

THE INSTITUTION(S) OF MEDICINE

Read: Hahn, 173-208; Luhmann 25-83

This section of the course looks at Western medicine as an institution

- I. Let's look at institutions in general. What are they? A sociological analysis:
 - A. A set of behaviors that are seen by the members of a culture as organized and connected—that form part of a unit
 1. This is a looser definition than most of us would come up with when asked to define an institution
 - a. Our prototype would be something like MIT—a “real” institution, with buildings
 2. However, if we are to speak of the “institution of marriage” (which can be a useful exercise) we need a looser definition
 - B. Behaviors are *organized* in institutions:
 1. There may be an explicit hierarchy or not

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2. There will be ways to recruit members
 - a. And train new members
 - 1) Apprenticeships, etc.
 - b. As well as ways to de-recruit apostates
 - 1) Excommunication
 - 2) “Drum out of the corps”
 - a) **DISCUSS:** MIT examples?
 - 3) There are always in-between stages before final ejection
 - a) In medicine, censure, etc., will be applied before taking away the license
 - b) Note that here, as is often the case, two institutions are involved in ejecting members (the state and the medical boards)

c) Because, as is most often the case, institutions cannot police themselves properly

(1) Example: the news several years ago carried stories about the apprehension of a nurse who had killed many people¹

(2) The hospitals that hired him didn't prosecute, just fired him, and he would easily find work elsewhere

(3) His colleagues in one hospital even gave him a nickname that referred to murder (they didn't use it to his face)

3. The set of behaviors comprising an institution includes provision for an orderly succession of office

4. There will be ways to advance in the institution

a. **DISCUSS:** How do faculty in a university advance?

¹ Richard Pena, "Hospitals didn't share records of a nurse accused in killings." *New York Times* Dec. 17, 2003.

D. Institutions need funding: some form of wealth to finance the activities

1. **DISCUSS**: medicine?

II. Let's look at the *meaning* side of things

A. Members want the institutions they belong to:

1. To be worth their time, to enhance their self-image or otherwise promote their interests

a. To be “good” institutions—to be worthy, effective, well thought of

b. This applies to illegal and counter-cultural organizations as well

1) For example, the Mafia

2) **DISCUSS**; ways in which institutions promoting alternative medicine differ from biomedicine in this regard?

2. How is meaning constructed within institutions?

- a. One way is via myths and stories
 - 1) Medical schools will have portraits of founding fathers and stories about them
 - 2) **DISCUSS**: other examples in medicine?
- b. Another way is via rituals that happen during get-togethers, rallies
 - 1) The American Medical Association’s plenary sessions during their conventions, its named lecture series, etc.
 - 2) **DISCUSS**: MIT rituals that construct and reconfirm meaning about MIT?
- c. These meaning constructions inform both members and outsiders about the institution’s history, where they collectively are now, and where they’re headed
- d. These meanings also help define boundaries—who is a member and who isn’t, in normative terms (“good” and “bad” members)

3. Values

a. Values have a purpose: they legitimate and justify the institution— they are often seen as self-serving in this respect

1) Health policy debates in Congress reveal legislators' values, the White House's values

a) **DISCUSS:** values of institutions that intersect with medicine?

(1) American Association of Retired Persons (AARP) with respect to prescription medicines

(2) Pension plans wanting to buy drugs in Canada

(3) Big Pharma

2) Where is the “institution of medicine” in these debates?

a) What values are revealed in such negotiations?

b. Hahn discusses biomedical values extensively

4. Other activities that serve the needs of the members?
 - a. Newsletters, bulletin boards, credit unions, hotlines, contests with prizes, organized travel, reunions/ conferences/ conventions/ meetings
 - 1) Such activities can be seen to promote a feeling of belonging, solidarity
 - 2) A distinct language or dialect/argot:
 - a) Being able to speak medicalese (liberal use of technical terms) can be seen to reinforce the exclusivity of the institution and signal shared values
 - 3) Helps provide a sense of security and affirm members' high social status
 - b. All the social, financial, informational, etc. activities
 - 1) Can be seen to be multi-purpose
 - 2) For these activities also affirm and contribute to the institution's meaning to its members

