

Newsletter

of the Research Committee on the Sociology of Health



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Letter from the President of RC15

Welcome to the 55th edition of the Newsletter for RC 15, Sociology of Health. As you will see, the format has been modified by the new Newsletter Editor Guido Giarelli and we hope you like the result.

This Newsletter includes an account of RC 15's participation in a very successful ISA Forum in Buenos Aires, Argentina last August, and a report of the first joint conference co-sponsored by RC 15 and the European Society for Health and Medical Sociology and organised by the European Sociological Association Research Network 16 on Sociology of Health & Illness in Aalborg, Denmark. As a result of this conference it was agreed that the three organisations should try and develop stronger links between each other, under the banner of the Global Health Sociology Network.



Also included in this Newsletter is a report on the Sociology of Health in South Africa by Leah Gilbert and the announcement of future events, including a joint workshop in Ghent in June 2013 as part of the Global Health Sociology Network. We also have information about recent publications and a request from our Secretary-Treasurer, Amelie Quesnel-Vallee, for you to renew your membership to RC15. Renewing your membership is important as it is integral to the success of our Research Committee and determines how much money the ISA allocates to our RC for travel grants and forum/congress grants.

As the New Year begins we look forward to starting to plan RC15's contribution to the next ISA World Congress in Yokohama in July 2014 and hope that as many of you as possible will be able to attend in order to make this a memorable occasion.

Best wishes

Jonathan

Professor Jonathan Gabe
President RC15 Sociology of Health
Centre for Criminology & Sociology
Royal Holloway, University of London
Egham, Surrey
TW20 0EX

Life of RC15

ISA Forum in Buenos Aires

The RC 15 held a very successful set of sessions at the recent ISA Forum in Buenos Aires in August with a total of over 90 oral papers and a number of distributed papers delivered across 16 sessions. Sessions covered topics from health care choices and inequalities to pharmaceuticalization to biotechnologies to complementary and alternative medicine to the obesity plague. We also had a couple of sessions on men's health and men and reproduction. Presentations were made by established as well as emerging scholars in a collegial atmosphere. In the spirit of the trilingual nature of the ISA, a number of papers were delivered in French or in Spanish.

We held a joint session with RC52 on Professional Groups addressing gender and health human resource issues, and a very successful series of four joint sessions with RC 19 on Social Policy entitled Towards

Better Health Care for All. A summary of the latter was written up by Ellen Kuhlmann for Global Dialogue 3.1.

We also had a successful meeting with colleagues from Japan with regard to preparations for the upcoming World Congress. In addition to having sessions focused on local issues, we are keen to organise a range of site visits for our delegates to get some 'on the ground' experience of the Japanese health care system and issues affecting social determinants of health in the country. Stay tuned for more information in this regard.

Our social event, held in conjunction with RC52, was most successful thanks to the always adept handling by our trilingual Secretary/Treasurer, Amélie Quesnel-Vallée. Many thanks Amélie!

I would like to thank the session organizers, Johanne Collin & Annette Liebing,

Guido Giarelli, Kirsten Harley, Jonathan Gabe & Mike Calnan, Karen Grant, Ellen Kuhlmann & Claus Wendt, Maria Lohan, Noemi Lopes, Nelson Filice de Barros, Maria Tognetti, Stephanie Short, Kersten Sandell and Elianne Riska, for their contributions and their patience with the often challenging online system. My apologies if I missed anyone.

Please do let us know what publications and collaborations have been sparked by your participation in the Forum. We would like to feature these in upcoming Newsletters.

In closing, I look forward to seeing everyone in Japan for the upcoming World Congress.

Cheers!

Ivy Lynn Bourgeault
University of Ottawa,
Canada

Recent activities

Challenges for Health and Healthcare in Europe

The first joint ESA-ISA-ESHMS conference in Aalborg

The first midterm conference ever held of the European Sociology Association (ESA) Research Network 16 on Sociology of Health and Illness took place at Aalborg University (Denmark) on 1-2 November 2012, in collaboration with the European Society for Health and Medical Sociology (ESHMS) and the ISA RC 15 on Sociology of Health

(<http://www.esarn16.cgs.aau.dk/>).

The conference was devoted to the current climate of fiscal austerity across Europe and to the significant challenges it poses for the health of populations and for the survival of public healthcare systems across Europe. Deteriorating social conditions make some groups of individuals especially vulnerable to illness and have the potential to exacerbate existing inequalities in health and access to healthcare. These challenges are occurring alongside health system ‘reforms’ which are shifting the emphasis of healthcare from public provision towards a public-private mix and the redefinition of the service user as a consumer and an emphasis on individual responsibility for health. The work of healthcare professionals is also undergoing significant change as their work comes under increased surveillance and monitoring, raising implications for relations with patients and for the kind of care that is provided and for the experience of patients.

