I. For the next 6 sessions we will look at Western medicine as an institution

II. Let’s look at institutions in general. What are they? A sociological analysis:

A. A set of behaviors that are seen by the members of a culture as organized and connected—that form part of a unit

1. Although this is a looser definition than most of us would come up with when asked to define an institution

   a. Our prototype would be something like MIT—a “real” institution, with buildings

2. However, if we are to speak of the “institution of marriage” (which can be a useful exercise) we need a looser definition

B. Behaviors are organized in institutions:

1. There may be an explicit hierarchy or not

2. There will be ways to recruit members

   a. And train would-be members

      1) Apprenticeships, etc.

   b. As well as ways to de-recruit apostates

      1) Excommunicate

      2) “Drum out of the corps”

      a) Discuss: MIT examples?

3. There are always in-between stages before final ejection

   a) In medicine, censure, etc., will be applied before taking away the license
b) Note that here, as is often the case, two institutions are involved in ejecting members (the state and the medical boards)

c) Because, as is most often the case, institutions cannot police themselves properly

(1) Example: the news several years ago carried stories about the apprehension of a nurse who had killed many people

(2) The hospitals that hired him didn’t prosecute, just fired him, and he would easily find work elsewhere

(3) His colleagues in one hospital even gave him a nickname that referred to murder (they didn’t use it to his face)

3. The set of behaviors comprising an institution includes provision for an orderly succession of office

4. There will be ways to advance in the institution

   a. **Discuss**: How do faculty in a university advance?

   b. **Discuss**: What are the ways to advance in medicine?

5. There will be ways to build loyalty and commitment

   a. Celebrating ancestral figures is one way

      1) **Discuss**: how is this done in medicine?

6. Institutions have orderly ways to change themselves over time

   a. Note Hahn’s point that specialties within medicine have resulted not only from technical advances and new knowledge but from intense struggles for recognition by practitioners

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¹ Richard Pena, “Hospitals didn't share records of a nurse accused in killings.” *New York Times* Dec. 17, 2003; this article is posted on the class MIT Server.
b. To some degree these struggles continue: there is always jockeying for turf, for resources, and for recognition in all institutions

C. There will be a place where the behaviors take place

1. A physical place is not required—for example, members of some institutions meet in cyberspace

   a. Discuss: medical examples?

2. Discuss: examples of institutional locales?

D. Institutions need financing, some form of wealth to finance the activities

1. Discuss: how does this occur in medicine?

III. Let’s look at the meaning side of things

A. Members want the institutions they belong to:

1. To be worth their time, to enhance their self-image or otherwise promote their interests

   a. To be “good” institutions—to be worthy, effective, well thought of

   b. This applies to illegal and counter-cultural organizations as well

      1) For example, the Mafia

      2) Institutions promoting alternative medicine

2. How is meaning constructed within institutions?

   a. One way is via myths and stories

      1) Discuss: examples in medicine?

         a) Medical schools will have portraits of “founding fathers”

         b. Another way is via rituals that happen during get-togethers, rallies

        1) Like the American Medical Association’s plenary sessions during their conventions, named lecture series, etc.
2) **Discuss**: MIT rituals that construct and reconfirm meaning about MIT?

c. These meaning constructions inform both members and outsiders about the institution’s history, where they collectively are now, and where they’re headed

d. These meanings also help define boundaries—who is a member and who isn’t, in normative terms (“good” and “bad” members)

3. Values

a. Values have a purpose: they legitimate and justify the institution—they are often seen as self-serving in this respect

1) Health policy debates in Congress reveal legislators’ values, the White House’s values

a) **Discuss**: other institutions’ values?

