

English version

**Greetings from the President of International Sociological
Association, RC15 Sociology of Health**

Miwako Hosoda, Seisa University, Japan



I am happy to announce that ISA RC15 reached a membership of 203 scholars in November 2018. RC15 is a relatively large research committee and its members come from literally all over the world: 31 from the US, 26 from Japan, 17 from Canada, 13 from the UK, 13 from India, 11 from Australia, 10 from Nigeria, with the remaining members from countries such as Brazil, Italy, Germany, and South Africa. RC15 has continued to encourage intellectual exchanges among sociologists so scholars from all over the world could share their findings and even collaborate in health research.

RC15 was given official recognition as a sub-Committee of the ISA in January 1963. Thus, RC15 has been in existence for over half century. In July 1963, a mail ballot led to the election of George Reader as the first Chairperson and Elliot Freidson as the first Vice-Chairperson and Secretary. I am extremely honoured to succeed such influential and excellent medical sociologists.

Today, various problems related to health are becoming necessary to address. Great social changes that affect people's health and access to medical facilities and services have led to increased confusion and disparity. Sociology of health is the science that investigates solutions to such problems. As medical sociologists, we assess health-related issues at the domestic, regional, and international level by considering the interplay of cultures, values, and policies. In ISA RC15, we welcome researchers who specialise in any social science. We do not limit our circle to sociologists because health-related issues require an interdisciplinary approach.

The ISA Congress and ISA Forum are both held every four years. In my presidency, the ISA Forum will be held at Porto Alegre in Brazil in 2020 and the ISA Congress at Melbourne in Australia in 2022. I hope to see as many of you as possible in Porto Alegre and Melbourne. Thank you all for your continued support and participation.

Japanese version

世界社会学会 RC15 健康社会学 会長からのご挨拶

細田満和子（日本、星槎大学）

最初に、ついに RC15 会員が 2018 年 11 月に 200 名の大台に乗ったことをご報告いたします。RC15 の現在の会員数は 203 人で、最も大きな RC のひとつであり、文字通り世界中から集まっています。内訳はアメリカから 31 人、日本から 26 人、カナダから 17 人、イギリスとインドから 13 人ずつ、オーストラリアから 11 人、ナイジェリアから 10 人で、その後ブラジル、イタリア、ドイツ、南アフリカと続きます。すべての国の研究者たちが学問成果を共有し合ったり、健康に関する共同研究をしたりすることができるよう、RC15 は社会学者同士の知的交流をこれからも推奨し続けていきます。

RC15 は、今から半世紀余り前の 1963 年 1 月に ISA のサブ・コミッティーとして公式に知られるようになりました。同年 7 月には郵送による投票が行われ、G. リーダーが会長に、E. フリードソンが副会長／事務局長となりました。このような影響力のある素晴らしい医療社会学者の後継者であることを非常に誇りに思います。

今日、解いていかななくてはならない健康に関する諸問題が山積しています。人々の健康や医療の施設やサービスへのアクセスに影響する大きな社会変化が起き、混乱や格差が生じています。健康社会学は、こうした問題の解決を探求していく学問です。健康社会学者として、国内、域内、そして国際のレベルから、文化や価値や政治を横断するような健康に関する諸問題に取り組んでいます。そして ISA の RC15 は、健康に関する問題には学際的アプローチが必要と考え、社会学者に限らず、あらゆる社会科学研究者の入会を歓迎しています。

ISA 世界会議と ISA フォーラムはそれぞれ 4 年に 1 度開催されます。私が会長である間は、2020 年にブラジルのポルト・アレグレで ISA フォーラムが、2022 年にオーストラリアのメルボルンで ISA 世界会議が開催されます。多くの皆様にポルト・アレグレやメルボルンでお目にかかれますのを楽しみにしております。皆様の RC15 への変わらぬご協力とご参加に感謝いたします。

Portuguese version

Saudações da Presidente da Associação Internacional de Sociologia, RC15 Sociologia da Saúde

Miwako Hosoda, Universidade de Seisa, Japão

Tenho a satisfação de anunciar que o ISA RC 15 alcançou a adesão de 203 acadêmicos em novembro de 2018. O RC 15 é um comitê de pesquisa relativamente grande e seus membros vêm literalmente de todo o mundo: África do Sul, Alemanha, Argentina, Austrália, Bangladesh, Brasil, Burkina Faso, Canada, Chile, China, Colômbia, Dinamarca, Estados Unidos, Filipinas, Finlândia, France, Islândia, Índia, Indonésia, Irlanda, Israel, Itália, Japão, Malásia, Marrocos, México, Nova Zelândia, Nigéria, Noruega, Peru, Polônia, Portugal, Quênia, Reino Unido, República da Coreia, Singapura, Suazilândia, Suécia, Suíça, Tailândia, Turquia e Ucrânia. O RC15 tem incentivado intercâmbios intelectuais entre sociólogos continuamente, para que acadêmicos de todo o mundo possam compartilhar suas descobertas e colaborar em pesquisas sobre saúde.

