

WŁODZIMIERZ PIĄTKOWSKI

The social role of the physician in classical Polish medical sociology. A reconstruction of the views of Magdalena Sokołowska

Abstract

This article is an attempt to reconstruct the views of the creator of the Polish and co-creator of the Western sociology of medicine – Magdalena Sokołowska. The content of these contemplations applies to the social role of the physician. This paper describes the evolution of her ideas, which were inspired by classical Western literature (such as Robert Merton, Howard Becker, Anselm Strauss) and the results of the 1962's contest for the best industrial physician diary, as well as the opinion polls of that time (CBOS – Centre for Public Opinion Research, 1972) that described the views of Poles on both the professional and moral duties of physicians. Magdalena Sokołowska's views and opinions were also modified and shaped by her coworkers and mentors: Jan Szczepański, Adam Podgórecki and Adam Sarapata. The creator of the Polish sociology of medicine had also a vision for the prospective research on the physician profession that involved, inter alia, the necessity for increasing behavioral competences, complementing medical knowledge with elements of prevention and health promotion, as well as the need for integrating humanities with biomedicine.

Keywords: medical sociology, the social role of the physician, Magdalena Sokołowska's research concept.

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Magdalena Sokołowska's views on the subject of medical professions developed following her own experiences connected with science and with her work as a nurse, a physician, and through her contacts with the leading representatives of clinical medicine during at least four decades of her professional activeness. Of some importance was also the experience of her many-year-long struggle with the severe and progressive illness. The analysis of the bibliography of M. Sokołowska's publications of the sixties, seventies and eighties shows not only the development of her interest in this field but also the wealth of source materials that she used, from *The student – physician* by Robert Merton, George G. Reader and Patricia Kendall to the monograph by Howard Becker, Blanche Greer, Everett Hughes and Anselm Strauss *Boys in white. Student culture in medical school* [1,2]. The listing here of these very publications on diverse aspects of “socialization to the medical profession” is justified by Magdalena Sokołowska's remarks and comments on the margins of the two books, which evidenced how much she was intrigued and inspired by their content. She appears to have borrowed many elements from the Western views on her profession: the treatment of medicine as the “knowledge and system of actions” and as a discipline symbolizing rationality and modernity in the approach to health and illness (“professional dominance”). Medicine was seen not only as an efficiently working “organizational power”, but also as a symbol of pure science, a system which for years efficiently eliminated or at least marginalized other

outlooks on illness (e.g. folk medicine, beliefs of healers, lay opinions on the effective methods of healing themselves and their families). From the so understood “greatness” of this “technology and organization” stemmed the special role of medicine and doctors in social life, consisting in the possibility of arbitrarily deciding what is an illness and what is not, deciding about granting sick leaves, about fitness for military service, about guilt in criminal trials, defining mental diseases, mental disorders in forensic medicine procedures, etc. At the same time, the medical system, using its power and economic strength, was (and is) interested in the continuing spread of “medical empires”, inter alia, by the escalating medicalization practices [3]. Medical doctors, as the principal representatives of the system, also tend to extend their competence and dominance by utilizing for this purpose the prestige of the specialist knowledge inaccessible to the “clients”. This often results in doctors occupying a monopolist position in the field determined by the broadly defined concepts of illness, being ill, health and prevention. As a result, increasingly wide areas of social life become dependent on medicine and medical professions [4]. On the other hand, these tendencies towards monopolization, subordination and supremacy cause pluralist societies to demand that “social control over medicine” should be enforced. The aspirations of “lay people”, articulated as early as in the mid-seventies, led to the rise of more or less radical antimicrobial movements. They also provoked widespread comments and public discussions in medical sociology, inspired,

Dept. of Sociology of Health, Medicine and Family, Institute of Sociology, Maria Curie-Skłodowska University, Lublin, Poland
Independent Medical Sociology Unit, Faculty of Health Sciences, Medical University of Lublin, Poland

inter alia, by Ivan Illich's well-known books, whose by-product were diverse initiatives demanding demedicalization and deprofessionalization of health care, launched by civic organizations, consumer groups, mutual aid movements, etc. [5].

