CHAPTER 2

THEORETICAL DISSECTION OF MEDICINE: PRACTICE

> I was just a puppy trying to please everyone and you realised you couldn't do that all the time. And I then started getting things which really knocked me off, like people paging you and not really answering the phone. And you just smack the phone off the table and you say 'bug you, you can rot for all I care'. I remember this guy [another doctor] who was there at that time and he just laughed and he says: "well you're learning, you're learning real fast". Yeah, I'm at that stage now...
>
> Beginning of second year, male JHO

This chapter argues that traditional medical sociology, socialisation theory and conceptualisations of professions do not meet the theoretical and practical needs of looking at early medical cultural experiences. Instead, a new model, based on Bourdieu's theory of practice is introduced that provides greater theoretical and analytic scope for investigating the complexity of social and cultural factors in early medical professionalisation. Utilising interview data, this chapter argues that through the sociological theory of Pierre Bourdieu here is an innovative approach that is useful to examine and interpret medical culture and the professional developmental process of junior doctors.

Medicine has long been 'dissected' into many different areas for theoretical examination by disciplines such as medical sociology (Frost, 1997), medical anthropology (Becker, et al., 1961), medical ethnomethodology (ten Have, 1995), and post modern sociology (Fox, 1992; Fox, 1994b). There are large bodies of literature relating to medicine, doctors, medical knowledge, culture of health and illness and other models of scientific knowledge which provide interesting social perspectives on traditional 'clinical' medicine. In the search for perspectives specifically relating to junior doctors, it is easy to come across many tangents of medical sociological description. We often look for explanations, conceptual understandings and description of medical culture, where we try to extend previous sociological understandings and descriptions of medical culture. In this context, early postgraduate experiences of junior doctors and the related medical culture are of primary interest, which often leads us to examine initially the literature on medical student professional socialisation.

Medicine is a distinctive profession in terms of the relationship it has with life, health, human suffering and death. The working experiences that doctors respond to, reflect on and develop strategies to cope within medicine are central to medical practice. Development of doctors' professional behaviour changes in different stages of the professional life cycle, which has been addressed in various ways. Such accounts from: fiction *"House of God"* (Shem, 1978), classic longitudinal work *"Boys in White"* (Becker et al., 1961), to more recent novel-like publications: *"The Intern Blues"* (Marion, 1989), *"The Coming of Age of a Young Doctor:*

Learning to Play God" (Marion, 1991) all of which discuss medical education, the development from an insider's viewpoint or *"Harvard Med"* are accounts that chronicle the 'stories' behind the medical school and making of doctors. These provide informative accounts of stories of medicine from those who have experienced medicine. It is however, the early medical experiences as a doctor in traditional and more modern hospitals that set the stage for rapid development of the physician's professional persona (Barondess, 1998). However it is difficult to be persuaded by this previous research on professional socialisation. This chapter tells us how medicine has been interpreted sociologically and touches on the enormity and variations of perspectives on socialisation, junior doctors, medical practice and critical sociological theory, which set the stage for a more critical social theory.

SOCIALISING MEDICAL SOCIOLOGY

Medicine, medical practice, doctors, medical students, hospitals, medical structures, medical knowledge are all a part of the culture of medicine which is a complex, varied area and long standing domain for study for social scientists. The focus for medical sociology for the last two decades (Elston, 1997) has been primarily on interactions between medical work, dealing with patients, scientific practice, or the construction of scientific medical knowledge (Casper & Berg, 1995). Medical sociology uses many different theories both classical and contemporary, to analyse social aspects of medical interaction, such as medical power and health care structures in contemporary societies. Here it is apparent that sociological theory evolves and responds to variations and transformations in society, social relations and social experiences. Generally, it could be said that the strong emphasis in many sociological approaches is on the role of social structure. For instance, the founding work of Durkheim was concerned with the way society 'produces' individuals (Lemert, 1981).