O RC15 foi oficialmente reconhecido como Subcomitê da ISA em janeiro de 1963. Assim, o RC15 existe há mais de meio século. Em julho de 1963, por meio de eleição postal, foi George Reader como primeiro presidente e Elliot Freidson como primeiro vice-presidente e secretário. Estou extremamente honrada por suceder estes influentes e excelentes sociólogos médicos.

Hoje tem se orando necessários resolver vários problemas relacionados à saúde. Grandes mudanças sociais que afetam a saúde das pessoas e o acesso a serviços médicos levaram a um aumento da confusão e da disparidade. Sociologia da saúde é a ciência que investiga soluções para tais problemas. Como sociólogos da saúde, avaliamos questões relacionadas à saúde nos níveis nacional, regional e internacional, considerando a interação de culturas, valores e políticas. No ISA RC15 recebemos pesquisadores especializados em qualquer ciência social. Nós não limitamos nosso círculo aos sociólogos porque questões relacionadas à saúde requerem uma abordagem interdisciplinar.

Os Congressos da ISA e os Fóruns da ISA são realizados a cada quatro anos. Em minha presidência o Fórum da ISA será realizado em Porto Alegre, no Brasil, em 2020, e o Congresso da ISA, em Melbourne, em 2022. Espero ver muitos de vocês em Porto Alegre e Melbourne. Obrigado a todos pelo apoio e participação contínuos.

Italian version

Saluto della Presidente dell'International Sociological Association, RC15 Sociology of Health

Miwako Hosoda, Università di Seisa, Giappone

Sono felice di annunciare che l'ISA RC15 ha raggiunto 203 adesioni lo scorso novembre 2018. RC15 è un comitato di ricerca relativamente ampio ed i suoi membri provengono letteralmente da tutto il mondo: 31 dagli USA, 26 dal Giappone, 17 dal Canada, 13 dal

Regno Unito, 13 dall'India, 11 dall'Australia, 10 dalla Nigeria, mentre i membri rimanenti da paesi quali Brasile, Italia, Germania e Sud Africa. RC15 ha sempre incoraggiato gli scambi intellettuali tra sociologi affinché studiosi da tutto il mondo possano condividere i propri risultati ed anche collaborare nelle ricerche sulla salute.

RC15 è stato riconosciuto ufficialmente quale sub-comitato dell'ISA nel gennaio 1963: è esistito dunque per oltre mezzo secolo. Nel luglio 1963 una elezione postale portò alla elezione di George Reader quale primo presidente ed Elliot Freidson quale primo vicepresidente e segretario. Sono estremamente onorata di succedere a tali influenti ed eccellenti sociologi della medicina.

Oggi giorno, è necessario fare i conti con vari problemi relativi alla salute. Grandi sfide sociali che influenzano la salute delle persone e l'accesso alle strutture e ai servizi sanitari hanno portato confusione e disparità crescenti. La sociologia della salute è la scienza che ricerca soluzioni a tali problemi. In quanto sociologi sanitari, noi valutiamo le questioni correlate alla salute a livello interno, regionale e internazionale considerando l'interconnessione tra culture, valori e politiche. Nell'ISA RC15 diamo il benvenuto a ricercatori che si specializzano in qualsiasi scienza sociale: non limitiamo la nostra cerchia ai sociologi, poiché i problemi correlati alla salute richiedono un approccio interdisciplinare.

Il Congresso ed il Forum dell'ISA vengono entrambi tenuti ogni quattro anni. Nel corso della mia presidenza, il prossimo Forum dell'ISA si svolgerà a Porto Alegre in Brasile nel 2020, ed il congresso dell'ISA a Melbourne in Australia nel 2022. Spero d'incontrare quanti più possibile di voi a Porto Alegre e Melbourne. Grazie per tutto il vostro continuo sostegno e partecipazione.

The Changing of the Guard



Pictured at the RC15 Reception at the Toronto ISA World Congress (from left to right): Amélie Quesnel-Vallée, Stephanie Short, Mike Saks and Miwako Hosoda.

Thank You to Outgoing ISA RC15 Board Members

The new RC15 Board passes on its sincere thanks to the previous President (Amélie Quesnel-Vallée), Vice President (Guido Giarelli) and Secretary/Treasurer (Stephanie Short), who worked so hard to ensure the smooth running of RC15 and continue to assist as necessary in the transition period. A warm welcome is also extended to their replacements and the newly elected Board members – Nelson Barros, Susan Bell, Sigrun Olafsdottir and Farah Purwaningrum.

Current ISA RC15 Board members

President: Miwako Hosoda, Seisa University, Japan (to December 2022)

Vice-President/Newsletter Editor: Mike Saks, University of Suffolk, United Kingdom (to December 2022)

Secretary/Treasurer: Nelson Barros, State University of Campinas, Brazil (to December 2026)

Alex Asakitikpi, Monash University, South Africa (to December 2022)

Susan Bell, Drexel University, USA (to December 2026)

Michael Calnan, University of Kent, United Kingdom (to December 2022)

Sigrun Olafsdottir, University of Iceland, Iceland (to December 2026)

Farah Purwaningrum, University of Sydney, Australia (to December 2026)

The International Spread of ISA RC15 Members

Great efforts have been made to make this Newsletter as cosmopolitan as possible in accord with the national locations of its membership. This membership pleasingly covers some 42 countries based on information supplied by Nelson Barros, our Secretary and Treasurer.

