

PERCEPTIONS OF ILLNESS  
AND MEDICAL PRACTICE

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During World War II, psychiatrists demonstrated dramatically their potential role in describing more extensively, if not explaining more clearly, much of the iceberg of human illness as it is presented by society to the health professions. The nineteen-fifties reflected the impact of these new formulations of old knowledge, as a number of American medical schools encouraged a vigorous emphasis on "comprehensive medicine." A "back to the patient" movement started which was given great impetus by the reorganization of ambulatory patient clinics. These were staffed by physicians primarily interested in patients and their illnesses, as well as in diseases and their manifestations. Psychiatrists, internists, and pediatricians played active roles in the development of these clinics. They were joined by behavioral scientists who were given access to the inner councils of the profession, the secret recesses of the patient-professional relationship, and the allegedly awesome complexities of the hospitals and other institutions in which the obscure transactions between and within the health professions and the society they serve take place. The nineteen-sixties have seen the rapid development of medical care research and patient care research. The former may be defined as the scientific investigation of the health professions, services, and facilities of society; their operation, efficacy, and efficiency. The latter may be defined as the scientific study of those elements of personal service and behavior directed to care *of* and care *for* the patient, which, apart from drugs, technological devices, and manipulative procedures, can be shown to influence the health and comfort of patients favorably.<sup>1</sup>

*Perceptions of Illness and Medical Practice* is an extended discussion of our knowledge about attitudes towards illness, the health professions, and the hospital up to about the end of the nineteen-fifties. According to the dust jacket and preface, the book is designed for use as "a text by physicians and students in the health professions." Unfortunately the title and the style of the book are less likely to prove exciting to as many physicians as the contents warrant. Those physicians who do read the book will be familiar with much of the literature and already converted to the author's point of view. On the other hand, members of other health professions and behavioral scientists trained in their own disciplines can inform themselves and perhaps be stimulated to even greater commitments by a review such as that represented by the present volume. Whether this book fills a third need, for a succinct text which will introduce medical students to the scientific study of medical care and patient care, is another matter. At present, most medical students receive little or no instruction about the health services systems or about the social and cultural contexts in which the demand for professional services is generated and met. Somehow or other medical students are expected to understand the contemporary arrangements from an array of orthodox textbooks on physical diagnosis, clinical medicine (including psychiatry) and random exposure to physicians, nurses, and social workers in a hospital setting. The need for a text which synthesizes present knowledge about the health systems and the professions is great and Dr. King's book is a laudable attempt to meet this need.

The book has four sections. The first deals with "Trends and Concepts" and provides a description of the theoretical framework for the balance of the volume. In many ways it is the most important section. If the mechanistic concept of specific etiology in disease could be supplanted by the biologically and psychologically more sophisticated concept of multiple causality, or even by the epidemiologist's pragmatic concept of "necessary" and "sufficient" causes, much of the thinking of the behavioral scientists as well as their data could be readily integrated into contemporary notions about the origins of health and disease as expressions of life patterns

and human interactions. King has developed the case for multiple causality and for the role of social and cultural factors in health and disease convincingly, but his arguments might have been bolstered further by a broader sweep of the literature. If a primary objective is to make the message intelligible to medical students and physicians, then use of medical data in greater abundance would have helped considerably. The book contains no references to the contributions of James Spence, J. N. Morris, Alice Stewart or Dugald Baird in Great Britain.

The importance of perception as the critical variable between stimulus and response is well presented.

"It is relevant to an understanding of the actions of patients and their families, (and) to physicians, nurses, hospital administrators, and other health specialists. When social organizations are considered, perception may not be a relevant variable except to the extent that pressures of social structure affect the perceptual process. However, the social organization of a hospital or the informal arrangements of medical practice are important phenomena that need to be dealt with in their own right. In this book individual behavior will be the main center of interest. Perception will be the organizing concept. When the focus shifts to social structural factors or to certain kinds of cultural factors, perception will not be the organizing variable."<sup>2</sup>

Surely perception *is* also a highly relevant variable for social organizations. Were it not for an apparent dulling of perception, society might have anticipated more constructive and imaginative responses on the part of "academic" and "organized" medicine to its growing criticism of the present arrangements for providing medical care. The institutionalized aspects of the profession both in relationship to organization and objectives would benefit from a heightened perception of and sensitivity to the opinions of others. The worlds of commerce and diplomacy have long been aware of the importance of institutional perceptions. Perhaps the institutionalized forms of medicine as well as its individual members would be well-advised to inform themselves more thoroughly by reading Dr. King's book.

