

General Education Course Information Sheet
Please submit this sheet for each proposed course

Department & Course Number Religion 55
 Course Title The Spirit of Medicine; aka Medicine, Religion, and Society
 Indicate if Seminar and/or Writing II course _____

1 Check the recommended GE foundation area(s) and subgroups(s) for this course

Foundations of the Arts and Humanities

- Literary and Cultural Analysis X
- Philosophic and Linguistic Analysis _____
- Visual and Performance Arts Analysis and Practice _____

Foundations of Society and Culture

- Historical Analysis _____
- Social Analysis X

Foundations of Scientific Inquiry

- Physical Science _____
With Laboratory or Demonstration Component must be 5 units (or more)
- Life Science _____
With Laboratory or Demonstration Component must be 5 units (or more)

2. Briefly describe the rationale for assignment to foundation area(s) and subgroup(s) chosen.

The course analyses historically and contemporarily Western thinking—structures, governance, rationalities, and practices—on the relationship between medicine, religion, and society. A core historical narrative is articulated but the course approach is conceptual and not chronological in terms how we (a) do think about the relationship, and (b) how we ought to think about the relationship. While the course is clearly about medicine and religion, a central aim is to expose and explore the underlying tensions between the moral, normative, legal, political, spiritual, and scientific at work in any discursive formation and social practice. A student who grasps the key philosophical aporias and lacunae—and the varieties of ways of thinking through them on offer—will be poised for further inquiry in nearly any discipline on our campus (politics, literature, media, religion, & c.).

3. "List faculty member(s) who will serve as instructor (give academic rank):

Ryan Gillespie, Lecturer

Do you intend to use graduate student instructors (TAs) in this course? Yes X No _____
 If yes, please indicate the number of TAs 4

4. Indicate when do you anticipate teaching this course over the next three years:

2018-19	Fall	_____	Winter	_____	Spring	<u>X</u>
	Enrollment	_____	Enrollment	_____	Enrollment	<u>100</u>
2019-20	Fall	<u>X</u>	Winter	_____	Spring	_____
	Enrollment	<u>125</u>	Enrollment	_____	Enrollment	_____
2020-21	Fall	<u>X</u>	Winter	_____	Spring	_____
	Enrollment	<u>150</u>	Enrollment	_____	Enrollment	_____

5. GE Course Units

Is this an **existing** course that has been modified for inclusion in the new GE? Yes _____ No x
 Present Number of Units: n/a Proposed Number of Units: 5

6. Please present concise arguments for the GE principles applicable to this course.

❑ General Knowledge

Students will have a firm grasp on a basic narrative of Western philosophical-historical-cultural development (Ancient Near East to Greco-Roman, Middle Ages, Enlightenment, present), as well as a basic history of, and a variety of purposes for, health care.

❑ Integrative Learning

While the practical part is obvious for those poised to professionally enter the fields of health care (physicians, nurses, public health, policy, etc), there is an integrative component in Paper 3 in which students are required to conduct a case study of an existing organization. This will demand extensive review of material culture and, where possible, on-site observation.

❑ Ethical Implications

The primary theoretical frame for the course is ethics (moral-religious/spiritual): that medical/health care intervention is at core an ethical intervention. As what we mean by, or think is, ethical—both philosophically and legally from more homogenous to contemporary pluralistic societies—shifts, so do our practices of medicine and health care. One of the essential questions undergirding this course is simply: what is a just health care system, and how would we know?

❑ Cultural Diversity

Diversity plays a significant role in the course. The focus is on Western medicine, at least initially. But even within the West, the relationship between religious, spiritual, scientific is significantly explored for tensions and overlaps, with overarching questions of health itself and justice being probed as potentially gendered, geographically rendered, or SES-relative. Group comparisons/break characteristics are frequent: religious v. nonreligious approaches to medicine; religious trad 1 v. religious trad 2; SES comparisons; Global North v. Global South, etc.

