**chronic strains:** the relatively enduring problems, conflicts, and threats that people typically face in their daily lives.

**Code of Hammurabi:** possibly the first organized set of guidelines on the responsibilities of physicians; it dates from the 1600s B.C.

**commodification of life:** the treating of people and parts of people as marketable commodities.

**complementary medicine:** a non-mainstream form of medical therapy that is used together with conventional medicine.

**confidentiality:** protecting the privacy of information that is shared with one by refusing to share it with others.

**conflict theory:** a macro-level theoretical orientation in sociology that views society as a system largely dominated by social inequality and social conflict.

**controllable lifestyle (CL):** the extent to which particular medical specialties allow for some control over the hours worked.

**coping:** the personal responses used by individuals to prevent or reduce emotional distress.
corporatization: the increasing amount of power held by corporations in the health care field in areas such as hospital construction and ownership, medical equipment supply, laboratories, and insurance companies.

cost containment: program strategies that involve providing financial incentives to offer only necessary services and to do so in a cost-efficient manner.

cost shifting: a technique used by hospitals to charge paying patients more in order to cover the costs of those who cannot pay.

countervailing power: according to Donald Light, the increase in power of alternative institutions that occurs when the power of one institution within a society gets too great and so creates the conditions in which its power will decrease

cream skimming: the tendency of for-profit hospitals to locate in more affluent suburban areas (rather than in poorer areas where hospitals are most needed) where many patients have private health insurance and where marketing campaigns can be targeted at these middle- and upper-class individuals.

crude death rate (CDR): the number of deaths per year per 1,000 people in a population.

cultural authority of medicine: the belief of the general public in the legitimacy of scientific and professionalized medicine, and respect for medical providers.

cultural competence: an ability to work effectively with members of different cultures. It includes awareness of one’s own cultural background, knowledge about other cultures, openness to working with diverse individuals, and effective communication skills for doing so.

cultural health capital: a health-specific repertoire of cultural skills, verbal and non-verbal competencies, attitudes and behaviors, and interactional styles that includes such things as knowledge of medical topics and vocabulary, knowledge of what information is relevant to health care personnel, and the skills to communicate health-related information to providers in a medically intelligible and efficient manner.

curanderismo: a unique system of beliefs held by many Mexicans that good health is associated with a strong body, normal physical activity, and the absence of persistent pain and discomfort. Good health is viewed as a reward for those who have kept God’s commandments. A curandero (healer) usually focuses on sin and the will of God as critical factors which have affected the susceptibility of the patient and predisposed him or her to illness. When illness occurs in a religious or pious person, it is rationalized by the belief that God allows men to suffer in order to learn. Because disease can be traced through several lines, the curandero (or curandera) uses several types of healing treatments, including prayer, herbal medicine, healing rituals, spiritualism, massage, and psychic healing.
**defensive medicine:** the circumstance in which physicians become pressured to over-treat patients in the hope of preventing any future medical malpractice suit.

**demedicalization:** a counter-movement to medicalization that involves medicine relinquishing control of some behaviors over which it formerly had control.

**deprofessionalization:** a theory which contends that, over time, the professional dominance of physicians in the health care system has diminished as the medical knowledge and assertiveness of patients has increased.

**detached concern:** the development of concern about the patient without excessive emotional involvement or over-identification; it is a prominent value in medical education.

**Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-V) (2013):** a document prepared by a Task Force of the American Psychiatric Association. It is the system used by mental health professionals, many social workers, the courts, and insurance providers to assess every mental disorder on the basis of the nature and severity of clinical symptoms, relevant history, related physical illnesses, and recent adaptive functioning, especially with regard to the quality of social relationships.

**differentiated practice:** a practice model that bases the roles and functions of registered nurses on education, experience, and competence. It clarifies which type of registered nurse is appropriately accountable for which aspects of nursing by separating technical and professional practice.

**direct care:** a recent development in health care (following the concierge medicine model) in which physicians bypass the health insurance system and offer direct personalized care to patients who pay a monthly or annual premium.

**disability:** an umbrella term, covering impairments, activity limitations, and participation restrictions. An impairment is a problem in body function or structure; an activity limitation is a difficulty encountered by an individual in executing a task or action; a participation restriction is a problem experienced by an individual in relation to involvement in life situations. Thus disability is a complex phenomenon that reflects an interaction between features of a person’s body and features of the society in which he or she lives.

**domestic medicine:** a common system in early America, where individuals and families were capable of caring for the sick, and physicians were unnecessary.

