Medical sociology: Patients and physicians - roles and relations

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- Physician–patient relationship – pure interpersonal relationship (Henry Sigerist, 1931)
- Key role in understanding the essence of medical care
- Development of modern medicine, division of labor, specialist orientation, establishment of health insurance system, technological and financial growth of health sector leading to:
  - changes in the nature of roles and relations of physicians and patients
  - changes in scientific attention from micro- to macro-sociological theories

- Long tradition of studies of patient-physician interaction in medical sociology:
  - Earlier works dealt with satisfaction of patients with the service provided (quantitative studies of measurable variables):
    - Aim: to increase patient satisfaction, i.e. to increase medical system efficiency
    - doctor-patient relationship: microcosmos isolated from broader social context
  - Recent approaches: more critical, dealing with social dynamics of medical interactions (qualitative studies oriented rather towards patient empowerment than towards greater physician efficacy)

System theory: Lawrence Henderson

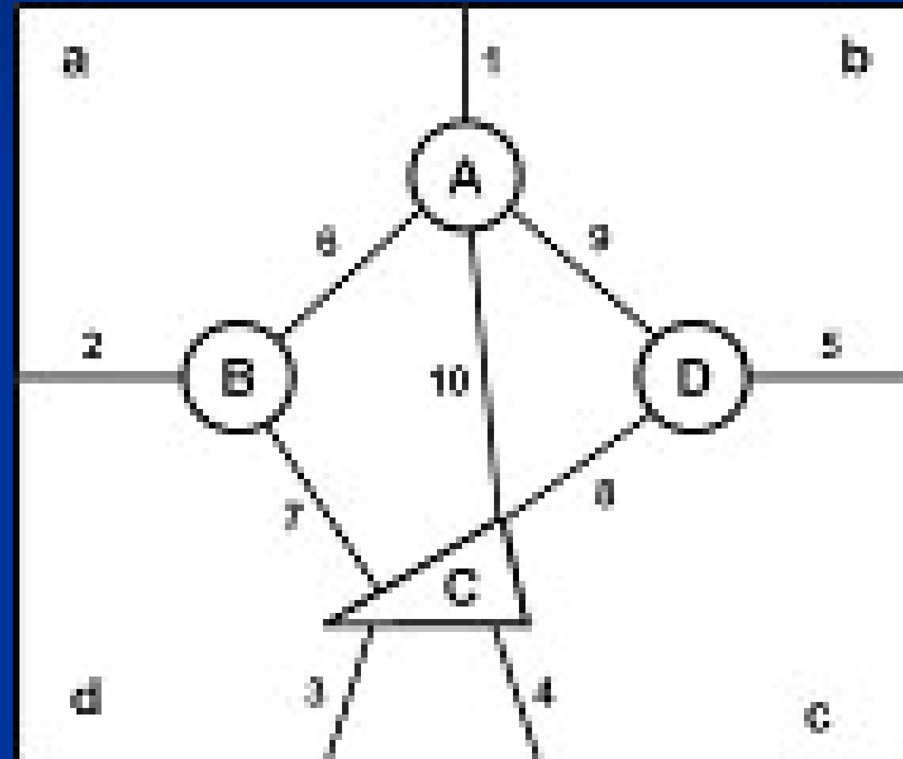
- Henderson - among the first to use the concept of illness as a metaphor for illustrating the functioning of a social system – according to the system theory of Vilfredo Pareto:

  biological, like social systems, are not just mechanical sums of its parts, organs or elements, but living and dynamic organisms

- Medicine as applied science is based on mutual dependency of physicians and patients
- Thesis: physician-patient relations depend not only on their interpersonal relations but also on relations in the social system

Henderson's model of social system equilibrium

- Figure shows 4 solid forms attached to a frame by elastic ties: if any element of the system changes (e.g. legal norms, organization of health services, financing system, etc.), this affects the entire system



- System theory is process-oriented – emphasis on internal processes of physician-patient interaction
  - Physician can harm the patient as much by word as by scalpel

Functionalist theory: Parsons

- 2 conceptual innovations built within the theoretical model:
  - Parsons' perspective is structurally developed upon the views of medicine as an important subsystem of the western civilization
  - emphasis on projection of special social roles and status the physician and patient adopt; process of treating a disease is oriented towards restitution of health as a goal of their shared activities.

