Chapter I

MEDICAL SOCIOLOGY: PROBLEMS AND PERSPECTIVES
Study of professions has emerged along with developments in the field of industry, science and technology. To make a distinction between profession and work, profession is defined on the basis of socialization, training, social control and client choice or evaluation of the professional, scientists, engineers, technologists, artists, lawyers, doctors etc. can be treated as professionals. In view of these characteristic features of professions, professionals are thus different from the non-professionals. They are numerically small number compared to the members of the society engaged in other occupations. It would not be wrong to hypothesize that more the society is advanced technologically and industrially, more it would have professional skills and resources. However, this does not mean that the less developed countries would have correspondingly less professionals and expertise in the fields of scientific specialization.

PROFESSIONS AND PROFESSIONALIZATION

Historicity of science and technology vis-a-vis society shows that there has been a process of evaluation of professions. Most professions have
emerged from the state of occupations.\textsuperscript{1} As soon as an occupation becomes a profession, it acquires autonomy, ideal of social service and a distinguished place in society.\textsuperscript{2} The structure of a profession can be seen in terms of social relationship within client and professional, professional and his colleagues, and professional and some formal agency.

There is relationship between professionalisation and bureaucratic development.\textsuperscript{3} In fact, the two are highly interrelated, but professions are not so much product of political ideologies and systems. Persons after having become professionals profess and as such period prior to this is of their professional education and apprenticeship. They profess to laity. Their professional calibre is judged by a "market-situation." However, some professionals are "sponsored." Thus, competitiveness is not the only basis of getting into a community of professionals.

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Generally speaking, professions are viewed as functional for the members of the society. However, this view has been disputed by Ivan Illich and his associates. Illich talks of "disabling professions." He also talks of "limits to medicine." The idea is that more the professionalization in the fields of law, education, and medicine etc., more it would be dependent upon others and take away his self-reliance and creativity. Illich's view may be applicable to the highly industrially advanced societies. Its application to the countries of the third world is in doubt, as they have not reached the stage of over-professionalization.

The concept of profession refers to professionalization (Process), professionalism (Ideology), professionals (Community), professional group (Segments) and professions (Specializations). Thus, the concept of profession refers to

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7 See Vollmer and Mills, Jackson and Elliott in the Bibliography.
both theory and practice. It also refers to interaction between elite (professionals) and the laymen (clients).

APPROACHES TO THE STUDY OF PROFESSIONS

There can not be a universal approach to the study of professions. The state of a profession is not the same in all societies and the state of affairs in various societies is not the same at a particular point of time. Positivistic, culturological, functional, processual and Marxian approaches have been applied to the study of professions. However, the countries of the third world would demand more of an ethno-methodological view for understanding the role of professions and their impact upon these societies. In fact, professions have emerged in less advanced countries as a result of the impact of western countries and due to a movement-like situation created for promoting various professions. Thus, in a way, professions are like social movements. Professions provide a new

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language not understandable by those who are outside the orbit of professions. Professional neologism results into mystification. Thus, profession refers to a learning, an art, and also an ideology. We plan to look at the medical profession and other ancillary structures from the point of a profession and professionalism in relation to society. This would demand, in fact, an understanding of doctors, nurses, other hospital staff, patients and their attendants, and hospital as a social system. We shall also analyse social background of doctors, patients and diseases. Our plan is to provide a case study of a well-known hospital in New Delhi and within this hospital a case study of a specific department which deals with venereal and sexually transmitted diseases.

MEDICAL SOCIOLOGY AS A DISCIPLINE

The interest in medical sociology has grown in recent past in all over the world. Medical sociology compasses many areas of investigations, diverse approaches and varied perspectives. One of the views of illness, for example, is that people take illness as part of life and treat it in that way by adopting themselves to the seriousness and situation of illness.
Medical researches have also come out because of the challenges of illness. Generally speaking, we would not use in medical sociology distribution and etiology of disease, cultural and social responses to illness, socio-cultural aspects of medical care, morality, social epidemiology, organisation of medical practice, sociology of the healing occupations, sociology of the hospital, community health organisations, social change and health care, medical education, public health stress and disease, social and community psychiatric and health policy and politics. It is not possible to discuss all these areas of enquiry in the present study. Since not much research is conducted on medical sociology, it would be possible for us to give a sketch of researches in the field of medical sociology.