There were three keynote speeches from Piet Bracke (President of ESHMS), Jonathan Gabe (President of ISA RC 15), and Guido Giarelli (Board member of ISA RC15). The first one, professor at the Department of Sociology of the University of Ghent (Belgium), devoted his speech to ‘Population mental health and comparative health research’. He reminded that population mental health research goes back as far as Durkheim’s *Le Suicide* (1897), and every subsequent generation of social scientists (Faris & Dunham, 1939 and Brenner, 1973, just to name a few) contributed to the development of the field of social change and mental health. Recently, this

research domain got the renewed attention of scholars inside as well as outside sociology. The rise of multicountry, multilevel datasets containing health related information, as well as the growing attention for the fundamental social causes of health and illness (Link 1995, 2008), and the focus on population as opposed to individual health (Rose 2001) contributed to the revival of comparative health research. Based on findings from population mental health research, he illustrated how taking the context into account is vital when exploring the social roots of health and illness. In addition, he demonstrated how we can liberate a few so-called control variables in risk factor epidemiology – i.e. gender, education, and age – from their suppressed status by linking them to core concepts of sociology.

The second speech by Jonathan Gabe, professor of Sociology at Royal Holloway University of London, was on ‘The pharmaceuticalisation of society – a framework for analysis’. Drawing on insights from medical sociology and science and technology studies, this presentation developed a framework for understanding pharmaceuticalisation in terms of six key dimensions: 1. the redefinition of health problems as having a pharmaceutical solution; 2. changing forms of governance; 3. the role of the media in reframing health problems in terms of drugs; 4. the mobilisation of patient and consumer groups around drugs; 5. the use of drugs for non-medical purposes; and 5. drug innovation and the colonisation of health futures. He argued, on the basis of this analysis, that pharmaceuticalisation is best seen in terms of heterogeneous socio-technical processes that operate at different levels (macro and micro) and are often partial and incomplete.

Guido Giarelli, associate professor of Sociology at University ‘Magna Græcia’ of Catanzaro (Italy), focused his speech on ‘The challenge of the third sector: The role of civil society in health systems reforms’. During the last years, a challenge for European healthcare systems has

been emerging: the new role of the third sector. In fact, whereas the US healthcare system seems bound to remain mainly for profit, market oriented in spite of the Obama reform (assuming it will be implemented), the European health care systems are still part of more comprehensive welfare systems in which the State continue to play a fundamental role. However, due to a series of reasons – mainly, the epidemiological transition with the prevalence of chronic disorders which require an integrated health and social care, the persistence of a strong democracy deficit in the management of healthcare service and the increasing deficit of public finances - a new important actor appears increasingly involved in what is now termed as ‘New Public Governance’: what has been variously defined as ‘voluntary’, ‘independent’, ‘non profit’ or ‘third’ sector. Even though this is not a completely new phenomenon – since the third sector provided public services well before the State will take charge of this responsibility – what is nowadays at stake is a major legitimacy crisis for the public sector as a provider of healthcare and welfare services, with specific reference to the Beveridgean healthcare systems.

This raises a number of issues which need to be clarified in order to properly understand the nature of this crisis and its possible evolution. The first issue is concerned with the problem of the nature and distinctiveness of the third sector, which is a label including a huge variety of associations, organizations, institutions and groups: making it similar to ‘a loose and baggy monster’, as it has been defined. Secondly, given the variety of organizational types and the hybrid nature of many third sector organizations, does it still make sense to contrast them as a ‘sector’ to the state and market as pure ideal types? Or a different concept like, e.g., that of ‘civil society’ could be more useful, from a sociological point of view, in order to better understand the new topography of the societal space? Last, but not least, which role can the ‘third sector’ (or civil society) actually play in the reforms of the European healthcare systems? A lot of lip service has been paid in this respect, without analyzing the appropriate functions it can play and the contribution it can actually offer to address the legitimacy crisis of the public

sector and to expand the boundaries of the healthcare technostructure toward a more comprehensive health system. The above issues were dealt with by the speaker without an altogether normative perspective, but by presenting a theoretical framework based on empirical evidence with specific reference to the Italian and UK cases.