This spread of international representation is a tremendous achievement which in part mirrors that of the diversity of the ISA itself. As has been seen, efforts have been made to translate the President's address into several key languages of the larger constituencies of RC15 – including Italian (Guido Giarelli), Japanese (Miwako Hosoda) and Portuguese (Nelson Barros).

The Vice President and Newsletter Editor (Mike Saks) invites contributions and feedback on the Newsletter from members in all the countries involved so that it is suitably representative. New members from a wider variety of countries are also cordially invited to join RC15. Contact details are provided at the end of this Newsletter.

As will be seen from the table below, the largest numbers of members of RC15 are from the United States, followed by Japan, Canada, India, the UK, Australia, Nigeria and Italy, Brazil and Germany:

Country	Members
United States	31
Japan	26
Canada	17
India	13
United Kingdom	13
Australia	11
Nigeria	10
Italy	8
Brazil	6
Germany	6
South Africa	5
Chile	4
Finland	4
Mexico	4
Argentina	3
Denmark	3
Norway	3
Sweden	3
Bangladesh	2
China	2
France	2
Iceland	2
Kenya	2
Morocco	2
Philippines	2

Switzerland	2
Turkey	2
Burkina Faso	1
Colombia	1
Indonesia	1
Ireland	1
Israel	1
Malaysia	1
New Zealand	1
Peru	1
Poland	1
Portugal	1
Republic of Korea	1
Singapore	1
Swaziland	1
Thailand	1
Ukraine	1

REPORTS

Toronto ISA World Congress



The 19th ISA World Congress on Power, Violence and Justice: Reflections, Responses and Responsibilities was a very well attended global event held at the Metro Convention Centre in Toronto, Canada, on 15-21 July 2018. All the usual trappings were present at the Congress - from a welcoming opening ceremony and reception to a farewell party. It encompassed hundreds of sessions, including several thousand papers, and plenary events.

As indicated in the previous Newsletter in July there were 22 RC15 sessions/roundtables, and three joint sessions with RC11 (Sociology of Aging), RC17 (Sociology of Organization), RC25 (Language and Society), RC32 (Women in Society), RC49 (Mental Health and Illness), and RC52 (Sociology of Professional Groups). In total some 185 papers were listed for RC15 as either orally presented or distributed papers in these sessions.



Aside from the academic sessions, the RC15 Board met and there was also an RC15 business meeting, at which members were welcomed by the then President, Amélie Quesnel-Vallée. Following this, the business meeting received the Newsletter Editor's Report from Guido Giarelli and the Secretary and Treasurer's Reports from Stephanie Short. All these reports showed RC15 to be in very good health.

Many of those who attended then went on to a Reception held at the Mill Street Beer Hall in the Distillery District. The Mill Street Brewery was East Toronto's first commercial brewery to open in more than a hundred years, set in a district designated as a National Historic Site of Canada over thirty years ago. Needless to say, there was no shortage of drink and food – and a most convivial evening was had by all those who attended.



We now look forward to our next major event – the ISA Forum to be held in Porto Alegre in Brazil in the summer 2020 for which Mike Saks and Nelson Barros are the designated programme co-coordinators for RC15.

Mike Saks
RC15 Vice President
Emeritus Professor
University of Suffolk, UK
& Visiting Professor
University of Lincoln, UK
Royal College of Veterinary Surgeons, University of London, UK
University of Toronto, Canada

The 14th Asia Pacific Sociological Conference 2018

The Asia Pacific Sociological Association (APSA) was established in 1996. The goals of APSA are to establish a network to link the sociological association, sociology departments and individual sociologists in the Asia Pacific region as well as to encourage cooperation between sociologists, planners and policymakers at both regional and community level.

APSA organises an international conference every two years. The 14th conference was held at the Seisa University, Hakone campus, Japan from 5-7 October 2018. The conference chairperson was Professor Miwako Hosoda, President of APSA and Vice President of Seisa University. The theme for this year's conference was 'Interconnections, social transformation and global mobility: A way towards the future'. By connecting sociologists across countries, it encouraged presenters and attendees to share studies, consider solutions, and promote international mutual understanding surrounding global contemporary issues.



This three-day conference brought together more than 350 sociologists including keynote speakers, presenters and observers around the Asia Pacific region. Some of the participating members of APSA are pictured above. The conference explored interconnection, social transformation and global mobility. The APSA conference provided an opportunity to early career researcher and higher degree research to present their research. A third of the presentations were done by early career sociologists and higher degree research students.

The conference consisted of keynote speeches, plenary sessions, thematic panel sessions and roundtable sessions. A wide range of topics were covered during the oral presentations including gender, education, society and ageing, political sociology and public sociology; sociology of the environment; media and communication; ethnicity and culture; migration and border; and health and social welfare. There were 20 sessions including two symposiums, 15 oral presentation sessions, two parallel sessions, and a round-table discussion, as well as the poster presentations. Other activities include Nature Walking Hakone and Commemorate the 311 Great East Japan disasters and Hakone Art/Craft. More than 30 volunteers assisted with the conference. The 15 best presentations received an award.