We can assume that already in Magdalena Sokołowska's time the "sociology of medical professions" evidenced the existence of two clashing tendencies: on the one hand, the medical system (and doctors) striving to retain and broaden their monopoly and dominance, while on the other, the lay people trying to participate, to a greater extent, in the treatment process; the latter tendency was caused by the progressing social changes, transformations in the patients' awareness, and also by the increased medical knowledge acquired by "lay people" [6]. Already in the late fifties Sokołowska investigated these questions, which, however, were not the main subject of her considerations; they were loose observations made while she was concerned with the sociomedical description of women's work, questions of illness and rehabilitation, or with "alternative and complementary medicine". Her in-depth interest in the "sociology of medical professions" dates back to the years 1962-63, when the *Sluzba Zdrowia* weekly launched a competition for the diaries of industrial (occupational) physicians.

An increased interest in public opinions about the medical profession and its scope was reflected in the conducted studies. We should mention the survey of the late sixties/early seventies, which demonstrated that the Poles largely approved the fact that doctors obtained additional, informal bonuses (gifts, or even financial benefits), hoping that this kind of incentives would ensure a good quality of treatment and the satisfactory conditions of the patient's stay in hospital [7]. The results of opinion polls also showed that the respondent's higher level of education influenced lower tolerance for the fact that the doctor gained "informal, additional benefits"; at the same time the respondents with higher education had distinctly higher expectations of professional medical qualifications. Those with lower education, first of all, expected a quick, inexpensive and effective help in illness, while they had no particular demands concerning e.g. friendly atmosphere during hospitalization, or support or encouragement offered by the doctor during the treatment process [7].

Apart from the above-mentioned analyses of personal documents, and the results of the opinion polls of that time on the social role of a doctor, Magdalena Sokołowska also referred to sociological considerations on "the doctor in the social system of a clinic" [8]. The goal of such studies, as Jan Szczepański wrote, "(...) is to draw the doctor's attention to social factors that can enhance the efficacy of his treatment procedures, and to point out the factors that (...) should be eliminated from the living and working environment in order to prevent one from falling ill." [8]. At the same time, in his introduction to Helena Csorba's book *Szpital – Pacjent...* [8] he pointed out that the system of training physicians, first of all, taught them competencies in "biomedical matters", consequently, they did not want or were unable to effectively solve "human matters" whereas the patient's social situation and his/her mental conditions influence the speed and efficacy of treatment. Szczepański stressed that "(...) it is important for the doctor to not look at the patient as a case but as a human associated with a specific environment, i.e. one who thinks and reacts in terms of this environment (...)." [8]. As the patron of Polish medical sociology and one of Magdalena Sokołowska's scientific men-

tors, he also pointed out that sociology "shows (...) doctors the complexity of social and cultural phenomena determining the results of their efforts, it shows in what social system they are active and how the hospital functions as a social system. It also shows what they look like in the patients' eyes, their own reflection in the eyes of the sick persons (...)." [8].

When outlining the broader context in which Magdalena Sokołowska's views on the "sociology of medical professions" developed, it should be stressed once again that it is in this context that the founder of Polish medical sociology began, in the early nineteen-sixties, to jointly collect and edit the diaries of industrial physicians with Brunon Nowakowski and Adam Sarapata [9].

Despite the fact that the monograph *Lekarze przemysłowi* coedited by Magdalena Sokołowska was her first publication explicitly oriented and devoted to "medical professions", it is necessary, when reconstructing her views, to present the studies devoted to the medical profession in general. Thus, Sokołowska tried to comprehensively show the "general picture" of the medical profession [10]. Starting from the definition of the concept of "profession" as a system of internally cohesive actions and work, and referring to Jan Szczepański's conception concerning the meaning of the "structure of the actions system" that makes up individual professions, Magdalena Sokołowska pointed out that the medical profession comprised many complex and diverse functions such as diagnosing, treatment, rehabilitation, the organization and management of health service, teaching and research work, family medicine, forensic medicine, occupational medicine, etc. She stressed that "(...) the medical profession is not yet (my emphasis – W. P.) the subject of monographic studies, describing in detail the individual activities that make up this profession and analyze their mutual assignment." [10]. By distinguishing - as the essential criteria for analyzing the doctor's social role - the departments of contemporary medicine connected with prevention, treatment and rehabilitation, she emphasized that in the world literature on the subject the vast majority of publications was devoted to the treatment procedure, which gives doctors high prestige, power, and income. She also observed that this prevalence of therapeutic tasks in the medical profession must recede, influenced by the social pressure on the participation of physicians also in prevention and pro-health programs, produced by "an entirely fundamental change in the attitude to medicine". According to Magdalena Sokołowska, the implementation of pro-health goals by doctors was possible only in the socialist system as part of the universal health care, owing to the collaboration of doctors specializing in preventive medicine, environmental medicine, and occupational medicine. She maintained that social expectations and needs evolved towards "medicine of the healthy person", which set new roles and tasks to doctors in the socialist health service, whose "users" should include not only patients but also healthy persons. Magdalena Sokołowska wrote: "I regard a 'healthy' person as one who behaves normally in social terms: s/he does not miss work because of illness, does not disturb the life of his/her family because of somatic or mental complaints, does not stay in hospital, and the like." [10]. The implementation of these new tasks requires the health care system to "produce" a "doctor specializing in prevention", whose tasks would include making quick diagnosis, especially in health hazard situations, and the provision of professional information about potential risk factors as well