One of Adolph Meyer's aphorisms stated that "When the patient and the physician agree on the causes of the illness, the patient gets better." Dr. King's section on "Disease and Its Interpretation" is introduced by an excellent chapter on "Beliefs and Attitudes About Disease." Primitive medicine, sorcery, breach of taboo, soul loss, and other systems used to explain the manifestations of health and disease are reviewed historically and culturally. This background is used as an introduction to a discussion of attitudes in various contemporary cultures, and, by implication, the point is made that the practice of today may become the folklore of tomorrow. Dr. King writes,

"It is difficult for those in the health professions in the United States to realize that there are other legitimate interpretations of disease than those encompassed by scientific medicine. By legitimate we mean legitimate to the patient, meaningful, useful, important to him. It is easy to ridicule and dismiss folk beliefs or primitive medicine as foolish and 'unscientific,' as superstitious and beneath the attention of one skilled in scientific medicine. However, ridicule may do less harm to the presence of folk or primitive medicine than it does to the ability of the physician, nurse, sanitary engineer, or medical social worker to provide good medical care or help with medical problems."<sup>3</sup>

One may ask how historians of the future will comment on an era of "scientific" medicine which gave its highest priorities and its greatest rewards to those who saw that the lonely, rejected, and dejected widow "died in metabolic balance" on the university hospital wards. In the future it may be regarded as equally "scientific" and of greater social utility to devise methods for discouraging teen-agers from smoking, for encouraging urban communities to accept fluoridation of water supplies or native villages to use adequate sanitary measures. The scientific medicine of the future will strive to be scientific in *all* its aspects, and Dr. King goes a long way toward showing the relevance of the behavioral sciences to the broader scientific understanding of man in health and disease.

"The People that Treat Disease" is the title of the third section of

the book. The opening chapter on the physician is instructive but might have been strengthened substantially by reference to Michael Balint's work,<sup>4</sup> and by a discussion of the process by which medical students are selected. At present most admissions committees seem to operate in a system of circular reasoning. They appear to select those students who are likely to do well in those things which interest those academic teachers who sit on the admission committees. Whether or not these interests have anything to do with ultimate competence in clinical practice or even with success in other careers in medicine is rarely discussed or investigated. Alan Gregg has suggested that if more physicians with an awareness of the social significance of health are needed, "admission committees (should) pay more attention to the character, records and attitudes of the parents of the applicants for admission."<sup>5</sup>

Nursing is the health profession considered next; it has been extensively studied by the behavioral scientists—probably because of the willingness of nurses to cooperate in studies of their profession as it sought wider acceptance and higher status. Medicine with its illusory position as omnipotent and omniscient leader of the health professions until recently has seemed more awesome to potential students from the behavioral sciences. It has seemed less receptive to extended examination of the assumptions which underly its attitudes and behavior, its educational programs and professional rituals. During the nineteen-fifties numerous studies of nursing by the behavioral scientists paved the way toward the current interest in patient care research and have encouraged a more intensive examination of the therapeutic process. Such studies cannot help but affect the whole fabric of the health professions in the years ahead.

The chapter on the medical social worker provides a well-balanced account of this profession. By examining the differences in orientation to health, disease, patients, and society-held, in general, by physicians, nurses, and social workers—the author highlights the limitations of medical education. It is almost 60 years since Richard Cabot attempted to demonstrate to his colleagues at the Massachusetts General Hospital the broader human and social context in which illness has its origin and to which patients return after their

brief sojourns on hospital wards. Much progress has been made by certain of the health professions, not the least of which has been the social worker, but the progress of medicine itself has been minimal, at least in proportion to the dimensions of the problem. Although Dr. King does not draw this specific conclusion, the implications seem to be present in his analysis.

The final section deals with "The Place Where Disease is Treated." Unfortunately discussion is largely limited to the hospital where only a small fraction of all illness is seen or treated. The author does provide an interesting account of many competing forces, objectives and interests both within and without the hospital which appear to influence its functions and its organizational structure. This section might have been improved by more extensive consideration of the social and cultural forces which condition the whole approach to the provision of all health services in society, including those provided in physicians' offices, by health departments, and by industrial medical services, etc. In one sense, hospitals deal only with the failures of the health services system of a country, region or community. This assumes that one of the primary objectives of the health services of society is to keep people out of hospitals—an objective which is being defined with increasing clarity for developing countries but which is still to be clearly enunciated or widely accepted in the United States.

This is an interesting book although, at times, the use of unnecessary jargon seems to obscure rather than clarify the author's meaning. The book is perhaps too long, and one wonders whether more critical editing might not have reduced its size without diluting its substance. Possibly the author has attempted to address too many groups simultaneously. The sophisticated behavioral scientist or the advanced student could probably appreciate the data and the analysis with less extended treatment. For the medical student, rightly or wrongly, much of the language may discourage rather than encourage his interest in one of the most important facets of contemporary medical education—social medicine. More extensive use of studies from other countries, including the use of epidemiologic studies related to social class might have strengthened many of the arguments

presented.

The book will be most widely read by non-physicians; it should instead be most widely read by physicians. How to communicate the important concepts and material contained in this book to the medical profession, particularly to medical students, remains one of the challenges of contemporary academic medicine. The author has made a thoroughly worthwhile contribution to this objective, but there is more to be done.

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## REFERENCES

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