**double disadvantage hypothesis:** the situation in which an individual who holds more than one disadvantaged status may experience worse health than their counterparts who hold only one or no disadvantaged status.
**double disease burden**: the situation faced by many of the world’s developing countries today, whereby they are simultaneously dealing with high rates of acute infectious diseases (e.g., malaria and tuberculosis) and facing increased rates of the chronic degenerative diseases that predominate in developed countries (e.g., heart disease and cancer).

**dual line of authority**: the twin lines whereby hospitals are administered. Most hospital departments report either to the first line of authority, the hospital administrator (generally a person trained in hospital or health administration and with a strong background in business), or to the second line of authority, the medical director or another person who is medically trained. Both the hospital administrator and the medical director are ultimately responsible to the hospital’s governing body—generally a board of trustees.

**dual model of care**: a model which acknowledges the fact that many people simultaneously use an alternative healer and a conventional medical provider for the same problem.

**electronic health records (EHRs)**: a new and still developing requirement in health care, whereby medical providers electronically record patient background data and history and summaries of physician–patient interactions.

**environmental tobacco smoke (ETS)**: smoke that is breathed in from others’ use of tobacco.

**epidemiological transition**: a three-, four-, or (ideally) five-stage evolution of how the dominant diseases within societies shift from acute infectious diseases to chronic degenerative diseases.

**epidemiology**: the field of medicine that focuses on understanding the causes and distribution of diseases and impairments; social epidemiology is the study of these factors within a population.

**ethics**: derived from the Greek word “ethos” (meaning “character”) and the Latin word “mores” (meaning “customs”); a field of study that helps to define what is good for the individual and for society, and that establishes the nature of duties that people owe themselves and one another.

**etiology**: the cause(s) of a disease.

**evidence-based medicine (EBM)**: a teaching approach in which the selection of medical therapies puts more emphasis on treatments that have been tested and determined to be effective by scientific research, and focuses less on intuition and anecdotal evidence.

**exclusive provider organization (EPO)**: a type of managed care organization that is structured in the same way as PPOs, but with the important difference that EPOs do not pay anything to enrollees for services received from a provider who is not in the plan’s network (and they do not count towards the deductible).

**experimental research**: a research technique sometimes used by sociologists; it involves seeking cause-and-effect relationships among specified variables under carefully controlled conditions.
exposure hypothesis: the theory that certain societal groups, including people with lower socioeconomic status, are exposed to more stressful life experiences than their counterparts in other groups, and that this explains their higher rate of distress.

Flexner Report: an evaluation of the quality of all medical schools in the United States and Canada by Abraham Flexner in 1910; it identified traits that medical schools should have, and reported the very low quality of most medical schools (which led to more than half of them being closed).

functionalism: in sociology, a macro-level theoretical orientation that views society as a system with interdependent parts that work together to produce relative stability.

fundamental causes: in relation to disease and illness, the underlying social conditions, such as socioeconomic status, social inequality, community and neighborhood characteristics, exposure to stressful life events, and access to a supportive social network.

fundamental cause theory: the theory that a relationship exists between socioeconomic status (SES) and health status because SES includes an array of resources, such as money, knowledge, prestige, power, and beneficial social connections that serve to protect health.

genomic medicine: a field of medicine that examines the interaction of multiple genes with each and with the environment. Many diseases, including breast and colorectal cancers, HIV/AIDS, Parkinson’s disease, and Alzheimer’s disease can best be understood and addressed using this multifactorial approach.

germ theory of disease: the discovery in the late 1800s that many diseases are caused by bacteria, which ultimately led to the development of vaccination. Louis Pasteur, a French chemist is given most credit for this discovery, and is now referred to as the “Father of Modern Medicine.”

global health: a broad concept that can refer to any of the following: (1) health problems that transcend national borders (e.g., the Zika virus), (2) health problems of such magnitude that they have an impact on economic and political systems around the world (e.g., HIV/AIDS), or (3) health problems that require cooperative action and solutions by more than one country (e.g., Ebola).

genomic medicine partnerships (GHPs): partnerships among two or more countries that typically, but not always, involve a developed country and a developing country. GHPs may involve systematic sharing of resources such as personnel, technology, administration, education, and pharmaceuticals.

Great Trade of 1910: the deal made in 1910 whereby the states and the federal government gave the American Medical Association control over the education and licensure of physicians in
exchange for a promise that this power would be used to create the best possible medical care system.