❑ Critical Thinking

Significant burden is placed on the student to think through both specific issues and the broader narratives employed within health practices and our course authors, including the possibility that (a) health care is an inescapably morally normative practice and that (b) morally normative practices inherently fail to be fully just in a liberal democratic society. I do not necessarily endorse those claims, but the puzzle is clear: (a) health care practices necessitate hierarchies of knowing, and (b) conditions of ethical pluralism demand knowledge of, and sensitivity to, alternative epistemologies (sometimes even legally) – so, now what? It is not a rhetorical question.

❑ Rhetorical Effectiveness

Rhetorical effectiveness is the pinnacle demonstration of the student's abilities, here expressed in written formal papers. Knowing what the course themes or key lines of argument are will be considered middling work in this course. Rather, we are aiming at the articulation of those themes and lines of argument in written work that demonstrate facility with the ideas, and not just regurgitation of a text, as well as the abilities of the student to contribute meaningful, creative, and rationally coherent arguments.

❑ Problem-solving

The overarching pedagogical frame for the course is problem-solving: if the biomedical status quo is missing something, what is it missing? This requires knowing what medical practice looked like prior to biomedicine, what biomedicine is and does, and, potentially what it misses. And, part of problem-solving, how do we answer the question in a way that is satisfying philosophically, morally, religiously, legally, socio-culturally, political-economically? It is much easier to get one or two of the items on that list in one's answer for what health is and what a just health care system looks like than it is to get all of them. In other words, at core, it is both a theoretical and a practical puzzle.

❑ Library & Information Literacy

Students will access readings via UCLA Libraries and thereby gain familiarity and dexterity with the technical system, and, pedagogically, they will thus learn where to locate quality research and arguments; basic academic research is expected in support of the final paper.

(A) STUDENT CONTACT PER WEEK (if not applicable write N/A)

1. Lecture:	<u>3</u>	(hours)
2. Discussion Section:	<u>50m</u>	(hours)
3. Labs:	<u>n/a</u>	(hours)
4. Experiential (service learning, internships, other):	<u>n/a</u>	(hours)
5. Field Trips:	<u>n/a</u>	(hours)

(A) TOTAL Student Contact Per Week**3 hours 50m (HOURS)****(B) OUT-OF-CLASS HOURS PER WEEK (if not applicable write N/A)**

1. General Review & Preparation:	<u>30m</u>	(hours)
2. Reading	<u>6</u>	(hours)
3. Group Projects:	<u>n/a</u>	(hours)
4. Preparation for Quizzes & Exams:	<u>30m</u>	(hours)
5. Information Literacy Exercises:	<u>n/a</u>	(hours)
6. Written Assignments:	<u>4</u>	(hours)
7. Research Activity:	<u>2</u>	(hours)

(B) TOTAL Out-of-class time per week**13 (HOURS)****GRAND TOTAL (A) + (B) must equal at least 15 hours/week****16h, 50m (HOURS)**

Religion 55 - The Spirit of Medicine

Spring 2019

Working Syllabus

Alt Title:

*Medicine, Religion, and Society***Course Information**

Meetings:

Instructor: Ryan Gillespie, PhD

Email: rgillespie@ucla.edu

Office Hours:

Course Description

What is the relationship between medicine, religion, and society? Is religion a help or hindrance to health? What might health care look like beyond the biomedical clinic? This course charts the historical entwinement of religion, medicine, and society in Western antiquity through to the early modern period, the disentanglement in the Enlightenment to early 20th century, and the confluence of science, technology, and capitalism in biomedicine compartmentalized from religion today. Rhetorics and epistemologies of healing—what it means to be healed and how one would know—are also conceptualized and put in tension, such as faith healings and religion-as-medicine, medicine-as-religion, and integrated approaches. Significant analysis of alternatives to the biomedical status quo in theoretical medicine and on-the-ground health care delivery, with particular attention to questions of justice and holistic care in the U.S. and globally in policy and practice.

