

NAME (LAST, FIRST): _____

FINAL EXAM

Sociology 190: Life and Death in the USA

Professor Nicholas Christakis

May 21, 2007

2:15p

General Instructions:

1) You are required to use at minimum three exam books (more if needed, but not less):

- 1) Short answers
- 2) First Essay
- 3) Second Essay
- 4) *Scratch (if necessary)*

2) On the cover of each book must be indicated -- e.g., “1 of 3”, “2 of 3”, etc.

3) Inside each book, each of your answers should be appropriately numbered, i.e.

short book: 1,3,5,2

essay book 1: “Essay 1-A”

essay book 2: “Essay 2-B”

4) Upon completion, place your essay booklets and any scratch material inside your short answer booklet. Make sure all have your names on them. You are also required to return this exam inside your answer booklet(s).

Specific Guidelines:

- **4 Short answers = 20 points. Suggested: 30 minutes**

You will choose four short answers from the choices given. Each answer should not exceed one single-spaced page. (Clarity and conciseness will be rewarded – excessive and rambling wordiness will not. We just want to know if you understand the concept.)

- **2 Essays = 80 points. Suggested: 75 minutes per essay.**

You will write two essays. Each essay should be no more than seven single-spaced pages (this will roughly mirror the 800-900 word response paper length you've become accustomed to). As with the midterm, a good essay will make a tight argument with a coherent structure, and will also be well-supported by evidence from the course material.

(YOU MAY NOT OPEN THIS EXAM UNTIL INSTRUCTED BY PROCTORS)

**NOTE: YOU CANNOT LEAVE THE ROOM WITH THIS EXAM.
SUBMIT IT WITHIN YOUR EXAM BOOK(S).**

Exam Book 1: Short answers (5 points each)

Suggested time: 30 minutes

(Choose only four.)

- 1) Define social capital. Provide two illustrations of types of social capital.
- 2) Describe what is meant by “income inequality.” Name one implication income inequality is postulated to have for health.
- 3) Explain the difference between methodological holism and methodological individualism, and give an example of a phenomenon best understood via methodological holism.
- 4) There is some evidence that academy-award winning actors enjoy greater longevity. Discuss two distinct reasons why this may be the case.
- 5) Identify two public policy options that might reduce death from guns in our society.
- 6) What is the “ritualization of optimism” in prognosis? Name one way this norm affects physicians, and one way it affects patients.
- 7) Pick one of the following “social traps”: the Tragedy of the Commons, the Prisoner’s Dilemma, or the Mattress on Route 28. Briefly describe it and then explain why this concept is relevant to public health.

(TURN TO NEXT PAGE, PLEASE)

Exam Book 2: First Essay (40 points)

Suggested time: 75 minutes

(Choose one.)

1-A) Define “structure” and “agency.” Choose at least two examples of health-related phenomenon we have discussed and describe how they highlight the role of structure versus agency. Explain what the implications of such a distinction might be for public policy directed at addressing the health examples you provide.

1-B) Pick any one health behavior you wish and discuss the supra-individual forces that determine whether someone behaves this way or not. A good answer will discuss at least three external/structural factors that determine individual behavior, and it will clarify the relevant roles of structure versus agency in this situation.

1-C) In a recent article in Time magazine (2/15/07), Christine Gorman writes:

"Increasingly, doctors seeking to provide their patients with the best possible care are exploring what is known as evidence-based medicine – a hard, cold, empirical look at what works, what doesn't and how to distinguish between the two. It's not enough to prove that a particular blood test or CT scan really spots cancer, for example. You also need to know whether early detection of that cancer would make a difference in your ability to respond to treatment or it merely means that you would die at the same point but learn about your illness earlier than you would have without the test.

Evidence-based medicine, which uses volumes of studies and show-me skepticism to answer such questions, is now being taught – with varying degrees of success – at every medical school in North America. It has been extraordinarily successful in shooting down some of the most cherished beliefs in health care, like the idea that long-term hormone-replacement therapy would help prevent heart disease in women. And it has clearly saved lives ...

