SHORT ANSWERS (20 minutes, 10 points each)
Please answer FOUR of the following. Your answers should be 1-2 paragraphs, and should reference the readings whenever appropriate. If you find it helpful to draw a picture, please do so, but note that while a picture may help you make your point, it does not constitute a full answer.

1. What is “medicalization”? Give an example of one condition that has been medicalized and describe why it might have been medicalized or describe what health policy implications might flow from it having been medicalized.

2. How have socioeconomic disparities in health changed over the last 50 years, and what are the implications of such change?

3. What is the “self-fulfilling prophecy” and what implications does it have for the care that physicians deliver at the end of life?

4. What are three sources of uncertainty in physician training? Describe one way that the presence of uncertainty affects physicians’ attitudes or behavior.

5. What is an “Odysseus Contract” and how is this concept relevant to end of life care?

6. Describe one of the following ways of measuring health: Time Trade-Off Method, Standard Gamble, Visual Analog Scale. Briefly explain why it is useful.

7. What is the “demographic transition”? Describe at least two important parts of the transition.

8. Define “structure” and “agency.” Choose one example of a health-related phenomenon we have discussed and briefly describe how it highlights the role of structure and of agency.
ESSAY
Choose ONE of the following. A good answer will refer to the readings where possible.
(30 minutes, 60 points)

1. Various studies have provided evidence to document the existence of major racial or socio-economic disparities in health outcomes. Pick a single social attribute (race, education, class, etc.) and describe what explains disparities in health along this attribute. Identify and evaluate at least two competing hypotheses for the origins of any such disparities.

2. We’ve read a great deal about the complexities and social contingency of a “good death.” Illustrate what we can learn about the nature of a good death from studies such as the SUPPORT study versus studies involving the interviewing of patients or physicians. What are the ways in which these different (quantitative and qualitative) approaches inform our understanding of a good death?

3. Explain the three main ways of defining disease (hint: one of them is statistical). Give an example of at least one condition that would not meet all three standards (i.e., it might only meet one or two of the ways), and explain why this variation might matter for doctors, patients, and society.

NOTE: YOU CANNOT LEAVE THE ROOM WITH THIS EXAM. PLEASE BE SURE TO SUBMIT IT WITHIN YOUR EXAM BOOK(S).