Theory on roles and status

- Enables study of behavior of individuals and groups starting from the same conceptual framework
- Role/status – Ralph Linton:
  - Position (status) in its abstract sense means the position of an individual in a certain social system. Position, unlike the individual that holds it, is just a sum of rights and obligations
  - Role is a dynamic aspect of a position. An individual belongs to a societal position and holds it in relation to other positions. When he/she exercises the rights and fulfills obligations derived from that position, that individual plays his role
  - There is no position without a role, and no role without a position

- Kast and Rosenzweig:
    - Position refers to rank or stratification of people in a social system
    - Make distinction between social and organizational position
    - Role is determined as behavior expected from an individual holding a certain position in social or organizational system
- Each individual holds different social positions and plays different roles at the same time
- Differences in positions a modern man holds in ever more complex societies - often lead to conflicts of roles and interest

Parsons' theory of the sick role

- Concept of the sick role
- Physician-patient relationship - as a cultural pattern of behavior, an institutionalized series of roles valid in contemporary western societies

- Patient role, physician role, physician-patient relationship - Parson's general approach - key reference point of medical sociology
- Role of professions and professionalism as alternative mechanisms (in relation to market) for regulating the relationship between service users and providers in the so-called tertiary sector

- Physician-patient relationship seen by Parsons as a prototype of professional-client relationship
- Assumptions of Parsons′ model:
  - problem of (good) health - basic functional prerequisite of social system: too low general health and too high disease incidence are socially unacceptable
  - health culture is part of general culture: because of great importance of health and illness for individuals and society
  - medical care: relationship of social roles of a person seeking professional help and a person providing that help
  - social roles of physicians and patients are integral parts of cultural patterns: acquired series of behavior imposed by socialization.

- Social role of patient:
- 4 dimensions:

1. The sick person (patient) is not responsible for his or her condition.
2. The sick person is exempt from “normal” social roles
3. The sick person should legitimize his or her position and accept the obligation to get well
4. The sick person should seek technically competent help and cooperate with the physician

- Social role of physician:

1. Professional specificity and autonomy
2. Legitimization function
3. Emotional neutrality
4. Orientation towards universality and functional specificity

- Asymetric physician dominance: higher status and power – professional prestige
- Situational physician authority – a monopoly over what the patient wants: since demand exceeds supply, physician is advantageous because the patient has to come to him
- Situational dependency – to receive medical care, the patient has to consent to conditions prescribed by physician

Parsons′ system model of physician-patient relationship

Patient **Role of the sick person**	**Physician** **Professional role**
Obligations • to be motivated to get well • to seek professional help • to trust the physician and to accept difference in competence	**Obligations** • acting for the benefit of patient's well-being (orientation towards collective and not personal interest) • behavior according to professional rules (universality vs. particularity) • application to a high degree of acquired knowledge and skills to treatment of disease • objectivity and emotional neutrality
Privileges • exemption from performing normal social obligations • exemption from responsibilities for one's own condition	**Privileges** • access to patient's physical and personal intimacy • professional autonomy • professional dominance

- Criticism and limitations of Parsons′ model:
  - the model is considered *a priori* a theoretical construct
  - many studies confirmed great differences in actual behavior and in physician-patient relationships
  - that Parsons advocates authoritative physician relationship towards patient
  - the model does not take into account type of disease, but implicitly operates with acute, recognizable and curable diseases
  - Parsons′ model is considered the expression of middle-class ideology

