

# **Medicine and Dentistry in Postmodernity: In the Socio-cultural Perspective**

## **- The patient / doctor relationship in consumer society -**

**Masahiko Fukagawa**

### **1. Introduction**

Health care is closely intertwined with social changes. There are some dramatic changes in health care in Japanese and American dentistry, including the emergence of the medical advertisement and the increase in the number of medical lawsuits reflecting a change of the relationship between patient and doctor. Moreover, in the present consumer society, patients as consumers ask the doctors not only for conventional medical procedures for the purpose of restoring health but new type of procedures which create beauty. Thus, health care is viewed as a 'commodity' and individuals are defined as health care 'consumers' in contemporary societies.

There are several different models that have been used to describe the doctor-patient relationship. It is believed that the doctor-patient relationship was traditionally paternalist, but this has changed in recent years to an autonomous one. Health care service has shifted from provider-oriented to consumer-oriented in contemporary society. Thus the doctor-patient relationship has become the one between 'provider' and 'consumer' in consumer society. In particular, patients have changed from passive recipients of paternalistic care into active partners with shared authority over decision-making in their treatment.

Moreover, a new type of illnesses emerged in recent years. For example, young women pursue a slim body, and this leads to anorexia nervosa, which is a typical postmodern disorder (Morris, 1998, pp156-158). In addition, in the contemporary society people consume their own body as if it is consumer goods and tradable. Although a large number of researchers have investigated the characteristics and practices of 'consumer society', there have been relatively few analyses of consumerism specifically addressing dental health care. This paper examines the metamorphosis of doctor patient relationship and discusses the relationship between contemporary health care, especially dentistry, and the consumer society from a socio-cultural perspective.

### **2. Metamorphosis of the doctor-patient relationship**

#### **2-1. Analysis of the metamorphosis of the doctor-patient relationship**

Doctor-patient relationship was traditionally believed to be paternalist, based on that of father to son. In the model of paternalism, professionals are deemed to know best and patients are required to trust them. The doctor-patient relationship is well described by Talcott Parsons, who introduced the concept of the 'sick role'. In Parsons' view the patient gains two rights and two obligations when they have fallen ill. One of the duties is: 'The sick person should seek technically competent help and cooperate with the physician' (Cockerham, 2001, p.161). Thus he assumes, the obligation to seek competent help from a physician and follow his advice. In other words, the patient is expected to follow the doctor's order in seeking to recover from his illness. This obligation means that physicians have the overall initiative in the patient's medical treatment. The sick person must work to regain health by consulting a medical expert and agreeing to become a "patient". This

ultimately means that the doctor monopolises authority over the whole situation of medical treatment.

However, the patient has increasingly been able to collect medical information through the media prior to and in the process of visiting the doctor. This should be viewed as a positive step towards empowering the patient. The patient is able to choose the suitable medical treatment and the physician for themselves on the basis of the information and knowledge thus collected. The initiative in decision-making over treatments has shifted from the physician to the patient. This transfer of the right of decision-making leads to the physician losing his overall initiative on health care and weakening of the physician's power.

Thus the patient becomes an equal and autonomous participant and decision-maker in medical care. This means that the doctor should respect the patient's choice even if the two's views disagree with respect to the treatment scheme. In this way, the patient changes from passive recipients of paternalistic care into active partners.

By the late 1960s, infectious diseases had almost been conquered in the industrial countries. This situation produced a major change in the pattern of diseases as chronic illnesses became the major threats to health. Chronic diseases, such as cancer, heart disease, and strokes have increased and become more influential in the contemporary society. Acute diseases are often accompanied with a sharp pain, and the pain dramatically disappears with doctor's procedures, which results in the patient's respects and gratitude for the doctor, which in turn leads to the doctor gaining power. In the case of chronic disease, however, conditions do not change so dramatically or rapidly and efforts and cooperation on the part of the patient are an essential part of the way to recovery. In Parsons' view, illness is a deviance from normal condition and seen as the result of physical causes beyond the patient's control. It is difficult for the patient to carry out a social role with an acute disease. With a chronic disease, on the other hand, the patient is able to play his usual social role, which makes the rights of Parsons' sick role inapplicable. The change in the doctor-patient relationship has partially prompted by this shift.

The patient's rights and informed consent have been advocated from the 1960s, and the patient's choice has become more respected in the health care. The principles of informed consent recognize that the patient has the right to give their consent to treatment on the basis of all the necessary information available to him. One of the principles of informed consent is autonomy, the individual's freedom to decide his or her own goals and to act according to those goals. This autonomy undermines the doctor's monopolised authority as the sole decision-maker in treatment.

Information asymmetry between the doctor and the patient is another factor behind informed consent. Informed consent requires the doctor to reduce the patient's disadvantage in terms of information and knowledge available. Informed consent is not a device to have the patient to accept the physicians' medical plan but of sharing medical information between the physician and the patient. Thus, informed consent gives the patient more power over treatment and thus undermines the physician's domination.

The introduction of the principles of informed consent in health care is, in the end, to instill the notion of autonomy.

As highlighted by Ritzer, the demand for a quicker health care provision with less effort on the part of the patient has led to the 'McDonaldization' of the system. The trend affects not only fast-food restaurants but also every other aspect of society. People are able to get medical services far more conveniently, For example: patients are able to see the physician without an appointment. Health care has been McDonaldized by pursuing efficiency and rationalization in the consumer society, emphasizing the commodity aspect of health care services.

