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UNIVERSITÉ DE FRIBOURG
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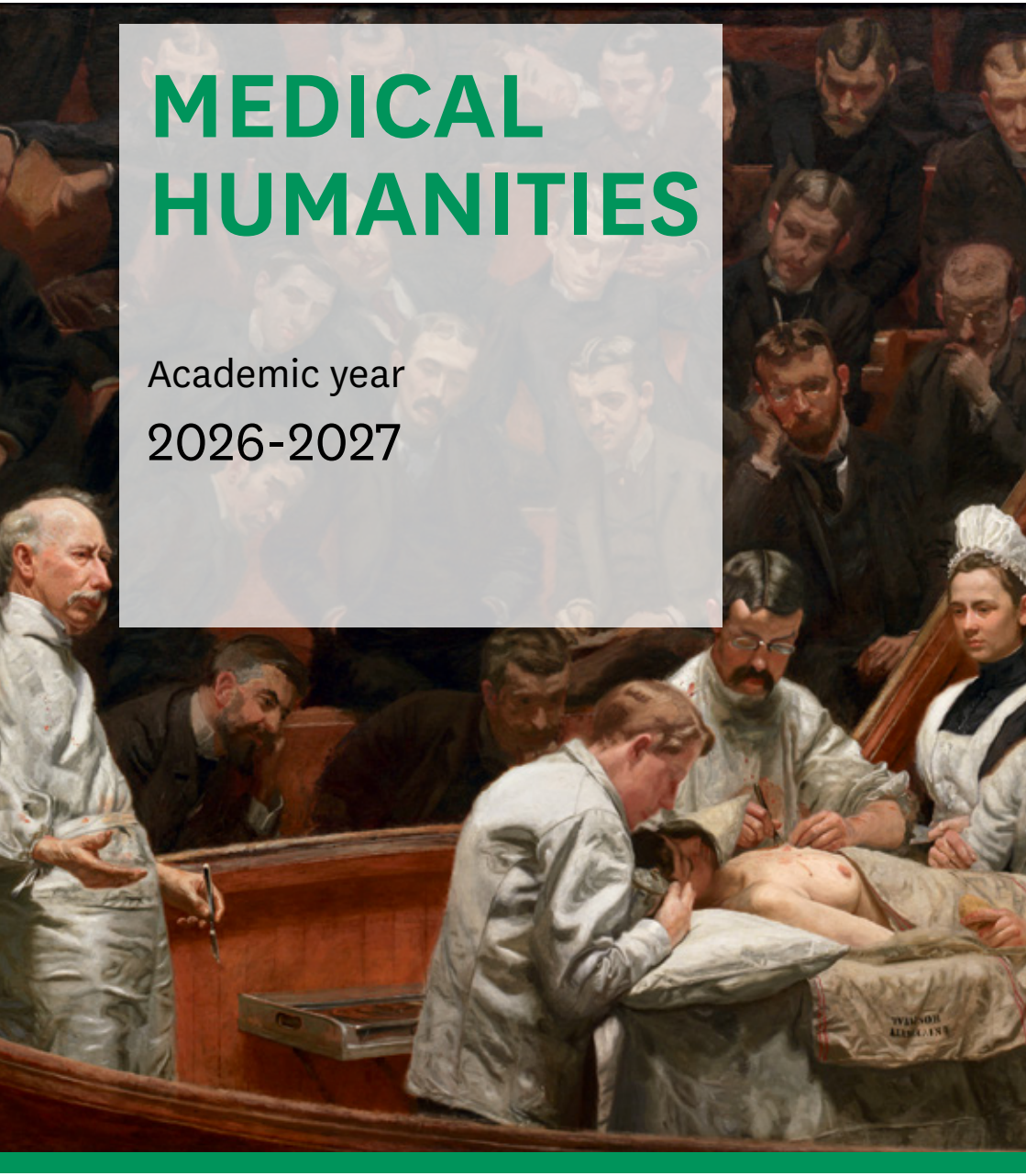
MEDICAL HUMANITIES

Academic year

2026-2027



FACULTY OF SCIENCE AND MEDICINE
CHEMIN DU MUSÉE 18, CH-1700 FRIBOURG/FREIBURG

Une belle fistule.