(1) American Association of Retired Persons (AARP) with respect to prescription medicines

(2) Pension plans re. buying drugs in Canada

(3) Big Pharma

2) Where is the “institution of medicine” in these debates? Its values are revealed in such negotiations

b. Hahn discusses biomedical values extensively

4. Other activities that serve the needs of the members?

a. Newsletters, bulletin boards, credit unions, a distinct language or dialect/argot, hotlines, contests with prizes, organized travel, reunions/conferences/conventions/meetings

1) Such activities can be seen to promote a feeling of belonging, solidarity
2) Being able to speak medicalese (liberal use of technical terms) can be seen to reinforce the exclusivity of the institution and signal shared values

3) Providing a sense of security, affirming members’ high social status

b. All the social, financial, informational, etc. activities

1) Can be seen to be multi-purpose

2) For these activities also affirm and contribute to the institution’s meaning to its members

IV. Medicine as an institution is embedded in the larger society

A. Relates to (competes with, complements) other institutions

1. Such as non bio-medicine medical practices
   a. Osteopathy, chiropractic, homeopathic
   b. For the most part, they are seen as competitors

2. **Discuss:** other institutions related to medicine?
   a. Medical science—linked to government research agencies, government funding agencies, U.S. Congress, etc.
   b. Pharmaceutical industry; manufacturers of medical equipment
   c. Insurance industry (HMOs)
   d. Social service institutions
   e. Legal institutions
   f. International public health institutions: WHO

B. Embedded in a culture as well

1. As is true of all institutions, medicine conflicts with parts of the culture
   a. We are discussing these throughout the course
2. Medicine is a window onto some other parts of the society

   a. E.g., values: our way of valuing science, for instance, are displayed

   b. Our dependence on expert knowledge is revealed: how we expect experts to take care of our children and other dependents

       1) Schools, counselors, other advice-givers

   c. How we value certain kinds of people and denigrate other kinds is revealed

       1) Hahn’s point about discrimination within biomedical institutions against minority patients, women, the elderly, and the poor

       2) Prejudice against kinds of people with respect to degree of responsibility and sometimes blame for their ailment

           a) Alcoholism, drug addiction, AIDS

       3) And kinds of people with respect to their appearance and behavior while in health care settings

           a) “Cocks,” for example

           b) You will read D.P. Gordon’s piece on hospital slang that analyzes this language

   d. How we value our bodies, parts of our bodies is revealed

       1) Jokes about proctologists, gynecologists

       2) Hahn points out that the differential status of medical specialties

           a) Is thought to derive from the symbolic value ascribed to the treated body part and function

           b) I would add that the symbolic value of the person possessing the body part contributes as well
c) Obstetrician/Gynecologist used to be pretty low in status

(1) I don’t know what it is at present

d) The degree of control the specialty is seen to have in the patients’ lives also very probably plays a role

e. Status value: medicine is a high-status occupation... the joke about “my son the doctor’s brother”

1) High earning power

2) HMOs are changing these conditions

V. Final remarks

A. Institutions have a logic to them

1. They don’t self-destruct, they look after their own interests, etc.

B. The videos we’ll see illustrate institutions

1. “Lynchburg Story”: about both the specific institution at Lynchburg that sterilized people, and the institutionalized eugenics movement as a whole

2. “Back from Madness”: MGH presenting itself as providing state-of-the-art biomedical interventions for psychiatric disease

3. “The Search for Satan” we’ll see the North Shore Hospital in the Chicago area acting just like an institution by finding ways to appropriate the “epidemic” of satanic abuse of children to make money and build its reputation

4. “Deadly Deception” is about medical science practiced by the institution of the US Public Health Service, which supported a long-term study of syphilis in the “untreated Negro male” decades after a very effective treatment had been found for syphilis

5. “Simple Courage” deals with several institutions’ response to leprosy in Hawaii during this century and part of the last

a. The US as a colonial power
C. The point is to understand institutions, not to find out about “bad” institutions and “bad” physicians

1. One can learn a lot about the structure and functioning of institutions by examining those that are dysfunctional, as judged contemporaneously or later on
   a. This is why we often look at institutional failures, or institutional successes that later on seem to be wrong-headed

2. The point is that for the most part we are not out to “doctor-bash” or “institution-bash”
   a. Of course it is important to examine why all the hospitals failed to prosecute or, when the murdering nurse moved on, the new hospital failed to adequately check on his record when he was being hired

3. But it’s more important to learn how institutions operate, what they are
   a. Because too often people condemn specific institutions (e.g., Lynchburg) without understanding that part of what happened was typical institutional behavior