S/A 4071: Social/Cultural Aspects of Health and Illness:
Class 22: The Medical Profession 2

* Today we discuss Beagan's study of medical school: the personal & identity transition from lay person to doctor

* Much research on professional socialization is outdated given today's diverse group of medical students (i.e. no longer exclusively straight, white, male & mid-upper class)

* Beagan conducted research on a Canadian medical school in the late 1990's. This involved surveys of 123 third year students, interviews with 25, as well as interviews with 23 faculty members. The following themes emerged:

First Experiences Become Commonplace:

* Students talk about "first times," about how what feels initially artificial/unnatural comes to feel natural through repetition (e.g. examining patients/invading personal space)

Constructing a Professional Appearance:

* Students were explicitly socialized to adopt a "professional" appearance in dress & deportment. Most didn't need reminders about this, as they had already internalized standards of dress.

* Gender difference: interviews showed men more concerned about dressing too informally"; women about dressing too "attractively"

Changes in Language, Thinking, & Communication:

* Adopting the obscure lingo - "medical-ese" - is one of the central tasks
* This serves as the basis for constructing a new social reality - "zones

of meaning" that cut one off from others & sets the stage where reducing a person to body parts, tissues, organs & systems becomes "the only reasonable way to think"

* The "paring away of extraneous information" involved in medical interviewing actually hurts students communication skills with outsiders

Learning the Hierarchy:

* There is a traditional hierarchy where each learns from those immediately above them in the pecking order/ are not supposed to question those above

* This shuts students up out of fear of hurting their future careers

- some simply tried to get along with those above them, despite disagreements/ misgivings
- others internalized the "code of silence" as part of "being a good doctor" (e.g. not criticizing colleagues in front of patients)
- faculty/students referred to "sense of belonging" & being "good team players"

Relationship to Patients:

* Students learn the "appropriate" relationship to patients (one of the few areas they may eventually exert power)

* Emotional distancing (developing "a hard shell") seen as professional, a way to deal with feelings, & a way to prevent the danger of over identification with patients

* This is seen as "striking a balance between empathy & "objectivity"
* Some faculty rejected this view in favor of a more egalitarian perspective whereby "knowing your patient" was seen as providing

more relevant information

Playing a role gradually becomes real:

* Training for uncertainty important: students grew to simply tolerate/ cope with high levels of uncertainty in the face of demanding patients & faculty

* Students learn how to project a convincing “cloak of competence” to audiences: “playing the role of a doctor” with ‘props,’ like the stethoscope, white coats, etc: “Even if I don’t know what I’m doing I can make it look like I know what I’m doing”

* Students initially felt fraudulent, but gradually this started to feel natural & real

* Moving from one clinical rotation to the next means this skill continues to be crucial: “the role playing goes on & on”

* This role playing is both crucial to socialization as well as to identity formation: the changing of students’ self-perceptions

* “By playing roles, the individual participates in a social world. By internalizing these roles, the same world becomes subjectively real”

Responses from others:

* The more students are treated by others as if they were doctors, the more they feel like doctors (esp. by patients)

* Being called “doctor” (or not) has a huge impact on students identity

* Gender had an impact: more men called “doctor” than women: lingering social assumptions that doctor=a man; nurse=a woman

* Part of student’s “front” in role playing is predetermined / hard to modify

Secondary socialization: Subsuming the former self:

* Students’ prior selves/identities must be made to fit with their new one if they are to succeed

* Many students claimed that medicine had largely taken over the rest of their lives: diminishing their other responsibilities (e.g. as spouses, family members, friends, etc.), & pushing their other interests aside

* Many felt that they had sacrificed other aspects of their lives to medicine (losing connections with family & friends; intimate relationships ending)

* This was particularly difficult for some (e.g. non-western, non-Caucasians, gays & lesbians, women). Pressure to “fit the mold” as “one of the boys” interfering with cultural, sexual & gender identities

* Growing social distance (status & education level) adds to all this

* Hence students either:

-bury or push aside parts of their former selves “for a while;” or
-segregate these things (e.g. separate inside/outside connections) to “make it through medical school without losing part of yourself”

Difference as a basis for Resistance:

* While there are strong homogenizing influences, some were better able to resist the “intense concentration of all significant interactions within medical school:

- those most different (i.e. in race, gender, cultural background)
- that minimized contact with fellow students
- maintained outside relationships
- that had entered med school with well defined orientations
- were older, with well-established identities & priorities
- had a lower class background suspicious of elitism

Conclusion:

* Very little has changed in medical socialization since studied in the 1950's-60's despite massive societal changes & a more diverse student population

* However, it is harder for students from more diverse cultural, ethnic, class, gender & sexual backgrounds to role-play - & be recognized - as “doctors” than the rest

* There are expressed hopes that “the next generation” of doctors will do things differently. Why? It hasn’t happened yet: the system has been shown to preserve its structure quite effectively (e.g. changes have often realigned existing elements in traditional training or been undermined in clinical teaching)

* The “different,” resisting students may be the future of change, but whether they can remains to be seen