MEDICAL BEHAVIORAL SCIENCE

A Selected Bibliography of Cultural Anthropology, Social Psychology, and Sociology in Medicine

MARION PEARSALL
Lexington, University of Kentucky Press, 1963, 134 pp., $4.00.

THE DOCTOR AND THE PATIENT

SAMUEL BLOOM
New York, Russell Sage Foundation, 1963, 270 pp., $4.50

SOCIOLOGY IN MEDICINE

M. W. SUSSER AND W. WATSON
London, Oxford University Press, 1962, 337 pp. $7.75

Medical sociology, whatever it may be, is obviously a popular subject. This is evident from a brief glance at Marion Pearsall's selected bibliography "Medical Behavioral Science." The bibliography is restricted to studies directly related to health and health practice by cultural and social anthropologists, sociologists, and social psychologists, and only English-language titles are included. Despite these restrictions, and very incomplete coverage, nearly 3,000 references are cited, most of them dating from the end of the Second World War. Studies in medical sociology are frequently published in nonsociological journals and the need certainly exists for a comprehensive bibliography bringing together references from scattered sources. Any bibliography in this field has some usefulness and Dr. Pearsall's collection is no exception. But it can only be a temporary stopgap. The bare listing of author, title, and journal, with no further indication of method, population, and findings and no criti-

cal evaluation of the contents, still leaves the investigator with a vast task of intuition and sorting. The attempt to cover all subdivisions of medical sociology, as this volume does, also means that most subdivisions are inadequately covered. The heavy concentration of American investigators on problems of mental health, on role relationships, and the structure of medical institutions is faithfully reflected in this collection. The social origins and distribution of mortality, of physical growth, health, and disease, particularly in industrial societies, receive inadequate treatment. Checking against my own inadequate list of references in reproduction and child health and development, I find numerous omissions and arbitrary, often out-of-date, inclusions. Nevertheless the need exists, and despite my reservations, I shall undoubtedly use this volume as a first quick place of reference when dealing with unfamiliar areas.

Samuel Bloom, as the sociological member of a team teaching the elementary principles of human behavior to freshmen medical students, faced another problem of medical sociology—the absence of a good introductory textbook. His book, "The Doctor and His Patient," grew out of the conviction that the tight schedule left no time for the collation of scattered references in library study and that no standard text had yet been produced appropriate to his purpose. His "major goal has been to teach a frame of reference, to attempt to sensitize students to see the psychosocial aspects of medical problems, and to provide some guidelines for a realistic assessment of their importance. The method we have chosen has been to use the doctor-patient relationship as the unifying theme of a sociology of medicine." He gives the case history of Mrs. Tomasetti, a diabetic patient who fails to maintain her dietary schedule on discharge from hospital, and describes how another doctor, basing his approach on the habits and relationships of the patient's family, helps to re-establish the schedule. The doctor-patient relationship is then expounded as a "system of social roles, derived from culture and learned and controlled by two major social institutions, the medical profession and the family." Three chapters are devoted to social roles and their institutional context (the medical profession; the role of the pa-

tient; and the family). Emphasis is then switched to hospital medical practice; two chapters deal with the origins, development, and bureaucratic structure of general hospitals, and another two with the history of mental hospitals, the social environment of the hospital and its effect on patients. A final chapter returns the reader to Mrs. Tomasetti and re-examines her case history in the light of this theoretical formulation of the doctor-patient relationship.

Two major questions arise:

1. Is this an adequate sociological treatment of the doctor-patient relationship?

2. Is this theme the best means of introducing medical students to the basic concepts of sociology?

Bloom's exposition of the doctor-patient relationship has many strengths, not the least of which is its easy readability. His theoretical model, of both expressive and instrumental interaction occurring between individuals according to roles learned from and controlled by their individual and professional subcultures, and taking place within a dominant sociocultural matrix rightly minimizes the personal, idiosyncratic element in the relationship. The student learns, from familiar situations, the concepts of role and status, the basis for the unusual privileges which society will bestow on him, and the corresponding obligations which they, in turn, impose. This is further emphasized in the discussion of hospital medicine, where the doctor is presented as one member of a medical team with its own internal system of expectations and roles, working within a bureaucratic structure comparable with other corporate organizations of our time. The patient, the family, and the subculture receive less attention. The chapters dealing with the mental hospital, its changing values and effectiveness present a brief and highly readable description of a specific, if limited, social environment; using the concepts of organizational sociology and group dynamics, the alternative mechanisms through which the hospital environment affects the treatment and health of its patients, are convincingly discussed.

