About the course

The course is a seminar designed primarily for graduate students. The seminar will focus on the sociology of biomedical (clinical and laboratory) practices and, in particular, on recent developments at the interface of medicine and genomics. Its main objective is to examine how biomedicine shapes and is shaped by societal developments. Biomedicine is a very diverse field and sociologists of biomedicine have investigated a motley of different topics, ranging from the production of visual inscriptions, to the dynamics of medical discourse, the structure of medical texts, the development of diagnosis and classification, the role of biomedical instruments and devices, the evolution of different styles of research, the rise of patient activism, the emergence of biosocial identities, the commercialization of medical research, and so on. Because the field is so large, no single course could possibly cover its entire breadth. I have chosen to focus on the challenges raised by the massive input of genomic technologies in recent years, which have led to a reconfiguration of biomedical practices, the emergence of new notions of evidence and objectivity, and to new, albeit controversial understandings of health and illness.

Course requirements

The course will follow a seminar format. Students are expected to contribute to each session in the form of preparation, participation, and focused questions for discussion. I have selected two or three required readings for each session, and listed additional readings for students who want to explore a given topic more extensively.

Students must fulfill the following three requirements:

- First, each student will be expected to write a brief (1-2 pages) summary, ending with critical thoughts, of one of each week’s required readings. The term “critical thoughts” refers to an assessment of the reading, pointing to strengths and weaknesses in argument and/or evidence. The assessment can include a comparison with a reading or readings from the same or an earlier week. The summaries should be e-mailed to all course participants (myself included) no later than the Friday preceding the Monday class during which we
will discuss the readings, in order to allow discussion leaders (see next point) to prepare their comments. Students are expected to read each other’s comments prior to class.

• Second, each student will participate in leading the discussion of required readings during one class period, as part of a team of two or three students. At the beginning of the semester, each student should sign up for one or more sessions for which s/he agrees to act as the seminar facilitator, with the responsibility for introducing the discussion, keeping it moving and making sure pertinent points are covered. Discussion leaders should act as a team and present an integrated overview of each week’s readings and of the issues and questions they raise (as contrasted with discussing each reading in turn). Their overview should be based on their own critical analysis of the readings and include a summary of the comments emailed by the other students. A printed outline of the overview should be distributed at the beginning of the each class.

• Finally, students will submit a seminar paper at the end of the course (4000-6000 words). The paper will analyze a topic of their choice in the sociology of medicine. Any topic will do as long as it deals with biomedicine (broadly defined) and as long as it implements the methodological and theoretical tools discussed in the course. The paper is not to be conceived of as an essay review of secondary sources. Rather, it should be based on the analysis of primary sources (medical literature, interviews, etc.). The paper, however, must include a section in which the topic is discussed theoretically or conceptually, and references to the literature from class readings and/or other relevant analytical material that you have found. Students are therefore strongly advised to choose a topic as soon as possible: term paper proposals and outlines are due on October 22. Papers are due in principle on the last day of classes (December 4) but an extension can be granted until December 15. While, as previously stated, students can select for their paper a topic of their choice, biomedical controversies often offer an ideal subject matter for a term paper. The Appendix “Term paper specifications” at the end of this course outline provides useful information on how to select a biomedical controversy and analyze it.

The grade will be determined by:
   a) Written summaries of readings: 30% of final grade
   b) Class participation (esp. as discussion leader): 20% of final grade
   c) Seminar paper: 50% of final grade

In accord with McGill University’s Charter of Students’ Rights, students in this course have the right to submit in English or in French any written work that is to be graded.

STATEMENT ON ACADEMIC INTEGRITY
McGill University values academic integrity. Therefore all students must understand the meaning and consequences of cheating, plagiarism and other academic offences under the code of student conduct and disciplinary procedures (see www.mcgill.ca/integrity for more information).
NOTE: While the seminar focuses on readings that are directly related to biomedicine, most of the readings explicitly refer to the field of Science & Technology Studies (S&TS). Ideally, students should have already taken an introductory course to S&TS, although this is not a necessary requirement. For students with no prior exposure to S&TS, the following textbook provides a useful introduction:


Additional recommended readings:

1/ September 10 — GENERAL INTRODUCTION: THE SOCIOLOGY OF BIOMEDICAL PRACTICES

2/ September 17 — SEARCHING AND MAPPING THE CONTENT OF BIOMEDICAL PUBLICATIONS

Required readings:

Additional readings:

3/ September 24 — CLINICAL RESEARCH AND CLINICAL TRIALS (I): ONCOLOGY

Required readings:
- Movie (shown in class): The energy of hope: EORTC celebrating 50 years of progress against cancer, 1962-2012.


