CHAPTER - II

PROFESSION AND SOCIETY : AN OVERVIEW
The medical profession probably constitute the most important system of modern medicine. The principle difference between the situation in ancient and medieval times was that in the later period the teachers, administrators, lawyers and physicians had received more attention. A profession with intellectual bearing and formal training is the hallmark of modern society. Oxford English Dictionary defines profession as "a vocations in which a professed knowledge of some department of learning or science is used in its application to the affair of others of in practice of an art founded upon it ".

Thus, profession is defined as a vocation one professes with a sense of commitment, consistency and theoretical and scientific knowledge based on a prolonged specialised training of that particular work, which is derived from altruistic motive that occupation generally lack. However, occupations also specialize in certain skill. Pottery and weaving, blacksmithing etc. are illustrative of this but the major difference rests in their basic nature, as occupation may be hereditary.
whereas professions are necessarily acquired. Also professions are institutionals entities whereas occupations are essentially traditional. Therefore, there is a thin layer separating occupation from professions. In profession one enters after fulfilling essential qualifications while occupations never allow any outsider to come in.

An increasing field of specialization and a gradual narrowing down of specialized fields has been one of the notable features of professional growth in modern times. Parsons calls profession "the most important single component in the structure of modern societies". The term as used today has no counterpart in the ancient society. To be sure, there existed the three classic professions - theology, law and medicine. But the practitioners did not unite to form an organized professional body. In Rome, the physicians was as a general rule only a slave in a wealthy household, on the other hand accountants, engineers and architects were employees of the state. In ancient times there were no training schools, where those who followed the vocation which we call profession received instructions, that the practitioner seldom or never formed distinct social groups and that they were frequently in a dependent position.
When church was predominating, the various professions for which the universities trained did not become clearly distinct because all professional men were ecclesiastic. When the culture of middle ages slowly started shedding its religious character the professions started emerging out of the church firmly and started organizing. In England from 16th century onwards ceased obligatory upon student to take orders, and physicians and lawyers continued to be trained in universities and after graduation joined their own professional organizations. By the end of 16th century with the exception of teaching the professions had become secularized, this means they form their own secular guilds. However, teaching continued to be dominated by church until sometime after the reformation and teachers continued to be the members of the priesthood. Throughout the 18th century, divinity law and medicine continued to be the recognized profession. This limited qualification, omitting surgeons, apothecaries and teachers, was due to the fact that the professions were regarded as the occupation of gentlemen. Gentleman did not consider surgery as a fit vocation. Teachers were excluded because they were classified as clergyman. Architects and civil servants were excluded because they had not established professional associations.
By the end of 18th century, the industrial revolution and the impact of scientific age created new areas of specialized intellectual activity. It increased the need for new professions and they began to proliferate rapidly. Licensing system has long been associated with the evolution of professions either by state or by voluntary agencies. This was done to protect the public from incompetent practitioners and to protect the competent from unfair competition. In ancient times, the licences were issued by the church and were informal and in medieval times, the universities provided both the preparation and the licenses for the professions.

Before the opening of the 19th century, the recognition of new profession was extremely slow process, but during the last few years professions have multiplied by leaps and bounds. Therefore, we have come to such a phase where the day to day functioning of society heavily relies upon the professions which have become so indispensable and imperative owing to the proliferating needs. Professions play a predominant role in the history of developments of society.

The formulation, implementation, monitoring and evaluation of any policy and programme has to be carried out within the framework of professions because of the magnitude of the present day problems.
Till today,"there is no universally acknowledged theory of profession. moreover it lacks a well defined unit of analysis because of which the study of professions field such as sociologies of medicine,law,teaching,etc". An occupations professionals nature is the core of the professional perspective. The professional perspective focusses on two aspect of an occupation ,namely ,organisational and personal. The 'organisational' seeks to examine the recruitment of personnel, training, professionalization, regulation and control. The personal aspect, on the other hand, focusses on their personal conduct and performance of their professional roles and their professional orientation.

In the realm of conceptualization of a profession two main approaches have been adopted. They are : the profession as a structure and professionalization as a process.

STRUCTURAL APPROACH :

The structural approach focuses upon profession per se, as is. It is premised on the assumption that profession comprise a class or type structurally dis-
tinct from other occupation which, by implication, are non professional. Thus, the aim of investigation guided by the structural approach is a quest for the essential differentiating the types from others. More specifically, it is to identify the occupational characteristics which may be said to constitute the distinguishing attributes of profession. Goode writings on profession are prime illustration of the structural approach.