Zakia Hossain
Secretary of the Asia Pacific Sociological Association
University of Sydney, Australia

The East Asian Sociological Association Establishes a New Sociology of Health Research Network

The East Asian Sociological Association (EASA) is an academic platform for promoting dialogue and discussion on East Asian societies and their neighbours. The EASA's predecessor emerged in 2002 as a voluntary academic network of sociologists in East Asia "who wished not only to promote an international scholarly exchange but also to enhance mutual understanding through friendly relationship". Owing to the tremendous success of the contributors, the EASA was established in October 2017, and its Inaugural Congress will be held on March 8–9, 2019, in Tokyo, Japan.

Although the heritage of people in East Asia includes many shared social, cultural and genetic aspects, we observe political and ideological diversity; consequently, sociologists sometimes face a serious crisis of fragmenting communities. To promote intimate collaboration among sociologists of health, illness and medicine, Professor Miwako Hosoda and Kaori Muto submitted an application for the EASA to establish a new research network called "Sociology of Health." The proposal was approved in December 2018, and we have started organising our sessions for the Inaugural Congress.

The United Nations' Sustainable Development Goal 3 is to "ensure healthy lives and promote well-being for all at all ages", and this involves setting 13 health targets by 2030. There is a relatively long and healthy life expectancy in East Asia, and East Asians expect good health services and cutting-edge health technologies. Yet we observe conspicuous health inequality, difficulties in primary care and public health, and bioethical issues. As RC15 has encouraged the generation of sociological knowledge and scientific meetings, we hope that our research network will generate similar discussions in East Asia.

Dr Kaori Muto
Secretary, Sociology of Health Research Network
The East Asian Sociological Association
Professor, Department of Public Policy
Human Genome Center, Institute of Medical Sciences
University of Tokyo, Japan

Taranto Conference: 1978-2018: The Italian NHS 40 Years Later: Which Future?

Not many people know that the most important reform achieved in Italy after World War Two has been the establishment of a National Health Service (NHS) in 1978, replacing the previous social health insurance system created during the Fascist period which proved to be very iniquitous and inefficient. The reference model was the British NHS, but over time it has evolved in an original way and nowadays is under pressure with strong risks to its sustainability in the medium-long term. This is the main reason why, instead of simply celebrating its fortieth anniversary, a thorough reflection was strictly necessary in order to better understand what chances of survival it has in the face of current turbulence. A great opportunity was provided by the conference arranged by the Local Health Authority of Taranto in Southern Italy in collaboration with the Italian Association of Sociology (AIS), the Ministry of Health, the Regional Government of Puglia and the Universities of Bari and of Salento (Lecce) on 18 May 2018.

The first morning session was devoted to offering a European framework of recent health care reforms in order to place the Italian story in context. Emmanuele Pavolini, full Professor of Sociology at the University of Macerata gave a preliminary picture of the European situation by presenting a comparative perspective on the changes produced by the health care reforms during the last four decades in six different European countries: four of which adopted an NHS model in different ways (UK, Sweden, Spain and Italy) and two of which developed social health insurance (SHI) systems (France and Germany). He stressed that the health care systems in all these countries have undergone deep changes during this period, in line with the evolution of their overall welfare systems. However, the distinction between NHS and SHI models still holds, even though there are clear lines blurring the edges between the two ideal types. In fact, on average the NHS countries tend to perform better in terms of medical, economic and social efficiency objectives than the SHI ones, which seem to be stronger only in terms of political objectives to guarantee the satisfaction of both professionals and users in terms of freedom of choice and comfort with the service.



Subsequently, Mike Saks, Emeritus Professor at the University of Suffolk, reflected on the impact of recent health care reforms on the medical profession in the British NHS. He argued that in recent decades the profession has increasingly come under siege inside and outside the NHS as a succession of health care reforms have been rolled out. Under the Conservative government from 1979, these included the appointment of general managers and a newly-created internal market, as well as a Patients' Charter giving greater rights to users. The profession faced further challenges from 1997 when New Labour sought to modernise the NHS. Its reforms led to the restratification of the medical profession – as the standing of general practitioners was enhanced through multi-professional commissioning – and increased sensitivity to health care users through a growing emphasis on patient choice and public protection. This resulted in, amongst other things, increasing lay membership of the General Medical Council and more autonomous oversight of the profession by the Council for Healthcare Regulatory Excellence (now the Professional Standards Authority for Health and Social Care). Most recently, the regular revalidation of doctors has been introduced to help ensure continuous fitness to practice, alongside independent adjudication of medical disciplinary cases. The Coalition government of 2010 – as well as the current Conservative government from 2015 onwards – has focused on further integrating health and social care, not least by establishing Clinical Commissioning Groups chaired by general practitioners.