as instructions on the pro-health lifestyle: e.g. the elimination of smoking, active lifestyle, or optimum diet. Another, new element in the doctor's professional role would be, according to Magdalena Sokołowska, competencies in rehabilitation enabling patients after serious medical interventions to resume "active social life", and guaranteeing help in the adjustment, integration, and stimulation of social activeness of the disabled. She also considered as important the socio-psychological competencies of physicians, especially useful in treating health disorders with a psychosocial component (old age, disability, chronic diseases, or terminal conditions). She believed that the doctor should meet new social expectations in this area and be "(...) a specialized consoler and defender of a suffering person in society (...) an expert in general matters of life, a moral adviser." [10, p. 340]. Magdalena Sokołowska pointed out that another, previously unknown problem facing doctors is the growing and widespread popularity of non-medical treatment methods and avoidance of contacts with medicine. In such circumstances the doctor should be able to react when people, believing in their medical competencies, begin to treat themselves, which compels doctors to acquire knowledge about various (socio-cultural, personality-based, etc.) causes of this situation.

Summing up these general considerations on the social and professional role of the physician, Magdalena Sokołowska defined most of the problems she discussed as universal. She observed, however, that some of the features of the socialist system and the planned, coordinated development of social life make up a specific context in which the doctor practices his/her profession, which may facilitate training medical school graduates to assume new responsibilities, e.g. in the centrally prepared study programs, and may create priorities for the tasks of social hygiene which enables and facilitates prevention [10].

The significance of Professor Adam Podgórecki for Magdalena Sokołowska's scientific development has been described earlier. We should only remember here that she herself called Podgórecki (the founder of sociotechnics) one of the persons from whom she learned sociology [11]. He was also the scholar who (apart from Jan Szczepański, Stefan Nowak or Adam Sarapata) made her stop feeling "a foreign body" in sociology [12]. For obvious reasons, we will omit the discussion of the subject of sociotechnics (social engineering), whose founder introduced it, largely by himself, into world sociology; its form, in Adam Podgórecki's version, is only the background to the description of "the professional orientations of doctors" [13].

Setting herself the task of making it easier for social politicians and sociologists to conduct research work and practical measures associated with the medical system, Magdalena Sokołowska pointed out that the principal difficulty in investigating the medical domain by social sciences is that their representatives often identify too much with the goals of doctors, furthermore, sociologists thus lose their independence and objectivism, thereby becoming only passive assistants to medical professions [13]. She wrote, for example, "it is worth noting that those who investigate the doctor's profession adopt the medical manner of treating this profession and focus on the questions regarded as the 'problem' of doctors." [13]. This resulted, in her view, in the social scientists abandoning of their own social priorities; she maintained that one of the basic tasks of sociologists in such stud-