Advocates believe that evidence-based medicine (EBM) can go much further, reducing the reliance on expert opinion and overturning the flawed assumptions and even financial incentives that underlie many decisions. "This is a whole way of looking at the world," says Dr. Gordon Guyatt of McMaster University in Hamilton, Ont., who coined the term and is a pioneer of the evidence-based movement. ***But is such certainty possible-- or even desirable? Medicine, after all, is a personalized service, one built around the uniqueness of each patient and the skilled physician's ability to design care accordingly.***"

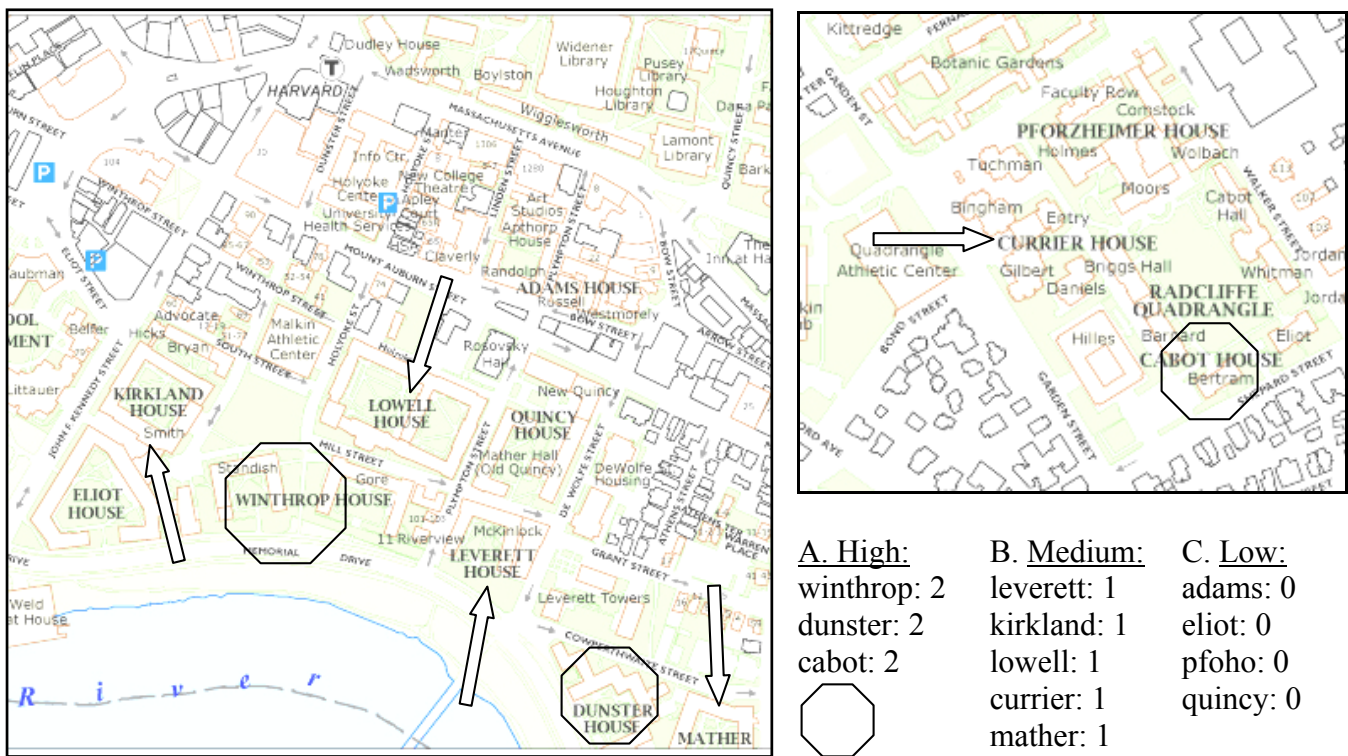
Respond to Gorman's last two sentences, drawing upon what you've learned – for example regarding physician socialization, social construction, individual agency, and medical harm. Your answer can support the concept of EBM, criticize it, or both – as you wish.

Exam Book 3: Second Essay (40 points)
Suggested time: 75 minutes

(Choose one.)

2-A) In his last lecture, Prof. Christakis made the claim that we may be reaching the "end of medicine." In the first (shorter) part of your essay, briefly outline why this is plausible, summarize the argument Christakis made. In the second (longer) part of your answer, argue against this position. Articulate at least three reasons – supported by evidence – as to why, in your opinion, this is not a tenable position.

2-B) Imagine that the Harvard Crimson has just run an article on suicidality at Harvard, and had incorporated 20 years of data reported in earlier articles (1987-2007) to give their article greater rigor. They map the following distribution in suicide attempts (see Figure below), classifying Areas A as "high risk," Areas B as "medium risk," and Areas C as "low risk".



First, given your contextual knowledge of the campus, does the article's classification scheme constitute a reasonable claim, in your opinion? Why or why not? Second, putting aside the classification scheme, what may explain geographic variation in suicide attempts that is observed on a campus such as Harvard? Give at least two plausible hypotheses that could explain such variation, and note how circumstances *outside the individual* might foster or constrain suicidal behavior.

2-C) You have learned of a number of pathways by which social networks can influence health outcomes. Discuss at least three such ways. Focus your answer on *one* health-related phenomenon that is affected by social networks.