



practice (Elston et al., 2002). Professional interest organisations such as the BMA stressed the risk of abuse and violence, with doctors typified as innocent victims.

Drawing upon survey and interview data involving individual GPs collected in the year 2000, a pertinent moment of heightened attention to changes in GP-patient relations, the empirical contribution of this analysis is in exploring the under-researched experiences and perspectives of GPs regarding changing relational dynamics with patients. Theoretically, recent approaches have usefully located physician-patient dyadic encounters amidst wider contextual dynamics and structural change (e.g. May, 2007), yet these have largely been understood in terms of organisational-management and professional-knowledge shifts whereas the influence of broader societal figurations and historical processes of change remain neglected. In discussing the implications of our findings for sociological understanding of doctor-patient relationships in the early 21st century, we explore the utility of Eliasian perspectives regarding concurrent civilising and decivilising processes (Elias, 1994). Before considering our data, we provide a brief account of relevant sociological literature on medical professionals, followed by an outline of some key themes within Eliasian sociology.

## 2. The “golden age” – nostalgic and nostaphobic perspectives

From the 1950s to the 1970s, it was sociological orthodoxy to consider doctors among the most powerful and highly trusted professionals, with interactions between doctors and their patients characterised by deference and social order. Empirical evidence from Britain to support this orthodoxy included observations of consultations involving NHS doctors, indicating the exceptionality of patients explicitly questioning, let alone overtly challenging or abusing, doctors face-to-face (e.g. Stimson and Webb, 1975; Tuckett et al., 1985). Whether such deferent patient behaviour was based on normative acceptance of medical authority or lack of power was sometimes queried. Nevertheless surveys in the 1960s and 1970s consistently indicated very high levels of patient satisfaction with NHS GPs (e.g. Cartwright, 1967).

Since the 1980s, however, this orthodoxy has been subjected to critical scrutiny. Two much-cited though contrasting American sociologists chose the same image to describe a perceived decline in medical authority at the end of the 20th century, suggesting that the “golden age” of doctoring was passing in both the organized profession's influence around policymaking and micro-level encounters with patients (Freidson, 2001, p.182; McKinlay and Marceau, 2002, p.381). This “golden age” metaphor seems equally apt when applied to changes affecting the medical profession in Britain and elsewhere in Europe (Kuhlmann, 2006; Elston, 2009). Given Freidson's and McKinlay's frequently critical approaches towards the American medical profession, it seems likely that ‘golden age’ had an ironic edge; but the complaints from the BMA and the medical press cited above clearly present a nostalgic tale, implying that, for NHS GPs at least, relationships with patients were much more deferential in the (unspecified) past.

These nostalgic sentiments are very apparent within recent research into perspectives of senior NHS doctors, especially regarding various disappearing terms and conditions of medical work (McDonald et al., 2006; Nettleton et al., 2008). Yet alternative accounts also exist, for example Australian doctors interviewed by Lupton (1997) did not necessarily regret emerging norms whereby patients no longer regarded doctors as omnipotent. Younger and female GPs, in particular, were likely to be in favour of patients having a more realistic appreciation of what doctors can offer, a finding we consider below in relation to our own data.

More nostaphobic narratives have dominated accounts within

policy-making since the early 1990s, emphasising the dangers of old-fashioned deference and blind trust in professionals (Calnan and Rowe, 2008). Successive UK governments have sought to make the NHS more responsive to patients, contrasting their proposals with negative framings of professional complacency. Although studies suggested resiliently high levels of trust in doctors despite the much-publicised medical scandals of the late-1990s (MORI, 2004), these failures were nevertheless used as political tools to challenge professional self-regulation and to promote consumer-oriented policies, undermining the ‘producer’-oriented service of the past (Alaszewski and Brown, 2012).

Accordingly, in recent years, NHS GPs in England have been faced with a succession of policy measures ostensibly intended to increase patients' ability to make informed choices about their healthcare and to augment GPs' accessibility, accountability and responsiveness. These have included the Patients Charter in 1991, setting out patients' rights in the NHS, amendments to GPs' NHS contracts to make patient registration more flexible, the fostering of a ‘partnership’ role for ‘expert patients’, and technological innovations to augment patients' choices when deciding about referrals to specialist care (Calnan and Gabe, 2001, 2009). More recently, groups of GPs have been given budgets to commission services for patients in accordance with the catch-phrase “No decision about me without me” (Secretary of State for Health, 2010). The extent of such policy intervention, alongside heightening external regulation, is therefore a subtle variation upon McKinlay and Marceau's (2002, p.382) more American-oriented theme of the ‘shifting allegiance of the state’ when describing ‘the end of the Golden Age’.

## 3. Civilising and decivilising tendencies around patient-GP relations – an Eliasian framework

In contrast to much theorising within medical sociology, analyses drawing on the work of Norbert Elias (e.g. Goudsblom, 1986; de Swaan, 1981, 1988) are distinctive in their historical sensibilities – apposite when considering longer-term changes in patient-GP relations. Elias's seminal work (1994) seeks to explain the notable shifts in manners, interactional conduct and emotions which are visible when comparing prevalent social norms of the middle-ages with those of the nineteenth century. Central to this account is the ‘deep-seated and iterative relationship’ (Quilley and Loyal, 2004, p.10) between developments of the state, hierarchies and chains of interdependent relations within which citizens interact (sociogenesis), on the one hand, and an emerging habitus of self-restraint, self-consciousness, empathy and identification with others (psychogenesis) on the other.

To provide a brief if schematic sketch, the monopolization of violence by more centralised states compelled increasing levels of self-restraint and affect-regulation to be exercised by individuals. In turn, this pacification facilitated interactions and exchange across society and the ‘chains of action binding individuals together’ (Elias, 1994, p.370) became longer and more tightly interwoven. Amidst these expanding webs or ‘figurations’ of interdependencies and the relative absence of violence, more attention is paid to the concerns of others – with deportment, civility and conduct of interactions increasingly important as a way of establishing ‘respect’ from others, while acknowledging respect for those in authority (Elias, 1994, p.425).

Within such growing proximity and interdependencies, social groups – not least the powerful classes – who earlier had cared relatively little about those from distant groups, were increasingly required to ‘understand’ these ‘others’ better, ‘if only to better profit from their relations with them’ (Flores, 2009, p.45; Elias, 1994, pp.177,381). Accordingly, empathy and understanding of others

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