Key Course Questions

There are four questions we are tackling in this course:

Q1: What, historically, has medicine & religion had to do with each other, and why did they become disarticulated? Via critical-historical analysis, we will chart how—and why—medicine and religion were thought to be complementary or even mutually constitutive in certain periods and antagonistic at other junctures. There are good reasons why we think them separate enterprises, and there are good reasons to think such a division artificial. Which are which, and what are the arguments and contexts?

Q2: What does it mean to be healthy, healed, (and relatedly, sick, ill, etc)? How do you know? And who gets to decide? Here we are concerned with the rhetorics of health and healing, as well as underlying presuppositions and epistemologies. The question of authority—rational-instrumental authority, scriptural authority, patient autonomy, licensure, government, & c.—become part of narrative here as well, given

that health care practices are no less prone to struggles of power than other meaning-centered enterprises (such as, say, literature, or politics).

Q3: Is all health care a spiritual practice? The decision to intervene and the act of caring for another bear the hallmarks of the ethical domain. Bioethics, ostensibly, is about such questions but has also become, it seems, another domain of knowledge for specialty and mastery – something to be outsourced and compartmentalized. Does compassion, humility, and vulnerability form the basis of clinical practice or does scientific-rational observation and formal, generalized decision-procedures? Is there a fundamental obligation to health care in a society? Is such care a spiritual practice? If health care is a spiritual practice, do questions of equity and just distribution of resources, domestically and globally, flow more readily? And, thinking of the contemporary moment: we hear much talk today about health care in legal terms (e.g., a right to health care) – on what might such a right be based?

Q4: What do alternatives to the biomedical status quo look like, in theory and in practice? Here we are asking: if we think the biomedical view is missing *something*, what is that something? And is anybody trying to practice medicine according to such an alternative vision? The emphasis on practice is both regarding social practice and clinical practice. It is much easier to find theoretical articulations of medicine that challenge the biomedical status quo than it is alternative, comprehensive on-the-ground clinical practices. Perhaps this is because such alternatives are ill-fated, or ineffectual; perhaps it is because we are in an interregnum.

Required Books

*Michael J. Balboni & John R. Peteet, *Spirituality and Religion Within the Culture of Medicine: From Evidence to Practice* (Oxford, 2017)
(henceforth: *SRWCM*)

*Linda L. Barnes & Susan S. Sered, *Religion and Healing in America* (Oxford, 2005) (henceforth: *RHA*)

*Tracy Kidder, *Mountains Beyond Mountains: The Quest of Dr. Paul Farmer, A Man Who Would Cure the World* (Random House, 2003)

*All other readings will be made available digitally (via CCLE or UCLA Libraries)

Participation & Attendance

Participation in class discussion and activities will be vital to not only your success in this class, but to actually understanding the material and concepts. Complicated subjects and themes, opposing views, theories and ideology are illuminated through dialogue. So be here, listen, and speak!

If you are missing a class on a day something is due, you must turn in the material *prior* to your absence, or have made previous arrangements with me.

Grading & Point Distribution

Grades are earned through quality work, which is almost always a result of hard work. I will be happy to discuss grades with you in a private setting, 24-hours after the initial return. Understanding why you received a certain grade is often as important as the work itself.

<u>Assignment</u>	<u>Available points</u>	<u>Earned points</u>
Paper 1	50	_____
Paper 2	75	_____
Paper 3	100	_____
Participation & In-Class	25	_____
<hr/>		
TOTAL:	250	_____

Assignment Description

There are three papers. Here's a description of each one.

