



# MEDICAL HUMANITIES

Academic year  
2021-2022



Une belle fistule.

LE 8. — *Jamais on a si bien parlé sur moi!*

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Cover: Thomas Eakins, Portrait of Dr. Hayes Agnew (The Agnew Clinic), 1889, oil on canvas, Philadelphia Museum of Art, on loan from the University of Pennsylvania Art Collection, Philadelphia, 445-2000-1

Back cover: Rudolf Virchow observing an operation on the skull in a Paris clinic, Historischer Bilderdienst, Berlin, Wellcome Collection

# Administration

**Head of Programme:** Prof. Dr. habil. Dr. habil. **Martina King** [martina.king@unifr.ch](mailto:martina.king@unifr.ch)

**In collaboration with:** Dr. **Johannes Görbert** [johannes.görbert@unifr.ch](mailto:johannes.görbert@unifr.ch)  
Dr. **Daniela Kohler** [daniela.kohler@unifr.ch](mailto:daniela.kohler@unifr.ch)

**Administration and contact:** Mrs. **Margrit Walthert** [margrit.walthert@unifr.ch](mailto:margrit.walthert@unifr.ch)

University of Fribourg / SCIMED  
Medical Humanities  
Chemin du Musée 18  
CH-1700 Fribourg/Freiburg  
+41 (0)26 300 81 79

For further, up-to-date information, please visit us on:

[www.unifr.ch/mh](http://www.unifr.ch/mh)

## Teaching staff

**Prof. Dr. Christina Aus der Au Heymann**

(Theology/Philosophy, Thurgau University of Teacher Education):  
[christina.ausderau@phtg.ch](mailto:christina.ausderau@phtg.ch)

**Prof. Dr. Vincent Barras**

(History of Medicine, University of Lausanne): [vincent.barras@chuv.ch](mailto:vincent.barras@chuv.ch)

**PD Dr. Christian Budnik**

(Angewandte Ethik, Universität Zürich): [christian.budnik@philos.uzh.ch](mailto:christian.budnik@philos.uzh.ch)

**Prof. Dr. Flurin Condrau**

(History of Medicine, University of Zurich): [flurin.condrau@uzh.ch](mailto:flurin.condrau@uzh.ch)

**Dr. Brenda Lynn Edgar**

(Institute for Ethics, History and the Humanities, University of Geneva):  
[brenda.edgar@unige.ch](mailto:brenda.edgar@unige.ch)

**Dr. Stéphane Guérard**

(Institute for Ethics, History and the Humanities, University of Geneva):  
[stephane.guerard@outlook.com](mailto:stephane.guerard@outlook.com)

**Prof. Dr. Samia Hurst**

(Biomedical Ethics, University of Geneva): [samia.hurst@unige.ch](mailto:samia.hurst@unige.ch)

**Prof. Dr. Ralf Jox**

(Klinische Ethik, CHUV, University of Lausanne): [ralf.jox@chuv.ch](mailto:ralf.jox@chuv.ch)

**Prof. Dr. Janina Kehr**

(Medizinanthropologie, Universität Wien): [janina.kehr@univie.ac.at](mailto:janina.kehr@univie.ac.at)

**Dr. Elodie Malbois**

(Institut éthique histoire humanités, Université de Genève): [elodie.malbois@unige.ch](mailto:elodie.malbois@unige.ch)

**Dr. Angela Martin**

(Practical Philosophy, University of Basel): [angela.martin@unibas.ch](mailto:angela.martin@unibas.ch)

**Dr. Sebastian Muders**

(Practical Philosophy, Paulus Academy in Zurich): [s.muders@paulusakademie.ch](mailto:s.muders@paulusakademie.ch)

**Dr. Linda Ratschiller**

(Zeitgeschichte, Universität Fribourg): [linda.ratschiller@unifr.ch](mailto:linda.ratschiller@unifr.ch)

**Dr. Dr. Felix Rietmann**

(Medical Humanities, Universität Fribourg): [felix.rietmann@unifr.ch](mailto:felix.rietmann@unifr.ch)

