Analysis of the book profession of medicine by eliot freidson

Literature, Books

Health as stated by WHO “ State of complete physical, mental, and social well-being, and not merely the absence of disease or infirmity.” This definition is criticized as we do not have any specific ways of defining and measuring well-being. But rather health can be defined in a better way as an ability to adapt and manage the physical, mental and social aspects of our life. The health problem can be analyzed through three-dimensional phenomena, a disease which is a biological aspect, illness as the subjective aspect and finally sickness the cultural and social aspect.

Culture, the norms and behavior found in the society which is generally created and transferred by the humans, humans have the role in shaping the concept of health and culture and health being mutually dependent on each other. So, talking about the deviance and how does it differ from the normal will become a challenging question to answer as we have got the same behavior being normal in one society and deviance in another society. The cultural similarity and differences are then going to the address issue of having the different perception on treating something as normal.

Eliot Freidson is a professor emeritus of sociology at New York University. He is the author of several books, including the profession of medicine and professional powers. The book Profession Of Medicine provides us with knowledge about the organization of the profession and its professional performance, also discuss the social construction of illness and finally on the idea of the consulting profession in a free society.

The author tries to have an analysis being based American values and social structure where he tries to map relation from how the health is being treated

globally to rise of professionalized medical institutions as a central part of jurisdictions. He also stresses on the responsibility of physicians and health professionals to hold this rise and growth of medicine and try to point out during this course maintenance, what is the bias that is being prevalent and discuss the consequences of this kind of bias. He then deals with variations we have in labeling of illness, the sources of clinical construction of illness and figures out personal clinical experience role in bias.

Deviance was treated in different ways around the globe, where deviance was primarily characterized in religious terms as past. American society treated deviance in terms of emphasizing on health, whereas in the United Kingdom it was much more treated in accordance with the law also the Soviet Union had a different view of emphasis on increasing the productivity of the state as presented by Talcott. We can see a division has been created which profoundly differentiate the actions to be taken at various levels of deviance, where medicine seem to offer treatment, but the law seems to punish them. Medicine was trying to give the social meaning of all kinds of deviance. So, many disapproved behaviors were then reinterpreted as illness and focused on curing and treating them rather than punishing them. We could see a shift of momentum as the medicine was also answering the questions and treating the illness that the law and religion failed. With increasing zeal of reinterpreting the behavior and answering the unsolved question medicine was creating the professionalized controlling institution and taking right from layman to evaluate their behavior. In the proliferating time of the medicine, they stretched their arms of jurisdictions beyond their

capacity to cure. Then, we could see that medicine was actively trying to find disease and illness than health.

Then, the author talks about moral entrepreneurship in the field of medicine. He tries to figure out if the physician can be considered as a moral entrepreneur or not. In a case, if he finds a new deviance and labels an illness and cure to it in such circumstances he can be said as a moral entrepreneur but contradicts as he is going to judge the patient disease to treat for an illness. Talking about the division of labor in moral entrepreneurship, we can see public spokesman who informs people about potential dangers, the group which tries to make up the legislation regarding health issues and matter and special lay interest group handling the issues they want to cover as defined by themselves. The author is more inclined to have an analysis of everyday practitioner and concern about the bias associated with them, as a bias toward illness. We can see that the medical practitioner focuses on imputing illness rather than to miss it. We can say fear of missing a disease and ignoring a potential risk in ambiguous cases, sometimes the financial benefit, desire of the patient to have some kind intervention and doctor trying to be on safe zone have constructed this bias as medicine was always stating it is better to temporarily diagnose illness rather than to miss one. In such scenario, we could see the cases of overdiagnosis and underdiagnosis was creating some consequences which the physician was unaware of such as the social consequences of the label of illness to the patient though they were only concerned with the financial aspects of the patient. In some cases, the psychological burden of having a

disease through the period of false positive to the doctor saying it is normal can have many folds of seriousness than the cost itself. In the cases of mental illness, they will always have to carry the stigma even having a non-disease. One can see that medicine is not a homogenous institution. We can find varied schools and opinions in this field. To understand the variation of labeling of illness and its management, we must be aware that it is much more like the patient are given the option from the choices made by the physician if a patient does not raise a question than he is completely in the hands of the medical practitioner. So, visualize this variation we must go to view how they interpret the clinically in terms based on their experience. In every relationship of physician and patient, there is a mutual hope that drives them together. In some cases, if really the objective agent being used in the treatment is creating a change which in turns creates a situation where the physician claim in himself the intervention was successful. So, to properly address this situation and to look for subjective response gave rise to double-blind experimental designs which try to control the patient reaction, clinical contribution to the patient interpretation of his experience and reaction of the clinician to evaluate his intervention which then tries to justify the sustainability of varied school and opinion. The notion patient demanding intervention gives rise to doctor use of placebo which turns out to be successful. Through the time of development still, there is some bias inherent with the physician which cannot be eliminated, but such sources of bias can be studied to measure the bias itself.