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

Jules-Abel Faivre, A Beautiful Fistula, 1902. Colour photomechanical reproduction of a lithograph, Wellcome Collection

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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

In collaboration with: **Dr. Sibylle Blaimer** sibylle.blaimer@unifr.ch
Dr. Johannes Görbert johannes.goerbert@unifr.ch

Administration and contact: **Ms. Yvette Jenny-Isler** yvette.jenny-isler@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

Teaching staff

Prof. Dr. Sandra Bärnreuther (Medical Anthropology, University of Lucerne) sandra.baernreuther@unilu.ch
Dr. Sibylle Blaimer (Medical Humanities, University of Fribourg) sibylle.blaimer@unifr.ch
PD Dr. Christian Budnik (Applied Ethics, University of Zurich) christian.budnik@philos.uzh.ch
Dr. Leander Diener (History of Medicine, University of Zurich) leander.diener@access.uzh.ch
Dr. Pascal Germann (History of Medicine, University of Berne) pascal.germann@img.unibe.ch
Dr. Johannes Görbert (Medical Humanities, University of Fribourg) johannes.goerbert@unifr.ch
Dr. Stéphane Guérard (Institute for Ethics, History and the Humanities, University of Geneva) stephane.guerard@outlook.com
Prof. Dr. Samia Hurst (Biomedical Ethics, University of Geneva) samia.hurst@unige.ch
Dr. Sophie Jaussi (Institute for Comparative Literature, University of Fribourg) sophie.jaussi@unifr.ch
Anna-Marie Joos (Departement of German Language and Literature, University of Geneva) anna-marie.joos@unifr.ch
Prof. Dr. Ralf Jox (Clinical Ethics, University of Lausanne) ralf.jox@chuv.ch
Prof. Dr. Dr. Martina King (Medical Humanities, University of Fribourg) martina.king@unifr.ch
Lukas Mader (Cultural Studies, Humboldt University of Berlin) lumader@web.de
Dr. Angela Martin (Practical Philosophy, University of Basel) angela.martin@unibas.ch
Dr. Sebastian Muders (Practical Philosophy, Paulus Academy in Zurich) s.muders@paulusakademie.ch
Dr. Dario Picecchi (Health Law, University of Lucerne) dario.picecchi@gmail.com
Dr. Linda Ratschiller (Maison de l'histoire, University of Geneva) linda.ratschillernasim@unige.ch
Prof. Dr. Dr. Felix Rietmann (Institute for Humanities in Medicine, University of Lausanne) felix.rietmann@unil.ch
Prof. Dr. Dr. Hubert Steinke (History of Medicine, University of Berne) hubert.steinke@img.unibe.ch
Dr. Nina Streeck (Medical Ethics, University of Zurich) nina.streeck@uzh.ch
Dr. Paul-Arthur Tortosa (History of Life and Health Sciences, University of Strasbourg) patortosa@unistra.fr