**health**: according to the World Health Organization, a state of complete physical, social, and mental well-being and not merely the absence of disease or infirmity. This definition suggests that health relates to one’s ability to engage in everyday activities and be a fully functioning human being—physically, socially, and emotionally.

**health behavior**: any activity undertaken by a person believing him- or herself to be healthy, for the purpose of preventing health problems. This includes both preventive health behavior and disease detection behavior. (From a societal level, it also includes health promotion and health protection activities.)

**health belief model (HBM)**: a tool used by social scientists to try to predict participation in health behaviors. A person’s willingness to engage in a specific health behavior is due to four factors: (1) perceived susceptibility or risk, (2) perceived seriousness of the risk, (3) perceived benefits of engaging in the health behavior, and (4) perceived barriers to such participation. Engagement in the behavior also requires some cue or stimulus, and the belief that one can succeed in performing the behavior (self-efficacy).

**health care team**: a concept that has three primary meanings: (1) a group of highly competent technical specialists, subspecialists, and supporting personnel who jointly participate in some dramatic, intense, and usually short-term activity (e.g., a neurosurgery team); (2) the cooperation of technically oriented providers (e.g., physician specialists) with socially and/or behaviorally oriented providers (e.g., social workers); (3) a less hierarchical and more egalitarian mode of health care organization and decision making (especially among physician and non-physician providers). The primary objectives of team care over traditional care are to avoid duplication and fragmentation of services, and to develop better and more comprehensive health plans by including more perspectives.

**health insurance exchanges**: exchanges created in the Patient Protection and Affordable Care Act to offer a choice of private health insurance plans for people who are not covered by an employer-provided or personal health insurance plan. If a state chooses not to set up its own exchange, the federal government does so for it, so people in all states and D.C. have access to it.

**Health Insurance Portability and Accountability Act 1996 (HIPAA)**: a critical piece of legislation that includes several measures to protect the privacy of patients and their medical records and to establish security of electronic health information.

**health literacy**: the degree to which individuals, organizations, and communities obtain, process, understand, and share health information and services needed to make appropriate health decisions.
**health locus of control (HLC):** a key factor in the theory that healthy behaviors are selected by individuals based on the expectation that they will actually lead to positively valued health outcomes. Individuals who feel that they have control over their own health (internal locus of control) and who place high value on their health are more likely to engage in healthy behaviors than those who feel powerless to control their own health and who believe health to be determined by luck, chance, or fate (external locus of control).

**health maintenance organizations (HMOs):** prepaid plans in which a group of physicians and hospitals provide health care in return for a fixed premium from enrollees. HMOs are required to provide a stated range of health care services (typically a minimum of ambulatory and hospital care, dental care, medications, and laboratory tests) that must be available 24 hours a day. These services are normally provided by a subset of a community’s providers who contract with the HMO and accept a lower reimbursement level and some guidelines to follow in exchange for the promise of patients.

**health professional shortage area:** a geographic area that has a shortage of primary health care medical, dental, and/or mental health providers.

**health protective behaviors (HPBs):** behaviors that are undertaken in order to minimize the risk of disease, injury, and disability. Examples include taking regular exercise, maintaining an optimum weight and a healthy diet, not smoking, and obtaining immunizations against communicable diseases.

**health transition (HT):** a broad program for research and empowerment that is being encouraged for developing countries. It emphasizes investment in equitable distribution of wealth, the importance of community and public health, and the importance of lifestyle and behavioral factors as opposed to investment in high-tech medicine.

**Hippocrates:** a Greek physician now referred to as the “Father of Medicine” because of his contributions to our understanding of the natural causes of disease, his extensive writings on medicine, and his ethical code of medicine.

**Hippocratic Oath:** the most famous code of medical ethics; it includes the responsibilities of physicians toward their apprentices and toward their patients.

**homeostasis:** a state in which the body’s physiological processes are in balance and are properly coordinated.

**horizontal integration:** the process whereby, in order to capture some of the same economies of scale and other advantages of hospital chains, many independent hospitals have themselves consolidated. Theoretically, this creates the same bargaining and powers of leverage that exist in for-profit chains.
**Human Genome Project:** the research project, started in 1990 and completed in 2000, that mapped the complete human genome, assigning each gene to its proper location on a chromosome and determining its function. This knowledge is being used to better understand the role of genes in a range of different diseases.

**Humoral theory of disease:** the dominant theory of disease causation for many centuries; it encourages keeping the body’s elements in balance in order to maintain health.

**Illness behavior:** an activity undertaken by a person who feels ill in order to define the illness and seek relief from it.

**Impaired physician:** a physician who is unable to practice medicine with reasonable skill and safety due to physical or mental illness, including the loss of a motor skill due to aging, or to excessive use or abuse of drugs, including alcohol.

**Implicit bias:** a bias that may not be consciously endorsed, intended, or even recognized, but which nevertheless exists.

**Incidence:** the total number of cases of a disease or condition present at a given time.

**Infant mortality rate:** the number of deaths of individuals under 1 year of age for every 1,000 babies born.

**Infertility:** an absence of pregnancy after 1 year of regular sexual intercourse without contraception.

**Informed consent:** a process designed to guarantee patient autonomy, by ensuring that the patient is competent, that they are given all of the information that might affect their decision making, that they comprehend this information, and that they make a voluntary choice with a written consent.

**Integrative medicine:** practices that attempt to integrate mainstream and non-mainstream approaches in medicine.

**Interactionism:** in sociology, a micro-level theoretical orientation that focuses on small-scale day-to-day interactions between people. Society is viewed as the outcome of an infinite number of episodes of interaction each day in which individuals interpret social messages and base their responses on these interpretations.

**Licensed practical nurse (LPN):** a nurse who is a high-school graduate and who has completed an additional 1-year vocational program and passed an examination leading to the LPN certification.

**Life events:** specific events or experiences that interrupt an individual’s usual activities and require some adjustment (e.g., bereavement, divorce).
life expectancy: the average number of years for which a person born in a given year can expect to live.

living will: a document signed by a competent person that provides explicit instructions about desired end-of-life treatment if that person should become unconscious or unable to express their wishes. The living will is commonly used to authorize the withholding or withdrawal of life-sustaining technology, and provides immunity for health care professionals who comply with the stated wishes.

looking-glass self: a belief that we come to see ourselves as we believe other people see us; the term was coined by Charles Horton Cooley.

main effects model of social support: the theory that social support contributes directly to well-being and positive health, and that these beneficial effects occur even in the absence of stress.

managed care: a strategy for slowing down the increase in health care costs by overseeing and monitoring patient behavior, provider behavior, and insurer behavior. Controls are designed to manage or guide the patient care process, attempting to ensure that appropriate and cost-efficient care is provided and that inappropriate and unnecessarily expensive care is not.

managed care organizations (MCOs): organizations that use a managed care philosophy to slow down the increase in health care costs. Typically owned by a private health insurance company, they recruit medical providers and patients who agree to abide by the regulations of the organization. The key types are health maintenance organizations (HMOs), preferred provider organizations (PPOs), exclusive provider organizations (EPOs), and point of service (POS) plans.

maternal mortality rate: the number of women who die in the process of giving birth for every 100,000 live births.

mediators of stress: coping techniques and social support that can be used to influence or modify (i.e., mediate) the effects of stressors on people.

Medicaid: a federal-state program that was designed to provide health insurance for the very poor. States set the eligibility requirements, so there is considerable variation from state to state.

medicalization: a concept that has two primary meanings: (1) the interpretation of an increasing number of behaviors and conditions that were once thought of as normal life problems (e.g., alcoholism, obesity) in medical terms, giving the medical profession increased powers to determine what is normal and desirable behavior; (2) the view that medical practice is the proper mechanism for controlling, modifying, and eliminating these “undesirable” behaviors.

medical entrepreneurialism: a term coined by Arnold Relman to describe efforts to invest in health in order to make a profit.
medical ethics: an applied area of ethics that focuses on rules of moral conduct as they apply to the practice of medicine.

medical fraud: illegal activities in the health care field committed by medical providers and/or individuals or companies to make money or gain a competitive advantage.

medical futility: a situation in which the success of a medical intervention is either predictably or empirically so unlikely that its exact probability is often incalculable.

medical home: a physician-led team that includes nurses, nurse practitioners, physician assistants, health educators, and others working together to provide comprehensive primary care. The model aims to provide better coordinated care that is more family centered and accessible. Ideally, patients would receive more time with team members than they currently do with just a primary care physician, and interaction could focus on prevention and education as well as on diagnosis and treatment. The medical home philosophy also emphasizes that patients should be treated with respect, dignity, and compassion, and that strong and trusting relationships should be developed between providers and patients.