There were 44 papers in the programme and 53 registered participants. The papers were of high quality, focusing on themes such as public health and attitudes to behaviour change, social pathologies, chronic illness, health communication, gender issues in health and health care, health inequalities across Europe, ageing and health, financial austerity and new approaches to healthcare, new health technologies of health, research design, methodologies and methods in health research, and ethical and bioethical aspects of health.

Finally, a meeting was held between representatives of ESA RN16, ISA RC15 and ESHMS with the aim is to develop a stronger connection between the three organisations. All the representatives agreed on this aim and stressed the mutual positive attitude for future developments. The outcome of the meeting was that the three medical sociological organisations will work under a joint umbrella denominated ‘Global Health Sociology Network’; moreover, in order to improve mutual communication and information, each organisation will place a link to the other organisation on its webpage and will send copies of newsletters to each other. Finally, as detailed below, a second joint initiative in the area of theoretical and methodological developments in Health Sociology will be held in Ghent on June 2013.

Gunnar Scott Reinbacher
Chair of ESA RN16
Sociology of Health and Illness

Report on Sociology of Health in...

South Africa

by Leah Gilbert

Compared to other countries, Medical Sociology (as it was called then) in SA has a rather short history but it is growing in strength and importance. It started mainly as a service-teaching discipline in Health Sciences in the 70s drawing attention to the links between society and health and creating awareness among health professionals-in-training about the social aspects impacting disease and the well being of communities. Although located in Sociology it mostly catered for the needs of the faculty of health sciences. During the height of Apartheid, the teaching mainly focused on social inequalities accompanied by a critique of the health system to expose students to the devastating consequences of social ills on health outcomes.

Despite the academic boycott, progressive academics kept in touch with the latest research and literature in the field and produced relevant research. Since the early 1990s, the South African Sociological Association (SASA) has had a 'health' working group with a major focus on sociological questions around 'health in SA'. However, it has been somewhat marginal within mainstream sociology. This was also reflected in its absence as a specialisation offered to

Sociology students at that time – this scenario has changed.

Ironically, Health Sociology was given a boost from two unlikely processes; that of the emergence of the HIV/AIDS epidemic coupled with a new democratic order. The onset of the HIV/AIDS epidemic in South Africa, the inability of the medical establishment to curtail its rapid growth, the questionable response by the state and the public debates associated with it - all have combined to draw attention to the sociological aspects of health and disease and to put them in the public arena. In a parallel process, the new government's restructuring of the health system placed a heavier emphasis on primary health care followed by an increasing recognition that professionals other than medical practitioners needed to play a more significant role in formal and informal health care structures. This was particularly because of the contestation of the dominant bio-medical approach to health and the increasing recognition of the relevance of the psychosocial-environmental model of health in SA with its understanding that it is impossible to practice effectively as a health /social care practitioner without a sociological perspective of health. All of the above have

translated into positive developments in the sub-discipline.



I have been the only South African member of the RC15 (and 52) since 1996 and have attended its conference in Montreal in 1998 followed by Brisbane in 2002. The ISA conference that took place in Durban, South Africa, in 2006 provided an excellent platform to showcase local research and engagement in relevant sociological issues around health and disease. We had special sessions on HIV/AIDS, health care delivery in SA and a full plenary on '*Health and Disease in Africa through a sociological lens*'. Needless to say, more South African (and African) scholars participated in this conference which was the first to take place on the African continent. This trend continued in the conference in Gothenburg, 2010, where I was accompanied by some of my SA colleagues and students who joined the RC15. At this conference, we also organised a

successful session on the *'Social aspects in HIV/AIDS'*.

With the urgent need to expand human resources in health, our contribution to teaching programmes of all health professionals as well as public health has increased in magnitude and importance. There is now a growing demand for experts in the Sociology of Health and Illness - the kind of experts who can participate in expanding teaching programmes at universities and do sociological research in this field in order to address the multitude of issues raised by the epidemic, but not confined to it.

Our specially developed MA in the field of Health Sociology (based in Sociology, University of the Witwatersrand), the only

such degree in the country, has played a crucial role in taking the discipline to a higher academic level by attracting some of the best students and producing an excellent cohort of new researchers.

For example, as attested to by our 2012 convenor of the Health Working Group of SASA: "The Health sessions contained an exciting array of presenters and topics, with the focus of sessions being on Reproductive Health; Young People and HIV/AIDS; Health Policy and 'Taking Responsibility'. During the well attended sessions, issues of well-being, maternal health, peer education and HIV testing and care, among others, were discussed. With a mixture of international scholars, local academics and students, the

Health Working Group at SASA 2012 became an educative, encouraging space for intellectual engagement."