Additional readings:


4/ October 1 — CLINICAL RESEARCH AND CLINICAL TRIALS (2):
TRANSLATIONAL RESEARCH

Required readings:


NO CLASS on October 8: Thanksgiving

5/ October 15 — CLINICAL RESEARCH AND CLINICAL TRIALS (3):
TRADING ZONES

Required readings:


Additional readings:


6/ October 22 — GENOMICS AND THE REFRAMING OF DISEASES (1):
THE CASE OF BRCA

Required readings:

• Pascale Bourret. BRCA patients and clinical collectives: new configurations of action in cancer genetics practices *Social Studies of Science* 35 (2005): 41-68.


**Additional readings:**


• Marianne Boenink. Unambiguous test results or individual independence? The role of clients and families in predictive BRCA-testing in the Netherlands compared to the USA. *Social Science & Medicine* 72 (2011): 1793-1801.

**7/ October 29 — GENOMICS AND THE REFRAMING OF DISEASES (2): REASSEMBLING CLINICAL CATEGORIES**

**Required readings:**


**Additional readings:**


**8/ November 5 — POPULATION SCREENING**

**Required readings:**


Additional readings:


9/ November 12 — EVIDENCE-BASED MEDICINE, PRACTICE GUIDELINES AND THE OBJECTIFICATION OF CLINICAL EXPERTISE

Required readings:


Additional readings:


10/ November 19 — RECONFIGURING PATIENTS AND MEDICAL PRACTICES

Required readings:

Additional readings:

- Steven Epstein. *Inclusion: The politics of difference in medical research*. Chicago: The University of Chicago Press (2007); esp. chapter 4 (The path to reform: controversy, closure, and boundary work), 74-93; and chapter 7 (From the standard human to niche standardization), 135-154.

11/ November 26 — A NEW GOVERNANCE OF LIFE?

Required readings:


Additional readings:


12/ December 3 — EXPECTATIONS AND PROMISSORY FUTURES

Required readings:


Additional readings:

13/ December 4 (Tuesday) — SUMMING-UP
General discussion of the topics examined during the previous weeks and of the students’ projects: please come prepared to talk for five-ten minutes about your term paper.

APPENDIX: TERM PAPER SPECIFICATIONS
Students may choose to write a short essay on a biomedical controversy. The term “biomedical” is to be broadly understood, so as to include topics related to laboratory research, clinical science, as well as clinical (diagnostic and therapeutic) practices in the various disciplines and specialties related to health. However, two elements must be present:
a) There must be evidence of a controversy, i.e., of two or more groups of practitioners disagreeing over the meaning, use, value, etc. of a given biomedical fact, technique or practice.
b) You must be able to document the existence of such a controversy by citing and referring to primary sources (scientific and medical journals).
Your work will be assessed not only on the basis of the analytical content of the paper, but also on the basis of your ability to find a suitable case-study by perusing the scientific and medical literature.

1) What do we mean by “biomedical controversy”?
The term “controversy,” as used in this Appendix, refers to any discussion or debate involving differences of opinions on any given biomedical topic. For example, a debate concerning whether substance X (say: salt) does or does not play a role in producing effect Y (say: increasing blood pressure) qualifies, for our present purposes, as a biomedical controversy. Biomedical controversies can, in some cases, escalate to major confrontations, but this is not necessarily the case. Depending on the actual controversy, the number and spectrum of actors involved will vary: some controversies will be confined to debates among health-care professionals, while others will involve representatives of patient groups, social activists, journalists or even politicians. Moreover, controversies do not necessarily involve only two camps, pitted against each other: there can, in fact, be several different positions concerning any given issue, and disagreements can focus not only on the interpretation of a given issue but also on the approach and methodology that is likely to lead to the “right” conclusion. To qualify as a biomedical controversy, irrespective of its size and extent, the debate must center on a medical issue in its “technical” sense: for instance, a purely ethical debate about whether a given medical technique (say: xenografts, i.e. organ transplantation using animal organs) ought to be performed or not for moral or religious reasons will not qualify as a biomedical controversy; by contrast, a debate about whether xenografts can transmit animal viruses to humans (and are thus an acceptable medical technique) will qualify.

