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# **SOCIOLOGY OF MEDICINE**



**Москва**  
**ИЗДАТЕЛЬСКАЯ ГРУППА**  
**«ГЭОТАР-Медиа»**  
**2016**

# Goals and objectives in sociology of medicine

## 1.1. Medico-sociological views on medicine, healthcare, and the health protection system

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Medicine is an integrated system of scientific knowledge and practical activity aimed at strengthening and maintenance of health, prolongation of the human life span, as well as prevention and treatment of human diseases. To implement these tasks, medicine examines 1) the biological structures and physiological processes under normal and pathological conditions; 2) the positive and negative effects of natural and social environments on human health; 3) human diseases (the causes, mechanisms of genesis, development, and symptoms), and 4) the possibilities to use diverse physical, chemical, and biological factors and technical facilities to prevent, reveal, and treat diseases<sup>1</sup>.

Public health is a system of governmental and public socioeconomic and medical measures directed to maintain and improve public health<sup>2</sup>.

The healthcare system is a set of interacting legal parties and institutes of society organized to implement the political, economic, legal, social, scientific, medical, and sanitary-hygienic measures directed to protect, maintain, and strengthen public health and to prevent diseases.

Before 1970–1980, the achievements of the healthcare system can be explained by the progress in preventing acute infectious diseases. After the development of public healthcare, the most urgent healthcare tasks have been shifted to prevention medicine. Approaches to the problems of health and disease changed dramatically with more emphasis being placed now on the social environment of human beings. Modern research greatly expanded the studies of social phenomena determining public health, reproduction of population, and related problems, which are carried out on the basis of comprehensive medico-sociological analysis.

The modern system of health protection and strengthening is not only responsible for numerous social functions, but it is presently transforming into a centralized implementation of social ideology (formation of the healthy life-style included), which

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<sup>1</sup> Cited from: Concise Medical Encyclopedia / V.I. Pokrovsky (Ed.) iene and the Organization of P. 203.

<sup>2</sup> *Ibid.*, Public Health. — 1977 P. 375.

should gradually elaborate the methodology to reflect the sociomedical phenomena corresponding to human needs in social cognition. Specifically, it should provide the tools to use diverse social achievements, which moderate or, on the contrary, strengthen the intellectual and physical activity, general state (self-estimation of wellbeing), affect the health, and prevent undesirable trends in the development of medicine.

In the modern world, medicine and healthcare play exclusive roles in human life and constitute the most important sphere of human activity. Sometimes, their impact on everyday life is even stronger than that of politics and economics. Therefore, the necessity in medico-sociological research work enhanced dramatically in order 1) to explain the character of sociomedical interrelations and interactions; 2) to elaborate the models to examine the control principles as well as to simulate and to prognosticate the processes in the healthcare system; and 3) to promote creation of the adequate system of public healthcare with due account for the socioeconomic realities.

Acknowledgement of the social systemic character of medicine, medical practice, and healthcare, as well as general consensus on the important role of examination of sociomedical, economic, and political problems of public healthcare, were reflected in the 20<sup>th</sup> century by the emergence and logical development of the novel scientific branch, sociology of medicine. This science originated as an interface between sociology and medicine designed to solve problems, which became evident when the researchers realized that the system of health protection and its strengthening affects not only an individual person, but society as a whole. Initially, sociology of medicine was merely a branch of sociology, but in the following it grew into a self-consistent academic discipline. This is a well-known fate of many other scientific branches: for instance, biophysics and biochemistry made their first steps by applying the physical and chemical methods to study the phenomena in animate nature, but then they became important and independent sciences examining not only the borderline phenomena, but trying to integrate biology with the cornerstone branches of natural philosophy.

The mutual influences of various sciences that were not always allied attest to the profound changes in the general structure of scientific knowledge. The conventional character of the borderlines between the sciences is reflected in the persistent changes of their boundaries and interrelations, which should be taken into consideration to make the correct prognoses and to shape the general development of the scientific process. It is noteworthy that the novel areas of scientific research are opened by transformation of the sociological methods that can be applied to the medical problems into the potent research tools with preservation and the development of their applied potential.

One can highlight the following factors, which integrate medicine and sociology and promote the development of sociology of medicine into an independent academic discipline:

- the state of social anomia during reincarnation of the market economy in the RF;
- the need in medico-sociological comprehension of the role and place of the healthcare system in the life of society based on the use of sociological methods to examine this system;
- the current changes in the demographic processes and in the structure of morbidity manifested by population aging, natural population loss, chronization of the diseases, *etc.*);
- the need to use the sociological approaches in the study of diseases and treatment.

The subject of sociology of medicine is the attitude of the individuals and social groups towards the state of public health and organization of medical aid in dependence on socioeconomic and political factors. In other words, this science examines the relations of human beings and social groups to the problems of diseases-and-treatment and to organization-and-control in the healthcare system as a social institution in close cooperation with other structural elements of the society.