Leah Gilbert

*Professor of Health Sociology
University of the
Witwatersrand,
Johannesburg, South Africa*



FUTURE EVENTS

Global Health Sociology network: a joint workshop in Ghent on 20-21 June 2013

During a meeting of representatives of the ESA RN16 (Gunnar Scott Reinbacher and Ellen Annandale), ISA RC 15 (Jonathan Gabe and Guido Giarelli) and the ESHMS (Piet Bracke) at Aalborg, November 2nd 2012, it was decided to intensify the collaboration between the aforementioned professional organizations under the common name of the *Global Health Sociology Network*. To start the collaboration all agreed to support a *2013 ESHMS workshop on comparative health sociology*. This 2 day mini-conference will take place in Ghent, 20th-21st June, 2013, and focuses on advanced PhD students and post docs. Papers will be discussed in small groups, with assigned discussants. The workshop is limited to a maximum of 30 paper presentations, in order to allow enough time for an in-depth discussion of each paper.

A call for papers is planned for midst December 2012. Feel free to contact Piet.Bracke@UGent.be for further information or have a look at <http://www.eshms.eu/>.

Piet Bracke

President of the European Society for Health and Medical Sociology (ESHMS)



Organizing Committee

Members of the Institute of Sociology at the University of Bern

- Prof. Dr. Axel Franzen
- Prof. Dr. Ben Jann
- Prof. Dr. Christian Joppke

and the executive committee of the Swiss Sociological Association.

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Congress of the
 Swiss Sociological Association

Inequality and Integration in Times of Crisis

June 26 – 28, 2013
 University of Bern

www.sgs-kongress2013.unibe.ch

Schweizerische Gesellschaft für
 Sociologie
 Swiss Sociological Association

Congress of the Swiss Sociological Association June 26–28, 2013 at the University of Bern

Inequality and Integration in Times of Crisis

Since Karl Marx first described the enormous social inequalities and their potential for social change at the beginning of industrialization in the 19th century, the origins, extent, and consequences of social inequality, as well the level of inequality which a society is willing to tolerate, have been major themes in sociology. Our discipline has taken on the theme of inequality in multiple areas ranging from research on unequal educational and labor market opportunities, unequal income distributions, gender and health inequality, and inequality in life expectancy, to mention only a few. There are innumerable national and international conferences devoted to these themes. Do we need yet another one? Is inequality still a problem in our society?

The answer to this question is undoubtedly yes. In particular, the economic crisis at the start of the 21st century underlines the fact that the theme of inequality has not lost its relevance. Above all, the European debt crisis inclines us to suspect that social inequality is growing. In comparison with economic boom times, almost all the European countries feel the pressure of stabilizing their economies and cutting back on public expenditures. This will also impact redistributive policies to reduce inequality and bring about new challenges for integration

policies addressing the emerging disparities. At the same time as inequalities within European societies are exacerbated, disparities between states are also rising, which will likely have adverse effects on European unification, not to mention creating new challenges for Switzerland as well.

Call for Organizers

If you would like to organize a plenary session, please submit the title of the plenary as well as the designated contributions (including titles, abstracts, and the names of the contributors) to the organizing committee by January 15, 2013 (by e-mail to sgs-kongress2013@soz.unibe.ch). A plenary session usually includes three contributions.

If you would like to organize a workshop (parallel session), please submit the theme proposal and call for papers for the workshop to the organizing committee by November 30, 2012 (by e-mail to sgs-kongress2013@soz.unibe.ch). After the organizing committee accepts the proposal, the call for papers will be published. The organizers of the workshop are responsible for collecting the submissions and selecting the contributions to be included in the workshop. The final program of the workshop (including titles, abstracts, and the names of the contributors) has to be submitted to the organizing committee by March 15, 2013 (by e-mail to sgs-kongress2013@soz.unibe.ch).

