A view from the cuckoo’s nest: The value of teaching sociology in medical schools

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Abstract

In the late 1970s, medical schools across London sent representatives to participate in the University of London’s Special Advisory Committee in Sociology as Applied to Medicine. Reflecting on the committee’s work, Graham Scambler writes, “[i]t gave voice to otherwise isolated cuckoos in the [medical school] nest”. ¹ A number of innovative initiatives emerged from this collaboration, including an intercalated Bachelor of Science for medical students and the first textbook on sociology as applied to medicine, but sociology continues to hold a tenuous position in medical schools. Indeed, sociology remains a fringe element in medical education, despite the discipline’s enduring fascination with health, illness, and medicine. This is particularly true in the Middle East and North Africa (MENA), where medical schools arose as colonial or nationalist projects committed to western biomedicine with a curriculum grounded in the basic sciences. However, in the West, this model is undergoing reforms to integrate the social sciences into the core curriculum.² Medical educators aim for these reforms to develop new, more expansive ways of thinking and to improve professionalism and bedside skills.

This paper offers a “view from the cuckoo’s nest” to advocate for the meaningful inclusion of sociology in contemporary medical curricula. Sociological methods and theories provide aspiring physicians with what Pierre Bourdieu called “a means of self-defense.” In complex regions like the Middle East and North Africa, where ethnic, sectarian, and cultural tensions often lie just beneath the surface, physicians...
require the intellectual resources to interpret and respond to their differently situated patients. Moreover, they face pressure to achieve results with limited resources, and sociology can equip them with critical insight into their work, and shed light on how these complex social forces shape professional practice. By moving sociology from the margins of medical education to the center, medical schools can transform how student-physicians think about their patients, themselves, and their workplaces, and inspire a new generation of reflective practitioners. The paper considers important questions regarding the nature of medical curricula, discusses common educational problems that can be addressed through sociological methods, and applies the elements of Wear and Castellani’s curricular vision to the Middle East context, focused on Qatar.  

For Wear and Castellani, the integration of sociology in medical schools involves epistemological values. They question the kinds of knowledge valued in and excluded from medical curricula, and contrast this with what students need to become physicians who can provide skilled, compassionate care. In so doing, they find that many medical schools, and therefore many students, conflate “valuable” medical knowledge with the basic sciences. While recognizing the sciences as a key component of medical education, Wear and Castellani suggest that more is required for students to become compassionate, communicative, and responsible professionals. They propose a full-spectrum curriculum emphasizing sociological consciousness, interdisciplinary perspective, and political and economic awareness of health care issues. They contend that such a curriculum would inculcate the “habits of mind and heart” that student-physicians need to function successfully in contemporary health care settings (p. 226). For those in the Middle East and North Africa, who work in highly politicized and stratified contexts, sociology’s critical tools can help them demystify their training and workplaces to foster system strengths while shoring up the weaknesses. As May and Clark maintain, the purpose and value of sociology in the medical curriculum is to “open up the work of the doctor and the practice of medicine to a more critical scrutiny, and to promote in students an understanding of those processes underlying the profound changes that will inevitably occur to the organization of health care and the practice of medicine.”

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References


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