Chapter V

CONCLUSION
The present study does not have a bearing on a field study of disease, treatment and social milieu or patients and doctors etc. It is a review of literature with a specific objective, namely, existential conditions of patients, doctors and ancillary medical staff. Our objective is to point some gaps which have been left in the existing studies on the various themes in medical sociology, and pick them up for research at doctoral level.

The dissertation is divided into four chapters. The first chapter highlights main problems and perspectives in medical sociology. The second provides an overview of medical sociology in India. A glimpse of social structure and disease in village India is given in the third chapter. An interactional perspective of relations between doctors and patients is discussed in the last chapter.

The first chapter deals with professions and professionalization, medical sociology as a discipline and relationship between sociology and medicine. We have noted that there cannot be a universal approach to the study of professions. The countries of the third world cannot grasp the true understanding of the role of professions and their impact upon their societies with
the aid of a conceptual kit generated for the study of societies which are dissimilar to third world countries in several ways. Hence, the need of an ethno-methodological view for understanding professions, society and their interrelationships. The field of medical sociology too should be analysed from this perspective. We have shown that the dominant paradigms in sociology, namely, the functional and the Marxian, have been applied in the field of medical sociology also. However, the functional approach has been applied by most of the researchers whereas only a few have adopted the dialectical-materialistic frame of reference.

The field of medical sociology in India has been analysed in the second chapter. Medical sociology is comparatively a new subject in India though in some western countries, such as the U.S.A. and Britain, it has reached a very high stage of specialization. We have reviewed some studies on medical sociology in India by A. Ahluwalia, D. Banerji, P.C. Dutta, Indu Mathur, T.N. Madan, McKim Marriott, G.M. Carstairs, Mohan Advani, Goran Djurfeldt, and Lindberg etc. Most of these studies are of an exploratory nature and indicative of further research. At best these studies generate some tentative hypotheses which should be
further refined by more researches in this field.

The third chapter of our dissertation focuses upon social structure and disease in village India. For a long time social scientists as well as medical experts remained unconcerned with the problem of contradiction between specific cultural causation of disease and general universalistic methods of diagnosis and treatment. The dichotomy between "folk-medicine" and "urban-medicine" is found untenable in the Indian context. In fact, even the general dichotomy between folk and urban raises several questions and falls short of grasping real understanding of the phenomenon under analysis. The other point which has so far escaped attention of most of the researchers is the "medical pragmatism" of the Indian villagers. The simultaneous acceptance of several ways of cure for the same disease and same person can be explained only through this pragmatism. We have found that the existing studies on modern medical practices of the villagers in India are inadequate to explain all the dimensions of rural health practices.

The doctor-patient relationship is discussed in the last chapter. We have reviewed studies by T.N. Madan, Mohan Advani, Indu Mathur, A.L. Srivastava, A. Ramana, and Usha Banewala on doctor-patient relationship in India.
Most of these studies have taken role relationships, role perception and attitudes towards patients as the focal points in their investigations. However, we find many problems in accepting hospital as a social system as done by most of the researchers following Parsonian frame of reference. As stated earlier, western conceptual schema cannot be applied adequately for studying Indian phenomena. These studies, therefore, suffer from all the drawbacks inherent in application of the outmoded functional framework for studying Indian social reality.