**PROCESSUAL APPROACH:**

This approach focusses upon the transformation of a non-professional occupation into a profession. It is premised on the assumption that this is an evolving process consisting of sequential stages through which all would-be professions pass and, furthermore, that the stages are ascertainable. Accordingly, the aim of investigation guided by this approach, is to trace this evolution; it is to describe what sociologist would call "the natural history" of professionalization, to formulate a model that typifies this process. In addition, it is to identify those social forces, both internal and external to occupations which facilitate or impede the professionalization process. Wilensky's often quoted article on professionalization is a prime illustration of the processual approach.
The above two conceptions are derived from two theoretical position in the sociological study of profession. This can be termed as Functional and Conflict theory.

**Functional Theory:** From a functionalist prospective, society is regarded as a system. The approach found its best exposition in Durkhiem "division of labour" and its function in maintaining "social order" and "cohesion". To avoid "anomic" form of division of labour, Durkhiem emphasized on the increasing roles of occupational professional groups and syndicates. To Durkhiem, professions do not represent only the unrestricted economic interests but they are rooted in moral codes and ethics. Parsons also found a great deal of similarities between profession and business. Both are rational, functionally specific and universalistic.

Societies central needs are well served through the professions as at the present day, society is increasingly compartmentalized into numerous parts owing to the proliferation of societal needs and plethora of social problems. An illuminating illustration of the indispensability of profession would here be worth taking stock of. Why profession has become omnipotent and omnipresent? 'Technical competence' of professional
backed by authority to accomplish modern herculean task for the weal of the people with zeal make professions all distinct.

**Conflict Theory:**

Conflict theorist view professions as a part of stratification and class structure. This orientation recognizes society as comprising of collectivities possessing society varying interests. Marx view, knowledge and professional skills are a commodity having their market value. They can be exchanged for money. It is a fact that profession are based on knowledge and specialised training but the commercial and profit oriented aspects of professions are concealed in the structural-functional approach.

It has to be clearly borne in mind that to grasp the distinction between the above two theories, their pros and cons ought to be well understood. S.L. Sharma postulates that "the two perspective need not be viewed as absolutely antitheoretical, because they have in common certain elements of a profession such as specialised knowledge, work autonomy, code of ethics and community sanctions. They differ in only the primary which they accord to these different elements". In view of functionalist, professionalism means observance
of codes and ethic, service, community orientation, affectual neutrality, rationality and objectivity. According to Marxist professionalism may be characterised by the extension of exchange relations and use value. Thus, the professions are the part of the labour market.

Attributes of Profession:

The profession occupy a position of great importance in modern society. In a society characterized by division of labour based upon technical specialization many important features of social organisations are dependent upon professional functions. According to Greenwood there are five distinguishing attributes of a profession.

1. A basis of systematic theory.

2. Authority recongnised by the clientele of the professional group.

3. Broader community sanctions and approval of this authority.

4. A code of ethics regulating relations of professional persons with clients and with colleagues.

5. A professional culture sustained by formal professional associations.
Having put the attributes in a nut-sheel, we suppose that it would be clear to elucidate each of them in some detail. The acquisition of the systematic theoretical body of knowledge involves the lengthy period of socialization. A profession underlying body of theory is a system of abstract propositions that describe in general terms the classes of phenomena comprising the profession's focus of interest. Acquisition of professional skill requires a prior or simultaneous control over theory underlying that skill. Preparation for a profession, therefore involves considerable preoccupation with systematic theory. The spirit of rationality in a profession encourages a critical attitude towards the theoretical system.

The second attribute which is professional authority implies the absence of knowledge in the man in the street who is isolated from the professional who acquires competence in a scientific way which gives him what is known as authority. In a professional relationship the professional dictates what is good or bad for the client, who has no choice but the accede to professional judgement. The professional's authority is confined to these specific spheres within which the professional has been educated. Parsons calls these as functional specificity.
The third attribute of a profession is the sanction of the community. Every profession strives to pursue the community to sanction its authority within certain sphere. This is done by conferring upon the profession a series of power and privileges, which may be either formal or informal. Among its power is the profession's control over its training centres. This is achieved through an accrediting process exercised by one of the associations within the profession.

"The profession also acquires control over admission into the profession by two routes".

(1) The profession convinces the community that no one should be allowed to wear a professional title which has not been conferred by an accredited professional body.

(2) The profession pursuade the community to institute in its behalf a licencing system for screening those qualified to practice the professional skill.