Paper 1: Religion and Medical Education

This paper has two components: a critical reading analysis of a text and a critique and/or extension of that analysis to a working practice. Please read the Herschkopf et al chapter, "Religion and Spirituality in Medical Education" in *SRWCM* (pp. 215–232). Then choose a program on religion, spirituality, and medicine from the list (appended to the syllabus) for analysis. Discuss what the program, as far as you can tell from their website and supporting materials, focuses on in general and how well they do it according to metrics of your choosing related to course themes and the chapter. The goal here is three fold: (1) a critical analysis of the chapter, which means: (a) a succinct *summary* of the reading and (b) a *critical analysis* of the reading, (focused on the material itself, not you; what arguments work for the author and why, which ones don't and why, etc.); (2) an application of both the chapter and your critical thinking to an object/practice, the program and website of your choosing; and (3) a personal reflection (this part can focus on you; what you are drawn to, what bothers you, etc.). This paper will be five (5) pages, give or take one page, with approx. 50% of the paper devoted to critical analysis, 40% to application and case study, and 10% to personal reflection.

Paper 2: Within (and Adjacent to) the Clinic

There are four (4) components to Paper 2. You will read two chapters out of part 1 of *SRWCM*, the Balboni & Balboni chapter "Religion and Spirituality in Palliative Medicine" (147–164) on palliative care, and one other overview of a specialty of *your* choosing (oncology, surgery, nursing, OBGYN, family, psychiatry, internal, ICU, and gerontology)

Then, you will choose one of the following pieces posted on CCLE on palliative care...

- & Islam: Mendieta & Buckingham, “A Review of Palliative and Hospice Care in the Context of Islam: Dying with Faith and Family” (*JPM*, 2017)
- & Buddhism: McCormick, “Buddhist Ethics and End of Life Care Decisions (JSWEofL 2013)
- & Internet: Nalayeh, “Addressing the Cultural, Spiritual, and Religious Perspectives of Palliative Care” (via Livingmyculture.ca) (*APM*, 2018)

For all three pieces (the two chapters and the article) you will do a critical analysis, just as you did with Paper 1 (see above for refresher), with particular attention to comparing and contrasting the two palliative care focused works.

Then, you are to put *all three* pieces in conversation with the notion of incrementalism as articulated in:

Gawande, “The Heroism of Incremental Care” (*New Yorker* 2017) (on CCLE).

The paper will be seven (7) pages, give or take one page, with approx. 60% devoted to critical analysis of the three pieces, and 40% putting the three pieces in conversation with Gawande’s incrementalism.

Paper 3: Beyond the Clinic: Final Project

In his *Rebirth of the Clinic*, Daniel Sulmasy writes: “very few want to give up antibiotics or neurosurgery in favor of crystals” (17). In his Pulitzer prize winning book, Paul Starr writes: “Few cultural relativists, suffering from a bad fever or a broken arm, would go so far to prove a point as to trade a modern physician for a folk healer. They recognize, in behavior if not always in argument, that in medicine the dream of reason has partially come true” (4).

The idea is that, while we can, and perhaps should, critique the biomedical status quo and its dream of unlimited manipulation of the human body via instrumental rationality, most of us don’t actually want it disappear. Rather, we want biomedical care and more, we want, it seems, *biomedicine plus*. So...what does that mean? What does that look like in practice—both social practice and clinical practice? What are alternatives to the biomedical status quo? In your final paper, you are to answer those questions by researching and writing about a medical practice—an on-the-ground, actual clinical practice—that offers, in your estimation, an alternative to the biomedical status quo, and putting it into conversation with course themes and authors.

More specific technical details will be distributed later in the quarter, but the core is: (a) articulating the structures, practices, and rationality at work in the organization; (b) situating the theory and approach of the organization in relation to course themes and readings (i.e., historically and theoretically), working toward (c) your own reasoned, working theory of what the relationship, if any, between

medicine, religion, and society ought to be; and (d) critically analyzing the way in which the organization is, is not, or needs to be in tension with your working theory of the proper relationship between medicine, religion, and society, with specific attention to questions of inequality and justice.

Ideally, you will find an organization or practice that incorporates elements of religion into either their motivations and language and/or their health care delivery. In class we have emphasized the relationship, or lack thereof, between holistic, spiritual, religious ways of caring and Western biomedicine. While that seems to be the front runner for treatment, something like biomedicine plus a kind of spiritual care, for your final project you need not stay in relationship to Western biomedicine; that is, you are welcome to find a comprehensive alternative or one that rethinks the whole system from the ground up. Intersectional approaches—in which, say, racial minority women's health is pursued from a certain religious perspective—are particularly welcomed.