The author's presentation falls short of an adequate sociological interpretation for two major reasons: First, he fails to deal with

some of the specified components of his own model, and, secondly, the model itself is incomplete. The major admission is anything more than a passing reference to the sociocultural matrix. Of the ten chapters one deals with the medical profession, and four with the hospital as a social institution. Only one chapter deals with the family and half of this consists of the dramatic case history of an atypical family; the "modern American family, its form and origin," gets a superficial three pages. While "the role of the patient" receives one chapter, patients as people, as members of groups, social classes, subcultures, and societies are considered only in passing. The role of social factors in the treatment of illness, particularly mental illness, is cogently handled, but their role in the origins of illness comes through as an undocumented conviction. Medical students cannot admittedly be given a comprehensive description of all types of social structure, institutions, and behavior and their dynamics. But, as Bloom states, "there is no magic in the acceptance of the relevance of social and emotional variables in illness unless one can go on to understand the differential significance of the facts one observes about these variables."

Bloom criticizes as inadequate the concept of the doctor and patient as a "dyad, interacting according to forces that derive mainly from the adjustment of two separate personalities, drawn together out of the compelling needs set off by illness." The defect of his model is that, by placing doctor and patient centrally within it, he fails to move far enough away from the dyadic relationship. It is not, I think, irrelevant that the book is entitled "*The* Doctor and *His* Patient." He takes a common type of doctor-patient relationship, current in the United States in the mid-twentieth century, analyzes it in terms of role, status, and group dynamics and then places it against a rather undefined sociocultural matrix. The impression conveyed, though not perhaps intended, is of a single ideal-type of relationship which moves into and out of harmony through changes in medical technology and the force of internal group dynamics. Conflict exists, but this is largely internal conflict, the adaptation of institutions to increasing bureaucracy and changing methods of treatment. Should not the student learn that the doctor-patient relation-

ship they will operate is only one possible type of relationship which has emerged from the needs, problems, and ideologies of their particular society? They should realize not only that other contemporary societies have other ways, but that their own society is changing, that social changes may affect community health needs, the methods by which these needs are met, and perhaps the doctor's relationship to the whole community and to the individual patient.

Nothing in Dr. Bloom's interpretation denies the dependence of professional roles and relationships on social and economic structure, and, equally, very little explicitly suggests it. Except for passing references and a brief mention of health concepts among the Cheyenne and the Dobu, cross-cultural comparisons are entirely absent. The historical discussion of the medical profession and the hospital is dominated by the effects of changing medical technology. The economic relationship between society and the medical services, between the doctor and his patient, between the role of the insurance company and insurance schemes are equally neglected; and despite the psychiatric emphasis of the book the challenging findings of the New Haven study receive only a minor reference.[1] Yet this is an age in which various societies, capitalist and socialist, have introduced new forms of medical organization, in which the United States itself, against the opposition of its most powerful professional medical association, is moving toward experiments with socialized medicine. The American Medical Association, at any rate, has no doubt that such innovations would change the doctor-patient relationship.

A major consequence of Bloom's approach is that the role of preventive medicine and public health services in meeting perceived community needs, and the kind of organization and relationships which they require, receives no attention. Does the doctor's obligation to his patients begin when they present symptoms of illness, and end when the symptoms disappear, as the author's approach implicitly suggests, or has he also an obligation to use his skills to prevent the occurrence of symptoms? Should he, for example, take cervical smears every six months for the early detection of cancer in well-to-do, low-risk patients, or should he and his colleagues so organize their practice, or service, so that high-risk patients, who

rarely ask for check-ups, get equal or greater opportunities for preventive detection? In many fields of medicine it is possible to predict high-risk categories, and to arrange population groups in order of increasing need for skilled and frequent care. Social groups with varying risks of perinatal death, prolonged labor, or premature birth can, for example, be identified early in pregnancy; skilled care can prevent death and minimize fetal damage. Yet in most industrial societies expert obstetric care is given in inverse proportion to obstetric need. These and similar problems raise the question, "Who is the doctor's patient?" And different ways of answering that question will undobutedly lead to different types of doctor-patient relationship.

Our second question, whether a discussion of the doctor-patient relationship is the best means of introducing medical students to the basic concepts of sociology, is best deferred until we have considered a more ambitious attempt to cover the whole area of medical sociology. "Sociology in Medicine" was written jointly by M. W. Susser, a lecturer in social medicine, and W. Watson, social anthropologist, both of the University of Manchester, England.