The fourth attribute of the profession is the regulated code of ethics. Every profession has a built in regulated codes. The profession's ethical code is partly informal. The formal is the written code to which the professional usually swears upon being admit-
ted to practice. The informal is the unwritten code. Through its ethical code the professional commitments to the social welfare becomes a matter of public record, thereby insuring for itself the continued confidence of the community. The professional should not discriminate his clients on the basis of sex, income, religion, race, social status etc. Parsons calls this element in professional conduct as universalism. He also talks about disinterestedness in the professional client relationship. A lot of importance is being attached to universalism because, the central focus of a professional's role performance lies in technical competence, as and when requested by the clients. The professional has the moral obligation to assist the former in the event of even the later's hardship.

The profession's fifth attribute is the professional culture, which consists of values, norms and symbols. The social value of a profession which is the bedrock of its function has the social good uppermost in its mind. The norms which are guide to behavior in social situation requires for seeking admittance into the profession, for gaining entry into its formal and informal groups and for progressing within the occupation hierarchy. The behavioral norms encompass every standard inter-personal situation likely to recur in
professional life. The symbols of a profession are its insignias emblems and distinctive dress, its history, folklore etc.

Professional culture also includes career concept. Central to the career concept is a certain attitude towards work which is uniquely professional. Professional work is never viewed as a means to an end, but end in itself. To the professional person his work becomes his life.

Gandhi notes one important consideration about professions is the attribution of "Service Motive" to them. According to this motive professional behaviour towards client is strongly motivated by a professional desire to render service rather than to earn profit.

The governmentalization of profession has served significant consequences of professionals. In 1939, Marshal argued that "the profession today is being weaved from "excessive individualization are adopting themselves to the new standard of social service." While Marshal was of the opinion that the excessive individualism which formed profession traditionally is giving place to the collective service orientation. Lewis and Mande argued that the Welfare state leads to poor salaries, poor condition of work and
second rate qualification. Further, according to them, "increased dependence on the state results in progressive lowering of social and economic status of profession." Governmentalization of professions has negative consequences of or the 'material interests' of professionals but has positive pay-off for the public, the client.

Sociologist in India have more or less neglected sociology of medicine as a field of study. The sociologist's interest in the field of medicine is relatively new. Health is a function of improvements in the overall environment of medical care, provided by qualified personnel. Among medical workers, doctors, occupy an important place.

A medical practitioner enjoys a respectable position in the community of society. As a healer in folk medicine or as a practitioner in the indigenous system of medicine in different cultures or as a professional skilled doctor, he always enjoys a respectable position in the community because of his power to heal, knowledge and skill to diagnos the ailment to prescribe curative, preventive and rehabilitative measures. The practice of modern medicine is characterized by a significant combination of general and particular elements. The pursuit of Allopathic or modern medicine is generally believed
to represent an eminently important and rational use of scientific knowledge and technology in a modernizing society.

MEDICAL PROFESSION IN INDIA:

The medical profession has been extensively studied from the point of view of both professional and professional organisations. The studies of professionals cover medical student, doctors and nurses. The studies of organizational aspects of the medical profession cover the social content and orientation of medical education, the state involvement in the regulation of the medical profession and the role of the medical profession in social change and modernisation.

Broadly three types of studies can be distinguished in organizational aspects of medical profession.

i. The social content and orientation of medical education.

ii. The state involvement in the regulation of medical profession.

iii. The role of medical profession in social change and modernization.
In brief, the research on the medical profession in India reflects two main theoretical orientations - role analysis and dialectical analysis. While the studies of professionals are informed by the role perspective, those of the organizational aspects of the medical profession are pre-occupied with Marxian perspective. There is not a single study in the ethnomethodological tradition which is hardly surprising considering that such a trend has not yet got going in the west.

Introduction of Ayurveda:

Man has eternally endeavoured to keep himself free from three types of miseries - physical, mental and spiritual. Therefore, the history of medicine is as old as history of mankind. Traditional systems of medicine developed in various parts of the world during different ages. A systematic shape was given to them in different ancients centres of civilization and culture. Source of these traditional systems are based on rational and sound fundamental principles and some others have only an empirical base. Some of those traditional systems did not survive and have become subjects of history of medicine like the Greek medicine and the Egyptian medicine. Some others like the traditional systems of medi-
In every culture, the tradition has played an important role and often blind faith is put on it by the persons of the region without verifying the veracity of these traditional practices. On the other hand, in the name of civilization and modernisation, to some, these traditional practices are obnoxious. They treat everything in tradition to the superstitious and dogmatic, and therefore, they advocate its total rejection. The truth is lying perhaps somewhere in between these two lines of approach. While it is neither desirable nor scientific to accept everything of tradition as true without proper verification it is equally unscientific to outrightly reject them only because they are traditional or old.