medical–industrial complex: a term coined by Arnold Relman to describe the huge and rapidly growing industry that supplies health care services for profit. It includes proprietary hospitals and nursing homes, diagnostic laboratories, home care and emergency room services, renal dialysis units, and a wide range of other medical care services that were formerly provided largely by public or private not-for-profit community-based institutions, or by private physicians in their offices.

medical licensure: the requirement that all physicians must pass an accrediting examination and be licensed by the state in which they practice.

medical malpractice: situations in which patients are compensated when all of the following have occurred during a medical encounter: (1) the patient was injured or damaged; (2) the health care provider (the defendant) was negligent (i.e., failed to meet the standard of care expected in the community); and (3) the negligence caused or contributed to the injury or damage.

medical sociology: the study of health care as it is institutionalized in society, and of health and illness and their relationship to social factors.

medically underserved areas: geographic areas that have insufficient medical resources, based on the number of physicians available, the infant mortality rate, the number of people below the poverty level, and the number of people aged 65 years or older.

Medicare: a federal insurance program that was designed to protect people aged 65 years or older from the rising costs of health care. It now also includes permanently disabled workers, their dependents, and people with end-stage renal disease.
**megamerger**: a merger of chains of hospitals to create gigantic companies of hospital ownership.

**monastic medicine**: a term describing medicine in the first half of the Medieval Era (around 500 to 1,000 A.D.), when the Christian Church assumed responsibility for medical care, and medicine was based largely in monasteries.

**morbidity**: the level of disease, impairment, and accidents in a population.

**mortality**: the number of deaths in a population.

**multihospital chains**: ownership groups that have purchased a large number of hospitals.

**national health expenditures (NHEs)**: the total amount of spending for personal health care and for administration, construction, research, and other expenses not directly related to patient care.

**neonatal mortality rate**: the number of deaths among infants in the first 28 days of life per 1,000 live births.

**non-compliance**: failure to comply with physician instructions, including requests for follow-up visits, the taking of medications, and changes in lifestyle.

**nurse practitioner (NP)**: a registered nurse with a graduate degree in advanced practice nursing. About 90 percent of NPs complete a 2-year master’s degree beyond the RN, and some even obtain additional degrees (a doctoral degree in nursing practice is now available). NPs are able to provide about 70 to 80 percent of the basic primary and preventive care offered by physicians. They take social and medical histories, conduct physical examinations (including breast and pelvic examinations), perform pregnancy testing, Pap smears, and tests for sexually transmitted diseases, provide or prescribe contraceptive devices, and order laboratory tests and X-rays. They also undertake patient counseling and provide health education.

**obesogenic culture**: a culture that leads to an increase in the level of obesity in a population by encouraging engagement in health-harming behaviors such as unhealthy eating and a physically inactive lifestyle.

**observational research**: a research technique sometimes used by sociologists that involves carefully observing people in their natural environment.

**palliative care**: care that focuses on treatment of the pain and suffering of seriously ill patients.

**paternalism**: the prioritizing of beneficence over autonomy; a physician is said to be showing paternalism when they override a patient’s wishes and take action presumed to be in the patient’s best interest but unwanted by the patient.
**patient activation:** the skills and confidence that equip patients to become actively engaged in their health care. This entails having individuals assume greater responsibility for managing their own health and their own health care. It would include making beneficial decisions about lifestyle (e.g., about diet, exercise, and tobacco use) and knowledgably using health care resources available to them. It represents a cultural shift not only toward individuals being more responsible for their own health, but also in creating environments in which positive and appropriate health actions are encouraged.

**patient-centered care:** the provision of care that is respectful of and responsive to individual patient preferences, needs, and values, and which ensures that patient values guide all clinical decisions.

**patient dumping:** an action taken by for-profit hospitals to refuse or discourage poor and uninsured patients from trying to become admitted by referring them to a non-profit or public hospital (assuming that they will accept the patient).

**peer review:** the comments, questions, suggestions, and personal conversations that occur on a daily basis as physicians work with or near each other, and the opportunity to monitor each other’s work.

**persistent vegetative state:** the condition that occurs when a person’s cerebrum is permanently non-functioning but their brainstem is still functioning. The patient is not conscious, is irretrievably comatose, needs to be nourished artificially, but is respiring on their own. The eyes are open at times, there are sleep–wake cycles, the pupils respond to light, and gag and cough reflexes are normal. However, the person is completely unconscious and totally unaware of their surroundings, and will remain in this state until their death (which may not occur for many years).

