

**KENT STATE UNIVERSITY/UNIVERSITY OF AKRON**  
**DEPARTMENT OF SOCIOLOGY**  
**COMPREHENSIVE EXAMINATION IN**  
**Medical Sociology**  
**Spring 2009**

**CORE QUESTIONS – ANSWER BOTH 1 AND 2**

1. The study of health inequality can arguably be said to be a central line of inquiry in medical sociology. What are the methodological challenges in measuring health and social inequality? What do you see as potential solutions to some of the problems you have identified?
2. What is professional autonomy and why is medicine a good example of professional autonomy? What are the characteristics of autonomy in medicine? What are the benefits of professional autonomy in medicine, and what are the deficits? How has professional autonomy in medicine varied in the history of American medicine with regard to both quantity (i.e., variation between few or no constraints on practice to constraints on practice), and quality (i.e., when constraints on autonomy have existed, what are some examples or types)? Finally, how does the inherent uncertainty in the nature of medical practice affect the scope of professional autonomy?

**EXTENDED QUESTIONS – ANSWER 2 OF THE FOLLOWING 4 QUESTIONS**

3. According to Parsons (1951), what are the essential features of the sick role and what are the essential features of the physician's role. How is this role-set functional? Parson's (1951) piece on the sick-role has received a lot of criticism but also support, still even today. Given the ongoing debate over the value of Parson's theory, examine the sick-role literature and assess how it either supports or refutes Parson's original claims.
4. Imagine that you are preparing a graduate course on medical sociology. Provide an outline and discussion of the syllabus you would construct – in particular, the theories that you would cover in your course. (You should not include details like the types of assignments you would cover or the weighting of various assignments). Rather, we are interested in details about the substantive content of the course. Please make sure that your answer includes a discussion of each of the following: the theories you would cover; the strengths and weaknesses of each theory; and, the empirical studies you would select to illustrate each theory (and why you chose them).
5. Choose any of the following dimensions of stratification – age, race/ethnicity, social class, gender – and provide a detailed summary of the empirical evidence regarding its relationship to health. What research needs to be done to help us better understand the nature of the relationship? Sociologists now recognize that these systems of stratification are inextricably intertwined. How has medical sociology research taken this social fact into account?
6. How do theories of medicalization, labeling and stigma each explain the social construction of illness? Evaluate the contributions of each theory to the understanding of the social construction process and discuss their usefulness in guiding empirical research.