**Dr. Corina Salis-Gross**

(Medical Anthropology, University of Zurich): [corina.salisgross@isgf.uzh.ch](mailto:corina.salisgross@isgf.uzh.ch)

**PD Dr. Benjamin Specht**

(Modern German Literature, University of Erlangen-Nuremberg/ Medical Humanities, University of Fribourg): [benjamin.specht@fau.de](mailto:benjamin.specht@fau.de)

**Prof. Dr. Dr. Hubert Steinke**

(History of Medicine, University of Berne): [hubert.steinke@img.unibe.ch](mailto:hubert.steinke@img.unibe.ch)

**Dr. Nina Streeck**

(Medizinethik, Universität Zürich): [nina.streeck@uzh.ch](mailto:nina.streeck@uzh.ch)

**Paul Tortosa**

(Histoire des sciences de la vie et de la santé, Université de Strasbourg):  
[patortosa@unistra.fr](mailto:patortosa@unistra.fr)

**Prof. Dr. Franz Werro**

(Private law, Universität Fribourg / Georgetown University): [franz.werro@unifr.ch](mailto:franz.werro@unifr.ch)

# MEDICAL HUMANITIES

## Overview

First year (34h)	Second year (40h)	Third year (34h)
Lecture (2h) <b>Introduction to the medical humanities and the programme of year 1</b> (M. King)	Lecture (2h) <b>Introduction to the programme of year 2</b> (M. King)	
<b>Language, culture &amp; medicine 1</b>	<b>Language, culture &amp; medicine 2</b>	<b>Language, culture &amp; medicine 2</b>
Lecture (4h) <b>On the history of the politics, media and literature relating to infections and epidemics</b> (M. King)	Lecture (2h) <b>History of madness</b> (F. Rietmann)	
Seminar (6h) <b>accompanying the lecture History of epidemics</b> (M. King, B. Edgar, J. Görbert, D. Kohler, B. Specht)		
Seminar (4h) <b>Metaphors of medicine</b> (B. Specht)	Seminar (12h) <b>What is a doctor? Historical and contemporary reflections</b> (M. King, J. Görbert, D. Kohler, L. Ratschiller, P. Tortosa)	Seminar (2h) <b>Introduction to the essay</b> (M. King, J. Görbert, D. Kohler, B. Specht)
		<b>Essay (10h)</b> (M. King, J. Görbert, D. Kohler, B. Specht)
<b>History of medicine 1</b>	<b>History of medicine 2</b>	<b>History of medicine 3</b>
Lecture (6h) <b>Introduction to the history of medicine</b> (H. Steinke)	Lecture (6h) <b>Central topics in the history of medicine with a view to the present</b> (F. Condrau)	Lecture (6h) <b>Topics in the history of medicine</b> (V. Barras)
<b>Medical ethics 1</b>	<b>Medical ethics 2</b>	<b>Medical ethics 3</b>
Lecture (8h) <b>Introduction to the basic principles and concepts of medical ethics</b> (C. Budnik)	Lecture and seminar (8h) <b>Applied medical ethics: discussing clinical cases</b> (R. Jox, S. Hurst, E. Malbois, A. Martin, S. Muders, N. Streeck)	Lecture (8h) <b>Specific topics in medical ethics</b> (C. Aus der Au)
	<b>Healthcare law</b>	
	Lecture (6h) <b>Introduction to healthcare law</b> (F. Werro)	
<b>Medical anthropology 1</b>		<b>Medical anthropology</b>
Seminar (4h) <b>Introduction to medical anthropology: transcultural competence</b> (C. Salis-Gross)		Seminar (4h) <b>Advanced medical anthropology: humanitarian medicine</b> (J. Kehr)
	<b>Health management and economics 1</b>	<b>Health management and economics 2</b>
	Lecture (6h) <b>Diagnosing healthcare systems</b> (St. Guérard)	Lecture (4h) <b>Management mechanisms of the Swiss healthcare system</b> (St. Guérard)