Information: www.sgs-kongress2013.unibe.ch

Producing knowledge, governing populations
Anthropology, Science Studies and Health Policies International Symposium
Lyon, ENS 10 - 13 September 2013

Organizers

Charlotte Brives (LAM – UMR5115), Frédéric
 Le Marcis (IRD & ENS-Lyon) & Josiane
 Tantchou (LAM-UMR5115)

Scientific Committee

Jean-Pierre Dozon (EHESS), Didier Fassin (IAS of Princeton & EHESS), Wenzel Geissler (U Oslo & LSHTM), Marc-Eric Gruénais (U Bordeaux), Bruno Latour (Sciences Po – Paris), Margaret Lock (McGill University), Anne-Marie Moulin (CNRS), Vinh Kim Nguyen (U Montréal), Kaushik Sunder Rajan (U. Chicago), Laurent Vidal (IRD)

Researchers in what is called the anthropology of health (in France) and medical anthropology (in the English speaking world) share a common concern for how bioscience, biotechnology, and biomedicine raise issues at the heart of contemporary society. Francophone and Anglophone anthropologists have worked theoretically side by side (but sometimes in ignorance of each other) to examine health inequalities, patterns of resort, pharmaceutical developments, public health policies, interventions on populations. They have placed the body in context and decentered biomedical notions of health and illness as they have revealed changing definition of old age and death or the patenting of life. These developments chronicle a transforming relationship between humanity and health, one made visible in the relationship between subjectivity, misfortune –embodied or not – and the forms of political engagement these incite. This research, sensitive to how life is not at the heart of our ways of thinking and doing politics, remains haunted by Foucault's works on biopower and, increasingly, the care of the self.

Science and technology studies (STS) have over the past 30 years shown how scientific production creates new standards and values, how such works fans out through complex networks, each time redefining the world in which we live. STS research on biomedicine has also grown, but often isolated from conversations and debates in the anthropology of health and medical anthropology. These two disciplinary solitudes (medical anthropology and STS) have been maintained by critics that accuse STS of inadequate fieldwork and a heavy-handed

approach to forcing data to fit pre-established theoretical framework, or critics of medical anthropology who complain that rich accounts of local illness knowledge and practice are too often opposed to a monolithic and “black-boxed” version of biomedicine. Yet can we still do without a real exchange between these two disciplines?

While the paradigm of evidence-based medicine seems to enjoy unquestioned legitimacy today, everyone agrees that this legitimacy is the byproduct of ongoing work engaging life sciences experts, health specialists and of the mobilization of social and political dynamics. Thus evidence-based medicine is the result of an effort which, although shrouded in the appearance of evidence, is the result of a process aiming at building its own legitimacy. Based on processes rather than given facts, evidence-based medicine is at the heart of the debate we hope to encourage during this meeting. The foundations of such omnipresence of evidence-based medicine has to be studied, in that it allows the understanding of the logic of practices associated with it in contemporary societies. The primary objective of this conference is therefore to open, or rather to broaden, the space for exchanges between anthropology of health and science studies around evidence based-medicine: what are its contributions, its limitations, but also its constraints? How does it produce, impose or recompose within its everyday activities norms and standards of care? How does it redefine our conceptions of health, body and ailments afflicting us? How does it change our system of values? How does it influence the politics defining policies implemented within our health systems?

We propose these three main questions as the orienting framework for our meeting. Though they are far from exhaustive, we invite the submission of papers that tackle these issues.