Definition of Ayurveda:

The word 'Ayurveda' is composed of two sanskrit terms, viz. 'Ayus' meaning 'Life' and 'Veda' meaning the 'Knowledge' and taken together, it means "the Science of Medicine". It lays emphasis upon not only leading a life which is ful of happiness, which implies an individualistic attitude but also leading a life which will be useful to society as a whole. Man is a social being and
cannot withdraw from society. Unless the society becomes happy, it will not be possible for the individual to attain and maintain his own happiness. It is with this in view that the individual should always make an effort to subscribe to the happiness of the society and ayurvedic texts are replace with references to the manner in which the society can be kept be happy. The social medicine which is treated as a new concept in modern system of medicine is nothing but reminiscent of what has been preached and propounded in ayurveda more than 2500 years ago.

**Status of a Vaidya**

The physician was called Vaidya in ayurvedic system. The chinese travellers Fahian, Hiuen Tsang and Itsing, who visited this country during this period were very much impressed with the attitude of Public Service of the Physicians and have highly praised their profession and devotion to the public. Vaidyas were held in high esteem by the people and the emperor alike. Dhanwantri bearing a jar full of nectar was the ideal symbol of Ayurveda, and the Vaidyas who were custodian of the health and the life of the people. But apart from the selfless servants of the people, there were physicians who concentrated on money and exploited even the
poor in their difficulties. Such Physicians were called ‘Panya Bhishak’ and were condemned by the society and they were not invited to the parties nor anybody took meals in his house. Physician was expected to be very cautious about his duties and responsibilities and in case of failure he was held responsible. Any breach of conduct or negligence was condemned and he had to observe repenting ritual prescribed by the religious code. Apart from social and religious control, on the profession from the government and severe punishments were prescribed for negligence in duties. Apart from the qualified and trained Vaidyas, there were quacks advertising the qualities of their medicines who mostly used mercurial drugs. The third group was of the Vaidya who could not learn the texts of Ayurveda but practised only on the traditional knowledge. Free distribution of medicines was regarded as religious act and charitable institution were established by the rich men and State for serving the sick people.

There were four types of Vaidya:

1. **Private Practitioner**:

The person well versed in Ayurveda who had enough property or other means of their subsistance practised medicine on charitable basis and distributed free medicines. The patients were looked upon sympathetically and
the employers were provided with state help and leave during their illness and that of their families. Patients also had to report their illness clearly and follow the instructions of the physicians.

Another group of vaidyas was took it as profession and charged high fees and price of medicines. The poor could not approach them. They were mostly in big cities.

2. Vaidyas in Charitable Dispensaries:

Vaidyas employed in charitable dispensaries run by the public or state got sufficient salary and were not allowed to take fees or price of medicines from the patients. In Kautilya Arthrashastra the salary of the Physicians has been mentioned as 2000 Panas annually.

3. Personal Physicians to the King or Royal Physicians:

The Physician who was well versed in eight branches of Ayurveda and came from a family in which it was hereditary profession was appointed as Royal Physician. He had to take care of the health of the King and the King had a time fixed in his daily routine for meeting the Physician for his medical check-up and necessary advice. The Physician had to supervise his kitchen and the cooks had to prepare meals according to
his directions. After the meals were prepared they were tasted by the Physician for any poison that may be mixed with the food. Not only this, the Physician was also to be a real friend and guide of the king helping him in all moments. As he was very intimately connected with the king and had to protect him day and night he was allotted residence near the royal palace. The king also donated land to many Vaidyas and there was no restriction to their entry into the palace.

4 Military Physician:

The physician also accompanied the military expedition of the king and had a separate camp with a clear flag on the same like the modern red cross. The Physician company consisted of experts in Toxicology, Surgery and Medicine.

SCOPE OF AYURVEDA:

Ayurveda does not deal exclusively with the treatment of human beings. It also deals with the treatment of diseases of animal and even plants. It also provides rational means for the treatment of many internal diseases which are considered to be obstinate and incurable in other systems of medicine. Simultaneously, it lays a great emphasis upon the maintenance of positive health.
of a normal or healthy person. Thus, it aims at both the prevention and cure of diseases. For the purpose of prevention of diseases, the regimens one should adopt during day time, during night time and during different seasons, have been described in detail. Man is exposed to disease because of many external factors. But there are some diseases to which man is exposed even in the natural course of his living, e.g. hunger, thirst, old age etc. Ayurveda also provides measures for the prevention and control of these natural ailments.

