

**S/A 4071: Social/Cultural Aspects of Health and Illness:**  
**Class 23: The Medical Profession 3**

- \* Today we consider the article by Good & Good on learning medical “knowledge” - & the “world” that goes with it - at medical school
- \* Prior to the 1970's, biomedicine was anthropologically contrasted with a romanticized view of traditional healing practices: despite much diversity in biomedicine (e.g. “Christian psychiatry”), illustrated by recent ethnographies, attacks continue against its knowledge claims
- \* Response: general analyses of “biomedicine” & the “biomedical model” are neither helpful for understanding contemporary medicine or for making comparisons with other forms of medical knowledge
- \* It is better to look closely at how medical knowledge & the world of medicine is actually *constituted* from the perspective of those learning it (not simply *learning*, but *reconstructing* as you go)
- \* This approach focuses on the subjective process of coming to know, of developing medical “knowledge” as personal, even bodily knowledge in the highly structured, total institution of medical school
- \* Methodology: study of a new program at Harvard Medical school focusing on tutorial-based active learning & constant engagement in self-learning. 3 groups of students chosen for comparison (via interviews &, later on, ethnographic observation):
  - (1) traditional medical program
  - (2) “new pathway” (the program in focus)
  - (3) health sciences & technology students
- \* One author went further, entered the “new pathway” program & tried

to understand the process of learning medicine by actually trying to do it

### **Entry into the Body:**

\* First 8 weeks made up of daily tutorial where a Prof & 7 students discuss & attempt to solve a “case,” in the process drawing upon various aspects of medical knowledge, discussing & learning throughout

\* Students typically began by asking commonsense questions & drawing upon commonsense knowledge of the body, but moved quickly to restate the issues in terms of the language of cell biology & anatomy.

\* Work divvied up: students given topics to research/bring back to the group

\* Supplemented by

(1) lectures (e.g. cell biology, radiology) such as “clinical uses of anatomical thinking”

(2) histology lab (e.g. to recognize cell structure through a microscope)

(3) gross anatomy lab (dissecting corpses)

(4) radiology study (x-rays, CT scans, etc)

### **“OK, Now let’s talk some science”**

\* Medicine is introduced as science, this is the focus during the first 2 (preclinical) years, & education is largely in the hands of basic scientists

\* Medical education begins by entry into the body (revealed in intricate detail through the above practices). Students begin a process of gaining intimacy with the body, the site of unending learning & skilled manipulation, newly constituted all the time as distinct perceptions &

emotional responses emerge with the body as the site of medical knowledge

\* Medicine is learned from the perspective of individual cases: the individual is presented as a problem, the site of the problem to be identified & solved

### **Caring & Competence: The Dual Discourse:**

\* When asked about the meaning of being a good doctor, the dual themes of *competence* (i.e. medical-scientific “knowledge”) & *caring* (“compassion & understanding”) emerged

\* One expressed in the language of science, the other re: values

\* Students repeatedly express anxieties about competence, & these intensify over time (e.g. the possibility of “screwing up” given the vast amount of material, buttressed by “horror stories” casually relayed by faculty)

\* Over time, the value many students placed on caring diminishes in relation to their struggle to achieve competence

\* As well, the meaning of caring is transformed (e.g. “Caring” & “helping people” comes to include crossing personal & physical boundaries, despite remaining relatively untechnical & value oriented)

\* The need for medical education to educate competent physicians while maintaining the qualities of caring results in a variety of contradictions

## **The reconstruction of the person as the object of the Medical gaze:**

\* Students note how they come to experience people differently after spending weeks studying bodies - even changing as a person or “growing”

\* Several steps involved:

- the anatomy lab as a separate zone with distinct moral norms/ body being given new meaning/ outside reality cannot violate or be shown this
- the body surface no longer conveys personhood, & the interior or experiences are replaced with something else (e.g. “Emotionally, a leg has such a different meaning after you get the skin off”)
- this “whole other world” not only becomes the paramount reality, but one with which students develop an intimacy (e.g. dissecting genitalia/ cross sectional cuts of bodies)
- students describe increasingly experiencing the body as “machinelike”)
- these experiences can be intense, ranging from “dirty” to “magic”
- students well aware they’re learning an alternate way of seeing (sometimes becoming so automatic they find it hard to “turn off”)
- students implicitly taught that the appropriate response to the medicalized body is an active one: “Let’s figure out how it works & let’s fix it”
- doing anatomy is one significant contribution to the reconstruction of the “other,” &, as a result, of the “self”

## **Learning the language of Medicine: Reconstructing Common Sense:**

\* “Learning medicine is like learning a language, & biochemistry has become the *lingua franca* of medicine”

\* This does not so much involve learning new words for the commonsense world, but the construction of a new world altogether as it is revealed to the medical gaze. Several aspects:

- it is reductionistic: the same tissue is seen at different levels of organization & structure, each subsumed by the others
- physiology elaborates this world in the language of mechanism & function (“a mechanism for everything that happens” e.g. the “dog lab,” clinical materials)
- such assumptions brought into high relief when new diagnoses are raised & in tension between clinicians & research scientists

**“Boundaries”: The reconstruction of the subject of the medical gaze:**

\* As students move toward identifying themselves as doctors, they also redefine their personal boundaries:

- struggling to resist being “swallowed up” by medicine, to avoid losing their personal lives to their growing “professional selves”
- compounded by vast amount of material & the myth of being “impassioned” by practicing medicine
- as clinical experience is gained, students begin to question what constitute appropriate personal boundaries with patients (“I don’t feel like another person’s body is so foreign to me now” vs. concerns over opening themselves to others’ pain)
- the patient, the sickness, the medical student, & his/her relationships are all transformed in the process of becoming doctors

## **Conclusions:**

### \* Substantive reflections:

- this new program was founded as an attempt to overcome the “disabling” qualities of medical education so often criticized by social scientists: to foster the commonsense competence/caring dichotomy noted by critical social scientists
- yet medical students resent such social science education, even as they struggle under the burden of technological-scientific education, to maintain a balance between competence & caring, & try to maintain identities in this total institution

### \* Theoretical reflections:

- this research analyzes the experience of the life world of medicine, the experienced reality of first year medical students (authors are following this group throughout later years as well)
- how are we to represent medical knowledge as socially constructed while recognizing the power of biological sciences?
- how are distinctive medical worlds constructed experientially so that they appear singularly convincing?
- how are we to produce an interpretive study fully accountable to its historical & political economy implications?
- how are we to re-imagine medicine in a way that neither reproduces conventional ideological knowledge / represents an underground fantasy, yet recognizes medicine’s mediation between the world of biological science & human suffering?