I must approve all organizations for study no later the seventh week of the quarter. Here's a working list to get you started:

Buddhist Tzu Chi Medical Foundation
 Umma Community Clinic Los Angeles
 Jewish Healing Center Los Angeles
 Los Angeles Christian Health Centers
 Share Our Selves Orange County

In-Class Activities & Participation

In class we will do a variety of short assignments: some quick writes, short quizzes, or even informal, smaller group conversations. Satisfactory participation in and results from these activities, combined with general course participation throughout the quarter, constitute earning points. *These cannot be made up due to absence.*

***NB:** All assignments *must* be attempted in order to pass the course. The final paper will *not* be accepted late.

Plagiarism

Plagiarism is unacceptable. It is assumed that you are familiar with University policy on plagiarism, as well as what constitutes plagiarism. I am more than happy to answer any questions on the subject, or discuss a specific aspect that you might be unclear on or that has you worried; otherwise, I will assume that this is rather clear.

UCLA Undergraduate Writing Center

The Undergraduate Writing Center offers UCLA undergraduates one-on-one sessions on their writing. The Center is staffed by peer-learning facilitators (PLFs), undergraduates who are trained to help at any stage in the writing process and with writing assignments from across the curriculum. PLFs tailor appointments to the concerns of each writer. Bring drafts; scheduled appts and walk-ins available.

Calendar

There are three main sections to our course, each designed to explore, and bear on, our four driving questions. The following is our calendar; it might require modification as we proceed.

NB: The journal articles you will download from UCLA Libraries, mostly via JSTOR; the book scans I'll upload to CCLE.

Section I: Foundations and Fragments

Medicine as Moral-Religious Art, as Empirical Science, as Bureaucratic-Industrial Business

Week One April 03, April 05

Topics: Historical and Philosophical Foundations of Medicine and Religion: Hippocrates, Plato, Asclepius, Galen

Readings: Ferngren, "Medicine and Spirituality: A Historical Perspective" in *SRWCM* (pp. 305–324).
Plato, *Phaedrus* (pp. 269C-277C)
Sulmasy, "The Wisdom of Ben Sira"/Physician's Prayer" in *Rebirth of the Clinic*, pp. 44–59)

Week Two April 10, April 12

Topics: Science, Fragmentation, and Desacralizing Medicine

Readings: Porter, "The New Science" in *The Greatest Benefit to Mankind* (Norton, 1998)
Foucault, *Birth of the Clinic* (selections)
Ferngren, "Nineteenth and Twentieth Centuries" in *Medicine and Religion: A Historical Introduction* (JHP, 2014)

Week Three April 17, April 19

Topics: Triumph of Autonomy and the Market: Neoliberal Challenges & Critiques

Readings: Foucault, Lecture 11 in *Birth of Biopolitics*
Keshavjee, *Blind Spot: How Neoliberalism Infiltrated Global Health* (selection) (UC Press, 2014)
Starr, "The Coming of the Corporation" in *Social Transformation of American Medicine* (Basic, 1982)
Farmer, "Who Lives and Who Dies" (*London Rv Books*, 2015)

Section II: Rhetorics of Healing

Religion-as-Medicine, Medicine-as-Religion, Integrative Approaches

Week Four April 24, April 26

Topic: Overview to Rhetorics of Healing; Religion-as-Medicine and Faith Healing

Readings: Marty, "Religion and Healing: The Four Expectations" in *RHA* (pp. 487–504)
 Sloan, *Blind Faith: Unholy Alliance of Religion and Medicine* (selections)
 Csordas, "Elements of Charismatic Persuasion in Healing" (*Med.AnthroQuart*, 1988)
 Numrich, "Complementary and Alternative Medicine in America's "Two Buddhisms"" in *RHA* (pp. 343–358)
 Brown, "Making *Wanga*: Reality Constructions and the Magical Manipulation of Power in *RHA* (pp. 173–194)
 Barnes, "Multiple Meanings of Chinese Healing in the United States" in *RHA* (pp. 307–332)
 Fuller, "Subtle Energies and the American Metaphysical Tradition" in *RHA* (pp. 375–386)
 Ismail, "Communities of Healing Practice on al-Batinah Coast of Oman" (*ProceedArabStudies*, 2013)

