

## BOOK REVIEWS

### DOCTORS AND DOCTRINES

The Ideology of Medical Care in Canada

BERNARD R. BLISHEN

Toronto, University of Toronto Press, 1969, 202 pp.

This is a thoughtful book written by a sociologist with a comprehensive knowledge of medical practice and medical education in contemporary Canadian society. His book deals with the ideologic reaction of Canadian physicians as they strive to meet the demands of their professional role in a rapidly changing society. Current changes in the medical care system are creating role strain and conflict in values within the profession, and between physicians and the public. Many physicians are reacting to these difficulties by holding fast to their traditional professional ideology, which provides them with a socially acceptable means of combating emotional conflicts, anxieties and doubts.

This ideology is examined here in terms of the official statements of the Canadian Medical Association between 1943 and 1965 concerning the introduction of medical care insurance. The adverse reaction of the profession to the growing trend toward government administered and financed medical insurance schemes is analyzed from the perspective of the strains these programs are engendering for physicians.

Bernard R. Blishen, senior editor of a major collection of essays on Canadian society, served as Research Director with the Royal Commission on Health Services. Much of the factual

material used in this study was collected by that commission and forms the basis of this analysis.

Beginning with an insightful and informed discussion of medical education in Canada, the author traces the areas of particular tension in the career of the physician. He discusses the conflicts and pressures involved in the organization of medical practice, the hierarchical structure of the hospital, the restrictions of professional associations and the recent development of medical care insurance programs. Blishen examines the extent to which a practicing physician, whether in his office, a patient's home or a hospital, is controlled by the formal and informal sanctions of professional colleagues and other health personnel. Attention is also directed to the controls exerted on physicians by their own professional organizations, both provincial and national, as they seek to protect the status and economy security of their members and to raise standards of professional performance.

The central issue of the study, however, is the resistance of the medical profession in Canada, as in other societies, to the introduction of a national medical care insurance program. In 1964 the Royal Commission on Health Services urged immediate introduction of a federal medicare scheme that would make a comprehensive health services program universally available to all Canadians. The implementing legislature was enacted several years later and by now all of Canada's ten provinces have adopted plans adhering to the basic guidelines, and paid for by a federal-provincial cost-sharing agreement. The last province to adopt a medicare program was Quebec. This move, which took place last November, was accompanied by a "withdrawal of services" on the part of the medical specialists, reminiscent of the doctors' strike in Saskatchewan in 1962. Further repercussions to the introduction of the new plan were curtailed by the dramatic political events, culminating in the murder of a provincial cabinet minister, which rocked the province at that time. The specialists were forced by specific legislation to return to work, under threat of heavy fines.

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The Canadian Medical Association, like its American counterpart, the American Medical Association, has consistently sought to protect the interests of its members against introduction of government-sponsored health and medical care insurance. Its official statements appear to reflect the ideologic beliefs of the majority of doctors in Canada. This ideology, in turn, both reflects and emerges from the major values of the general society. As Blishen points out, Canadian society is characterized by respect for order and hesitancy in the face of change, certainly as compared to the United States. Canada is a pluralist society in which a large number of groups represent different and sometimes conflicting interests and consequently there exists a strong belief in diversity, which serves to cross-cut a commitment to national issues. The values that guide Canadian life tend to be muted or blurred, and hence public policies must be essentially pragmatic, attempting to balance a variety of competing interests and maintain the diversity of ethnic and regional cultures.

The ideology expressed by the medical profession must be viewed within this basic value framework. The major themes that emerge from the statements of the Canadian Medical Association on health and medical care insurance are clearly related to anxiety concerning control by third parties, particularly public medical care insurance commissions or agencies, over the conditions of work of the physician. This persistent concern over professional control is associated with related anxieties about freedom of the physician and the individual patient. It is clear that professional control and the autonomy of medicine are the two most salient issues currently facing Canadian doctors and were the pivotal problems provoking the doctors' strikes in Saskatchewan and Quebec. This autonomy, although preserved in these instances, is now slowly being eroded as public review of physicians' earnings is now becoming an issue. Many physicians are emotionally committed to careers under the existing system and to the high status and financial rewards they derive from it. As a result, they fear and tend to respond with

hostility to new conceptions concerning the delivery of health care.

Blishen suggests that the strength of the prevailing medical ideology will prove a serious obstacle to change in the organization of medical care. The future autonomy and independence of the medical profession in Canada will depend upon the way in which its members react to the pressures currently confronting them. Government budgetary control of funds required for the payment of physicians' services could, and indeed is, leading to other types of control. This possibility puts an added responsibility on the profession to see that the services it provides are rationally organized and effectively applied to assure the highest possible standards of medical care. Failure to provide services of this calibre will inevitably result in increases in the scope of government control.

What is omitted from this analysis is a discussion of the components of the power structure in Canadian society and the subtle forces that have, to date, enabled the profession to thwart and redirect all attempts at quality control by the state.

Particularly with regard to the pattern of the delivery of medical care, it seems clear that continued resistance to structural innovation by the medical profession must result in intense strains in the role of the physician and between the physician and the government. The author has clearly though narrowly delineated the major dimensions of the problem, and in the process has added a useful analysis of a major institution within Canadian society.

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