The following are the eight important branches of Ayurveda:

1. Kaya Chikitsa or Internal Medicine
2. Salya Tantra or Surgery
3. Salakya Tantra or the Treatment of diseases of head and the neck
4. Agadha Tantra or Toxicology
5. Bhuta Vidya or the management of seizures by evil spirits and other mental disorders
6. Bala Tantra or Paediatrics
7. Rasayana Tantra or Geriatrics including Rejuvenation Therapy
8. Vajikarna Tantra or Science of Aphrodisiacs

Several classics were composed on each one of these branches and all of them were in practice. During
the advent of Buddhism practice of ahimsa became very popular. Surgical operations (which were invariably painful) were unfortunately treated as a form of Himsa (injury) and thus the practice of surgery (salya tantra) was discouraged. This had an adverse effect on allied branches of medicine also. Thus, at present only three branches viz., Internal medicine, Geriatrics including Rejuvenation therapy) and Science of Aphrodisiacs are in practice and other branches of ayurveda have become only subjects of history of medicine.

Unique Features of Ayurveda

The following are the unique features of the ayurvedic system of medicine:

1. Treatment of individual as a whole:
   In modern medicine, more attention is paid to correct the afflicted part of the body. But in ayurveda while treating a disease, the individual as a whole is taken into consideration. Not only the condition of other parts of his body but also the condition of his mind and soul are taken into account while treating the patient.

2. Cheapness of Medicine:
   For, the most part, ayurvedic medicines are prepared from drugs which are available in the forests of the
country. Therefore, these preparations are cheap.

3. **No foreign exchange involved**: Almost all ayurvedic drugs which include vegetables, meats, minerals and animal products, are available in India. Foreign exchange is not utilised for importing them from abroad. Even for their preparation there is no need for foreign expertise and imported sophisticated equipments.

4. **Conductive to socialistic pattern of Society**: In the past, physicians used to prepare their own medicines for treatment of their patients. At present physicians are having very little time to manufacture their own medicines. Therefore, many pharmacies have been established in private and public sectors. But for the establishment of such pharmacies huge capital is not needed and most of the profit from such pharmacies goes to the labourers who collect raw drugs and put labour for the manufacture of medicines. It is, therefore, more conductive to socialistic pattern of society.

5. **Free from toxicity**: Ayurvedic medicines have centuries of traditional experience behind them. Therefore, they produce little toxicity in the human body. Even certain toxic materials
are used for the preparation of medicines. But they are always detoxicated and made more acceptable to the body before they are actually administered in the form of a medicine.

6. **Each medicine is a tonic:**

Drugs of modern medicine except vitamins and minerals, are meant for patients only. All ayurvedic medicines can be used simultaneously both by the patients and healthy persons. In patients they cure diseases and in healthy individuals they produce immunity against diseases.

7. **Conducive to the customs of the people:**

Along with medicines very often certain diet and regimens are pre-described on the lines of the customs and tradition of the people.

8. **Psycho-somatic concept of disease:**

Diseases are not considered as exclusively psychic or somatic. Psychic factors are always described as causes of somatic diseases and vice versa. This has given rise to a psycho-somatic of all diseases in Ayurveda.

9. **Emphasis on preventive medicine:**

Ayurveda lays lot of emphasis on the prevention of diseases. Several Do's and Don't are prescribed for healthy individuals. Different parts of the day, night and different seasons for persons of different age groups and social status, are described in great detail.
Notes


17. S.L. Sharma -- op. cit., p. 266.

19. Itsing - A record of Budhist Practices in India

20. Vishnu Dharma - 3:73. 47; (It is said that the knowledge of different subjects were divided in various branches in Dwapara Yuga. Ayurveda was divided in eight branches by Dhanwantari).

21. Vishnu Dharma - 1. 43. 4. p.2

22. Itsing - op. cit. pp. 129 - 133

23. Kautilya Arthasastra

24. Ibid - p.137


26. Ibid - pp. 8 - 9

27. Vishnu Dharma - 1. 205; p.56

28. Ibid - 1. 203; p.9

29. Vidya Bhagwan Dash - Fundamental of Ayurvedic Medicine, Bansal, Delhi, 1978, p.4