Carl Wilhelm Hübner, Der Landarzt, 1864. oil on canvas., wikimedia

# Introduction

**Head Prof. Martina King, in collaboration with Dr. Johannes Görbert and Dr. Daniela Kohler**

What is medicine? Is it a scientific discipline? Is it an activity concerned with healing and caring for the sick? There are no easy answers to these questions. Our programme sets out to address them. Medical Humanities is not an independent subject, but rather the conception of a curricular reform drawing on various humanities and social sciences: ethics, history, literature, anthropology, sociology, as well as economics and law. These disciplines all contribute to a critical examination of medicine as a complex system. After all, 'medicine' does not only consist of objective knowledge, but it also constitutes a space of social relationships where people meet and communicate. It involves happiness and suffering, death and birth, i.e. major questions of human existence. Dealing with these issues places high demands on young doctors, which is why we want to think together about what being a doctor

means in our society and how the medical system functions as a space of interaction.

Moreover, medicine not only provides healthcare to individuals but to entire groups and nations. Its scope is truly global: if a pandemic breaks out or waves of refugees need medical care, we are all responsible. But what does that actually mean? A mere glimpse on foreign cultures, on the present situation and history teaches us that medicine is never universally applicable but depends on a multitude of cultural parameters: for instance, political power constellations have ramifications – an extreme example are the medical crimes perpetrated by the Nazis – that can be studied in the current SARS Coronavirus 2 pandemic. Furthermore, medicine depends on religions, philosophies, ideologies and norms, on legal and financial systems and fi-

nally on media and artistic means of expression of the respective society. Our programme addresses all of these issues based on a range of instructive examples. The structure and content of the three-year BA course are carefully and systematically calibrated.

### **In the first year,**

students are introduced to the core concepts and critical perspectives of the humanities and social sciences contributing to the medical humanities. There are elementary courses on the **history of medicine** and on **medical anthropology**, an introductory lecture on the basic principles of medical ethics as well as several courses in the field of **'language, culture & medicine'**, including a seminar on the power of metaphors in medicine and a lecture with an accompanying seminar portraying epidemics as cultural and media events.

### **In the second year,**

the **history of medicine** will expand its scope from the past to the present. Moreover, we will apply our basic knowledge of **medical ethics** to specific case studies. In the field of **'language, culture & medicine'**, a lecture will navigate the cultural history of madness and an interactive seminar is designed to stimulate critical reflection on the doctor's role and its cultural relativity. Introductory lectures on **healthcare law** and **health economics** round off the programme for this year.

### **In the third year,**

the **history of medicine** course addresses further topics particularly relevant to the present, such as specialist culture and the increased role of technology. In **healthcare economics**, a lecture on the Swiss healthcare system follows on from the second year lecture on healthcare systems. The

**medical ethics** course tackles specific and highly complex topics (the beginning and end of life), an understanding of which relies on the building blocks acquired during the first two years. The same applies to the second teaching unit in **medical anthropology**, which focuses on the deployment of doctors in areas of conflict and crisis. Finally, a practical exercise in the field of **'language, culture & medicine'** builds on previous courses on verbal communication and language in medicine.

The **'objectives' of our programme** cannot be summarised in a "nutshell", but are no less important for future physicians. The programme aims to develop capacities of (self-)reflection and critical awareness, judgement, skills of interpretation and communication as well as a general awareness of language and history.

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DÉPARTEMENTS.....	2 fr.	4 fr.
ÉTRANGER.....	2 50	6 fr.

**First year**  
(34 hours)



LE CHOLÉRA



## Introduction to medical humanities and the programme of year 1

# LECT  
 ⌚ 2h  
 🍂 Autumn  
 👤 KING

This lecture clarifies what exactly is meant by medical humanities, i.e. the idea of applied humanities in medicine: this internationally established reform programme in medical teaching adopts a complementary view of medicine and understands it not as a technical, but rather as a communicative and social practice. Students will be provided with a summary of the first-year courses.