The author finally stresses on the sources that construct illness on the clinical point of view, as we know, despite several variables been associated with illness the clinical practice of a practitioner is central to it. The physician tries to selective to find out the appropriate cases him. The selectivity in the psychiatric practice citation and practice of a rehabilitation center is intended to be applicable to those specific populations. It is always obvious that the social construction guiding the way for the clinician as the layman present them the experiences through which the professionals label them as illness. The author tries to point out a fact for the same set of signs the people entering the consultation and outside manifest symptoms in separate ways. As in the case of high blood pressure, the people outside to consultation room had the same signs but did not manifest sign without illness. In the cases of stigmatized diseases, the patient is more likely to hide the signs and lie about it which then limits the professional the knowledge they are required and cause a less objective conception of illness. Underrepresented cases are dealt with higher importance by profession as example Beker pointed out the use of marijuana, where initially physician reported with psychoses with its use and later it again began to be in used in the public domain. With the development in technology, it is assisting and balancing the control of practitioner own thinking in evaluating the diagnosis and treatment.

There was an increasing willingness of medicine to impute illness. The medicine was on the side of treating illness rather than punishing the deviance, with growth of medicine, more and more deviant behavior was

being incorporated by medicine, by labeling them as illness. As Sasaz work cited in the book profession of medicine talks about the small groups of illness were present, but with the stretched arms of medicine with much more illness criteria defined in anything and everything where they would see ant malfunctions would be labeled as an illness. Maybe the failure of previously existing institutions of religion and law on the solving the issue of serious form of illness such as tuberculosis, syphilis gave the chance to medicine to expand its gaze. With the roots of humanitarian medicine was trying to reinterpret the human behaviors, which then provided the social meaning to illness. While with layman perspective on the illness, they would inscribe illness in the cultural aspect. We can see ideas about health and general cultural norms in a society are in a mutual relationship. In a layman term if you are having a malfunction in your body and you can carry out the everyday activities, then he does not really bother about the condition until it has some kind effect that is going to have a difference in his everyday activities. A classic example can be found in the work cited by Freidson from the public image of mental health services where we can see the majority of people are offered twenty-two descriptions of behavior that involve mental or emotional trouble, but the majority felt only two behaviors needed psychiatric treatment, a study of New Yorkers.

The zeal for the search of illness is still going along with the time. We have ICD-10-CM which has about 68000 codes while ICD-10-PCS has about 87000 codes, a medical classification list by WHO. Now even the minor aspects of deviances are being considered by the medicine which is completely

unknown to the layman. Let’s view an example of ADHD, the medical institution has dug deep into the analysis of the behavior of children or adult where they seem to be much more active, they cannot have control over their impulses. It is something that medical institutions have brought into the notice of the layman so that their parents are supposed to have medical intervention to treat the child. In recent times may be the medicalization has shifted its engine as discussed by Conard through the means of biotechnology, consumer and managed care. The big pharmaceutical industry also governs the aspects of health through their high publicity and marketing of drugs to use when you are having an illness. The increasing research in genetics and biomedicine is also accounting for the control that medical institutions can have along with new and wider areas for medicalization.

In this present society, lots of junk information flowing on the internet, in some cases the misleading kinds of information regarding health. Suppose a person evaluating his symptoms based on such misleading information, but eventually on the way to treatment he needs the drugs which they can only be prescribed by the professionals somehow can lead to proper diagnosis and treatment, but in cases of developing and underdeveloped country where there is still an open market poses a potential threat and the roles come into the hands of professionalized institutions.