2) Why analyze controversies?
University students are typically taught established facts corresponding to the state of the art at any given time. Often, no mention is made of the uncertainties surrounding the establishment of a given fact or its application to real world situations. This is why students often experience a reality shock when classroom teachings have to be applied in real-world situations. Two distinct sources of uncertainty can be distinguished: a)
uncertainties related to the “messy” nature of laboratory and clinical work; b) uncertainties related to the social implications of biomedical activities. These two sources of uncertainty interact in often-unpredictable ways. There are thus two main reasons why one may want to analyze biomedical controversies: from a general point of view, because this will give us a better understanding of the production of medical knowledge in real world situations, and from a practical point of view, because this will help students to develop a critical assessment of the gap between textbook and real-world biomedical activities.

3) How to analyze controversies?

The purpose of this exercise is to reconstitute some of the uncertainties that characterize clinical and laboratory practices by focusing directly on those uncertainties: our purpose is thus not to analyze controversies in order to find out who is right and who is wrong, but in order to understand how each of the parties in the controversy have come to espouse and defend a given position. Participants in controversies tend to dismiss their opponents’ points of view by arguing that they are “irrational,” “inconsistent,” “illogical,” “methodologically flawed,” and so on. Once the controversy has been settled, these assessments are often used retrospectively to a-symmetrically “explain” why losers were doomed from the very outset and winners won because their position was the right one. If we want to understand the dynamics of a controversy, it is thus better (although not necessary) to examine an ongoing dispute, that is, a controversy that has not yet met closure: since we do not know yet which position will “win”, we cannot use the outcome to account for the controversy. Moreover, we should refrain from using terms such as the above-mentioned ones (rational, irrational, etc.), since they are not analytical terms but, rather, rhetorical tools used by actors in a controversy.

A symmetrical analysis of a controversy will include the following five steps:

- **a. The controversy: a short initial description**
  Begin the analysis of the controversy by briefly describing the situation at hand: What is the field in which the controversy takes place? What is at stake in the controversy (as defined by the participants)? What are the competing positions in relation to the controversial issue? These elements will be analyzed in more detail in subsequent sections of the paper, but is important to give, at the very outset, a brief overview of the empirical issues under examination.

- **b. The relevant actors**
  Introduce and characterize the various actors involved in the controversy (remember: there can be more than two sides). The term “actors” applies both to human actors (individual or collective, such as associations, institutions, etc.) and to non-human actors (such as microorganisms, diseases, equipment, etc.): what are, in other words, the various entities (human and non-human) that play a role in the controversy?

- **c. How is the controversial knowledge produced?**
  It is important to avoid restricting the controversy to purely logical or textual arguments. One has to look at the different methodologies, tools and instruments used to produce the controversial claims. In short: what is the “material culture” of the groups involved in the controversy? The different research sponsorship networks to which participants are linked are another important element contributing to the production of knowledge: can you describe them? Which role do they play in the controversy?
d. A short history of the controversy

The fourth step amounts to providing an analytical summary of the development of the controversy. For instance, a controversy can begin in a given setting and then branch out to multiple settings (it can leave the secluded world of the laboratory and become public), additional kinds of actors can get involved, and so on. How did the controversy unfold? How have the positions evolved? Were there any major turning points?

e. Analytical account

The final step should include the following element: by referring to the secondary literature, explain how the particular controversy you analyzed can teach us something about the dynamics of biomedical practices.

4) How to select a controversy: empirical guidelines

As previously mentioned, the first major requirement is to select a controversy, ideally one that has not yet been settled, although “historical” controversies can also be selected. It is easy to do: for instance, editorials in clinical journals (Lancet, NEJM, BMJ, JAMA, etc.) often focus on controversial issues. Websites such as http://www.medicalcrossfire.com also document the existence of medical controversies: be careful, however, since summaries of controversies as they appear on websites are rarely symmetrical. Electronic databases such as PubMed and ISI Web of Science are quite helpful in locating additional references.

Once you have found a set of possible controversies, your final choice should be based on the following practical (and admittedly “fuzzy”) criteria:

- The controversy should not be too narrow, i.e., it should involve a certain number of people, not be confined to a single setting, be discussed in different kinds of publications; in short: focus on a topic that is more than a mere “technicality.”
- The controversy should not be too broad: a topic such as “new reproductive technologies” involves too many issues and too many actors. Pick a controversy that is “doable” given the time allotted to this assignment. Remember that it is better to submit a comprehensive analysis of a smaller controversy than a partial analysis of a broader one.
- Make sure that you have access to the relevant information: summaries of the controversy provided by secondary sources are not enough. You should use original documents (publications, reports, etc.).

FOR ADDITIONAL INFORMATION ON THE ANALYSIS OF CONTROVERSIES SEE:


See also chapter 11 (Controversies; pp. 120-135) in: