

Readings

Byron Good, “How Medicine Constructs its Objects” in *Medicine, Rationality, and Experience: An anthropological perspective*, pp 65-87

Mary-Jo Good, *American Medicine: The Question for Competence*, Ch 6, “Narrative Strategies in Presentation and Performance” and Ch 7, “The Social Production of Physician Competence”, pp 125-167

Class Business

Reflection Paper topic #1. Easy two pages. Look at handout. No more than 2 and a quarter pages. Be concise. Follow social science references, etc. No late papers, or it will be docked.

Student presentation

Start with Mary-Jo DelVecchio Good.

Background: PhD Middle Eastern Studies, Harvard University. Prof of Social Medicine, Harvard Medical School (HMS). Mary-Jo DelVecchio Good, Professor of Social Medicine, Department of Social Medicine, Harvard Medical School, received her Ph.D. in Sociology and Middle Eastern Studies from Harvard in 1977. Her current research interests include cultural and comparative studies of biomedicine, bioethics, and biotechnology; globalization of medical knowledge and markets; and gender, health policy and international health.

1990 New Pathway at HMS – initially questionable results. Question: where “*technical competence*” depends on the impressions of others? Maybe or maybe not unique to medicine. In academia for example, it’s about what we produce, how well we get along with the people in our department.

- Team time. Doctors interacting with each other.
- Perfect medical student (MS) – cheerful and does anything for the residents. MS experience can be generalized. What do they care about? Students learned how to ask the right questions and more importantly learned how to give the right answers.
- *Trust*. How doctor-patient relationships progress over time. (We don’t cover malpractice in this course).
- Do doctors have a *vested interest in what they disclose* to patients? (We’ll see this in the disclosure section.) Yes, we’ll see this in malpractice issues. Hard to get a straight answer (for example, Prof James’s grandma’s wishy-washy diagnosis and hospice possibility).
 - House (TV show) example – HepC or Lupus; using the patient to test a medication to determine the disease and use lies.

- *Question: how much of the scientific process and medicine is something we make up?*
 - Student: shadowed a doctor, saw unusual cases with unknown disease or treatments and doctors would pore over the case, go over research.
 - Text: there are checks and balances and standard protocol, partially because of managed care (we'll get to this later); managed care is also rationalized.
- *Medical hierarchy* to which students are introduced. Foucault – forms for discipline, shapes the way.
- Why is fascinoma mentioned in the text? What medicine cares about? *Establishing your competence and performing your competence.* How students are being transformed into doctors, via performances and learning different forms of narrative. You'll be expected to master these forms. The process in which medicine as a knowledge/power is reinforced in the world today.
- Demeanor towards patients and other doctors. Developing moral voice within the students. How frightening is it that the higher-ups don't help to develop moral voice. Apathy in moral fiber, is that alarming? Why do MS have to try so hard to maintain their moral preservation? This happens in all fields? As you gain more senior, you get more decadence? Wait, NO, that's too strong.
- The embarrassment factor, in a public forum. *Subtext is: who has the power in this hierarchy? MS are fitting into a powerful institution with a vertical hierarchy, with personas.* Don't be down on doctors, but we can be critical.
- Ideal MS – expected to be bubbly, jolly. When asked what they were proud of, the female MS brought issues of caring, making a difference; male MS had manipulated the power structure in order to do something. Female is more patient-centered? Would have been interesting to keep in mind. Is there a feminine ethic of care?

Byron Good.

Background: Professor of Medical Anthropology, head of Social Medicine, culture and psychiatry. Byron J. Good, Ph.D., is Professor of Medical Anthropology and Department of Social Medicine, Harvard Medical School, and Professor in the Department of Anthropology, Harvard University Faculty of Arts and Sciences.

