

# **The Medical Profession**

David Armstrong  
King's College London

# Sociology of professions

1950s and 1960s -

New sociological interest in professions

- Search for past work
  - 1902: Durkheim on professions and guilds as mediators of traditional community
  - 1933: Carr-Saunders and Wilson on liberal values of professions

# Sociology of professions

- What is a profession?
  - Service ideal
  - Esoteric knowledge base
- How to become a profession?
  - Stages of moving from occupation to profession (discrete body of knowledge, code of ethics, etc)
  - ‘the professionalisation of everyone’ thesis

# Sociology of professions

1970 Freidson: Profession of medicine

- Medical profession based on self-interest
- Seized control over medical knowledge
  - 1858 General Medical Act not to protect public but to gain a monopoly position

# Sociology of professions

1970s 'anti-profession' sentiment

- History of medicine dominated by medical imperialism (Starr: The transformation of American Medicine)
- History of paramedical groups dominated by control of medical profession

# Sociology of professions

1980s: Decline of interest in professions

- Matched by seeming decline in medical power
  - Increasing control exerted by State (corporations in US)
  - Rise of consumerism
  - Emergence of alternatives (CAMs, etc)
    - Marginalisation or incorporation?

# Sociology of professions

- Proletarianisation thesis
- Deprofessionalisation thesis

Professions are just like any other occupational group in the skills marketplace

# Medical knowledge

Knowledge strand in sociology of  
professions .....

..... sociology of knowledge

# Medical knowledge

Jamous and Peloille: I/T ratio

I = Indeterminacy

- unpredictable, calling for judgement

T = Technicality

- predictable, like an algorithm

Professions = high I/T ratio

# Controlling indeterminacy

1972: Johnson

- C18<sup>th</sup>: Patronage - patient controls indeterminacy
- C19<sup>th</sup> and C20<sup>th</sup>: Collegiate - profession controls indeterminacy
- Late C20<sup>th</sup>: Third party mediation – State, or other, controls indeterminacy

# The challenge to professions

How to control indeterminacy while maintaining public confidence?

- Rise of consumerism – patients want to control indeterminacy
- Increasing transparency – threat of clinical ‘scandals’

# How to control indeterminacy?

Mid 1970s – 2 strategies (2 professions?)

Elite – colleges, universities, etc

- Evidence-based medicine

Service – everyday practitioners

- Patient-centred care

# Evidence-based medicine

- Promoted by professional elite – colleges, universities, etc
- Determinate knowledge
- (Indeterminacy – probabilities - shared)
- Reassure public that best knowledge (based on science) being applied
- Liked by third parties

# Patient-centred care

- Promoted by professional non-elite
- Individually tailored management
- Based on judgement (science plus experience plus patient's biography, etc)
- Indeterminacy +++

# The future ...

- Elements of professionalism linger on in periphery with everyday dr-pt relationship
- Increasingly rationalisation of clinical practice – evidence-based, audited, transparent, etc – undermines control over indeterminacy (uncertainty) with loss of collegiate professionalism
- Elite maintain some authority as guardians of ‘objective’ standards
- Fragmentation of profession ...

# Holding on ...

- Identify and 'colonise' new areas of indeterminacy

Such as -

- Patient's biographical/psychological space
- Risk (probability) communication
- Interest in 'medically unexplained illnesses'
- Jettison 'technical' to other occupations