A comprehensive treatment of sociology in medicine can be approached from two alternative directions. One can begin with a framework of medical concepts and problems, review and discuss their relationship to social factors, and thus lead into a more generalized discussion of relevant sociological concepts. This is essentially a medical approach; its drawback for the sociologist is that many different medical problems lead to the same sociological concept, so that the discussion of the latter tends to be scattered, repetitious, and inconclusive. The alternative approach, starting out from a sociological framework, has comparable drawbacks for the physician—a full discussion, for example, of social class and its medical correlates leads directly to most problems of health and medical practice. If handled skillfully, however, the sociological approach has real assets in the training of medical students; it can be the means of integrating into a unified system of thought many disparate pieces of information, research findings, etc., which the student meets in each

of the clinical subdivisions of his training. Susser and Watson adopt this latter approach. The first five chapters are organized under broad cultural and structural headings (Health, Population, and the Economy; Culture and Health; Social Class and Epidemiology; Social Mobility; Medicine and Bureaucracy). This section ranges over the whole field of medical sociology, using sociological concepts as pegs on which to hang sociomedical findings. It achieves an uneven success. The chapters on social class and mobility reveal deep insights into the social processes which link socio-economic status and health and are, in themselves, sufficient justification for the publication of this book. They illustrate very clearly one aspect of medical sociology which is frequently neglected, the way in which the study of medical problems and material can contribute to the understanding of social structure and social process. The earlier chapters dealing with population, culture and health, on the other hand, lack direction and hop awkwardly over a vast range of demographic, anthropological, medical, and methodological topics. In Chapter 6 the gears are abruptly changed and the remainder of the book deals with the contemporary British family which is followed through its developmental stages from marriage and mating, through infancy, childhood and adolescence, to adulthood and old age. Whatever the intrinsic interest of the material presented in this section (and it is considerable), the method obviously involves repetition and broken exposition of themes, processes, and concepts which deserve unified treatment. Perhaps I am merely complaining that, to get the full benefit of the authors' views and knowledge on a single topic, I have to keep reading the whole book.

"Sociology in Medicine" has many excellent features. Both authors have worked in Africa and Britain. They draw heavily on European, American, and African experience; and they marshal ideas and findings from many fields of medicine, demography, sociology, and social anthropology. The relationship between society, health, and medicine is treated at many levels—state, community, class, group, and institution—and the authors emphasize social process: selection and differentiation, change, growth, and adaptation. Their range comprehends the social etiology of health and disease, as well as the

structure and functioning of social, preventive, and curative services.

Susser and Watson did not specify their purpose and their intended readership. It is not, therefore, possible to assess, as we have with Bloom's book, to what extent the authors have achieved their original purpose. It is not an easy book to read. The focus changes rapidly and frequently from medical to sociological data and concepts, the thought and material are highly condensed, and at times the book reads like a review of research findings. This may deter the interested nonprofessional. As a source book of ideas, findings, and teaching material, however, it fulfills very ably a long-felt need. I would make it required reading for graduate sociology students for two main reasons: First, it gives a comprehensive overview of the whole field of medical sociology. Secondly, it indicates very clearly, how the study of health and medical practice can be used for the study of society. Individuals carry around with them, often permanently and ineradicably, physiological evidence of their lifetime social experience. Through the study of physique, health, and disease this experience can be measured; the different strands of experience can be disentangled and used to explain the working of social processes (e.g., differentiation, selection, and mobility) with a surety which is often lacking in other areas of study. Many sociologists are suspicious of medical sociology, because they regard it as an applied science whose fruits are more useful to the physician than to the behavioral scientist. In practice, this is often the case, but this book makes it clear that it need not be so.

Is this comprehensive approach appropriate for the medical student? The answer depends very largely on its place in the medical curriculum. If each clinical department in the medical school is aware of, and teaching, the social aspects of its own speciality, if the department of public health is teaching social medicine rather than sanitation, if behavioral science is taught in its own right rather than being a short course within the department of psychiatry, if the climate of medical opinion permits the raising of challenging social issues, the range of material presented by Susser and Watson might not perhaps be too burdensome and would certainly be stimulating and relevant. In practice, these conditions are rarely met,

either in the United States or Great Britain. The more usual situation is that met by Bloom, initiating the first course in behavioral science from a department of psychiatry in the early 1950s, when the climate of opinion inside and outside the medical schools was not sympathetic to the discussion of challenging social issues. In these circumstances I see many advantages in using the doctor-patient relationship as, at least, a unifying theme. But if the student is to carry away an appreciation of how professional relationships and institutions evolve out of social values and structure, of what a patient is like when he is not a patient, of how social influences affect his growth, development, health, and values, Bloom's model will have to be filled with Susser and Watson's material. While it is not the sociologist's job to act as a supplement to the doctor's conscience, he should surely examine the doctor's social role in both health and illness and consider the extent to which that role, as currently interpreted, meets the community's health needs.

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REFERENCE

[1] Hollingshead, August B., and Redlich, Frederick C., SOCIAL CLASS AND MENTAL ILLNESS, New York, John Wiley & Sons, Inc., 1958.