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NEW BOOKS REVIEW

BUCHBESPRECHUNGEN

MEDICAL SOCIOLOGY OF TODAY

At the beginning of the year, the book *Medical Sociology (Conceptual and Historical Survey)* by Ph. D. Milan Antić, a professor of the Medical Faculty in Niš, appeared in edition of "Grafosrem" *, and although it is not voluminous, it is of great scientific significance. It is conceived as the first one in a series of publications dedicated to conceptual and historical questions and developing trends of medical sociology as a sociological subdiscipline. The book is comprised of several characteristic works by domestic and foreign authors, which are important for the discipline both in pur country and abroad. The period 1975-1985 was taken as a time period for the choice of texts, but it was slightly widened, so that besides the texts by Prokić and Claus from this period, there could be found texts preceding these (Sokolovska, Freidson) as well as texts published after this period and which complete this period in a sense (Letica-Letica, Cockerham).

In the text *The Factors of the Origin and the Field of the Sociology of Medicine*, Magdalena Sokolovska researches significant factors, which provided for the convergency of medicine and sociology, and medical care as a separate social subsystem and an attractive field for research of the sociology of medicine. The inability of a more successful and rational solution to practical social problems based on biomedical knowledge urged a rapid development of the youngest branch of empiric sociology which, in only a few decades, entered the curriculum at medical schools, with a obvious rise in the number of experts taking an interest in it. Sokolovska states that a modern physician without philosophical and social knowledge is helpless when facing basic human problems, like the feelings of uncertainty, hopelessness and solitude. The need to bring closer sociology and medicine, indicated by demographic and social changes in industrialized countries, was brought about by these following social phenomena: an increase in the population and ageing, automation, sparetime, changes in the family, the problem of juvenile delinquency, alcoholism, rehabilitation of the handicapped and invalids, and many others.

Realizing that many theoretical and practical problems (interpersonal relationships, professional status and roles, efficiency of the relationships between patients and physicians, quality of services and equal rights on health, application of technology and the dehumanization of medical work) are a field of interest to those who deal with the sociology of medicine, Sokolovska suggests some interesting theses: which criteria are used by different groups and categories of people when choosing a physician, how people

* Milan Antić, "Medical Sociology (Conceptual and Historical Survey)", Grafosrem, Sid, 1998, page 1 - 113.

experience the role of a patient, and how they behave in hospitals, what influence does the social system have on medical institutions in the sense of therapy, cure and rehabilitation, etc.

In the text *A Conceptual Outline of the Sociology of Medicine*, Eliot Freidson tries to enlighten the characteristic conceptual subject matter of the sociology of medicine, stating his opinion about traditional sociological concepts of diseases and the distribution of a disease, the role of a patient, the medical profession, hospitals and medical care and medical institutions in a community. Of primary interest to the sociologists are the social consequences of the stating of a disease, that is, treatment of a disease as a type of social deviation, which is of great significance to the scientific treatment of some human actions. In developed western societies, the status coherency of those who are recruited to the medical profession is still present so it is possible to talk about the fact that professional socialization includes mainly representatives of higher social groups. It seems that the stability of the profession is conditioned by the competition in the medical profession, that is, the role of a physician is closer to what is professionally desired if it is carried out in front of other physicians. According to some opinions, the stability of a professional role varies, depending on the organized scope in which it is performed. Today the centres of medical work are hospitals where teams of professionals are surrounded by managers and other expert groups that causes two separate currents of authority in the hospital - medical and administrative. The administrative department which is free to make and carry out administrative decisions, while single professionals are left to make and carry out professional decisions, provides the existence of the two currents. Examining the significance of the community in medical treatment and the rehabilitation of the sick, Freidson concludes that its attention is not definite in the therapeutic treatment, but it includes a net of other organizations dealing with the medical care as well as preventive actions in changes of behavior and circumstances which are believed to cause the disease.

In the text *On the Origin of the Sociology of Medicine*, Boško Prokić studies the causes and stimulus of sociological researches of single phenomena and processes in public health. He thinks that the basic determinants of the origin and the development of the sociology of medicine could be put into two groups. The first one stems from the need for the development of a general sociology that is no longer capable of following the numerous phenomena and dynamic processes in all spheres of society. The other one stems from the need for a more successful and rational solution of practical social needs that cannot be solved on the basis of existing knowledge of the natural sciences. Social and economic factors became the object of interest of medical work that caused a modification of the social function and profile of a physician. The classification of medicine into many branches, specialities and subspecialities initiated the need for team work in providing medical services, and realizing the significance of social factors for health made it obligatory to study the relationships between the hospital and the community, medical personnel and managers, medical and administrative personnel, a nursing staff and those who do not work in hospitals as well as the relationships between physicians and patients. The unity of a cure and prevention of a disease had a satisfactory influence on the excessiveness of the idea that a disease is a natural phenomenon. The system of education of medical personnel, having been deprived of traditionalistic study, especially of the natural and scientific knowledge and skills, turned out to be an appropriate field for the affirmation of the social components of medical work. As a

stimulating factor of the origin of the sociology of medicine, the strengthening of the social hygiene could be taken as a scientific, teaching and practical discipline in the previous and this century.