Week Five May 01, May 03

Topics: Medicine-as-Religion: The Ambiguous *Salus*

Readings: Osler, *Man's Redemption of Man* (selections) (Constable, 1910)
 Selzer, "Surgeon as Priest" from *Mortal Lessons* (1977)
 Laderman, "Cult of Doctors: Harvey Cushing and the Religious Culture of Modern Medicine" (*JRH* 2006)
 Kurzweil, *The Singularity is Near: When Humans Transcend Biology* (2005)
 O'Geiblyn, "My Strange Journey into Transhumanism" (*The Guardian*, 2017)

Week Six May 08, May 10

Topics: The Integration of Medicine and Religion

Readings: Synderman and Weil, “Integrative Medicine: Bringing Medicine Back to Its Roots” (*Archives Internal Medicine*, 2002)
 Balboni, Puchalski, Peteet, “The Relationship between Medicine, Spirituality and Religion: Three Models for Integration” (*JRH*, 2014).
 Sulmasy, “A Biopsychosocial-Spiritual Model of Health” in *Rebirth of the Clinic* (Georgetown 2006)
 VanderWeele, “Religion and Health: A Synthesis” in *SRWCM* (pp. 357–402)

Section III: Suffering and Justice***Alternative Visions of Medicine and Spirituality***Week Seven May 15, May 17

Topic: Narrativity, Race, Class, Gender, and Social Justice

Readings: Kleinman, *The Illness Narratives* (selections) (Basic 1988)
 Hauerwas, *God, Medicine and Suffering* (selections) (Eerdmans, 1990)
 Charon et al, *Principles and Practices of Narrative Medicine* (OUP 2017)
 Hass, “Memoirs of Disease and Disbelief” (*New Yorker*, 2018)
 Farmer, “The New Malaise: Medical Ethics and Social Rights in the Global Era” (*Paul Farmer Reader*, 2011)

Week Eight May 22, May 24

Topic: Theory: Alternative Visions of Medicine, Spirituality, and Justice

Readings: Verhey, “Compassion and Suffering: Looking Heavenward” (from *Reading the Bible in the Strange World of Medicine* 2003)
 Lysaught, “Vulnerability within the Body of Christ” in *Health and Human Flourishing* (Georgetown, 2006)
 Sered, “Healing as Resistance: Reflections upon New Forms of American Jewish Healing” in *RHA* (pp. 231–252)
 Wujastyk, “Medicine and Dharma” (*Journal of Indian Philosophy* 2004)

Week Nine May 29, May 31

Topic: Practice: Alternative Visions of Medicine, Spirituality, and Justice in Practice, Part 1: Partners in Health; Doctors Without Borders/Doctors of the World; Muslim CBHOs

Readings: Kidder, *Mountains Beyond Mountains* (complete)
 Farmer, "The Vitality of Practice" in *Infections and Inequalities* (UC Press, 1999)
 Fox, "Medical Humanitarianism and Human Rights: Reflections on Doctors Without Borders" (*SS& Med*, 1995)
 Laird & Cadge, "Negotiating Ambivalence: Social Power of Muslim Community-Based Health Organizations in America" (PLA 2010)

Week Ten June 05, June 07

Topic: Practice: Alternative Visions of Medicine, Spirituality, and Justice Part 2: L'Arche; Laguna Honda; CURE International

Readings: Hauerwas & Vanier, *Living Gently in a Violent World* (IVP, 2008) (selections)
 Sweet, *God's Hotel* (selections)
 Gillespie, CURE piece tbd

****Final Paper:** Due Thursday, **June 14**, by 5:00pm – emailed to me (rgillespie@ucla.edu) please title your document with your last name**

Appendix
Major Programs and Institutes on Medicine and Religion in U.S.