**personal health expenditures (PHEs):** the total amount of spending on personal health care, including money paid to hospitals, physicians, dentists, and other providers, such as nursing homes, and money paid for drugs and medical supplies.

**personalized medicine:** based on genetic information (obtained by means of a personal genetic sequencing test), medication that will be developed for each individual person, in contrast to today’s one-size-fits-all approach. These medicines are expected to be extremely expensive but more effective than present-day ones.

**pharmaceuticalization:** the process by which social, behavioral, or bodily conditions are treated or deemed to be in need of treatment or intervention with pharmaceuticals by doctors, patients, or both.

**physician assistant (PA):** a health care professional who has completed at least 2 years of college (most have a baccalaureate degree) and has a minimum of 2 years’ experience in the
health care field. A national certification exam must be passed before a PA can be licensed. Under the direct or indirect supervision of a physician a PA can perform most of the basic care provided by the physician, including conducting physical examinations, monitoring and treating minor ailments, counseling, and prescribing some medications. The role of PA was created to handle routine patient care tasks so that physicians could spend their time on more complicated patient problems. Today, PAs work in all medical specialties, including primary care, surgery, anesthesiology, pathology, orthopedics, and radiology.

**physician-assisted suicide:** an event that involves a physician providing a means of death (e.g., a particular drug) and instructions (e.g., how much of the drug would need to be taken for it to be lethal) to a patient, but does not actually administer the cause of death.

**physician burnout:** a state of emotional and physical exhaustion with an accompanying decrease in job identification, job satisfaction, and confidence in one’s work ability.

**physician self-referral:** the referral of patients by a physician to other health care facilities in which the physician has a financial interest.

**point-of-service (POS) plan:** a type of managed care organization that is a hybrid of HMOs and PPOs. Typically, POS plans offer more choice of providers (like PPOs), while retaining more care management regulations (like HMOs).

**post-neonatal mortality rate:** the number of deaths of babies aged between 29 days and 1 year per 1,000 live births.

**preferred provider organization (PPO):** a type of managed care organization that consists of networks of physicians and hospitals that agree to give price discounts to groups who enroll in their program, use their services, and agree to follow specified regulations (e.g., pre-admission hospital review).

**prevalence:** the total number of cases of a disease or condition present at a given time.

**primary care:** typically, a patient’s initial health care contact with a medical provider and the key organizing point for continuing care. Primary care may be provided by a physician (usually in family medicine, internal medicine, or pediatrics), or a nurse practitioner or a physician assistant.

**principlism:** an approach to ethics that bases morality of conduct on consistency with well-considered moral principles. When a question of moral duty occurs in the medical field, one should determine the appropriate moral action by applying and following the pre-considered principles.

**privacy:** freedom from unauthorized intrusions into one’s life. As applied to medical matters, it largely refers to the control that an individual has over information about him- or herself.
privileged communication: in order to foster a close and trusting relationship between individuals and selected professionals, information shared with these professionals may be exempt from testimonial compulsion. That information or communication is then described as “privileged.”

problem-based learning (PBL): a teaching approach that emphasizes student problem solving, and that typically includes contact with patients from the beginning of medical school.

procreative liberty: a tradition of judicial and legislative action which suggests that there is a fundamental right not to procreate.

professions: occupations that have certain special traits and characteristics which may not be shared by other occupations. In medicine, three such traits are rigorous standards, significant autonomy, and considerable prestige and identification with the profession.

professional dominance: the extensive control held by a profession over the organization, laws, training, clinical practice, and financing of that profession, and its ability to promote its own autonomy, prestige, and income.

proletarianization: a situation in which physicians, like other workers in capitalist economies, eventually have their autonomy and self-control stripped away and replaced by control by corporate owners and managers.

proximate risk factors: health-related individual behaviors such as diet, exercise, use of tobacco and alcohol, control of stress, and other aspects of lifestyle.

registered nurse (RN): a key part of the health care system, a nurse who has obtained one of three types of diploma or degree in nursing: (1) a 3-year program in a hospital-based school of nursing, with the award of a nursing license; (2) a 2- to 3-year program consisting of both academic and nursing courses in a community college or junior college-based program, with the award of an associate degree and a nursing license; or (3) an undergraduate curriculum of academic courses, usually with a nursing major, with the award of a Bachelor of Science in Nursing (BSN) degree. Generally speaking, the more education a nurse has completed, the higher the status they will have.

