

BOOK REVIEW

Guido Giarelli and Eleonora Venneri
Sociology of Health and Medicine.
Handbook for Medical,
Health and Social Professions
FrancoAngeli, Milano, 2009,
pp. 506, € 36

di Aldo Pagni*

The availability of health technologies increasingly used for laboratory and instrumental analyses, the delivery of care by multiple professions, the shift from disease to health paradigm (which often crosses the border of an hedonistic consumerism based on beauty, youth-looking, and on “athletic” sexual performances, marketing induced) and the limited resources facing an unlimited health demand, have determined the crisis of the clinical method and reduced the absolute and traditional “dominance” of physicians and medicine.

Moreover, in an era of pluralism of individual ethos, and of new awareness of citizen’s rights to listening, information, and share of diagnostic and therapeutic choices, the ethically sensible topics induced by the ability of technology to modify the “naturalness” of the course of life, from birth to death, have become the object of an heated juridical and political debate, even among the public opinion. Not to mention the immigra-

tion phenomenon, which has changed the characteristics of the cared population, increasingly becoming multiethnic and with different religions, symbolical cultures of illness, mores and customs.

The physician of the past, while reasoning on the bases of information derived from a careful and extended anamnesis about the symptoms narrated by the sick person, by an objective and meticulous examination of the signs, solved the diagnostic problem of his patient without any support, on the basis of his expertise, professional culture and of the rigorous implementation of the diagnostic method only. As it has been written, it was a physician “alone with his patient in a desert inland”, who “often treated, sometimes healed, always comforted”. In fact, in spite of the modest therapeutic paraphernalia available till the Fifties of the last century, he cared not only for the organic disease of the person who relied upon him, but also for her/his anxiety and fears, and for the impact the illness caused in working and social life, its economic consequences and family disturbances.

The nostalgic recalling of this past medicine clashes with the evolution of a society on one side increasingly fragmented into multiple individual self-interests, performance oriented, and with a complex medical organisation, on the other side characterized by the prevalence of interests which favour and glorify the scientific technology even with the risk, often stated,

* Past President of the Italian Society of General Medicine (SIMG) and of the Federazione Nazionale degli Ordini dei Medici-chirurghi e Odontoiatri (FNOMCeO), aldopagni@mdtech.it

of ‘de-humanisation’ and ‘de-personalisation’ of the doctor-person relationship.

The technological innovation, as D. Callahan wrote, is the most concrete outcome of the idea of progress. Medical innovation consists of the application of scientific knowledge with the objective of getting techniques, methodologies and tools useful to improve the practice of medicine and health. It is enormously fascinating in at least three fields, strictly interrelated among them, but nevertheless singularly identifiable.

In the field of clinicians, because it allows for an immediate knowledge of the human body and effectively operates on it, beyond conferring an actual personal power into their hands.

On the other side, even the general public greatly appreciate its benefits, so that the medical perfectionism of physicians establishes an alliance with the widespread ‘technological mind’ of people.

And, at last, medicine, which is also a very profitable industry, forced the health technologies enterprises to introduce a continuous flow of innovation into the market in order to be up to the task of dealing with competition.

This evolution of society, culture, and the plurality of professions in the health care organizations have dramatically affected the medical profession, subdivided among a multiplicity of knowledge, and specialized and sub-specialized competencies, along with the autonomy claims of the more than twenty health professions recently established by law, so that the risk of a ‘diluted responsibility’ towards the ill is growing.

The plurality of information coming from the laboratory, the instrumental analyses, the specialized consultancies, the observation of other professionals, makes necessary an ‘horizontal’ organization of labour based on the contribution of different expertises and knowledge, in order to get a synthesis which can be applied to the observed person.

In this situation, it appears clear that medicine is not, or it is no longer, a naturalistic discipline only, taking into account biological phenomena happening in the human body, but it has become even a way of knowledge and working at least partially different and more complex than a natural science.

“We have to make a physician, G. Federspil wrote, who knows medical science, but not only medical science, a physician able to evaluate actual chances and limits of the science he practices, a physician who can reason properly and makes her/his decisions in a critical way, recognizing the ethical problems which play a role in various clinical contingencies, a physician who is able to take into account the ethnic group and the life and medical conception of her/his patient.

Therefore, modern society demands from the physician more than a technical-scientific training: a knowledge of clinical psychology, work organization and human resources, sociology of health and medicine, anthropology and clinical ethics, logic and epistemology, and it is difficult to think that Medical Schools alone can tackle this needs in the undergraduate academic course, when even after graduation the specific postgraduate training in General Medicine and the Continuous Education in Medicine (CEM) assign credits to these topics.

In this context, the interactive volume *Sociology of health and medicine. Handbook for medical, health and social professions* by G. Giarelli and E. Venneri looks like a tool for study and work which cannot be missed by any health professional, which should be adopted in postgraduate courses of all the health and social professions.

This work, wide and plenty of concepts, “is based on the idea that the sociology of health, a sub-discipline strongly interdisciplinary oriented, should start from the still unsolved problems of medical, health and social professions in order to offer them a relevant cognitive perspective, in an understandable and not too specialized language’.

The handbook is subdivided into two parts: the first one offers the epistemological, theoretical and methodological foundations of health sociology, the second one deals with the problems of the healthy and ill person. A specific attention is also devoted to health work and its features in various social and organizational contexts on the basis of the evolution of medical and health professions the change of health care systems in late industrial societies.