As the market mechanism is introduced to health care, physicians have begun to approach patients actively. In a contemporary society, physicians increasingly use advertisements through various media as a means of patient acquisition. Marketing, especially in the form of advertisements, also plays an important role in a prospective patient getting necessary information when they seek health care services, Many cosmetic dentists are trying to reach the public through advertising on the Internet. Physicians' approach to patients brought the new aspect into the doctor-patient relationship.

### **2-2. Power in the Doctor - Patient relationship**

Although the physician once had overwhelming power, the patient is increasingly gaining power in the process of consumerization of health care. The doctor seems to be trying to regain power in the relationship by expanding the scope of medical treatment, redefining the concept of illness itself. This is achieved what we know as "medicalisation," which means making what have previously been nothing but 'trouble' into 'an illness' which can and should be medically treated.

'Medicalisation' is promoted by the medical profession. Specialized knowledge, thus expanded by medicalisation justifies the doctor's regained power over the patient. In the mid-twentieth century, the American medical profession was at the height of its professional power and prestige, which included public trust. It was at this time that Eliot Friedson (1970) devised his "professional dominance" theory highlighting the level of control the doctor had over health care. The physician controls the patient through diagnosis and medical treatment based on their knowledge.

Michel Foucault uses concept of the "medical gaze" with regard to the concept of the domination which works between physicians and patients. The medical physician's gaze at the patient's body is characterized by power and diagnostic intent. In order to restore the body to health, the cause of the disease must be isolated and specifically attacked. This leads to the notion that the mind and the body, and specific body parts, can be treated separately. As Foucault illustrates, the doctor in the eighteenth century asked his patient, 'What is the matter with you?' but this form of questioning was later replaced by 'Where does it hurt?' This change of attitude, Foucault argues, is due to the emergence of new gaze (1973, p.xviii). Medical specialists adopt a medical gaze, a detached approach in viewing and treating the sick patient. Foucault shows how the medical gaze dominates the individual body as an object within the power structure of the medical discipline.

### **2-3. The Body Consumed**

Everything becomes an object of consumption in the contemporary society and medical services are no exception. Health is even viewed as a 'commodity' and individuals are defined as health care 'consumers'. Furthermore, even the consumer's body has become an object of consumption.

### **3. Dentistry in the 21st Century: Socio-cultural Effects of Consumerism on Dental Practice**

In this chapter, we will examine how consumerism has affected dentistry. Dentistry has been greatly influenced by consumerism, earlier than other medical fields. This is mainly because dentistry has less to do with life-threatening diseases, and at the same time chronic diseases and aesthetics for dental caries are important aspects of the dentist's work. This leads to a closer relationship between the dentist and the culture in which we live, which in turn has resulted in the doctor-patient relationship changing dramatically in dental health care. Dentistry was the first among the medical fields to experience the new attitude of the patient, who requests informed consent.

In the present consumer society, the patient as a consumer asks the doctor not only for appropriate medical procedures but for a new type of procedures which create and enhance beauty. Take advertisements of whitening, for example. At first, dentists dealt with teeth whitening as procedures for the purpose of lightening discolorations of enamel and dentin. However, young women gave whitening a different meaning. They want to make their teeth whiter to give the impressions of purity, health, beauty, and youth. Tooth whitening is perceived to be the fastest and easiest way to satisfy this desire.

Whitening as culture has turned into something that is bought and sold, namely a consumer good. Tooth whitening, which is not a way of curing a disease or dysfunction but of enhancing beauty, is a good example to illustrate medical consumerism

Aesthetic dentists, trying to sell the product (whitening), try to build an identity between the consumer and others through advertisement. Through advertising whitening is represented as a device for purity, health, beauty, and young people. Thus whitening becomes a metaphor, a signifier, of 'purity', 'health' and 'youth'. In the contemporary society in which consumerism is accelerating, patients' desire, which exceeds the traditional medical 'need,' is strongly reflected in the change in dental procedures.

### **4. Modernity or postmodernity**

Now we will discuss the features of modernity and postmodernity found in medical practice. One of the notable features of modernity is 'McDonaldization'. 'McDonaldization' is the concrete index of the process of rationalization in the modern society, and a construct of modernization. One remarkable feature of modern health care is to put patients to work. For example, anyone can buy medicines and health products over-the-counter in a pharmacist and supermarket, without a prescription. People can also buy medical test kits, e.g., for pregnancy, at the supermarket, also without a prescription, and patients can use them on their own. Also, in the modern society, patients must take their own urine for medical tests. We can safely say that these are forms of 'McDonaldization'.

Let us now take some examples to illustrate the feature of postmodernity, simulation and reality. In the postmodern world, information technology has altered the health care including the doctor-patient relationship. We are living in a world of 'simulation'. Simulation blurs the difference between the 'true' and the 'false', the 'real' and the 'imaginary'. We can find a piece of evidence for

hyperrealism in dental procedures. For example, the procedures of the implant teeth are ordinarily carry out in Japanese dentistry. The implant teeth are not 'real' teeth but simulacra. The implant teeth make the distinctions between true and false ambiguous. The implant teeth replace the biological bodies with artificial parts —simulacra.

Although we face great changes in health care and the changes can be interpreted as postmodern phenomena, we also see the evidence of modernity here. This apparent contradiction can be explained by the arguing that there are, despite some authors' argument to the contrary, much continuity between modernity and postmodernity. We can adopt two approaches to analyse the contemporary consumer phenomena from the point of view of both modern and postmodern theories. We have seen that many postmodern characteristics are concurrent with modern elements in the system and procedures of contemporary health care, including the doctor-patient relationship. Therefore, we can say that modernity (rationalization) and postmodernity coexist within the health care.

## 5. Conclusion (tentative)

People consume not only goods, but also human relationships. The doctor-patient relationship represents the new consumer society well, as stated above.

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