ies was to develop "their own analytical position" enabling them to show the physicians a different perspective than their own medical outlook. While showing these difficulties M. Sokołowska was aware at the same time of the shortage of published sociological studies on the doctor's professional role: "It is interesting to compare the number of publications on illness with the number of publications on doctors: it is striking how many authors are concerned with the "layman", and how few with the doctor." [13]. While discussing the professional characteristics of doctors, Sokołowska distinguished "two professional orientations". The first is the traditional, "individual orientation", learned in the process of education, oriented towards an individual person with his/her illness and complaints, which is a kind of "ideological medical individualism" [13]. In her opinion, this orientation, strengthened by social acceptance and recognition, gives doctors not only a high position in the prestige hierarchy but also uncontrollable power and rights in treating, teaching, and in "psychotechnics" consisting in "(...) the ability to convince an individual that s/he should change his/her lifestyle to preserve or regain health" [13]. The other orientation is the "group orientation", untypical and difficult to adopt by the profession because it does not have established traditions in classical medicine. This kind of approach is, however, imposed by the development of social and environmental medicine, influenced by the changes taking place in the picture of contemporary diseases. She wrote, "Unlike traditional clinical medicine, traditional social medicine studies a human as an individual in association with the environment (...) rather than as an isolated individual. The environment of an individual is mainly the natural environment (...)" [13]. The doctor who adopts this perspective should be interested in the importance of socio-cultural factors and their effect on health; the broadening of competencies in this field will be achieved by meeting the demand that socioetiological research should be conducted showing the direct or indirect association of social factors with health and illness. In this context, the fundamental task of doctors is, according to Sokołowska, "The process of changing the way of thinking – the approach from the individual orientation to the group orientation (...)" [13]. She emphasized that the process of reorientation of thinking is at the same time difficult and necessary. The group orientation was initially adopted by social hygienists and public health specialists, but, as Sokołowska observed, the requirements of the present make doctors frequently and quickly adopt this approach, which will in the future lay the foundations for the qualitatively "different medicine", i.e. socio-ecological medicine oriented towards helping preserve and maintain health [13].

It seems we can say that when creating the foundations for the sociology of medical professions in the nineteen-sixties and seventies, Magdalena Sokołowska, because of her personal experience, focused mainly on the physician's profession. She studied and commented on the results of the nationwide competition addressed to industrial physicians; it was the first analysis in Polish sociology, of the "social position" of this youngest medical specialty. Sokołowska also inspired, supported and reviewed other studies on the medical profession, inter alia, on the use of the motivation theory in describing the professional role of pulmonologist, studies on the sick leaves of female doctors in connection with their place of employment and marital status, research on the socialization for the social role of the doctor, the mechanisms for employment and stabil-

ity of country doctors, the professional role of the local general practitioner, etc. [14-18].

Reporting on the state of research on the sociology of medical professions, Magdalena Sokołowska stressed that "(...) these problems are an already advanced fragment of sociological knowledge in Poland and are investigated by a specific working group within the Polish Sociological Association's Section of Medical Sociology." [16]. Summing up the more than dozen years-long development of sociological knowledge in this field, she emphasized that "Characteristic of this period is, inter alia, the fact that the authors were concerned only with doctors, and much less with nurses (studies on nurses come mainly from the Lublin center), that there are no studies devoted to other medical professions/occupations, e.g. to lab assistants (...), male nurses, ward attendants (...)" [16]. Furthermore, she pointed out that the research approaches in this area are predominantly oriented towards analyses of expectations, attitudes and aspirations, i.e. "the individual features" of the investigated persons. She suggested that the future projects should study individual medical professions from a broader perspective, including the context of institutions and organization systems, in which the most important medical professions (physician, nurse) are functioning [16]. She also stressed that according to doctors themselves, the sociological studies on their profession were especially valuable because they showed the external outlook of an objective, impartial and sometimes critical observer. Sokołowska referred here to the representative studies on the subject by Merton, Reader, and Kendall, conducted on their initiative at three selected medical schools, to the monographs by Becker, Geer, Hughes, and Strauss on the processes of socialization for the medical profession, and finally to Freidson's classical study on medical professions *Profession of Medicine*.... She thought that there were the approaches to the sociology of the physician's profession shown in these works that set the standards of subsequent European (including Polish) research [19]. Magdalena Sokołowska thought that the future studies on the medical profession should be defined by detailed analyses of activities that make up this professional role and by the interpretation of relationships between them, as well as by descriptions of the model of these activities structure. Studies on the social and professional role of the physician should be also conducted in the broad context of macrosocial transformations that, on the one hand, challenge "the professional dominance" of this profession, while on the other hand, give doctors new opportunities and prospects, for example, through the entry of modern medicine into the area of health and prevention in broad sense; this kind of approach is expected by recipients of medical services, increasingly well-educated and aware of their own needs. [19].