- What does it mean to say that *medicine formulates the human body and disease in a culturally distinctive fashion*? Page 65. And how does Good show this? What is the article about? Byron Good. The formative process?
 - Comment: It's about American medicine, the exclusivity of biology = disease. Response: What you just said is cultural – “disease is biology, biology is disease”.
 - Cassirer: science and religion. Lenses. Medicine is a way of seeing. The way the body is constructed is through the practices in medicine. We perceived reality through the activity of engaging with it. The tools and cultural forms, the process of living, that shape the way we live.
 - Haraway: objective world that can be perceived no matter who is doing the looking. The realist point of view. The subjective social constructionist

view. It is always mediated by the perspective of the person who is looking, everything about the person who is looking. This perspective is saying that the objective that we perceived are also created, they are brought to our attention through our engagement with them and our tools. The phenomenological perspective its possible to bracket the things we bring to active engaging of the other, we are still situated or contextualized, that there is a universal thing.

- Depression – soulless; full body pain; various different categories. Western biomedicine and its philosophic roots posit a discrete bodily entity that can be understood.
- Good criticizes Foucault’s analysis. Neglected personal experience of the body. A strategy without a strategist. Foucault: A network/capillary power, where certain sectors have more power than others, the systems of power (army, school) with a focus on the body, everything from posture to data on the body, how its constructed in a field of power. But Foucault does not examine the experience of the body. General critique of Foucault. The practices that create the object.
- Medical body, separate space, separate moral order. Learning medicine. Filled with objects not in everyday life. MS learns to *view anatomy as separate* from patient. *Ritual space*.
 - *How doctors come to see the body as something that can be transformed, for treatment*. Bioethics enters when: how is the person as they enter this world in a constructed and object-like way, where all our readings come in (feminist, Christian-theological perspective).
 - What is the way that medicine is looking at the person and what do other disciplines have to say about that, how doctors are created, a separate culture and its own moral order. Who gets to decide and what perspectives are brought to the table to decide? Anatomical gaze. A person’s autonomy, reducing that patient.
 - How do doctors “turn on” “turn off”? Is it really turned off? You have to be a normal person. Can you objectify people like that, after gross anatomy?
 - Comment: MIT, the technological gaze. Medical gaze vs ‘normal’ American gaze of human body.
- *What is formative process?* Ritual space? The aspect of writing the chart, that’s almost like the last aspect of your training that initiates you. They felt that throughout writing the chart they felt like they don’t know anything, but writing the chart makes him feel like part of the process, a formulated process, you change your views, in that instance, changes the perspective of themselves in the field, writing as authorizing the medical student.
- Having to write up a case, how you engage with a person, will need to be scripted and presented in some other format, so that practice of writing, formative practice, how you engage with the patient, it’s not a free flowing thing, and you have certain restraints. If you think about this, medicine is a total institution, transforming students into doctors, but as a separate category of people dealing with birth, life, and death.

- *Hospital as site of moral drama*. Idea of redemption, mentioned in theology, to always extend life. Theology is about dealing with issues of death.
- *Soteriology. Concept of medicalization*. How is it that particular life passages that were once under the purview of religion, the issues of suffering, as an aside, Clifford Geertz aside religion teaches people how to suffer. Byron Good is saying medicine is taking the role of what religion might have taken. Articles on feminism, life cycles under the purview of medicine. These views come out of biosciences, come from biology. Medicalization. Western biomedical tradition, a total institution,
 - Page 86: This is because medicine offers modern man the obstinate, yet reassuring face of his finitude; in it, death is endlessly repeated, but it is also exorcised; and although it ceaselessly reminds man of the limit that he bears within him, it also speaks to him of that technical world that is the armed, positive, full form of his finitude (Foucault 1973: 198)
 - Look at Rosenberg. How medicine links technical and sacred, technologies. What SHOULD the roles of doctors be and what should the limits be and are we reproducing the objectification of the body, with the development of more technologies.
- Writing things down shapes the ways doctors diagnose and relate their symptoms, narrow it down; are these points to inequality of healthcare?

Sharing medical experiences

- Medical experiences... Students share illness stories.