## LANGUAGE, CULTURE & MEDICINE 1

### On the history of the politics, media and literature relating to infections and epidemics

# LECT  
 ⌚ 4h  
 🍂 Autumn  
 👤 KING

This lecture addresses the history and cultural significance of epidemics that the coronavirus pandemic is currently illustrating most keenly. Every day, we all gain first-hand experience of this lecture's core topic: epidemics are not merely a set of epidemiological facts but are also major media events. Their management depends, in part, on how we talk about them in the mass media of a globalised world, be it in print, on television, on the internet or on social media platforms. The excessive stream of media reports on coronavirus demonstrates what epidemics do to societies: they can lead to division, political tension, discrimination against minorities and even the oppression of entire nations. However, they can also bring people together and promote both sociality and a sense of community. This is what we are seeing in the coronavirus pandemic, but such patterns are pervasive throughout the long history of epidemics, from the medieval plague to the cholera outbreak of the 19th century. The lecture will trace these patterns.

### Seminar accompanying the lecture on the history of epidemics

# SE  
 ⌚ 6h  
 🍂 Autumn  
 👤 KING  
 EDGAR  
 GÖRBERG  
 KOHLER  
 RATSCHILLER  
 SPECHT  
 👤 In small groups  
 of 20

This six-hour seminar complements the 'History of epidemics' lecture and has a practical focus. The first part of the seminar provides the opportunity to discuss open questions arising from the lecture. In addition, a range of topics from the history of epidemics to our present times will be assigned to students, for example Nazi propaganda on what they called the 'Jewish disease' of typhoid fever, misogynistic depictions of syphilis from three centuries or coronavirus as a political and media event. Students will work in small groups on one topic at a time in the form of a homework exercise and present their results in the second part of the seminar.

## Metaphors of medicine

- # SE
- 🕒 4h
- 🌱 Spring
- 👤 SPECHT
- 👥 In small groups of 30

Metaphors shape our thinking and behaviour in many different ways and the field of medicine is no exception. The way in which medical processes are explored is often determined by linguistic images (e.g. the genome as ‘code’). Repeatedly, public ‘images’ of certain diseases are created and may even influence concrete therapeutic decisions: one example is the commonly used ‘war on cancer’ metaphor, leading us towards the most invasive forms of cancer treatment, even in instances where long-term observation would be sufficient or where palliative care is the only sensible option. Metaphors also affect the way society deals with a disease (cf. the AIDS hysteria of the 1980s). On the other hand, diseases repeatedly serve ‘as’ metaphors of social denigration. The seminar aims to raise awareness of disease metaphors and their potential consequences.

## HISTORY OF MEDICINE 1

### Introduction to the history of medicine

- # LECT
- 🕒 6h
- 🌱 Spring
- 👤 STEINKE

This lecture consist of three sessions that provide a basic understanding of the historical perspective on medicine and an awareness that we are in the midst of ongoing processes shaping the world of medicine on several levels. The first session tackles the question of how the history of medicine is of most use to us. The subject is introduced as a critical discipline that goes hand in hand with medicine. It highlights the constant evolution of medicine using the example of the changing body image. The second session addresses the changeable nature of definitions of illness and focuses on the evolution of concepts (‘paradigm shifts’) which led to the transition from ancient humoral theory to modern pathology. The third session examines the three ‘cultures of knowledge’ in medicine (medical experience, basic research and clinical research) through the lens of their historical development and their significance in the present.

## MEDICAL ETHICS 1

### Introduction to the basic principles and concepts of medical ethics

- # LECT
- 🕒 8h
- 🍂 Autumn
- 👤 BUDNIK

Not all decisions doctors have to take are purely medical or subject to regulations. Even in situations where you can follow a certain protocol, as a doctor you still want to know precisely why a decision is the right decision to take. The first part of this lecture illustrates the three most important approaches to the question of what makes a decision morally right. Students are supposed to learn how to reflect independently on the morally problematic issues that they are likely to encounter in their professional life. The second part addresses the three basic concepts of medical ethics that are essential to a careful consideration of specific moral questions, namely the concepts of autonomy, dignity and care.