Functionalist analysis: Szasz and Hollender

- Complementary extension of the concept of physician-patient relationship - taking into account type of disease, i.e. possibility of clinical application of the model and seriousness of symptoms :
  1. Model: Activity – passivity - valid for most situations where patient is absolutely or relatively dependent or unable or unaware of his or her condition - quick decision making
  2. Model: guidance – cooperation - occurs in acute states - as a rule, patient accepts inferior position in relation to physician
  3. Model: mutual participation - occurs most often in contemporary societies and medicine - patient participates actively in diagnosing and treatment of disease

- Physician-patient relationship – comparison with parent-child relationship
  - 1st pair: parent – small child
  - 2nd pair: parent – adolescent
  - 3rd pair: adult person – adult person

Physician-patient relationships: Szasz and Hollender model

Model	Physician role	Patient role	Clinical application of the model	Relationship prototype
Activity – passivity	To do something for the patient	Receiver (unable to act on his/her own)	Anesthesia, acute trauma, coma, delirium	Parent – small child
Guidance – cooperation	To tell the patient what to do	Cooperator	Acute infectious processes, etc.	Parent – adolescent
Mutual participation	To help the patient to help himself/ herself	Participation in partnership (use of professional help)	Most chronic illnesses, psychoanalysis	Adult person – adult person

Structural analysis and/or conflict theory

- Common starting point on physician-patient relationships: attitude that these are persons not living and not acting in the same social system (within which they have different positions and roles) but belonging to different social (sub)systems

- **Freidson's model**
  - physician-patient relationship as a relationship of two different (referral) systems - professional (medical) and lay
  - each side trying to fulfill its own demands - conflict emerges
  - Physicians and medicine have the monopoly to create a disease (clinical construction of disease)

- Key to distinguishing among sick roles – notion of legitimacy ascribed by physician on behalf of society
- social roles of patients essentially depend also on seriousness (symptoms) of disease
- For illness, there are 3 types of legitimacy with 8 minor or major deviations:
  - Conditional legitimacy - deviant (ill) persons temporarily exempted from their normal obligations and gain some extra privileges
  - Unconditional legitimacy - deviant persons (patients) permanently exempted from normal obligations and guaranteed extra privileges
  - Illegitimacy - deviant persons exempted from some normal obligations by virtue of their deviance (disease) for which they are technically not responsible - take on new obligations – **handicaps or stigma**

Types of deviance/disorder by legitimacy and seriousness of disease

Ascribed seriousness / Ascribed legitimacy	**Illegitimacy (Stigmatization)**	**Conditional legitimacy**	**Unconditional legitimacy**
Minor deviance	Tip 1. **Stammer** partial exemption from normal obligations; small or no privileges; acceptance of new obligations.	Tip 2. **Cold** temporary exemption from small obligations; temporary gain of normal privileges; obligation to get well.	Tip 3. **Smallpox marks** no special changes in either obligations or privileges.
Major deviance	Tip 4. **Epilepsy** exemption from some normal obligations; small or no privileges; acceptance of new obligations.	Tip 5. **Pneumonia** temporary exemption from normal obligations; gain of small privileges; obligation to seek professional help and cooperate with expert.	Tip 6. **Cancer** permanent suspension of many obligations; substantial gain of privileges.