MEDICAL HUMANITIES

Overview

First year (34h)	Second year (40h)	Third year (34h)
Lecture (2h) **Introduction to the medical humanities and the programme of year 1** (M. King)	Lecture (2h) **Introduction to the programme of year 2** (M. King)	
Language, culture & medicine 1	**Language, culture & medicine 2**	**Language, culture & medicine 2**
Lecture (4h) **On the history of epidemics: politics, media and literary representations** (M. King)	Lecture (2h) **History of madness** (F. Rietmann)	Lecture (4h) **Disability in the present and history** (J. Görbert)
Seminar (6h) **accompanying the lecture on the history of epidemics** (M. King, S. Blaimer, J. Görbert, A.-M. Joos, J. Lovey)	Lecture (2h) **Obesity: History and Present** (S. Blaimer)	
Seminar (4h) **Metaphors of medicine** (M. King, S. Blaimer, J. Görbert, S. Jaussi, A.-M. Joos)	Seminar (12h) **What is a doctor? Historical and contemporary reflections** (M. King, S. Blaimer, J. Görbert, J. Lovey, L. Ratschiller P. Tortosa)	Seminar (2h) **Introduction to the essay** (M. King, S. Blaimer, J. Görbert, J. Lovey, F. Rietmann)
		Essay (10h) (M. King, S. Blaimer, J. Görbert, J. Lovey, F. Rietmann)
History of medicine 1	**History of medicine 2**	**History of medicine 3**
Lecture (6h) **Introduction to the history of medicine** (H. Steinke)	Lecture (4h) **Central topics in the history of medicine with a view to the present** (P. Germann)	Lecture (4h) **Topics in the history of medicine** (F. Rietmann)
Medical ethics 1	**Medical ethics 2**	**Medical ethics 3**
Lecture (8h) **Introduction to the basic principles and concepts of medical ethics** (C. Budnik)	Lecture and seminar (8h) **Applied medical ethics: discussing clinical cases** (R. Jox, S. Hurst, A. Martin, S. Muders, N. Streeck)	Lecture and seminar (6h) **Research ethics** (N. Streeck, L. Mader, M. King, L. Hergafi, M.F. Montalbano)
	Health law	
	Lecture (6h) **Health Law** (D. Picecchi)	
Medical anthropology 1		**Medical anthropology**
Seminar (4h) **Introduction to medical anthropology: transcultural competence** (L. Diener)		Seminar (4h) **Advanced medical anthropology: humanitarian medicine** (S. Bärnreuther)
	Health management and economics 1	**Health management and economics 2**
	Lecture (6h) **Diagnosing healthcare systems** (St. Guérard)	Lecture (4h) **Management mechanisms of the Swiss healthcare system** (St. Guérard)

Introduction

Head Prof. Martina King, in collaboration with Dr. Sibylle Blaimer and Dr. Johannes Görbert

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

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 from war-torn countries need medical care, we are all responsible. But what does that actually mean? A mere glimpse on foreign cultures, on the present situation and on 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 could be studied during the Corona pandemic. We have all seen that questions of health care and health protection can tear whole societies apart.

Furthermore, medicine depends on religions, philosophies, ideologies and norms, on legal and financial systems and finally on media and artistic means of expression of the respective society.

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 lectures in the **history of medicine** will deal with topics that are highly relevant for our present: the hospital and the history of the patient. 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 another one will introduce students to the concept of 'obesity' and its various stigmatizing attributes. Finally, 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** lectures address further topics particularly relevant to the present, such as the development of the pharmaceutical market and the increased role of technology in medicine. In **healthcare economics**, a lecture on the Swiss healthcare system follows on from the second year's lecture on healthcare systems. The **medical ethics** course is complementary to ethics in the second year: it tackles core issues of research ethics such as the ethics of animal research and the ethics of clinical trials. The same applies to the second teaching unit in medical anthropology, which focuses on inequality in global medicine and on 'medical tourism' into developing countries; this lecture complements our reflections on interculturality in the first year. In the field of 'language, culture & medicine', we have another lecture: it introduces students to the concept of 'disability' in history and present. Finally, there is a practical exercise where students write an essay; it 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.

Le Petit Journal

ADMINISTRATION
61, RUE LAFAYETTE, 61
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5 CENT. SUPPLÉMENT ILLUSTRÉ 5 CENT.
23me Année — Numéro 1.150
DIMANCHE 1er DÉCEMBRE 1912

ABONNEMENTS

	SIX MOIS	UN AN
SEINE et SEINE-ET-OISE	2 fr.	3 fr. 50
DÉPARTEMENTS	2 fr.	4 fr. »
ÉTRANGER	2 50	5 fr. »

First year
(34 hours)

LE CHOLÉRA

Le Petit Journal. Sunday supplement, December 1,1912, Bibliothèque nationale de France

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 epidemics: politics, media and literary representations

LECT
4h
Spring
KING

The focus of this lecture lies on the cultural significance of epidemics, which was proved by the recent pandemic to be extremely important to all medical professionals. What it demonstrated clearly was that epidemics are not merely medical phenomena, but can also become landmarks of cultural, political, social and media events. In fact, a large part of the fight against Covid has been a cultural battle, since public discourse in television, newspapers and social media frequently proved decisive in determining how the pandemic was to be combatted. However, none of this is unique to Covid, and, in fact, it mirrors events in past epidemics. From the plague outbreaks of the early modern period, over cholera and yellow fever in the 19th century, all the way to the Spanish flu outbreak of 1918, large waves of disease are always landmark cultural events. In doing so they both promote social division and the prosecution of minorities, but also social and scientific progress, a dichotomy which will be explored in this lecture series.