## MEDICAL ANTHROPOLOGY 1

### Introduction to medical anthropology: transcultural competence

- # SE
- 🕒 4h
- 🍃 Spring
- 👤 SALIS-GROSS
- 👥 In small groups of 30

This seminar introduces students to the basic concepts of medical anthropology from the viewpoint of clinical everyday life as characterised by socio-cultural diversity. Due to the recent influences of globalisation and migration, the doctor-patient relationship has become more socially and culturally heterogeneous and now requires specific medical skills. Using case studies, we will approach the basic principles of transcultural competence in a medical context. In the first session, we will use the patient-centred approach to medical record taking in the concrete situation of a GP's practice; and we will develop together the illness-perspective of a patient with a refugee background. In the second session, we will take a closer look at the hospital context and work through the various elements of a "migrant-friendly hospital" based on watching the documentary "Verstehen kann heilen" (comprehension can cure).

# Second year

(40 hours)



TT. ROYAL ACADEMY AND PARIS SALON.  
1887/1888/89

"SENTENCE OF DEATH."  
HON. JOHN COLLIER.

Reproduced and Published by  
Geo. Putman & Sons, Ltd., London, E.C.

Sentence of death. Hon. John Collier. No. 177. Royal Academy and Paris salon, 1908. Colour photogravure. Wellcome collection

## Introduction to the programme of year 2

# LECT

🕒 2h

🍂 Autumn

👤 KING

The lecture deepens our understanding of the aims and principles of medical humanities by exploring the field's two basic concepts: the critical-analytical and the empathetic approach. It gives an explanation of why the critical-analytical approach prevails at the University of Fribourg and provides a summary of the second-year courses.

## LANGUAGE, CULTURE & MEDICINE 2

### History of madness

# LECT

🕒 2h

🍂 Spring

👤 RIETMANN

From chained maniacs to anti-psychiatry and from the theory of the soul to neuroscience: this course examines how our approach to and concepts of mental illness and health have changed over the past three centuries. It highlights the close relationship between society and medicine while investigating how political, social and cultural circumstances have shaped our understanding of the normal and the pathological. The topics addressed include the emergence of the madhouse and psychiatric hospitals, the birth of "scientific psychiatry", the rise and crisis of psychoanalysis, the introduction of psychotropic drugs, the significance of the anti-psychiatry movement and the emergence of the neurosciences.

### What is a doctor? Historical and contemporary reflections

# SE

🕒 12h

🍂 Autumn

👤 KING  
GÖRBERG  
KOHLER  
RATSCHILLER  
TORTOSA

👥 In small groups  
of 30

What does it mean to be a doctor? The characteristics of our profession are neither self-evident nor historically stable, but depend on a multitude of parameters. This twelve-hour seminar aims to train the ability of critical self-reflection on our role as doctors and therefore requires the students' active participation. On the basis of five selected topics, we will examine how physicianship is framed by politics and society as well as by the media. Our central focus will be the history and evolution of medical authority:

1. The doctor as a laughing stock or as a scientific hero? Changing roles from the 18th to the 19th century.
2. What does being a doctor mean within an authoritarian political regime? Medicine in Nazi Germany.
3. Deprofessionalisation of the role of the doctor and interprofessional collaboration
4. Particularities of high-tech-medicine in hospitals – depersonalisation, problems with communication, specialisation.
5. Images of doctors in the mass media – the cultural construction of a professional role

## HISTORY OF MEDICINE 2

### Central topics in the history of medicine with a view to the present

# LECT  
 ⌚ 6h  
 🍂 Spring  
 👤 CONDRAU

This lecture addresses three aspects of the more recent history of medicine:

1. The hospital: what are its origins, why did it become so important to the development of scientific medicine and what role does it play in modern medicine?
2. Public health: the concept of healing and assistance underwent changes in the wake of the transition to chronic diseases since 1945. How is medicine dealing with this or even taking it into account? What are the medical implications of the age pyramid in Switzerland continually shifting towards old and very old age (and thus ceasing to be a pyramid)?
3. Drug therapy – a central pillar of medical intervention, its more recent milestones. How did the first clinical trials after the Second World War contribute to establishing the so-called gold standard of evaluating effectiveness in medicine? What role did the thalidomide scandal play in the tightening of drug-approval regulations? How did the ethical and legal regimentation of drug research evolve?