III. Medicine as an institution is embedded in the larger society

A. Relates to (competes with, complements) other institutions

1. Such as non bio-medicine medical practices

a. Osteopathy, chiropractic, homeopathic (osteopathy is closest)

b. For the most part, they are seen as competitors

2. **DISCUSS:** other institutions that intersect with medicine?

a. Medical *science*—linked to government research agencies, government funding agencies, U.S. Congress, etc.

b. Pharmaceutical industry; manufacturers of medical equipment

c. Insurance industry (HMOs)

d. Social service institutions

e. Legal institutions

f. International public health institutions: WHO

B. Institutions are embedded in a culture as well

1. As is true of all institutions, medicine conflicts with parts of the overall culture

a. We are discussing cases throughout the course

2. Medicine is a window onto some other parts of the society

a. E.g., values: our way of valuing science, for instance, are displayed

b. Our dependence on expert knowledge is revealed: how we expect experts to take care of our children and other dependents

1) Schools, counselors, other advice-givers

c. How we value certain kinds of people and denigrate other kinds is revealed

1) Hahn's point about discrimination within biomedical institutions against minority patients, women, the elderly, and the poor

2) Prejudice against kinds of people with respect to degree of responsibility and sometimes blame for their ailment

a) Alcoholism, drug addiction, HIV/AIDS

3) And kinds of people with respect to their appearance and behavior while in health care settings

a) “Crocks,” for example

b) You will read D.P. Gordon’s piece on hospital slang that analyzes this language

d. How we value our bodies, especially specific parts of our bodies is revealed

1) Jokes about proctologists, gynecologists

2) Hahn points out that the differential status of medical specialties

a) Is thought to derive from the symbolic value ascribed to the treated body part and function

b) I would add that the symbolic value of the person possessing the body part contributes as well

c) Obstetrician/Gynecologist used to be pretty low in status

(1) I don't know what it is at present

d) The degree of control the specialty is seen to have in the patients' lives also very probably plays a role

e. Status value: medicine is a high-status occupation...the joke about "my son the doctor's brother"

1) High earning power, other kinds of authority

2) HMOs have decreased physicians' authority

V. Final remarks

A. Institutions have a logic to them

1. They don't self-destruct, they look after their own interests, etc.

B. The DVDs we are seeing illustrate institutions

1. "Lynchburg Story": about both the specific institution at Lynchburg in Virginia that sterilized people,
 - a. And the eugenics movement as a whole
2. "Back from Madness": MGH presenting itself as providing state-of-the-art biomedical interventions for psychiatric disease
3. "The Search for Satan" we'll see the North Shore Hospital in the Chicago area
 - a. In its response to the "epidemic" of satanic abuse of children
4. "Deadly Deception" is about the medical science practiced by the institution of the US Public Health Service,
 - a. USPHS ran a long-term study of syphilis in the "untreated Negro male"
 - 1) The study continued for decades even though a very effective treatment had been found for syphilis

5. “Simple Courage” deals with several institutions’ response to leprosy in Hawaii during this century and part of the last

a. The US as a colonial power

C. The point is to *understand* institutions, not to find out about “bad” institutions and “bad” physicians

1. One can learn a lot about the structure and functioning of institutions by examining those that are dysfunctional

a. This is why we often look at institutional failures, or institutional successes that later on seem to be wrong-headed

2. We are not out to “doctor-bash” or “institution-bash”

a. Of course it is important to examine why all the hospitals failed to prosecute the murdering nurse, or, when he moved on,

1) Why the new hospital failed to adequately check on his record when he was being hired

3. But it’s more important to learn how institutions operate, what they are

- a. Because too often people condemn specific institutions, without understanding that part of what happened was *typical* institutional behavior

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