As further investigation into understanding the social basis to medicine, other aspects of the sociological perspective emerged and needed to be examined. The construction of medical knowledge was developed as a theoretical shift from sociology *for* medicine to sociology *of* medicine (Glaser & Strauss, 1967). Here it was seen as important to examine relationships between medicine and science as complex and multifaceted, and thus necessary to further examine the "particular contexts and the discourses that construct these relationships [which] might be recorded as topics for sociological inquiry" (Elston, 1997, p. 5). Emphasis has also been placed on usefulness of other perspectives, such as postmodernism and the role that it plays to examine the self and body within medicine in new ways (Bauman, 1991). It is through theoretical shifts in health sociology that sociologists have created new tools to view medicine as a part of society, and its social functions and not a distant 'untouchable' institution (Gabe et al., 1994). Thus, what is going on within the medical profession is just as important and interesting as the effect it has on health care systems (Hoff, 1998).

Alternatives to traditional medicine are popular in health treatment and thus a whole new way of conceptualising medicine is uncovered. Medicine has been

traditionally interpreted within a scientific arena and viewed as an objective practice or bias/value free science that contains a small social component as a product or mirror of societal arrangements. The debate in sociology to understand modern society in terms of class-based community or institutional structures it seems is long-standing. Perspectives such as Marxism suggest that the science's self-interest is where the underclass should query the content of the medical knowledge being given (Best & Kellner, 1991; Eisenstadt & Helle, 1986). Marxist perspectives analyse medical knowledge in terms of disease as a product of social class and practice. What people do in their life practice contributes to the perception that certain forms of knowledge inform the life practice or lifestyle (Figlio, 1977).

Medical practice then, is not just an interpretation of medical/ biological systems, but practice is shaped by norms, values and the interest of class (Lupton, 1997). These works suggest medicine based in certain judgement is related to certain discourses and dependant on models and social constructions. Validity in medicine is relevant for those who have passed thorough a specific form of training and socialisation (Nicolson & McLaughlin, 1987). Social theory of medical science, such as a history of medicine and the sociology of scientific knowledge, indicates that social construction of the 'valued' knowledge can also be explored within medical contexts. This approach views medical reality as determining, not necessarily modifying, operational practices and understands socialisation processes (Casper & Berg, 1995). The key then, is how the social construction of medical knowledge is relevant and not just the process in the application of medical knowledge.

Modern medicine is a social organisational practice (Foucault, 1971), that creates discourses of its own in terms of objects of and for analysis. Emphasis on medical ideas and how these practices are shaped in social context allows researchers to explain and interpret how context may shape certain ideas and medical practices. Knowledge in itself is a certain discourse, which is produced in and through the social (Jordanova, 1995). The term 'discourse', is used to refer to "written, spoken or enacted practice organised so as to supply a coherent claim to a position or perspective" (Fox, 1994, p. 161). Yet, discourse for others, relates to words used, and most importantly, the carrier of those words in terms of institutions, authorities and experts (Foucault, 1971).

Without getting caught up in such a deep debate over discourse, the concept relates to the medical culture here where I have seen and others have reported (Loewe, Schwartzman, Freeman, Quinn, & Zuckerman, 1998) that there is almost a special language in the use of terms. For instance, management 'tactics', 'invasive methods', 'operating team', 'team spirit', 'marathon surgery' and 'daily form', which indicate particular medical practices and relations within the hospital. These discourses contribute to a particular understanding which in turn organises how these practices define behaviour within the medical culture. Anspach (1988) suggests when presenting patient cases, account markers, such as 'states', 'reports', and 'denies', doctors who are presenting in this format, use these words to socialise those who are present. Certain discourses used in medicine and in themselves may be contributing to a socialising situation where doctors put themselves into

http://www.springer.com/978-1-4020-1238-9

Medical Education and Sociology of Medical Habitus:
"It's not about the Stethoscope!"
Luke, H.
2003, XIV, 178 p. 9 illus., Hardcover
ISBN: 978-1-4020-1238-9