**Deadline for abstract submission (500 words):
 December 15th, 2012.**

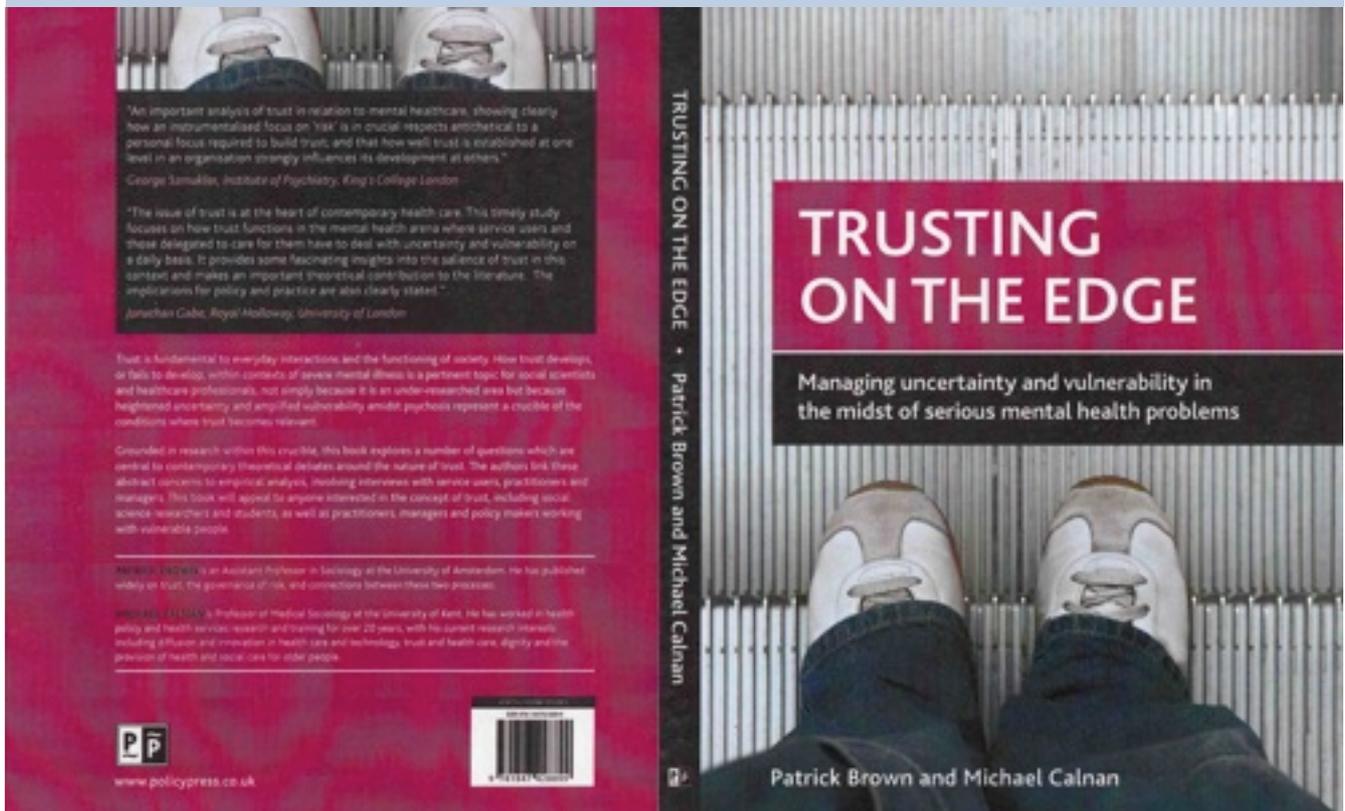
**Notification of acceptance : March 1st, 2013
 Deadline for papers : July 1st, 2013.**

colloquehssa@gmail.com

PUBLICATIONS

Trusting on the edge. Managing uncertainty and vulnerability in the midst of serious mental health problems

by Patrick Brown and Michael Calnan,
Published by Policy Press (2012)



Adolescent, Autonomy and Medical Treatment

Divergence and convergence
across the globe

Edited by : **Thérèse Callus,
Brigitte Feuillet-Liger,
Ryuichi Ida**

Préface de : **Roselyne Bachelot**
Collection : **Droit bioéthique
et société**

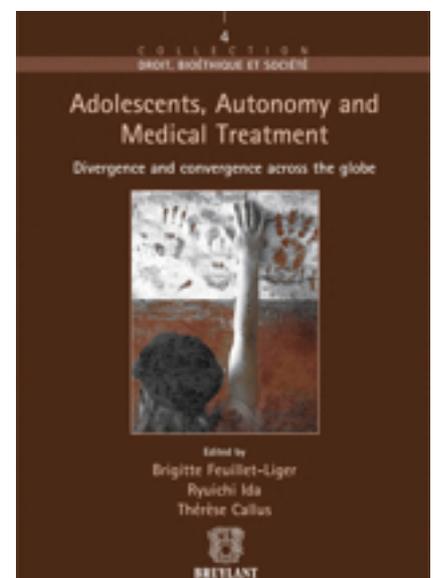
Editeur : **Bruylant**

How can we reconcile the need to protect the adolescent (who is still a child) with the recognition of his/her growing individual autonomy? This multidisciplinary book addresses this question through the study of the law in twenty different countries.

Although adolescence cannot be said to be a medical condition,

and although most adolescents are healthy, some do become ill. But the adolescent is not a patient like any other...Today, the age of majority is set in most jurisdictions at the age of 18 years, but in the context of medical treatment, many countries do recognise a certain level of autonomy (to a greater or lesser extent) of adolescents who are deemed to be mature. However, the extent of this autonomy raises many questions. Is the consent of the adolescent required, along with that of the parents, before any intervention may take place? Do they have a right of veto? Is their consent alone enough? Are they recognised as having the right to take part in medical trials, the right to refuse necessary treatment...?

