

CHAPTER 1

EXAMINING MEDICINE WITH NEW LENSES

I want to say 'I've got a position in society, I can actually do something'. So you spend 6 years thinking 'I want to be there', and when you finally get out, you think, 'oh I'm a somebody, I'm a somebody'. And you come to a place like this and you're the bottom rung of the ladder again, and you're still a nobody.

Beginning of second year, male JHO.

This chapter introduces the volume through a discussion of the significance of this study in relation to existing research in medical sociology. The impetus for this study, with the author's own location and personal testimony of entry and access to the field are discussed, as well as particular methodological issues in conducting sociological research in a medical field are detailed. In particular, I flag the significance of the research, in particular, utilisation of the theory of Bourdieu and the concept of 'medical habitus'. Junior doctors' own voices are used throughout to provide evidence to establish in support of the unique institutional culture as well as to foreground issues in gaining access to the field.

So we ask ourselves: why scrutinise medical culture? If the popularity of television medical portrayals of hospital culture, such as *ER*, is any indication – the public is fascinated by medical culture, its mythologies and stereotypes. The concept of medical culture is today no longer an exclusively academic term but is widely used to refer to the unwritten rules of conduct, personal dispositions and attitudes, and normative ways of doing things within the medical profession. In recent years, media scrutiny of the insider culture among medical professionals has brought the notion of medical culture out of the narrow purview of academic research and into the mainstream. Newspapers report on the closed ranks mentality of professional accreditation bodies, on the medical holidays financed by multinational pharmaceutical companies, on social class exclusivity and snobbery, and so on. The notion of culture applied to professions has a long history in educational studies where school culture, pupil cultures and teacher cultures have been the objects of study since the late 1950s, early 1960s. Similar work has been undertaken on the legal profession, also a focus of media and fictional portrayal. Academic investigation of medical culture also dates back to the 1950s located principally in field of the sociology of medicine.

My own professional and personal history has given me years of access and insights into medical culture. I therefore approach the task at hand with both have formal analytic lenses and more informal personal experience lenses, which together have shaped the conceptualisation and analysis of this research. I have engaged with experienced doctors, nurses, hospitals as a child, as an adult and as a parent. Like the universal experience of schooling, we all share these generic medical experiences since few of us in the urban societies of the North and West, like the universal experience of schooling, go through life without a formal medical encounter. I have also experienced medical culture as a hospital-based psychologist and medical educator, employee, friend and as a partner to a training and practicing doctor. My take on the profession is therefore is multifaceted and informed by, literally, in-sights from a range of formal and informal vantage points. What my professional and personal experience, alongside my intellectual position located with critical sociology of medicine, has taught me is that there are no simple questions to ask. Nor are there simple analytic templates with which to identify, theorise, and explain the dense complexity of how subjects develop in the medical culture, how it sustains and reproduces itself, and how those values and norms become embodied and enacted in subsequent generations of people on their way to becoming doctors.

Analytic scrutiny of junior doctors' (interns and JHOs) medical professional development is an essential problem for sociological inquiry. When I began working as a medical education officer (MEO), I began to examine and document the environment I was privy to. I was originally curious about the forces and dynamics that transforms interns into junior doctors, and what social and cultural elements shape their experiences of the medical profession. Much of my general understanding of professional development had been derived from observing my colleagues and personal friends in many different fields from accounting, finance, academe, social work and in psychology. I began to hear the difficulties faced by junior doctors and my location as an author is based on much of this field experience.

There is such a lack of focus in the research on the actual professional and cultural experiences of junior doctors. In particular, much of the work looks at the day-to-day practical and clinical coping aspects of their jobs or focuses on professional studentships at medical school. Further, examination of postgraduate medical training has been undertaken from a context of the positivist scientific perspective. No research has been conducted specifically on the first two years of post university or college medical training using sociological concepts of culture. My aim here then is to address and fill a knowledge gap in 'cultural' studies of medical professional development by using sociological theory to interpret and understand the professional and cultural change of junior doctors.

The first years of on the job medical training are filled with new workplace and medical activities. Many of the clinical components for junior doctors serve as ground work for learning how to deal with patients and illness, yet there are more social and cultural demands which are not met in the four to six years of medical school. Junior doctors undergo intense working weeks up of up to sixty hours and thus encounter a lot of stress and disillusionment towards the 'system'. The anxiety and cynicism that develop as a result of 'being thrown in the deep end' affect their

feelings about themselves as professionals, friends and partners. Professional burnout and the desire to leave medicine are common responses which can be attributed to a range of medical, social and cultural dimensions of junior doctor training. Through investigation of junior doctors' interpretations of their training, understandings of the problems and issues, we can begin to identify strategies for improvement in specific aspects of their formal and informal professional development, adaptation and workplace training. There is a problem with junior doctors being thrust into the hospital culture after four to six years of protected student life. The methods and data in this study that are provided here offer useful insights into these problems. It could conceivably, which serve as a template for developing strategies for change to assist in medical student transition from undergraduate to professional doctor.

The impetus for this research begins with a using a non-positivist (medical) sociological theory to focus on social and cultural dynamics characteristics. This way we can conceptualise how the demands of the job and the medical culture inculcate junior doctors into the medical culture. The professional and personal experiences and social dynamics of the medical workplace are underestimated as having particular influence on how junior doctors develop professionally and become doctors. Later in Chapter two, the cultural theory of practice developed by French theorist Pierre Bourdieu is used to examine medical habit as a disposition. In line with what Luckman (1989) suggests, the texture of everyday life experiences and the meanings people give to those experiences are best documented and understood through analysis of peoples' interpretations of their own lives. The process of professional development is critical to understanding how change occurs through the many-levelled and complex experiences of junior doctors.

POSTGRADUATE MEDICINE: JUNIOR DOCTORS

Existing research on junior doctors focuses and begins with the practical issues of defining the junior doctor, what junior doctors do and what are some of the key professional issues that they face. The following review of applied research is essential because the subculture of junior doctor medicine within the larger environment of medicine is unique when compared to other training levels of doctors. This is a fundamental transition time with unique markers, characteristics and experiences that contribute significantly to the professional development process and experiences of junior doctor work.

The first year of practicing medicine after medical school is generally called the internship. After the guided environment of undergraduate medical school for six years or postgraduate four years, the first two years of medical practice after university graduation are basic years for professional and personal development of the junior medical practitioner. The technology in medicine is changing at a very rapid rate, and what follows is the need to prepare doctors for the changes that will be required of them for the future. In Australian medical institutions, the job title 'intern' refers to the first year after medical school graduation. Here a conditionally registered doctor practices medicine under the supervision of other fully registered

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