SOCIOLOGICAL ANALYSIS OF A GROUP PRACTICE: ITS EFFECTS UPON THE DOCTOR AND THE HOSPITAL

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Thesis Submitted in Partial Fulfillment
of the Degree of
Master of Arts

By
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1950

T A B L E O F C O N T E N T S

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PREFACE

Canadians, today, are greatly concerned about their health. In some parts of Canada, government health insurance is available; and in some, hospital insurance. The medical facilities of all the provinces are presently being subsidized by the Federal Government so that they can be improved and extended. Where government health insurance or hospital insurance schemes are not available to the public, private agencies flourish.

Health and hospital insurance, however, is not the only index of Canadians' concern over their health. The ever increasing numbers of agencies providing medical services, and the ever expanding range of types of services are also indices of this growing concern over health.

This concern over health has been generated in part by the medical profession, also, by the Provincial and Federal Governments of Canada. In attempting to gain control over disease and accident these various Government and medical bodies organize a variety of schemes -- cancer funds, health insurance, radio propaganda, outdoor clinics, medical foundations. Presumably some of these schemes are formulated on the basis of limited knowledge of the medical situation as it exists. They are also presumably formulated with a limited knowledge as to what undesirable consequences they will produce.

This Thesis deals with the elaboration of medical services in a rural area. It is hoped that the Thesis will provide some insight into medical practice in one area of Canada. By so doing it will make the medical situation more intelligible so that it will aid future government organization in respect to medicine to be more adequate and less sus-

ceptible to unanticipated and undesired consequences. This is a rather ambitious hope. If nothing else, however, it perhaps will stimulate further research into medical practice in Canada, and thereby assist those who are attempting to gain control over disease and accident.

This Thesis was made possible by the excellent co-operation of the doctors in the area studied, particularly Doctor Green. For this co-operation the author makes grateful acknowledgment.

Huntly McKay,
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August 31, 1950.

P A R T 1: CHAPTER ONE

INTRODUCTION

Statement of Objectives

The marked growth of medical knowledge in the past hundred years has produced a wide range of modifications in medical practice.

Habits and attitudes peculiar to medical practice have changed. Medical practice has become dependent upon a wide range of elements. Organizational or bureaucratic (1) devices have been utilized to help gain control over these factors. The utilization of bureaucracy in medical practice has introduced new contingencies which have the potential of interfering with high-standard medicine. Inter-dependence between medical practice and other elements of our culture has been greatly increased. The elements peculiar to a medical career have been considerably modified.

Medical knowledge, however, is not the only factor producing modifications in medical practice. Changes in other areas of our culture have had their effect upon medical practice. This is true of the current growing cultural fetish for leisure time. The fetish has produced

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1. Bureaucracy: A form of social organization involving division of labor, an administrative staff, a net-work of offices, an authority system, and a system of accounting. Ideally, it is an organizational device for marshalling and interrelating the activities of its members (and their equipment) in the most rational way towards the fulfillment of some specifically stated objective.

Bureaucracy is a distinctive kind of institution. It differs from the family institution by virtue of its emphasis on rationality and on secondary relations. Ideally, recruitment of new members into a bureaucratic organization is determined by the prospective candidate's technical competence. The member's retention within the organization is determined not only by his competence, but, also by his ability to segment his business activities from his private activities.

distinctive changes in medical practice.

Accommodation to this expansion of medical knowledge and to other changing cultural elements by medical practice is not abrupt and distinctive in many instances. In some communities medical habits and attitudes have not changed significantly; in other communities there is only a partial accommodation, an accommodation in which there exists side by side in the community elements of new and old medical habits and attitudes. This is true of medical practice in the community of Snowville, the community which is the setting of this thesis.

The medical structure of Snowville is characterized by contrasting medical habits and attitudes; by bureaucratic and non-bureaucratic agencies for providing medical services; and by distinctly different types of medical careers. This medical structure in Snowville is but a stage in the process of accommodation to present day medical knowledge and to other cultural elements. Stated another way, the present structure is but a stage in the gradual elaboration of the community's medical services.

For the sociologist a medical structure at this stage permits the contrasting of two sets of medical habits and attitudes. It permits the contrasting of two types of medical careers. This makes it possible to trace the effects of bureaucracy upon a profession such as medicine. It permits an isolation of some of the factors responsible for the elaboration occurring in the medical structure. It makes possible the setting forth of some of the factors which have to be brought under control before modern medicine (2) can be made available to the public.

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2. The term 'modern medicine' as used here implies the utilization of the latest techniques and equipment in the prevention and cure of disease. It also implies the range of medical habits and attitudes which are considered nowadays appropriate in the relations between doctors, patients, nurses, and other functionaries involved in the medical situation.