It is really difficult to think of relations between doctors and nurses and patients in terms of a social system, as a hospital cannot be very clearly termed as a social system. The fact is that doctor treats a patient in terms of dyadic relationship. In

other words, there is single patient treated by a single doctor at a particular point of time. This given patient does not have interaction in regard to disease with other patients and doctors at that moment. Hospitals are large, complex organisations in which doctors and patients are very important components, but there are also other supporting staff. The patient directly does not come into contact with others in hospital setting. We treat hospital as a social system in terms of its organisational aspect and its normative structure. Tuckett suggests structural perspective for studying medicine as a sociological entity. The structural perspective refers that in any situation or in any interaction there are elements that are common to all situations of that type. Doctor-patient interaction, for example, is considered in structural terms. On the basis of interaction between the two, structural approaches can be defined in terms of "role theory."


11 Ibid., p.21.
A doctor is supposed to do certain things; he has certain aims, faces, certain problems that are common to all doctors. All this can be defined as the role of doctor. The role theory based on structural considerations sensitizes us about the commonality of activities of the incumbents of the same position. The role of a particular type of people may not be treated in the same way as treated by very those persons. All roles are oriented to certain situations, and doctors are not exception to it. Thus social situations become social factors in doctor-patient relations. The other important concepts are that of values and norms. Values refer to professional ethic of doctors and norms refer to the established practices by which the patients are treated by the doctors.

Thus social action, social situations and social facts can be understood by taking into account social factors such as norms and values. Norms and values refer to collective experiences of the people. Sociologically speaking, we can treat individual as atomistic or isolated individuals. In other words, we have to take into account the set of beliefs, values and symbols shared by a collectivity of individuals.
It is the task of sociologists to study the values and norms in a given social situation and in that the complexity of the subjective meanings. Socialization itself determines individual's attitudes and actions towards disease and efforts to get treatment of the disease. Individuals with a common collective experience tend to share common subjective definitions of the situation. Tuckett observes that the study of social structures attempts to discover such patterns. Tuckett has formulated certain relevant questions in this regard. The questions are as follows:

(1) What regularities in experience and behaviour do we find?

(2) What accounts for them?

(3) What are people trying to do with each other?

(4) What are their relationship to one another?

(5) How are their relationships organised in institutions?

(6) What do they expect from each other?

(7) How do they define the situation?

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What features of their own social worlds are they bringing to the situation?

In what way does their social location determine their experience, attitude and behaviour?

The above questions facilitate our understanding of doctors as professionals, relationship between doctors and patients in terms of role theory, and hospital as a social system.

RELATIONSHIP BETWEEN SOCIOLOGY AND MEDICINE

Sociology can contribute to the understanding of illness in several ways, particularly, in regard to conception of illness by the patients and relationships between doctors and patients. The conception of illness by the patients could be seen in terms of a series of variables such as his class, caste, ethnic background, age, education and religion etc. These variables would also determine his perception of the doctor. However, doctor's perception about illness would by and large be determined by his professionalization in the hospital where he is working or whether he is an independent practitioner. Patient's position in society would also affect doctor's attitude towards patient's care.
As we have pointed out earlier that there are several approaches to the study of illness, patient's care and hospital organization. Broadly speaking, these approaches can be grouped into two: (i) the functional approach, and (ii) the Marxist approach. Talcott Parsons is the most prominent advocate of this approach. He refers to the functional setting of medical practice and the cultural tradition. He treats medical practice as a social system and places it in the larger social system. He has depicted a kind of ideal type of situation. In fact, Parsons' emphasis is on occupational role, namely, medical practice. This role is seen in terms of the instrumental division of labour. The problems of health and the treatment of practical problems are to be seen in terms of special conditions in the cultural and social system. Medical practice must be a part of the general institutionalization of scientific investigation and of the application of science to practical problems.

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The instrumental division of labour in terms of institutionalization of all the roles is the functional requirement of the effective performance of the role. In this way the role of doctor is institutionalized and his institutionalization can be taken for granted by the patient and by the society in general. The successful performance of function of medical practice depends on a whole series of conditions; secondly, the ways in which roles are institutionalized are related to aspects of the motivational balances of the social systems. These points clearly portray Parsons' structural functional approach to the study of medical practice and doctor-patient relationship.