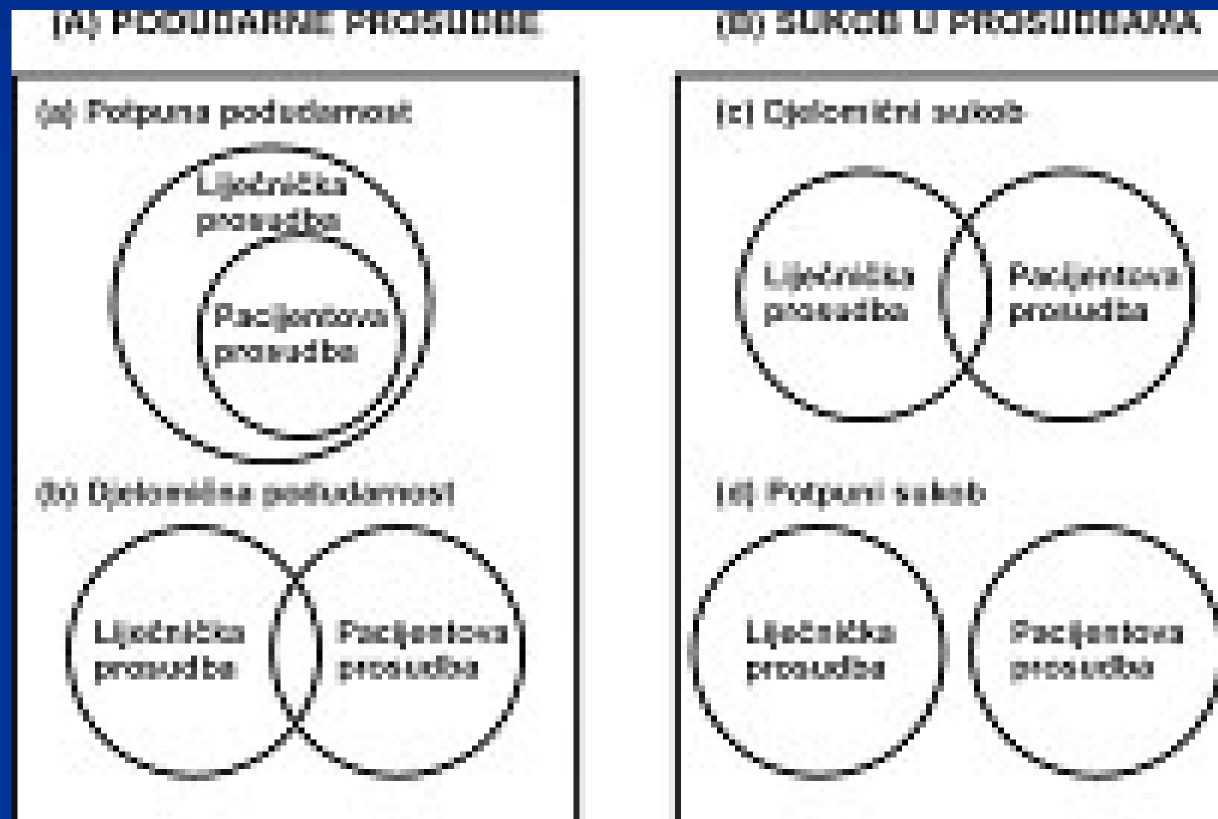
Model by Hayes-Bautista

- differences in image of illness by physician and patient - conflict of different knowledge systems – professional and lay - theory of treatment modification
- physician-patient interaction - form of negotiation, and less compliance with doctor's orders
- patient's knowledge of disease incomplete and informal / professional knowledge is formal
- this relationship could theoretically lead to 4 situations:
  (a) complete (or confirmed) overlapping of judgements
  (b) partial overlapping
  (c) partial conflict
  (d) complete conflict

Comparison of physician's and patient's knowledge system

Feature	Patient	Physician
Degree of formality	Informal	Formal
Knowledge source	Different sources	Exclusive sources
Acquisition	Accidental	Structured
Scope	Increase in comprehensiveness	Increase in exclusivity
Consistency	Contradictions	Tends towards elimination of contradictions
Clarity	Partially clear	Tends towards clarity

Comparison of patient's and physician's judgements related to treatment of disease



- **Model by Glaser and Strauss**
  - Physician-patient relationship - as communication problem
  - Problem of insufficient and inappropriate social communicating
  - Imbalance in technical competence, different attitudes and expectations - as a barrier to communication
  - Physician's 'escape to professional jargon'
  - Social class differences - key factor in physician-patient communication

Marxist model

- Physician-patient relationship as a paradigmatic example of social class relationship and/or conflict
- social class relationship as a consequence of circumstances where medicine is a capitalist institution, and profit-making its main goal