These and many other questions are at the heart of this multidisciplinary and international study, which is the fruit of reflection and discussion between lawyers, philosophers, sociologists and child psychologists during the 2nd



Workshop of the International Academic Network on Bioethics. The issues raised go well beyond law because they engender questions of the individuality of the adolescent and her ability to make choices when faced with illness and even her own death. Despite the complexity and depth of the subject, the chapters in this volume clearly reveal the status of the adolescent in medical decisionmaking, in sixteen different countries. Despite obvious differences between the systems studied, the one thing that is clear is the gradual recognition of the adolescent's growing autonomy in medical decisionmaking which is not always expressly provided for in legislation. Such an evolution is hardly surprising at a time when the distinction between adolescence and adulthood is becoming less certain for many.

Created in 2007, the IANB's objective is to promote research through collaboration between academic representatives from different countries and cultures, all specialists in the field of biomedicine. Based upon a comparative approach of different legal systems, the work of the group analyses social choices in biomedicine through the different lenses of ethics, anthropology, philosophy and sociology. In this way, their research feeds into the elaboration and development of international regulation of biomedical practices and incidentally on achieving the balance between the respect for different cultures and the move towards a certain universality, supporting the harmonisation of laws. This new collection will therefore be indispensable for anyone seeking to understand the social implications of bioethics.

- Foreword
- The adolescent and medical treatment in French law: the erosion of parental authority?
- The adolescent and medical treatment
- The cave allegory: a useful paradigm for understanding adolescence
- Ethics in adolescent care
- Adolescents and medical treatment in the Federal Republic of Germany. A growing autonomy despite the regrettable silence of the legislator
- The extent of minor autonomy and medical care in Belgian law
- Medical treatment and adolescent autonomy in Brazil: bioethical and legal perspectives
- Adolescents and medical treatment in Spain
- An approach to adolescent health questions in Greek law
- Adolescents and medical law in Hungary
- Adolescence and medical treatment: the Italian situation
- Adolescents and medical treatment in Japan
- The position of adolescents in Dutch medical law
- Medical treatment and the adolescent in Portugal: towards modern regulation
- The relative autonomy of the "mature minor" in English law
- The rights of adolescent patients in Switzerland
- Adolescents and medical treatment in Tunisia: some necessary reflections
- The rights of adolescents in healthcare in the USA: a complex legal patchwork and an evolving situation
- The legal status of adolescents in Quebec: general principles and specific rules for medical treatment
- Adolescents and medical treatment: a common reality ?

" (...) In a world where young people can struggle to find their place, where they are often the first victims of social or humanitarian crises, our duty as actors on the stage of public policy-making is to engage with them in order to protect their health and guarantee their rights as distinct individuals. (...)"

Roselyne Bachelot.

Health Workforce Governance

Improved Access, Good Regulatory Practice, Safer Patients

Edited by Stephanie D. Short, The University of Sydney, Australia and Fiona McDonald, Queensland University of Technology, Australia

Series : Law, Ethics and Governance

With increasing recognition of the international market in health professionals and the impact of globalism on regulation, the governance of the health workforce is moving towards greater public engagement and increased transparency. This book discusses the challenges posed by these processes such as improved access to health services and how structures can be reformed so that good practice is upheld and quality of service and patient safety are ensured.

With contributions from regulators, academics, lawyers and health professionals, this book presents arguments from multiple perspectives. Of global relevance, it brings together concerns about access, quality and safety within the framework of the health workforce governance continuum and will be of interest to policy makers, regulators, health professionals, academics legal practitioners, insurers, students and researchers.

Contents: Introduction; The health workforce governance continuum: improved access, good practice, safer patients, Stephanie D. Short and Fiona McDonald; Part I Improved Access: Major issues in the global mobility of health professionals,

Robyn R. Iredale; Building an ethical and sustainable model for health professional recruitment, William Ransome and Charles Sampford; The global health workforce 'crisis' and inequities in health care access: advancing a gender and organisations approach to policy, research and practice, Toni Schofield; Good doctors, safer patients, improved access: the case of Indonesia, Stephanie D. Short, Hasbullah Thabrany, Valentin D. Hadjiev, Yaslis Ilyas, Robyn R. Iredale, Firman Lubis, Suchaya Thongyoo and Kirsten Harley. Part II Good Regulatory Practice: Challenging the regulatory trinity: global trends in health professional regulation, Fiona McDonald; Interprofessionalism and collaborative self-regulation in the health professions: two variations on an emerging Canadian theme, William Lahey; Saving Polly: can professional self-regulation play an ongoing role in the delivery of medical care?, Daniel Klass; A national scheme for health practitioner registration and accreditation: the case of Australia, Fiona Pacey, Kirsten Harley, Craig Veitch and Stephanie D. Short; Governance challenges for primary health care, Paul Dugdale. Part III Safer Patients: Regulating the health professions: protecting professionals or protecting patients?, Judith Healy; Scandals, public inquiries and health professional regulation, Fiona McDonald; The perfect storm: a case of wrong-sided surgery, Helen Turnbull; Index.