religious exemption laws: laws that permit legal violation of other laws based on religious grounds (e.g., exempting someone from vaccinating their children based on religious beliefs).

restricted-activity days: days on which a person cuts down on their activities for more than half of the day because of illness or injury.

scholastic medicine: a term describing medicine in the second half of the Medieval Era (around 1,000 to 1,500 A.D.), when responsibility for medicine shifted to universities.
scientific process: a research approach commonly used by sociologists, which involves developing theories that explain the object being studied, empirically testing hypotheses that are consistent with the theory, and drawing conclusions based on the observations.

self-care: the broad range of behaviors initiated by individuals to promote optimal health, prevent illness, detect symptoms of ill health, heal acute illness, and manage chronic conditions.

self-help groups: groups of individuals who experience a common problem and share their personal stories, knowledge, and support in order to help one another.

shaman: typically a highly revered individual within a group or tribe who served as an intermediary with the gods and was the group’s medical leader.

sick role: when one is ill, the new role that is substituted for the normal social roles that one has relinquished. The sick role is “also a social role, characterized by certain exemptions, rights, and obligations, and shaped by the society, groups, and cultural tradition to which the sick person belongs” (Fox, 1989:17; see Chapter 7).

social capital: the theory which posits that there may be valuable resources within a person’s social network, and that these resources might provide helpful health information, assist in enabling health-promoting behaviors, increase access to beneficial resources, and enhance the individual’s self-esteem and positive self-concept.

social construction of illness: the culturally and socially determined process of defining an illness, and the ability to cope. As individuals mature through life stages, they are socialized within their families and communities to respond to illness in particular ways. Part of this socialization involves observing how others within the group respond to illness, and noting the positive or negative reactions that their behaviors elicit.

social construction of reality: the belief that the world is created by individuals through the exchange of verbal and non-verbal symbols.

social control: the ability of individuals and groups to regulate themselves (internal control) and the measures adopted by outsiders to regulate an individual or group (external control).

social determinants of health: determinants of health and disease that are either proximate risk factors (e.g., cigarette smoking, using a tanning booth) or fundamental causes (e.g., social inequality, neighborhood characteristics).

social epidemiology: when investigating disease and illness, an expanded epidemiological focus on social factors such as socioeconomic status, race, gender, lifestyle, and exposure to toxic substances.

social medicine: a field of medicine that attempts to improve public health by documenting the role of social factors in disease and illness, and using social science to work with communities and providers in reducing health problems.
social model of disability: the view that restrictions in activities or functions experienced by individuals are the result of a society that has not made appropriate accommodations.

social organization strategy (SOS): the view that responding to illness is a process—that is, rather than making a single choice, sick people continue to talk with others, solicit advice, and possibly use a variety of professional, semiprofessional, and lay advisors until either the matter is resolved or all the options have been exhausted.

social support: the resources that people receive from their social relationships, social networks, and membership of groups, which have the effect of reducing or helping to prevent stress.

socialization: the process by which a person becomes a member of a group or society and acquires values, attitudes, beliefs, behavior patterns, and a sense of social identity. It is a lifelong process; as each new role is added, the person integrates new expectations with previous behavior.

socialized medicine: a health care system in which the government owns all health facilities and employs all health care workers. Theoretically, at least, in this system there is no private health care sector.

sociological definition of health: the definition of health as the ability to comply with social norms. According to Parsons (1972:173; see Chapter 6), health is “the state of optimum capacity of an individual for the effective performance of the roles and tasks for which he has been socialized.” Unlike the biomedical definition of health, the sociological definition is not just the lack of something, but rather it is a positive capacity to fulfill one’s roles, and it is not just a physiological condition, but rather it includes all the dimensions of individuals that have an impact on social participation.

sociological imagination: a term coined by C. Wright Mills to refer to an ability to see how larger social patterns (public issues) influence individual behavior (personal troubles).

sociological perspective: understanding human behaviors by placing them in social context—that is, examining the influence of social forces or circumstances that have an impact on individual behavior.

sociology in medicine: the focusing of sociology on making contributions to the practice of medicine.

sociology of bio-knowledge: an approach to medical ethics that emphasizes human rights in determining what is moral and what is not. It includes contributions from various fields of scholarship, including the sociology of human rights, science and technology studies, feminist bioethics, and the work of Michel Foucault (whose intellectual contributions included efforts to understand the ideas that shape our present society and how power and knowledge exert social control).
**sociology of medicine**: the focusing of medical sociology on making contributions to sociological theory.