Finally, Timo Sinervo, research manager at the National Institute for Health and Welfare of Helsinki, discussed marketisation and integration between health and social care in Finnish and Scandinavian welfare systems. He claimed that Nordic countries can be divided into two by comparing the health and social service models in regard to marketisation, although all Nordic countries rely on universalism and tax paid services. In fact, Sweden and Finland depend more in service provision on private service providers (in Finland especially in assisted living, in Sweden also in home care) than Norway and Denmark. Sweden has large patient choice in health centres (with general practitioner appointments in primary health care) and private firms or county-owned health centres can locate their care units where they want. Clients can choose between service providers. Finland is planning a similar kind of system and probably in winter 2019 its Parliament will approve a bill for a larger reform that would mean a huge change: building new counties, merging organizations from municipalities and counties and launching a patient choice model, including a provider split, as well as changing funding mechanisms (now funding is by municipalities, following state reform) and introducing a new compensation mechanism for service providers. The market mechanism is supposed to shorten waiting times in primary health care, but the complex multi-provider system might create fragmentation and challenge care integration of clients in need of multiple services. There are also different estimations of the effects on costs.

The second afternoon session concentrated on the Italian NHS, including future perspectives. Guido Giarelli, Associate Professor at the University 'Magna Græcia' of Catanzaro, sketched an historical reconstruction of the evolution of health policies in Italy since the foundation of the National Health System in 1978, identifying three main phases during which he delineated the roots of the subsequent problems and deficiencies still affecting it: the universalisation policy of the 1980s, the managerialisation of the 1990s, and the incremental policies from the 2000s to today. He then examined what he considered the four main paradoxes characterising the Italian NHS: the public de-financing of health expenditures along with creeping privatisation over time; a corporatisation process failing to establish a 'quasi-market' along with the patchy managerialisation of the Local Health Authorities; a schizophrenic regional decentralisation of the NHS between actual devolution and re-centralisation; and a level of performance of the NHS in terms of health outcomes of the population among the highest in the world, despite everything. Lastly, he argued that these contradictions make the sustainability of the system rather precarious and problematic for the foreseeable future.

The last two speakers addressed specific problems that the Italian NHS is facing. Roberto Grilli, Director of the Clinical Governance of the Local Health Authority of Reggio Emilia, discussed the performance outcomes of the different institutional models of governance applied in the Local Health Authorities of various Italian regions. He argued that it is hard to find a direct connection of cause-effect between models and outcomes, since other intervening variables such as political and social factors play a significant role. Gavino Maciocco, Professor of Community Medicine and Health Policy at the University of Florence, described the experience of the 'Casa della Salute' (Health Houses) in the Tuscany Region as an example of an attempt to re-orient the regional health care system from hospital-centred to territory-centred. The implementation of the latter has proved very different from the original idea of its creators, highlighting the strong resistance and deviations put in place by the traditional ruling actors of the system (the politicians and medical profession) to block change. Fabrizio Tediosi, Group Leader for Health Policy and Systems Research of the Swiss Tropical and Public Health Institute of Basel, considered the thorny issue of Long Term Care in the Italian NHS, which can be seen as a black hole since reform in this direction is still missing.

A large and attentive audience made up of both NHS health professionals and university students and scholars followed the conference and engaged in the final debate.



Dr Guido Giarelli
Department of Health Sciences
University 'Magna Græcia'
Catanzaro
Italy

Australian Association of Gerontology Conference: Advancing Not Retiring: Active Players, A Fair Future”

On 21-23 November 2018, the Australian Association of Gerontology (AAG) held its 51st conference in Melbourne, Australia, on 'Advancing not retiring: Active players, a fair future'. Esteemed speakers and panellists were featured ranging from Sally Goldner, the Executive Director of Transgender Victoria, and Dr Susan Alberti, 2018 Victorian of the Year, to Rosalind Croucher, President of the Australian Human Rights Commission. The three-day conference presented a myriad of research findings, debates, avenues, table top conversations, pre-conference workshops and conference workshops on various aspects pertaining to gerontology research. Service delivery and workforce, indigenous ageing, ageing in culturally and linguistically diverse communities, research, policy and practice, reframing ageing from media and organisational and personal perspectives were among the topics discussed. The last example cited on reframing ageing was an interactive workshop session chaired by Lee-Fay Low and Lindy Clemson, both from the University of Sydney and Keryn Curtis from the Benevolent Society. The interactive workshop session had the aim of developing awareness and skills to recognise ageism and start to shift the dominant narrative around ageing positively. In their session focusing on reframing ageing discourse, they re-introduced the idea of ageing and discussed ageism. Ageism is stereotyping (preconceived beliefs), prejudice (negative feelings), and discrimination (negative behaviours) against people on the basis of their age.



Pictured at the Australian Association of Gerontology conference (from left to right): Lee-Fay Low, Simone Hausknecht, Lindy Clemson and Keryn Curtis.

Another interesting pre-conference workshop was one on Aboriginal and Torres Strait Islander Ageing Issues hosted by AAG's Aboriginal and Torres Strait Islander Ageing Advisory Group (ATSIAAG). The members of ATSIAAG consisted entirely of Aboriginal and Torres Strait Islander of AAG. It is jointly chaired by Graham Aitken, who is CEO of Aboriginal Elders and Community Care Services, and Ros Malay, who is with the University of Western Australia. In this pre-conference workshop, the primary topic was 'Exploring appropriate aged care needs assessment for Aboriginal and Torres Strait Islander peoples'. As explained in the AAG conference communiqué, the workshop was attended by over 50 participants. It was acknowledged in the communiqué and the workshop that because of poorer health and premature ageing, Aboriginal and Torres Strait Islander people require access to aged care services at a younger age. Yet, despite this particular need, Aboriginal and Torres Strait Islander people are not adequately represented in aged care programs. The participants discussed how access to aged care could be improved through suitable assessment processes.