REFERENCES

1. Merton R, Reader GG, Kendall P. The student – physician. Harvard University Press: Cambridge; 1957.
2. Becker H, Greer G, Hughes EC, Strauss A. Boys in white. Student culture in medical school. Chicago University Press: Chicago; 1961.
3. Mamford E. Medical sociology. Patients, providers and policies. Random House: New York; 1983. p. 334-41.
4. Blame D. Health profession. In: P. Donald, G. Scambler (ed). Sociology as applied to medicine. Bailliere Tindall: London; 1982. p. 214-215. See also: Freidson E. Profession of medicine, Dodd-Mead, New York; 1970.
5. Cockerham WC. Medical sociology. Prentice Hall: Upper Saddle River; 1998. p. 211-3.
6. Riska E. Health professions and occupations. In: W. C. Cockerham (ed). The New Blackwell companion to medical sociology. Wiley-Blackwell: Chichester; 2010. p. 337-8.
7. Kurczewski J, Solarz J. Zawód lekarza w opinii publicznej. Ośrodek Badań Opinii Publicznej i Studiów Programowych: Warszawa; 1972. p. 32-3.
8. Szczepański J. Introduction. In: H. Csorba. Szpital-Pacjent. System społeczny kliniki internistycznej. Zakład Naukowy im. Ossolińskich. Wrocław: Warszawa, Kraków; 1966. p. 5-7.
9. Nowakowski B, Sokołowska M, Sarapata A (ed). Lekarze przemysłowi. Wybór prac lekarzy przemysłowych. Ossolineum: Wrocław, Warszawa, Kraków; 1966.
10. Sokołowska M. Zawód i rola lekarza w społeczeństwie socjalistycznym: A. Kwilecki (ed). Teoria i badania socjologiczne a praktyka społeczna. PWN; Warszawa: 1972. p. 332, 5, 340, 351.
11. Sokołowska M. My path to medical sociology. In: R. H. Elling, M. Sokołowska (ed). Medical sociologists at work. New Brunswick, New Jersey: Transaction Books; 1978. p. 298.
12. Sokołowska M. Lekarz przemysłowy. In: A. Sarapata (ed). Socjologia zawodów. KiW: Warszawa; 1965. p. 538-9.
13. Sokołowska M. Dwa style polityki zdrowotnej (charakterystyka podstawowych typów orientacji lekarzy) In: A. Podgórecki (ed). Socjotechnika, Style działania. KiW: Warszawa; 1972. p. 303-26.
14. Hirszel K. Próba zastosowania teorii motywacji w badaniach nad zawodem lekarza fizjatri. Studia Socjol. 1969;3 34.
15. Tobiasz-Adamczyk B. et al. Stan cywilny pielęgniarek i lekarek a miejsce zatrudnienia oraz poziom absencji w pracy. Probl Rodz. 1984;6.
16. Latoszek M. Selekcja i rekrutacja na studia medyczne a przygotowanie do roli lekarza. In: M. Sokołowska, S. Kosiński S (ed). Socjologia zawodów medycznych. Wybór problematyki. IFiS PAN: Warszawa; 1978.
17. Butrym Z. Mechanizmy zatrudniania i stabilizacji lekarzy wiejskich. Unpublished PhD dissertation. UMCS. Faculty of Philosophy and Sociology: Lublin: Wydawnictwo ARS BONI ET AEQUI; 1978.
18. Bielecki W. Rola zawodowa rejonowego lekarza ogólnego – model i rzeczywistość. Unpublished PhD dissertation. University of Łódź. Institute of Sociology: Łódź; 1984.
19. Sokołowska M. Socjologia medycyny. PZWL: Warszawa; 1986. p. 232-3, 252. See also: Uramowska-Żyto B. Wiedza medyczna a postępowanie diagnostyczne lekarzy. Raport z badań. IFiS PAN: Warszawa; 1983.

Corresponding author

Dr hab. Włodzimierz Piątkowski, prof. UMCS
Dept. of Sociology of Health, Medicine and Family, Institute of Sociology,
Maria Curie-Skłodowska University
Pl. M. Curie-Skłodowskiej 4, 20-035 Lublin, Poland
tel.: +0 48 (81) 537 28 90
E-mail: wlodzimierz.piatkowski@poczta.umcs.lublin.pl