## MEDICAL ETHICS 2

### Applied medical ethics: discussing clinical cases

# SE  
 ⌚ 8h  
 🍂 Autumn  
 👤 JOX  
 HURST  
 MALBOIS  
 MARTIN  
 MUDERS  
 STRECK

The second-year ethics course builds on the first-year lecture by PD Dr. Budnik. It demonstrates that the acquired basic concepts have immediate practical relevance for everyday clinical practice. After a two-hour introduction (in German) by Prof. Jox the course will continue in the form of a bilingual seminar. A range of selected clinical cases will be discussed in three seminar sessions. Particular emphasis will be placed on the basic principles addressed in year 1, namely autonomy, care and dignity; and we will additionally discuss justice. The weight that is to be attached to each of these principles depends on the individual case. The contradictions and conflicts that can arise as well as possible solutions will be examined and discussed. This seminar aims to raise the students' awareness of the multiple moral problems that exist in technology-driven contemporary medicine. The seminar also seeks to provide the foundations from which independent and considerate moral decisions can emerge through a dialogic process. The case studies will be sent to all participants in advance so that possible questions and arguments can be prepared.

## HEALTHCARE LAW

### Introduction to healthcare law

# LECT  
🕒 6h  
🍃 Spring  
👤 WERRO

Healthcare law is a multifaceted field. Basically, this lecture focuses on the doctor-patient relationship from private (healthcare agreement) and public (hospital-provided healthcare) perspectives. In particular, it investigates questions of civil liability and highlights the legal limitations of medical intervention, particularly with respect to patient autonomy. The issues of informed patient consent, technical error on the part of the doctor, including in relation to burden of proof, are closely examined, based on cases brought before the Federal Court. The lecture also includes a survey of the law as it relates to patients' rights and actions and the role doctors are expected to play in this regard. Questions of patient autonomy will be examined in relation to the contents of the medical ethics courses.

## HEALTH MANAGEMENT AND ECONOMICS 1

### Diagnosing healthcare systems

# LECT  
🕒 6h  
🍃 Spring  
👤 GUÉRARD

Healthcare systems are particularly difficult to manage and healthcare costs are exploding. The asymmetry of power and interests of those holding their respective stakes in the system can partly explain this difficulty. Historically, the interaction between these stakeholders gave rise to three outcomes: quality (of care), access to care (health insurance) and efficiency (of management). With the emergence of mandatory health insurance and the acceleration of medical innovations, healthcare systems have produced a situation of continually rising costs due to a cocktail of factors – linked to the supply and demand of healthcare. The lecture introduces students to a variety of contemporary topics of economic, managerial, sociological and political aspects of healthcare systems.

# Third year

(34 hours)



Medecins sans frontieres / Doctors without borders, [www.msf.org.uk/get-involved](http://www.msf.org.uk/get-involved)



## LANGUAGE, CULTURE & MEDICINE 3

### Introduction to essay-writing

# SE  
 ⌚ 2h  
 🍂 Autumn  
 👤 KING  
 GÖRBERT  
 KOHLER  
 SPECHT  
 👥 In small groups  
 of 30

Illness is not just a pathophysiological fact, but it is also relative to the individual experiential perspective: for the doctor, the course a disease takes may be a sequence of symptoms and diagnostic steps. For the patient, however, the same sequence may be one of confusing panic which can be hard to articulate. The question is: do we deal with one course of illness but two medical histories? The essay that has to be written this year has the purpose to familiarise students with these two contrasting perspectives. During this preparatory class, we will discuss two famous literary stories of illness that are written from two extreme perspectives: David Wagner's autobiography *Leben* (2013) and Arthur Schnitzler's novella *Sterben* (1894). They introduce the principle of our essay: a radical change of perspective.