Seminar accompanying the lecture on the history of epidemics

SE
6h
Spring
KING, BLAIMER, GÖRBERT, JOOS, LOVEY
In small groups of 20

This six-hour seminar accompanies the lecture on the history of epidemics and has a more practical focus. In the first part of the course, we will discuss the lecture and questions arising from its content, while the second part will be devoted to selected questions relating to historical and present epidemics. These include Nazi propaganda relating to typhus as a “Jewish” disease, chauvinist depictions of syphilis, and AIDS-related discrimination against homosexuals in the 1980’s. Students will work on one of these questions in small groups and give their presentations in the second session.

Metaphors of medicine

SE
4h
Autumn
KING
BLAIMER
GÖRBERT
JAUSSI
JOOS
In small groups of 30

Medicine, and the illnesses and treatments which are its object, is not something which is simply 'there'. This is because our understanding of medicine, and therefore also of both maladies and remedies, depends on the language which we, as doctors, use when discussing it. For example, medical language contains a lot of visually evocative expressions, i.e. metaphors. Our perception of a cancer treatment might be very different when it is called a 'war against an evil enemy inside ones' own body', than a 'medical destruction of selected cell types'. Likewise, it can also make difference if we call the Corona pathogen a 'killer' rather than the 'Sars-Cov2-Virus'. The metaphorical expression in each case is far more emotive and therefore can, at the cost of objectivity, evoke more buy-in from both doctors and patients. Such expressions can also help communicate invisible and, to a lay person otherwise incomprehensible, processes, and facilitate communication between the two parties. However, medical metaphors and medical language used as a metaphor can also be highly problematic when mis-directed at people or groups of people. Using the epidemiological term 'parasite' to describe a marginalised group is hate speech. In this seminar, students can actively engage with and develop an appreciation of figurative medical language. Doing so could be an important fundamental for your subsequent career, be that when communicating with patients, colleagues, or the public.

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
Autumn
DIENER
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)

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.

Obesity – History and Present

LECT
2h
Spring
BLAIMER

Across the world, the number of overweight people is growing rapidly. As early as 1997 the WHO declared Obesity to be a 'major public health problem', an epidemic, even, and one of global significance. At the same time however, 'large bodies' are a cultural obsession, variously depicted in art, literature, and film. Through this range of perspectives, the lecture will examine the phenomenon of obesity; on the one hand, we will look at what is culturally attributed to overweight people. On the other hand, medical explanations and treatments will be discussed, as well as this central question: how, and by whom, is it decided what counts as fat, overweight, or unhealthily large? This approach will encourage an awareness of how malleable the border between 'the normal' and 'the pathological' really is, while also confronting students with prejudices rooted in the past.

What is a doctor? Historical and contemporary reflections

SE
12h
Autumn
KING
BLAIMER
GÖRBERT
LOVEY
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. Doctor's role and newly emerging diseases with a high impact on society – the case of LongCorona

HISTORY OF MEDICINE 2

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

LECT
4h
Spring
GERMANN

The lecture is dedicated to two central aspects of recent medical history: 1. the hospital: how did the hospital come into being, why did it become so significant for the project of scientific medicine, how did the hospital change in the 20th and 21st centuries? 2. patients: How did the relationship between doctors and patients change historically and how did patients' experiences change at the transition to modern medicine? How did patients interpret their illness? How did patients become actors in the health care system and how did this change medicine?

MEDICAL ETHICS 2

Applied medical ethics: discussing clinical cases

SE
8h
Autumn
JOX
HURST
MARTIN
MUDERS
STREECK

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.