Dr Farah Purwaningrum
Honorary Associate
School of Social and Political Sciences
University of Sydney, Australia

Michael Calnan: Keynote in Brazil



Professor Michael Calnan gave a keynote plenary at an international workshop entitled 'Access to medicines: From intellectual property to incorporation health systems' which was funded by the Brazilian government and was held at the Federal University of Santa Catarina in Florianopolis, Brazil, in August 2018. Workshop participants came from a

number of different countries in South America, including Chile, Colombia, Argentina and Brazil.

Michael's presentation was entitled 'The management of uncertainties in the appraisal of expensive medicines in England' and was based on a recently completed study into the social influences implicit in the decision-making made by NICE (the National Institute for Health and Care Excellence). The study examined the 'technological appraisals' carried out by NICE as it regulates the provision of expensive new drugs within the English NHS on cost-effectiveness grounds, although in some cases social values tended to receive some explicit recognition in decision-making such as in the treatment for younger children. The formal 'front stage' policy discourse appears to suggest that this is a highly rational process by which the regulatory process takes on board uncertainty but in practice decision-making remains highly complex and uncertain. This ESRC funded study explored the various ways in which different forms of uncertainty are perceived and tackled within these Single Technology Appraisals. This analysis draws on ethnographic data – interviews with a range of stakeholders and decision-makers, observations of public and closed NICE technological appraisal meetings, and documentary analysis – regarding the decision-making processes involving three different pharmaceutical products.

The evidence from the study showed that difficulties of dealing with the various levels of uncertainty were manifest and often made routine decision-making problematic. Uncertainties associated with epistemology, procedures, interpersonal relations and technicality were particularly evident. The interpersonal relations between the committee and the drug industry suggests that, despite the possible threat of regulatory capture, the committee attempted to use both formal and informal mechanisms to manage and resist the influence of the drug industry. The interpersonal relations between the appraisal committee and the clinical expert and patient representatives were characterised by ambivalence, primarily because it was believed that the altruistic motives of these advocates may be compromised by their limited perspective and, in some cases, links with the drug industry.

The need to exercise discretion within a more formal institutional framework shaped a pragmatic combining of explicit and informal, collective and individual, strategies and tactics to negotiate their way through the layers of uncertainty and complexity in making decisions. It was argued that this decision-making process was best characterised by navigating rather than muddling through. Michael concluded by discussing the implications for further research in the light of the evidence presented in the lecture. He argued that there was a clear need for some international research comparing how decisions about the allocation of resources are made in countries with different health systems and associated socio-political values and different levels of resources. More specifically, from an international comparative point of view, the focus might be on whether these decision-making processes found in England are also evident in other health systems with priority setting agencies and public funded health systems particularly, for example, CONITEC in Brazil and similar agencies in other South American countries.

Michael Calnan
Professor of Medical Sociology
School of Social Policy, Sociology and Social Research
University of Kent, UK

The Relevance of Global Reports on Corruption in Health Care for Australia

An interesting United Nations (UN) report on corruption in health care defines corruption as 'the misuse of public or entrusted power for private gain', and posits corruption

in health care as a major threat to the right to health worldwide. Australia is generally considered to have low levels of corruption in the public sector (although we seem to have slipped a bit in the rankings over the past few years), but many private sector entities take on responsibilities in health care, and corruption takes various forms. This update looks at two recent reports on this subject and considers a recent flagrant home-grown case, as well as more subtle lessons for Australia.

At the 4th Global Forum on Human Resources in Health in Ireland late last year, Professor Dainius Puras spoke about his report to the UN, on corruption in health care. Professor Puras compiled the report in his role as UN Special Rapporteur on the right to health. His impressive track record includes working as a psychiatrist, academic and advocate in the field of intellectual disability, children's rights and mental health, and founding the Lithuanian society of families with children who have intellectual disabilities. His report, transmitted to the General Assembly of the UN in July 2017, presents a broad approach to understanding corruption, stating that:

'In many countries healthcare is among the most corrupt sectors, threatening the sustainability of healthcare systems worldwide. Corruption originates from power imbalances and asymmetries, is perpetuated by non-transparent decision-making and reinforces ineffective and harmful policymaking and health services provision. The present report is focused not only on those forms of corruption that are legally defined as breaking the law and should be brought to justice, but also on those practices which undermine principles of medical ethics and social justice, as well as effective and transparent healthcare provision.'

Professor Puras' report draws many important threads together, not least the role of academic medicine in the increasing commercialisation of health care, and the subsequent inappropriate medicalisation of human diversity and misery. In Professor Puras' view "too often academic medicine controls political agendas through specialised medicine and expensive technology". Medicalisation, "this strange disease that medicine will cure everyone", is a consequence. He says:

"The widening of disease boundaries has medicalized normal human experience (e.g. social anxiety disorder), resulting in expanded markets for treatment and diverting attention away from the cultural, socioeconomic and political context of emotional distress."