Through this period medical institutions are holding the duty legitimize the sick roles. When shall a person be free of his societal responsibility, when shall the society offers him the care he needs all these things are now based

on the decision of health professionals which in a way are analyzing their deviance. Such kind of control system is also in relation to the economy of the state in some cases. We can have an example of Norwegian society when the doctors sign some reports and make prescriptions then a person with deviances can have the benefit from the state in terms of social responsibility as well as economy. We can also see in many nations' subsidies are available to the person in healthcare if the doctors justify them as ill. So, the professionals and the institutions are evaluating the health and behaviors of the persons. As Juanne N. Clarke talks in the paper The Physician as Moral Entrepreneur, " Legitimation is a moral process, as the behavioral constraints and expectation are associated with legitimation. Now, let's discuss physician being as a moral entrepreneur, in the past beside labeling of the illness to a deviance there was something crucial happening through the process of providing the illness with a social meaning. Then to legitimize the role of the patient being ill, medicine has its role to help the patient play the sick role. Now, the patient is supposed to be free of social responsibility, the patient is expected to get well, which is then possible by medicine because the base of medicine lies in the treatment of illness rather than to punish them. Freidson talks about the division of labor in moral entrepreneurship where he states everyday practitioner and those seeking to have change in public policy and opinion, which then can be viewed as public spokesmen those who appeal to use preventive measure and suggest to meet physician to be one group, a group of technical advisor to face with legislative bodies to enforce public policy and a group of special

lay interest group who work on the periphery of specially chosen disease or impairment.

So, now let’s get back to the point of time when the lay people come to the contact of the professionals. How is the physician going to develop his clinical experience over the diseases? This question shapes up the difference in the way of viewing illness in layman setup and biomedical setup. The physician would be much more tempted be on the side to impute illness being on the base of biological setup. Now, the focus is arising on the viewing the social consequences of labeling illness and the cultural relationship of the illness as every illness can be defined in cultural perspective. So, in many cases understanding the cultural relationship with the illness can be better to tackle the illness in overall, here a public health worker can study the aspect society and culture to have a better understanding of the illness. David Mechanic points out on the truth, as doctors are getting specialized on particular field, they tend to narrow the limits of the medical disease model than before. Now the physician and nurse the deal more with the technical aspects, but what about the social aspects, now we need to be concerned about the social consequences of labeling the illness sometimes in the case of stigmatized illness it can be a part of them forever in their life. So, Freidson tries to raise a question shall we give pause to the employment of medicine usual decision rule.

So, the major responsibility lies on the shoulder of the public health worker to critically asses those situations.

Is the current way of treating the stigmatized diseases correct, we know that patient underreports the information to the physician? Now, are we sure that the physician is having the accurate set of information to deal with such illness? Thomas Szasz on “ Primum Non-Coerce: Private Personal Services and Public Social Services” provide us insight about way of treatment of that psychiatrists are using today coercion, medically authorized as ‘ therapy’. This effort to therapy is depriving the patient of their dignity, liberty is morally wrong. Now here lies a crucial role for the public health worker to critically assess the situation and try to find the best way to limit coercion.

In the present day, we are facing a situation of overdiagnosis, with the medical field, developing the most sensitive test for many diseases supported by the technological advancement. Most heated debate on overdiagnosis lies in the case of screening of breast cancers. In the paper “ Preventing Overdiagnosis: How to stop harming the healthy.” As the author puts it, “ A systematic review in Lancet Oncology found the proportion of overdiagnosis of invasive breast cancer among women in their 50s ranged from 1. 7% to 54%... While a Norwegian study calculated 15-25%. A 2009 systematic review in the BMJ concluded up to one-third of all screenings-detected cancers may be over-diagnosed... currently impossible to discriminate between cancers that will harm and those that will not”. The cases of overdiagnosis are not only limited to breast cancer, it has its extensions in other diseases such as thyroid cancer, pulmonary embolism, ADHD, chronic kidney disease and many more. Apart from technological advancement, finding out smaller abnormalities the commercial interest no

any legislation to limit overdiagnosis may have played the role for overdiagnosis. But now as a public health worker, we need to be aware of the economy that has been utilized in this sector and be aware of the social consequences how to treat the cases of overdiagnosis if the disease will not be developed in the future.

As a public health workers, we know that our society has finite resources and we need to address to properly allocate them and even analyze the opportunity cost related to these kinds of screening tests. Sometimes the difference in language even dialect, ways of expressing the emotions can play a crucial role in treatment.