University of Chicago
Program on Medicine and Religion
<https://pmr.uchicago.edu>

Harvard University
Initiative on Health, Religion, and Spirituality
<https://projects.iq.harvard.edu/rshm/home>

Yale University
Program for Medicine, Spirituality, and Religion
<https://medicine.yale.edu/intmed/genmed/education/medspirel/>

Duke University
Center for Spirituality, Theology, and Health
<https://spiritualityandhealth.duke.edu>

Texas Medical Center
Institute for Spirituality and Health
<http://ish-tmc.org>

George Washington University
GW Institute for Spirituality and Health
<https://smhs.gwu.edu/gwish/>

Loyola University Chicago
Physician's Vocation Program
<https://hsd.luc.edu/bioethics/content/physicianvocationprogram/>

Emory University
Religion and Public Health Collaborative
<http://www.emory.edu/religions&humanspirit/Religion%20pages/Health.htm>



Course Revision Proposal

Study of Religion 55 The Spirit of Medicine

Requested revisions that apply:

Renumbering Title Format Requisites Units Grading Description

Multiple Listing: Add New Change Number Delete

Concurrent Listing: Add New Change Number Delete

CURRENT

Course Number **Study of Religion 181**

Title **The Spirit of Medicine**

Short Title **SPIRIT OF MEDICINE**

Units Fixed: **5**

Grading Basis **Letter grade or Passed/Not Passed**

Instructional Format Primary Format
Lecture

Secondary Format
Discussion

TIE Code **LECS - Lecture (Plus Supplementary Activity) [T]**

GE **No**

Requisites **None**

Description

PROPOSED

Study of Religion 55

The Spirit of Medicine

SPIRIT OF MEDICINE

Fixed: **5**

Letter grade only

Primary Format
Lecture - 3 hours per week

Secondary Format
Discussion - 1 hours per week

LECS - Lecture (Plus Supplementary Activity) [T]

Yes

None

What is the relationship between medicine, religion, and society? Is religion a help or hindrance to health? What might health care look like beyond the biomedical clinic? This course charts the historical entwinement of religion, medicine, and society in Western antiquity through to the early modern period, the disentanglement in the Enlightenment to early 20th century, and the confluence of science, technology, and capitalism in biomedicine compartmentalized from

religion today. Rhetorics and epistemologies of healing?what it means to be healed and how one would know?are also conceptualized and put in tension, such as faith healings and religion-as-medicine, medicine-as-religion, and integrated approaches. Significant analysis of alternatives to the biomedical status quo in theoretical medicine and on-the-ground health care delivery, with particular attention to questions of justice and holistic care in the U.S. and globally in policy and practice.

Religion:55

Updating course number to meet GE criteria

File [The Spirit of Medicine \(GE submission syllabus\) copy.docx](#) was previously uploaded. You may view the file by clicking on the file name.

Approved on behalf of Prof. Bakhos, SOR Chair. Spring 2019

Study of Religion

Name

ISAMARA RAMIREZ

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[Justification](#)

[Syllabus](#)

[Supplemental Information](#)

[Effective Date](#) **Spring 2019**

[Department](#) **Study of Religion**

[Contact](#)

[Routing Help](#)

ROUTING STATUS

Role: Department/School Coordinator - Ries, Mary (mries@college.ucla.edu) - 61225

Status: Pending Action

Role: Initiator/Submitter - Ramirez, Isamara (iramirez@humnet.ucla.edu) - 53623

Status: Submitted on 1/29/2019 3:04:26 PM

Comments: Initiated a Course Revision Proposal

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Comments or questions? Contact the Registrar's Office at publications@registrar.ucla.edu or (310) 825-6704