**sociology with medicine**: the focusing of medical sociology on simultaneously making contributions to the practice of medicine and the advancement of sociological theory.

**spiritual healing**: a system of belief that spiritual healers serve as a conduit through which the healing powers of spirits or God are transferred to the patient. Spiritual healers do not claim any personal ability to heal, but rather an ability to convey the power of some transcendent being to the sick. Spiritual healers may or may not be affiliated with a particular church, and may or may not be full-time healers.

**stages of illness experience**: an orderly approach to the study of illness behavior using Suchman’s five key stages of illness experience: (1) symptom experience, (2) assumption of the sick role, (3) medical care contact, (4) dependent-patient role, and (5) recovery and rehabilitation.

**stigma**: a deeply discrediting characterization of an individual that often includes social rejection and social isolation, and may elicit shame.

**stress**: a state of imbalance within a person, elicited by an actual or perceived disparity between environmental demands and the person’s capacity to cope with those demands.

**supernatural explanations of disease**: the belief that diseases are caused by the direct intervention of a god, or indirectly through a sorcerer (a mortal in control of supernatural forces).

**survey research**: a research technique commonly used by sociologists, which involves the collection of data through face-to-face interviews or self-administered questionnaires.

**technological determinism**: the idea that technology is not only influenced by cultural values but also in return has a powerful and deterministic effect on culture and social structure.

**technological imperative**: the idea that we should always use the technological capabilities that we have available to us; the implication is that the use of an available technology is always preferable to inaction.

**technology**: the practical application of scientific or other forms of knowledge.

**technology assessment**: efforts to quantify the outcomes of implementing specific technologies, and to compare these outcomes with those expected from other health care programs.

**telemedicine**: the use of computers to share, obtain, and discuss medical information.

**temporalizing of symptomatology**: the placing of a time frame on decision making about how to respond to an illness (e.g., “If I am not better by Thursday, I will see a doctor”).
theory of help-seeking behavior: a theory to explain how individuals assess an illness and determine how to respond to it. Mechanic traces the extreme variations in how people respond to illness to differences both in how they define the illness situation and in their ability to cope with the situation. The process of definition and the ability to cope are both culturally and socially determined.

theory of reasoned action (TRA): a tool used by social scientists to try to predict participation in health behaviors. The TRA identifies behavioral intention (i.e., intention to perform a behavior) as the key factor in predicting health behavior. Behavioral intention is created both by the person’s attitudes about the behavior (e.g., “stopping binge drinking would be good for my health”) and by norms—that is, perceived expectations that others have for that individual (e.g., friends conveying that they think the person’s binge drinking is out of hand and embarrassing)—and the person’s motivation to comply with those norms.

therapeutic communication: a process of communication between physician and patient that has three components: (1) the physician engages in full and open communication with the patient and feels free to ask questions about psychosocial as well as physical conditions; (2) the patient provides full and open information to the physician and feels free to ask questions and seek clarifications; and (3) a genuine rapport develops between physician and patient.

Thomas theorem: the belief coined by W.I. Thomas that people respond to their perceived world, whether it is perceived accurately or not (often summarized as “if situations are defined as real, they are real in their consequences”).

tolerance for uncertainty: a prominent value in medical education, the training of medical students to be tolerant of the many kinds of uncertainty that they will face as physicians.

trephination: the use of a sharpened stone to drill or carve a hole in the skull, thought by many to be done in order to release evil spirits.

tyrrany of the gift: a sense of obligation to repay that an organ recipient feels toward the organ donor.

vertical integration: a common procedure in non-profit hospitals that involves the creation of a corporation (often a holding company) that owns both non-profit-making enterprises (including the hospital) and profit-making ones. Sometimes the profit-making companies are health related (e.g., hospital supply companies), which gives the conglomerate control over various levels of health care, and sometimes they are unrelated to health care (e.g., real estate companies). These arrangements allow the hospital to retain its non-profit, tax-exempt status while it secures access to the funds raised by the profit-making companies (although taxes are paid on these profits).
**vulnerability hypothesis**: the theory that certain societal groups, including those with lower socioeconomic status, have higher rates of distress because they are affected more by stressful life experiences.

**World Health Organization (WHO)**: the leading health surveillance organization in the world. Headquartered in Geneva, Switzerland, with offices located around the world, the WHO monitors the world health situation and world health trends, provides technical support to countries with their health care systems and enters into programmatic partnerships, establishes norms and protocols, and helps to set the world health research agenda.