HEALTH LAW

Introduction to health law

LECT
6h
Spring
PICECCHI

Future doctors should be familiar with the most important topics in health law that they will encounter during their everyday life as professionals. Furthermore, they should be aware that there could be legally challenging situations – both for their patients and themselves. This is exactly the aim of this lecture: it will prepare and sensitize future doctors for problems and specific questions that occur in health law. Precisely, the lecture will tackle the following main subjects: initially, the 'Informed Consent' which is certainly the legal centre of the doctor-patient-relationship. A further important issue any physician will face is the compensation by the mandatory health insurance, its rules and criteria. Finally, the legal principles of how to distribute scarce resources will be discussed. Insofar, the lecture builds bridges between health law and the seminar in 'clinical ethics' where we look at similar problems from a different angle, the ethical perspective. Further digressions in adjoining fields – such as economics and politics of health – will show how relevant the interdisciplinary dialogue in health law actually is.

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

LANGUAGE, CULTURE & MEDICINE 3

Disability in the present and history

LECT
4h
Autumn
GÖRBERT

What does the term "disability" actually mean? Does it refer to bodily defects, damage, or deviation? What do we mean by mental and physical disability, and why are the two terms even distinct from one another? Most importantly: how does society deal with disability, and how can we avoid being either discriminatory or patronising? These crucial and unavoidable questions are the focus of this lecture. We will start with a look at the contemporary treatment of disability, from where we will work backwards to examine its historical development. Is standardising disability, as the UN and WHO attempt to do, even possible? We will attempt to answer this particular question by taking a look at different models of disability which coexist. The most important aim of this lecture series is to give prospective doctors the tools necessary to develop a responsible and empathetic approach towards disability for their professional contact with it.

Introduction to the essay

SE
2h
Autumn
KING
BLAIMER
GÖRBERT
LOVEY
RIETMANN
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
BLAIMER
GÖRBERT
LOVEY
RIETMANN

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

History of the pharmaceutical market and of medical technology

LECT
4h
Autumn
RIETMANN

This course in the history of medicine discusses two topics that profoundly shape today's debates in medicine: the pharmaceutical market, on the one hand, and new technologies, on the other hand. The course addresses issues and challenges that arise today around the development and prescription of new drugs (economic challenges, epidemiological transition, understanding and definition of health and illness...) and around the development and clinical use of new technologies (origins of technologization in medicine, changes in social relations, shifts in medical practice and professional profiles...). The course analyzes their historical origins, key moments in their development, and ruptures and continuities over time, to the present. Overall, the course emphasizes the importance of a historically informed reflection in order to position oneself as a physician in contemporary debates.

MEDICAL ETHICS 3

Research ethics

LECT, SE
6h
Autumn
STREECK
MADER
KING
HERGAFI
MONTALBANO

Every day, Doctors are confronted with ethical problems. In neonatology or intensive care, it can even be a question of life and death; if a newborn is born far too early, should one still try to save it? When should it be allowed to stop life-prolonging treatments? Moreover, several hotbed issues in public discourse are of particular relevance to the medical profession; should women be allowed to donate egg cells? What are the ethical issues surrounding surrogacy?

This lecture series is dedicated to these and similar questions, building on the Introduction to Medical Ethics series (1st year) and the Discussion of Clinical Cases series (2nd year). The two lectures are concerned with the beginning of life, while the seminar focusses on ethical questions in intensive care.

The lecture series will prepare students to meet the ethical challenges of their medical careers with thoughtfulness and confidence.

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
BÄRNREUTHER
In small groups of 30

Globalisation is rapidly changing medicine. In this seminar, we study social mobility within the healthcare industry through two examples: firstly, medical tourism to India on the part of first-time mothers, secondly, the migration of caretakers out of India. Why do people travel to poorer countries for medical care, and what ethical questions does this raise? Why do caretakes migrate in the other direction, and what does this mean for local healthcare? We will use various textual and audio-visual sources in our attempts to answer these questions. The final aim is to gain an understanding of modern global political, economic and social inequalities and how these shape access to medical care.

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CHEMIN DU MUSÉE 18, CH-1700 FRIBOURG/FREIBURG