About the Editor: Stephanie D. Short is the Professor of Health Sciences at The University of Sydney. She leads the health governance program within the Institute for Ethics, Governance and Law, a joint initiative of the United Nations University,



Griffith University and the QUT Faculty of Law in association with the Australian National University and convenes HealthGov, a division of the Australian Research Council Governance Research Network. Prof. Short is Executive Director of the Governing Council of the International Consortium for Governance Research on the Health Workforce.

Fiona McDonald is a Senior Lecturer in Queensland University of Technology's Law Faculty. Her research focuses on health system governance and has four broad themes: professionals; institutions; research; and patient safety.

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Salute e Società

Sociology and sociology of health:
A round trip

edited by
Guido Giarelli
Roberto Vignera



FrancoAngeli

Sociology and sociology of health: A round trip

Edited by **Guido Giarelli & Roberto Vignera**
Published by **Franco Angeli, Milan, Italy**

To what extent can we consider the sociology of health as a sub-discipline of its mother-discipline?

It is exactly the problem this special issue of the journal tries to tackle by the contribution of a series of scholars at the international level who look at it from the specific viewpoint of

their own country or macro-region – UK, Scandinavia, France, Italy, Poland, India and Japan – and of their different cultural traditions and academic history. Their essays offer some cutting-edge insights on old and new issues, such as the problem of the relationship between theory and practice, the definition of the boundaries of the sociology of health, and the ethnocentric nature of most of its

categories, given its origins and roots in the Northern American first and in the European contexts later on.

Guido Giarelli, Ph.D. University College London 1994, has worked for many years in Africa (Kenya, Tanzania, Mozambique, Senegal, Eritrea) and in Brasil, USA, Great Britain, Sweden, Serbia, Albania and Lebanon, with a specific interest in comparative health systems and unconventional medicines. He is currently Associate Professor of Sociology at the University “Magna Græcia” of Catanzaro (Italy) and board member of the Research Committee 15 (Sociology of Health) of the International

Sociological Association (ISA); previously, he was the first President of the *Società Italiana di Sociologia della Salute* (S.I.S.S.), the first secretary of the Section on Sociology of Health and Medicine of the *Associazione Italiana di Sociologia* (AIS) and the President of the European Society for Health and Medical Sociology (ESHMS) for the period 2007-2010.

Roberto Vignera is Associate Professor of Sociology at the Department of Analysis of Political, Social and Institutional Processes of the University of Catania. His most recent publications for FrancoAngeli publisher are: *Neodarwinism and Social Sciences* (2010); "Fluid Identity and Genetic Indeterminism", *Sociologia e Ricerca Sociale*, 94, (2011). From 2011, he is National Secretary of the AIS (Italian Sociological Association) Section of Sociology of Health and Medicine. His current research interests are the interactions between the social sciences, neuroscience and behavioural genetics.

Articles

Vicarelli G.

“Le family learning socio-sanitaire: une approche innovante en éducation thérapeutique. Évaluation de la satisfaction des patients et de leur famille”

Pratiques et Organisation des Soins, vol. 43, 3, juillet-septembre 2012

Pavolini E. and Vicarelli G.

“Is decentralization good for your health? Transformations in the Italian NHS”

Current Sociology, 60, 2012



Membership

Dear colleagues,

I am writing to encourage you to renew your membership, and encourage colleagues and trainees to join.

A vibrant membership is an integral component to the success of our research committee. Indeed, not only do your dues go directly to funding exciting section events (and we have many of those in store for you come Yokohama 2014!), the size of our membership also determines how much ISA allocates our RC in terms of travel grants and forum/congress grant.

We currently stand in the upper tier of RCs with 182 members for 2012. So with just a little push, we could make it into the next category of ISA funding, if we could only reach 200 members by December 2013.

You can renew your membership at <https://secured.com/~f3641/formisa.htm>. Please feel free to pass this along to colleagues and students who would like to join, and see you in Yokohama!

With best regards,

Amélie Quesnel-Vallée, RC15 Secretary-Treasurer

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