As Professor Puras adds:

"Institutional corruption results from the normalization of behaviours that compromise truth-seeking and lead to the formation of perverse incentive structures, and thus addresses the behaviour of actors who exploit their institutional positions to influence institutional processes and actions."

What is to be done?

We are fortunate that pragmatic advice about what is to be done has been outlined in a European Commission Study on corruption in the health care sector in the European Union (EU), published in October 2017. The EU study identified six types of corruption: bribery in medical service delivery; procurement corruption; improper marketing relations; misuse of (high) level positions; undue reimbursement claims; and fraud and embezzlement of medicines and medical devices. For private companies in the health care sector, the main corruption risks were improper marketing and corruption to influence procurement decisions.

Improper marketing

The first concrete recommendation attempts to address improper marketing. Here the EU study shows that doctors are influenced by industry at the stage of product development,

and in the use of medicines in practice. This remains a major challenge, not least in industry sponsorship and support in medical education, research and continuing professional education of healthcare professionals. In Australia, we have been working towards increased transparency in these personal professional relationships, given the risk of corrupt practices, such as influencing prescribing behaviour. There is room for improvement, though, in institutional relations between pharmaceutical and medical device companies and the providers of health care education, research and practice. Improper marketing can lead to the inefficient use of resources or even medical risks, especially when drugs or devices are over-sold, over-prescribed or over-used.

Corruption to influence procurement decisions

The EU study brings to light the fact that corruption in procurement decisions often takes place during the early stages of the tendering process – for example by tailoring tender specifications to a preferred supplier. The suggested countermeasure is to make the process more transparent.

Stirring the possum

Now that both the UN and the European Commission have ‘stirred the possum’ when it comes to corruption in the health care sector, the private and public sectors are under increasing scrutiny in relation to corrupt practices. This issue of corruption in the health care sector demands continuing attention and the EU study outlined here recommends what is to be done: public and private organisations should review their policies and procedures to enhance truth-seeking, transparency, participation and accountability in the interests of good governance.

Lessons for Australia

In August this year, the Western Australia (WA) Corruption and Crime Commission’s report into bribery and corruption in maintenance and service contracts recommended three former senior Western Australia health officials face possible criminal charges after its investigation uncovered one of the biggest corruption scandals in the State for decades. The WA Corruption and Crime Commission alleged corruption in procurement practices, wherein contractors bribed executives at the North Metropolitan Health Service with regular and expensive gifts and gratuities such as expensive meals, overseas travel and even home renovations in return for scoring ‘tens of millions of dollars’ worth of contracts in hospital construction and maintenance.

This episode prompted the WA government to issue a broad appeal for public servants to come forward with information, as contractors may have been targeting other departments with corrupt procurement practices. At the Federal level, in January this year the Labor opposition promised to establish a Federal corruption watchdog to tackle integrity concerns, similar to the state-level bodies. This has become a key election issue, as the coalition government indicated it was not inclined to establish a Federal independent commission against corruption, preferring instead to strengthen the hand of existing anti-corruption efforts, through combining the functions of existing integrity bodies.

Perhaps we are seeing a change of mood, in the wake of the findings of the banking royal commission and other Federal scandals and corruption allegations. There may be growing public support for the idea of creating a new Federal anti-corruption commission that would be independent of law-enforcement agencies, government or the Parliament. In his report to the UN, Professor Puras asks of those involved in corruption, “Does their conscience switch off?” We cannot rely upon the consciences of individuals to address corruption in health care; we need systematic responses in multiple settings.

Stephanie Short

FORTHCOMING CONFERENCES 2019



Canadian-Australian Health Sociology Conference

Call for session organizers & presenters

7 & 8 June, 2019

University of British Columbia

Vancouver, Canada

Submissions are now open!

The Canadian Society for Health Sociology, and The Australian Health Sociology Thematic Group are calling for session organizers and presenters for the Inaugural Canadian-Australian Health Sociology Conference, incorporating the Fifth Biennial Conference of the Canadian Society for the Sociology of Health, in Vancouver on June 7 & 8. Each session will consist of four 20-minute presentations. Abstracts will be a maximum of 250 words per paper, with an extra 250 word abstract required for session proposals. Abstracts will be published in French and English.

- Papers may or may not be comparative studies between Canada and Australia; if an abstract / session is not based on comparative study, the convenors strongly encourage submissions to outline implications for the alternative nation.
- Submissions must include two separate files: anonymized abstract, including title; and title page with title, authors' names, and email / telephone contact details of first / lead author.
- Submissions (due on February 15) will be considered from February 18, 2019, with notification by March 4.
- Late submissions will be considered on a case by case basis.
- Authors of outstanding abstracts will be invited to prepared full written papers to be discussed at the conference, and considered for a Special Journal Issue from the conference.
- Authors wanting to be considered for the Special Issue are encouraged to bring full papers to be discussed at the conference; research-in progress are also welcome.
- Conference registration opens from: February 15, 2019 (*details to follow*).
- The conference immediately follows the *Women Deliver* conference and parallels the Canadian Sociological Association conference, with abstracts / registrations still open at mid-December 2018.
- **Deadline to submit a session proposal or abstract for presentation is February 15, 2019**
- **Session proposals or abstracts for presentations are to be sent to: info@cssh-scss.ca**

Our web site: www.cssh-scss.ca

2019 TASA CONFERENCE

Diversity & Urban Growth

NOVEMBER 25 - 28



Western Sydney University
Parramatta City and South Campuses

Western Sydney University (WSU) is pleased to host the 2019 Australian Sociological Association Conference, a return to Sydney for the first time since 2010. WSU's School of Social Sciences and Psychology and Institute of Culture and Society will hold the conference in Greater Western Sydney (GWS) at our new Parramatta City campus and at other sites nearby.