Summing up the common denominator of the origin and development of the medical sociology in Europe since the Second World War is the object of interest to Lisbeth Claus in the text *The Development of the Medical Sociology in Europe*. The different tempo of the European development of the discipline was dictated by numerous mutually connected, enabling and disabling factors. The enabling factors are: the significance of the government in financing sociological research, the growth of the university, the expansion of sociological research, the students' protest, the recommendations and regulations of medical education and personal professionalization. Among the disabling factors are the rigid structure of the university, perception of medical sociology as a critical discipline, the power of opposing disciplines, the lack of support of the main discipline and the lack of possibility of professional training. As the three main and mutually connected characteristics of European medical sociology, the following stand out: disciplines which are widely stated and disease-defined boundaries of the discipline, the applicable character, or in other words, the striving of sociological knowledge to be subordinated to the application in medical care and orientation to the creation of policy. According to the developmental degree of the discipline in every single country, the model of the European medical sociologists containing five different groups, is presented: ambassadors, professionals, research workers, activists, and passers-by. The described situation of the European medical sociology refers to the conclusion that its further development is limited by the individual progress of single national medical sociologies which means that real professional communication will be provided only by exceeding social and cultural differences in European countries.

The goal of the text *Modern Medical Sociology: where it comes from and where it is going* by Gordana Cerjan-Letica and Slaven Letica is to give detailed information about the origin, subject matter, problems and perspective of medical sociology to those who are not well informed. A systematic phase characterizes its development. The first phase includes the time period until the 1950s when this discipline is presented only as an inspiration for the sociological research of medicine. The second phase begins in the 1950s when the discipline has been gradually founding itself in an autonomous way. According to the authors, the sociology of medicine deals with medicine and public health as a subsystem of the global social system, that is, it deals with the research of the fundamental principles and laws of performing and behaving of the performers. That is why it is recommended to make the distinction between the sociology of medicine and the sociology in medicine, which applies existing knowledge in solving concrete problems of organization, profession and health. In the survey of the basic conceptual accomplishments in the sphere of modern sociology, the absolute domination of the American medical sociology is noticeable in the main course of the scientific discoveries or innovations. Medical sociology in Yugoslavia is said to be mainly academic, descriptive and receptive and not analytic, research-oriented and publicistic-creative discipline and that its scientific promotion would be more successful if it was included in the teaching programmes of the studies of sociology as an optional subject.

Another insight into the origin, the field of research, and perspective of medical sociology is given in the text written by William Cockerham. He sees the stimulus to this

new discipline in the pressure of the medical and governmental sources to produce results that could be applied in medical practice and in creating medical policy, out of which greater professional orientation of medical sociologists toward applied rather than theoretical researches has arisen. One of the products of such a course is the division of sociologists into those who examine medicine in applied situations and those who practice voluminous theoretical activity, usually in a non-medical academic environment, in other words, division into the sociology in medicine and the sociology of medicine. The author directs his discussion toward four spheres of medical sociology: differences in health between men and women, the use of medical services, health and social stratification, the growth in number of women-doctors and the reduction of the autonomy of physicians. Let us see some observations related to the last two spheres.

Women-doctors will be normal phenomenon in the future, and the trend of sex-transformation of medicine will cause changes, first of all, in the physician-patient relation. Signs alluding to the modification in the professional domination of physicians in the future are noticed as well. Three factors are responsible for that. The first one is the increased interference of the government in giving medical care. The second one is the increase in medical consumerism where influential and well-educated people try to take control of their health. The third factor, an especially effective movement, includes the taking over of an important part of the medical market by great business conglomerates. A physician becomes attached to the rules, regulations and practical procedures established by the corporation and he will no more be of crucial significance in making decisions about the policy, hospital budget, major investments, salaries, promotions and personal nominations. As a perspective, according to Cockerham, new fields of the engagement of medical sociology are: the way of socialization of women-students at medical schools under the influence of medical education, the role of the nursing profession and different paramedical workers in giving technical support to the physicians, the way of taking the stress in some medical disorders, an ageing of the population, medical policy, and giving medical care in different countries, etc.

Since the medical sociology in our country is in the phase of "the original accumulation" of the conceptual, theoretical and methodological knowledge, the given subject matter should be considered as a long-term professional investment. That is, this modest publication is enriched and future efforts of the increasing activistically-directed educated professionals devoted to the career of a medical sociologist are accelerated. Finally, with this book, the author joins rare individuals who are responsible for creating and promoting credibility, which is necessary for the institutionalization of the field of research of one of the youngest sociological disciplines in Yugoslavia.

Dragan Todorović