Chapter 11:  
The Profession of Medicine

Development of Medical Practice

- initially, most medical conditions were treated by the family
- particularly complicated illnesses were sometimes turned over to "health care practitioners"

Where would you think the health care practitioners got their training and what treatments might they have provided?

Initially, health care "professionals" received their training as an apprentice and/or relied on their family's remedies or their own personal experiences to determine treatment.

- some "professionals" (homeopathic doctors) gave the person "remedies" that would cause the person to create antibodies to fight their ailment. Remedies might result in some temporary adverse effects such as vomiting or experiencing diarrhea
- some "professionals" (allopathic doctors) relied on pharmaceuticals to treat an illness, for example, giving a person antibiotics which would assist the person's immune system in killing the disease.

At this time, health professionals often did not understand why their treatments worked. There was a lack of medical understanding.

What about medical schools?

Initially, Medical schools emerged privately and had no rules, regulations, or requirements regarding who could attend or what someone had to know in order to graduate
- money got you in
- very little, if any, hands on experience working with patients
- typically, if you attended the lectures you graduated and received a medical degree

What brought on the change in medical schools?

- In Europe, schools were beginning to apply the scientific method to health issues
- the discovery of anesthesia and antibiotics gave more credibility to the importance of medical knowledge:
  - surgeries became successful with the advent of anesthesia and medical schools could train doctors in surgery
  - the uses of antibiotics could be taught in medical schools
- The result: Medical schools began to dominate the practice of medicine
How could medical schools dominate if the requirements for acceptance into the medical schools were non-existent?

- The Flexner Report was a study of existing medical schools highlighting the strengths of those few medical schools with rigorous requirements and noting the weaknesses of many.
- The report stressed the importance of entrance requirements, academic standards, scientific research and clinical experience.
- Many medical schools were forced to close or radically change how they did things in order to be considered an acceptable training ground.

Allopathic Doctors began to dominate medical practice as they were seen as the experts who knew best what to do. However, medical doctors have, more recently, lost their dominant role to others. Any idea why and to whom?

1. Hospitals, Managed Care Organizations, and Health Maintenance Organizations began hiring doctors and then:
   - setting their fees and work schedules
   - requiring doctors to obtain authorization before scheduling medical procedures
   - setting practice protocols that stressed not only "best practices" for treatment but also the most cost-effective treatments.

2. The government has established a "resource-based relative value scale" or RBRVS to establish "appropriate" reimbursements to doctors for their services.

3. Patients began to do their own research (such as through the internet) on specific treatments and subsequently question the doctors' decisions.

Among the various medical specialties, primary doctors (family doctors, internists) seem to have lost the most prestige. Any idea why this might be?

- primary care doctors earn less money than other specialties
- do not spend their time studying rare diseases which is viewed as desirable by the medical profession
- must know a little bit about many different medical areas rather than being able to become an "expert" in a single medical field (e.g., dermatology, orthopedics)
How would you describe the typical patient-doctor relationship in the U.S.? (e.g., is it egalitarian?)

- historically, doctors have dominated the relationship, telling the patient what to do and the patient agreeing without question (paternalism)
- courts and hospitals typically support a doctor's decision over a patient's wishes
- more recently, doctors are more likely to "negotiate" with the patient about the specific care/treatment the patient will receive.

Why might this be?

- In the U.S. and other more developed nations, medical conditions are more likely to be "chronic" rather than "acute." The patient with a chronic condition has learned what works best for him or her.
- Patients are more educated than ever before regarding illnesses. The internet and other social media have made it easier to learn about various illnesses and possible cures.
- Some medical schools are making more of an attempt to teach "patient-centered" care rather than seeing the patient as an object or disease to be studied.