The region is an ideal place to hold a sociology conference on the theme of Diversity & Urban Growth. GWS has one of the fastest growing populations in the country and has the third largest economy in Australia. It is home to nearly 10% of all Australians, with 35% of its almost 2 million residents born overseas. It is also home to the largest single Indigenous community in the country.

The combination of actors and capabilities in these spaces presents both successes and serious challenges for the region. The success of growth begs the questions of what gets expelled in the development and what are the causes of growing inequality. A little over 50 years since the sociologist Henri Lefebvre declared a 'right to the city' (le droit à la ville), the theme of Diversity & Urban Growth has never been more relevant, and will form the theoretical, conceptual and empirical basis for this TASA conference. We are very pleased to have keynotes/plenaries from extraordinary scholars such as Maggie Walter, Rob Stones, and Deborah Stevenson. We also have a number of innovative features at this year's conference, including sessions with Indigenous peoples and events which seek to engage with the communities and civic structures of the region.

Western Sydney University is committed to being 'an anchor institution and leading advocate and champion for GWS and its people' and 'a research-led university with regional, national and global impact'. Hosting a TASA conference on Diversity & Urban Growth will help advance important dialogue about the trajectory of cities extending from Parramatta across the globe.

conference.tasa.org.au | Email enquiries: admin@tasa.org.au

Fully Funded PhD Opportunities at University of Nottingham Ningbo China

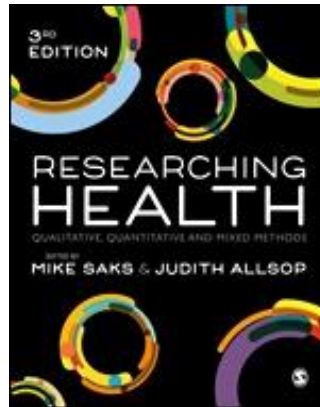
The University of Nottingham Ningbo China (UNNC) is looking for talented and highly qualified people for our 2019 PhD Scholarship entries, which include health care. Vacancies have recently been announced within the following areas:

- Faculty of Business
- Faculty of Humanities and Social Sciences
- Faculty of Science and Engineering
- Strategic Research Scholarships
- Nottingham Higher Flyer Scholarships
- Doctoral Training Partnership (DTP) Scholarships

PhD programmes at the UNNC are composed of 3 years research and submission is expected within 3 years for full-time students. PhD supervision is undertaken jointly by academics from University of Nottingham Ningbo China (UNNC) and University of Nottingham UK (UNUK). On successful completion, students will be awarded University of Nottingham PhD degree.

Applications should be made to: PHDAdmissions@nottingham.edu.cn

New Edition of Researching Health

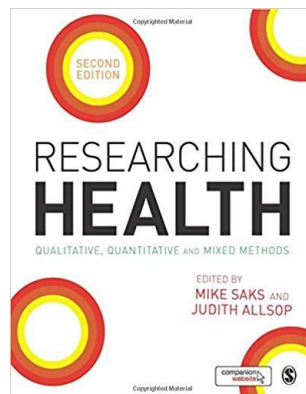


In terms of books of relevance to members of RC15, it is important to note that the third edition of Researching Health: Qualitative, Quantitative and Mixed Methods edited by Mike Saks and Judith Allsop will be published in the next 2-3 months by Sage Publications. This is a one stop comprehensive review of the range of methods used to research topics within the field of health, health care and medicine. Its twenty-seven chapters provide a step by step account of how to carry out and complete a research project.

Following the two successful previous editions, this 600-page book updates important theoretical debates and shows how methods can be combined in research. There are new chapters on the principles of health research, sampling with qualitative methods, using secondary data and online resources and how to evaluate health research. All chapters have been revised to include recent material.

The contributors, from Australia, Canada, Italy, Japan, New Zealand, Portugal and Spain, as well as the UK, are active researchers who write on their specialism, providing a rich variety of case studies. The book demonstrates that the language and practice of health research crosses countries and health research has a global reach. It caters for both students and teachers. Each chapter includes case studies, suggests class room activities, and provides end-of chapter exercises and annotated further reading. In parallel with the text, a comprehensive set of on-line resources is available through the website.

If you do not want to wait, the well-reviewed and high-selling second edition of the book is still available for a reasonable price in paperback, alongside the hardback version.



Items for the Next Issue

If you have any items relevant to RC15 – from conference reports/announcements to publications – for inclusion in the next Newsletter, please send them by the end of June 2019 to Mike Saks, email: m.saks@uos.ac.uk

Membership

Note that the membership dues for RC15 are 60 USD (20 USD reduction) for four year membership. The ISA membership registration form is available at: <https://isa.enoah.com/Sign-In>