

CHAPTER 8

PHYSICIANS AND THEIR INTERACTION WITH PATIENTS

Learning Questions

1. What are the major characteristics of professions?
2. How well trained were the various health care providers during the U.S. colonial period?
3. What were the advantages and disadvantages of the professionalization of medicine during the nineteenth century?
4. Why has the medical profession's dominance declined since the 1950s?
5. What are the major differences between the paternalistic and egalitarian models of physician-patient interaction?
6. How do patients' gender and race sometimes affect the quality of their medical care?

Chapter Outline

- I. Learning Questions
- II. The Profession of Medicine
 - A. The Rise and Decline of the Medical Profession in the United States
 - B. Impact of the American Medical Association
 - C. The Downside of Professionalization
 - D. Decline of the Medical Professions's Dominance
 - E. Medical Malpractice
- III. A Profile of Physicians Today
 - A. Types of Physicians
 - B. The Physician Shortage
 - C. Women Physicians
- IV. Physician-Patient Interaction
 - A. Models of Physician-Patient Interaction
 - B. Gender, Race and Ethnicity, and Physician-Patient Interaction
- V. Conclusion
- VI. Summary
- VII. Giving It Some Thought

Key Terms

Active physicians: people with an M.D. degree who are still practicing medicine, having not retired or left medicine for other reasons

Altruism: as a characteristic of professions, the idea that professions' primary goal is to help the clients they serve and in this way to help society as a whole

Authority: as a characteristic of professions, the dominance that professionals exercise over clients and over the subordinate occupational groups with whom professionals interact

Autonomy: as a characteristic of professions, the idea that a profession is largely free to determine all of the following: (1) the needed education and other standards, including examinations and licensure, for entrance into the profession; (2) the rules that govern the behavior of a profession's members; (3) the discipline that should occur if any members violate these rules.

Domestic medicine: health care practiced by female family members drawing on folk wisdom received from their mothers that had been in turn received from their grandmothers and earlier generations of women

Defensive medicine: the practice of ordering diagnostic tests and other procedures that are probably or certainly medically unnecessary

Egalitarian model: A patient-centered model of physician interaction in which patients take a proactive role and physicians listen carefully to their health concerns

Gender segregation: the concentration of women into certain occupations and of men into certain other occupations

Medical malpractice: negligent treatment by a health care professional that harms a patient

Midwife: a lay woman who assists pregnant women during their pregnancy and childbirth

Monopolizing knowledge: as a common goal of professions, the idea that professions try to control who can enter the profession and who can perform the duties associated with the profession

Paternalistic model: the traditional, hierarchical model of the physician-patient relationship in which the physician is the "boss" and the patient is the passive, obedient "follower."

Profession: an occupation that is highly skilled and that requires prolonged training

Professional culture: the distinctive language (jargon), lifestyles, values, and behavior that typify members of professions

Specialized knowledge: a profession's complex body of facts and theories that is difficult for nonprofessionals to master; medicine's specialized knowledge includes the facts and principles from the medical sciences and the techniques that physicians and other medical professionals use to diagnose and treat patients.

"Giving It Some Thought"

You are one of five new physicians in a large medical practice. Of the five new physicians, three are women and two are men. After having separate informal conversations with each of the other four new physicians, you have realized that the three new women physicians have annual salaries that are about \$2,000 lower than those of the two new male physicians. What, if anything, do you do with this new knowledge?

Online Resources

1. American Pregnancy Association
<http://americanpregnancy.org/labor-and-birth/midwives/>
What are the benefits of having a midwife? What are the risks? What are the different types of midwives?
2. Forbes
<http://www.forbes.com/sites/learnvest/2013/05/16/10-things-you-want-to-know-about-medical-malpractice/#190f0ba92323>
Be an informed citizen. Read this article which discusses ten things you need to know about medical malpractice.
3. Chicago Tribune
http://articles.chicagotribune.com/2013-08-12/news/ct-met-doctor-sues-patients-20130812_1_pariikh-medical-license-patients
Should physicians have the right to sue their patients? How does this article compare to what is written in the textbook?
4. Advanced Healthcare Network
<http://nursing.advanceweb.com/Article/Care-of-the-Orthodox-Jewish-Patient.aspx>
Should physicians be trained to interact with individuals from different backgrounds? Should it be part of their medical education? This article deals with Orthodox Jews. Each religion had different cultural norms. Should physicians be aware of these? What should happen if they are not aware, or don't want to become aware?