### Essay

⌚ 10h  
 🍃 Spring  
 👤 KING  
 GÖRBERT  
 KOHLER  
 SPECHT

During the GP internship each student chooses a patient whose history is of particular interest to him or her. Together with this patient, he or she takes a detailed medical history and, based on his or her notes, writes a three-page essay consisting of two parts. The first part describes the course of the illness in the so-called medical 'jargon'. The second part recounts the same medical history from the patient's perspective, as a first-person narrative. The purpose of this exercise is, firstly, to be able to adapt in a flexible way to different perspectives of health and illness; and secondly, to practice linguistic capacities that are required in medical practice every single day.

## HISTORY OF MEDICINE 3

### Topics in the history of medicine

# LECT  
🕒 6h  
🍂 Autumn  
👤 BARRAS

This lecture on the history of medicine examines three issues at the heart of contemporary medical debates: the patient, specialisation and technology (specifically with regards to surgery). It explores current questions surrounding the patient (autonomy, shared decision-making, personalised medicine), specialisation (subdivision of knowledge, costs resulting from the division of medical practices) and technology/surgery (equipment inflation, changes to the clinical relationship). The lecture will analyse the historical origins of these three subjects, the key stages in their evolution, disruption and continuity over the long-term, right up to the present day. It will emphasise the importance of historically informed reflection to enable students to take and defend a stance in contemporary debates.

## MEDICAL ETHICS 3

### Specific topics in medical ethics

# LECT  
🕒 8h  
🍂 Autumn  
👤 AUS DER AU

This course will deepen the knowledge about basic principles in medical ethics that students have acquired in the past two years. For instance, we will tackle the question of when the dignity or the rights of a human being begin (stem cells/embryos) and end (euthanasia) and how the moral significance of humans differs from that of animals (which will be discussed with the physiologist Gregor Rainer). Finally, we will catch a glimpse of the future and weigh the possibilities and limits of intervention in the brain from an ethical perspective. The objective of this lecture is to extend the concepts already grasped by the students to two extremely important areas of expertise: that of pre- and postnatal life as well as that of the ethics of dying.

## HEALTH MANAGEMENT AND ECONOMICS 2

### Management mechanisms of the Swiss healthcare systems

# LECT  
 ⌚ 4h  
 📅 Spring  
 👤 GUÉRARD

This course builds on the general introduction to health care systems in year 2: Now, students are introduced to the means available in Switzerland that can shape the development of its health care system and regulate the rising costs of the said system. The core issues of the course are the governance structure, the health insurance, the 'Managed care' (HMO, POS, Telmed) and the systems of payment of doctors (Tarmed) and of hospitals (DRG). Since all these instruments and structures occur specifically within the hospital, the lecture will also explain in what sense the latter consists of a network of alliances.

## MEDICAL ANTHROPOLOGY 2

### Advanced medical anthropology: humanitarian medicine

# SE  
 ⌚ 4h  
 📅 Spring  
 👤 KEHR  
 👥 In small groups  
 of 30

Medicine went global a long time ago and humanitarian medicine is a prime example of medical action on a global scale. Every year, non-governmental organisations such as Médecins Sans Frontières care for millions of people in crisis areas around the world where medical infrastructure is lacking. What drives doctors to participate in such humanitarian work? What kinds of dilemma do they face while undertaking humanitarian projects in other countries? When did doctors start 'helping' and treating people in countries other than their own? And what are the material and moral foundations on which humanitarian medicine is based? The seminar aims to provide insights into the past and present of humanitarian medicine by examining text documents and audio-visual resources. Together we will reflect on the political, cultural and infrastructural relativity of medical assistance in humanitarian contexts and thereby assess the scope of medical action.