Studies of health services and doctor-patient relations have been pronounced in the western countries, particularly, in the United States in which functional approach occupies a central place. Apple,14 Balint, Bloom, Blum, Cartwright, Glaser and Strauss, Freeman, Freedson, Coffman, Jacc, McWhin, Mechanic, Merton and several others have emphasized on socio-cultural factors, layman's conceptions of medicine, doctor-patient

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14 Refer Bibliography for details of references.
relation and hospital as a social system in the study of medicine from the perspective of structural-functionalism. Relations between doctor and patient are not seen from the point of domination and subjugation and higher and lower positions in terms of dependence of the patient on the doctor. Functional inter-dependence of the medical system on the larger social system and inter-dependence of the various segments of medical system are the central points of study from the structural-functional standpoint. Doctor is a technically qualified role-specialist. In society he enjoys a distinguished and honoured position. In regard to hospital system he enjoys a super-ordinate position in relation to the doctors junior to him, other staff, and patients in general. However, it does not mean that all patients necessarily become sub-ordinate to doctor. The top political elite and bureaucrat may be in a position to dictate terms to doctors in regard to medical care to be provided to them when they or their favourite are in hospitals. "The functionalist point of view" has ignored some of the crucial structural and human factors in understanding of hospital as a social system and role relation between a doctor and a patient.
Under Marxist approach concepts of power, class, and poverty occupy a central place in the understanding of the health culture of the people. The basic talent of the Marxist approach is that there is economic domination of health care, hospitals, and doctor-patient relations. Doctor-patient relation refers to an interactional situation based on the fact that one has competence, control over skills and authority, and other is deprived of such qualifications. In fact, the one who has resources could go for higher education and the other who lacked, had to contain with a low level of education or no education. Similarly those who are rich do not get sick, and those who are poor often get illness. Similarly, the rich who become ill can avail of the best available treatment and the poor suffer from illness and ultimately would die. This is how the role of class could be understood in understanding of illness, health care, and doctor-patient relationship. These perspectives have not received prominence in the field of medical sociology.

A third most important theoretical concern is seen in Ivan Illich's book *Limits to Medicine - Medical Nemesis: The Expropriation of Health.* Illich reflects on the
ideology of industrialism in regard to medicine and health. Illich believes that industrialism is the main force shaping western society and it has done irreparable damage to all aspects of society including the field of medicine and medical education. Industrialisation of medicine has led to the creation of corps of engineers, and medical professionals. This is comparable with technocrats and bureaucrats. Thus industrialisation of medicine refers to its professionalisation and bureaucratisation. Consequently, the conflicts are not found today between various classes as such but between those who are at the top in a given sector and those who are at the bottom. In regard to medicine the conflict is between medical bureaucracy (the medical profession and the medical care system) and the consumers (the patients). This antagonism is created by the force that has brought about industrialisation of medicine. This conflict is social in nature as the structure of society is involved in shaping the relations between medical care and the patients.

Individual is seen as a machine and as an aggregate of different pieces under the modern medical system. Man has been made parasitic and completely sub-
ordinate to the industrialism of modern medicine. He has forgotten his ethnosense of medicine. Illich calls it social iatrogenesis. The modern medicine has made consumer behaviour quite passive and addictive. The man has lost autonomy as a patient. The medicine has destroyed the potency of people to deal their illness and weaknesses. In fact, the managers of modern industrialism in medicine are expropriating the patients of today. Illich suggests that re-socialization of the modern man is necessary to have an ethnosense towards health and medicine. However, application of these points of Illich's thesis to a country like India is in doubt because of the fact that India has not yet reached a level of industrialization. It has not reached a high level of industrialism in medicine, and therefore, industrialism or capitalism cannot be seen independent of overall state of industrialisation in Indian society. Illich's negative attitude about medical profession is the part of his thinking against industrialism. He is also critical of modern schooling system and legal system.

We have given a very brief sketch of the scope of medical sociology by indicating the areas of research interests. A discussion on the approaches to the study
of health services, doctor-patient relations, and hospital as a social system has been made with a view to assess studies in the field of medical sociology in India.