There are several inherent cornerstone features in modern medicine and healthcare:

- efficient diagnostics and treatment of the diseases; shortening the period of their treatment and prevention of the residual effects and complications; the prevention measures;
- elucidation and prognostication of manifestations of the syndromes or diseases in individual persons and in selected groups;
- dissemination of the elements of preventive medicine in population in order to diminish the risks to health and to some degree, decrease the morbidity rate.

Every one of these tasks can be solved with maximal efficiency provided the importance of the social and psychological factors are duly taken into consideration. Different parts of medical activity such as scientific research, clinical practice, and preventive measures need the knowledge of the cultural and social influences, which 1) affects personal realization of the necessity of medical aid, 2) prompts the decisions to apply for such an aid, and 3) shapes the personal assessment of the obtained medical aid. These aspects are examined by sociology of medicine.

Sociology of medicine considers that the tasks of medicine consist not only in recovery from the diseases, alleviation of bodily pain and suffering, and assistance to the disabled persons, but mostly in social support granted by the society to all those who need it. In many cases, medicine helps the people to continue their social role thereby diminishing the social stress. Moreover, many a time medicine is playing the key role of 'arbitrator' by making the important and difficult decisions on 1) peculiar privileges or social limitations for certain persons, 2) estimation of the degree of social responsibility in assistance to disabled persons, 3) justification of the dismissals because of diseases, and on many other problems.

In sociology of medicine, health and disease are considered within the global context of human struggle for existence and adaptation to life events, while the adaptive changes of the healthcare system should be analyzed in wider political and social aspects.

Stress, disease, and human behavior during disease are the parts of adaptive sociomedical process whose participants frequently try to play their social role actively and with all responsibility in attempts to control their environment, making the circumstances of their everyday life less uncertain and therefore more endurable and predictable. Namely these active attempts to change anything in such circumstances are the fundamental targets of the medico-sociological studies that are frequently underestimated or downright ignored in clinical medicine, which in its practice considers separately the disease as 'thing-in-itself' and the patient's behavior as more or less a stable feature instead of a persistently changing process reacting to the changes in the cause of the disease or to alterations in personal health and social environment.

Depending on how the patients and healthcare institutions identify a disease, and in what manner they react to it, the sociology of medicine in many cases can develop

the model (pattern) of sociomedical behavior reflecting the problems emerging at the state of task formulation with due account for the need to mobilize the resources of social environment. Similarly, in many cases the response of healthcare public support organizations can be assessed on the basis of variable politic and societal environment of these organizations with due account for the resources and accessible tolls to cope with the current changes.

Sociology of medicine considers the clinical presentation of a disease and its treatment with due account for the effect of societal, cultural, psychological, and other factors on probability of appearance of the specific manifestations of the disease. Negligence of such information or impossibility to obtain and apply it can lead to pronounced deviations in prognosis of the treatment results, which in its turn can dramatically affect the patient's state. The task of sociology of medicine is to create the models and patterns of sociomedical behavior as well as to develop the managerial tools to optimize the effects of social conditions and the environment on the health status and behavior of the patients prompting them to pay greater attention to their health, which did not come to the focus of medical studies and practice.

The sociomedical role behavior of those persons concerned with patients should also be considered within the context of its adaptation to present-day Russian realities with due account for the factors that limit their activity. The medico-sociological studies are especially important for the general practitioners since realization of its personal, as well as the patient's social roles, diminishes the number of erroneous prognoses in the action sequence. If the training programs of future physicians will not accentuate the medico-sociological problems, their professional activity will not attain the desired high standards expected in modern medicine.

Similar to any kind of aiding, the medical practice forms a minimal social subsystem with intrinsic political processes, system of values, societal roles, and the established norms. A party rendering the medical assistance (private GP or medical institutions such as hospital, clinic, ambulance, or outpatient healthcare facility) forms the corresponding social structure shaping the role and behavior of patients and the doctors. Both patients and the medical personnel are involved in certain restrictive conditions during the selection process, where not a minor role is played by their social origin, concerns, system of values, aspirations and claims. Both parties in this duet are characterized with their own peculiar aims and concerns. To fully realize the clinical context and the models of observable behavior, the researchers should examine not only the structures and the norms in the health activities of social organizations, but also the selection processes that unite the particular groups of patients and physicians for a definite period of time.

Thus, *sociology of medicine is the science focused on regularities of the formation of the value systems in various population strata in relation to health, disease, medical service, medicine, and to organization of the healthcare system.* The task of sociology of medicine is to examine and develop the tools of social control in order to strength public health and prevent the undesirable trends in the development of medicine and healthcare.

Sociology of medicine examines the processes underlying the development of the healthcare systems and the results of its development as a social institution; it also focuses on socialization of this system placing particular emphasis on the regularities in the role behaviors of patients and physicians reflecting the social activity, the personal