In her poignant study of the emerging cancer epidemic in Botswana, Julie Livingston analyzes how the moral economy of care arises from an historical context of colonialism, local understandings of embodiment, complex social relationships, and amidst enduring political, economic, and institutional fragility. She states the following:

Paternalism, if we are to call it that, lies somewhere at the heart of international (now global) health—and it can be very dangerous. From the perils of medical experimentation to outright concern, at its worst, medical paternalism threatens to foreclose the types of lay questioning, critique, and self-determination that are necessary to check the tremendous power clinicians and policy-makers have over the sick. In recent debates, increased patient autonomy has been posited as progress, by those seeking rights as patients and by ethicists alike, as the proper response to the potential problems posed by medical paternalism. Yet, in Botswana, a surging interest in technomedicine as progress has not been accompanied by an easy turn to autonomy (2012: 164)

In your ~2500 word paper (not including notes and the bibliography), craft an argument that debates the extent to which “medical paternalism,” as you define it, can be a positive or negative factor that influences doctor/patient relationships, medical research and experimentation, and the development and availability of medical technologies and therapies.

As you build your argument, compare and contrast the historical and cross-cultural cases discussed in the readings from Oct. 3 through (and including) October 24. You may also use the films to support your thesis. Do include a variety of cases that you analyze in depth throughout the essay and give a strong conclusion.

As in paper 1, use a standard citation style with (author date: page) citations in parenthesis (as above) and give the full reference in a bibliography. Draw upon the theoretical and bioethical terms we have been studying to support your argument wherever appropriate (i.e. political economy of hope, medical/biological citizenship, habitus, autonomy, disclosure, prognosis, etc.).

Good luck!
ECJ