As a result of these available perspectives, a number of fairly significant objectives are possible in the analysis of the Snowville medical structure. Before, however, setting down the major objectives of this thesis, it is appropriate to describe briefly the major features of the Snowville medical structure. This will add to the clarity and significance of the objectives. It will also permit a discussion of the frames of reference to be utilized by this thesis; and a discussion of the organization of the thesis.

The medical structure of a small, Eastern-Canadian town was chosen as the point of attention for this thesis. This structure comprises a 17 bed hospital; the Smith Memorial Hospital; a group practice, the Snowville Group Practice; and a number of 'individual' doctors. It also comprises an almost completed 60 bed hospital, the new Smith Memorial Hospital. The Smith Memorial Hospitals and the Snowville Group Practice are located in the town of Snowville. The 'individual' doctors are located approximately within ten to twenty miles radius of the town. The Snowville medical structure is closely linked with the medical institutions and functionaries of Mayor City, located about forty miles from Snowville.

Twenty years ago the town of Snowville was serviced by 'individual' doctors, as are the areas peripheral to Snowville today. In 1936 two doctors in Snowville organized themselves into a partnership and from this has grown the present Snowville Group Practice. This group practice has been largely responsible for the construction of the two Smith Hospitals in Snowville. The emergence of the Group Practice and the Smith Hospitals has greatly influenced the careers

of the'individual' doctors in the areas peripheral to Snowville.

The Group Practice, therefore, has been an important factor in the growth and elaboration of the Snowville medical structure. It is this influence of the Group Practice upon the Smith Hospitals, upon the 'individual' doctors, and upon the member doctors of the Group which constitutes one area of major focus for this thesis. The other area of major focus will be the Group Practice itself. The objective of this thesis, then, will be to present a Sociological analysis of the Snowville Group Practice; and to trace the Group's influence upon the Smith Memorial Hospitals, upon the 'individual' doctors in the area peripheral to Snowville, and upon the member doctors of the Group Practice itself.

In fulfilling this objective this thesis will describe the following features of the medical structure peculiar to the Snowville area: the ingredients necessary for the development and elaboration of medical services in a community; the effects of bureaucratic organization -- group-practice and hospitalization -- upon medical practice in the Snowville area; the effects which the involvement of a professional in bureaucratic organization has upon his career; the effects of medical knowledge and its inherent contingencies upon medical practice in the Snowville area; the role our cultural fetish for leisure time activities has in medical practice; the NEW elements bureaucratic organization appears to bring into the medical situation; the range of ~~contingencies~~ ELEMENTS which must be brought under control to enable the delivery of high-standard medicine; and finally, it will describe in what various ways the persistence of the Snowville medical structure is dependent upon the relations of the structure with outside institutions and communities.

Viewed on a broad level the objectives of this thesis are two-fold: to set forth the implications which the development of the Snowville medical structure has for Sociological theory; to make medical practice more intelligible to those who are involved in it, or interested in it, particularly the doctor.

Frames of Reference

The data of this thesis have been analyzed in terms of five major frames of reference: social structure; institutional or bureaucratic organization; medical careers; cultural factors of leisure time and medical knowledge; and ecological inter-dependence. It is these frames of reference which make the data more intelligible to the layman and which have implications for Sociological theory.

The following paragraphs will discuss briefly each of these frames of reference and the various concepts peculiar to them.

Medical practice in Snowville has been viewed, not as a medley of medical habits and attitudes or of medical agencies; but, as constituting three major units: the 'individual' practitioner, the Group practice, and the Smith Hospitals. All are highly interrelated, and together form a system or a medical social structure. This permits an analysis of medical practice in Snowville in terms of division of labor and centralization of power within a medical social structure. It also permits a description of the structure as consisting of different groups of functionaries each with a particular set of medical habits and attitudes. With this frame of reference some insight is gained into specialization, general practice, and patients' habits and attitudes. It also gives some insight into the monopoly of power gained by some

groups in medical practice.

The Snowville medical structure contains two distinct kinds of institutional or bureaucratic organization -- the hospitals and the Group Practice. These two medical institutions are analyzed in terms of several ELEMENTS which have been found by Sociologists to characterize bureaucratic organization; power-struggle, informal control, and orientation towards organizational-perpetuity. This frame of reference suggests that although formally major power in an institution is delegated to one specific group, it frequently occurs that a power struggle goes on between the various groups within the institution as each group attempts to gain control in the organization. In the struggle for power it does occur that one group gains control informally within the institution, with the result that this group utilizes the institution to satisfy its own personal interests. This frequently results in a noticeable change in the objectives towards which the institution is oriented. The frame of reference also suggests that many institutions devote considerable energy towards, and are greatly organized in terms of, assuring that the organization will persist eternally through time. This too, appears to have the potentiality of interfering with the fulfillment of the institution's objectives. In utilizing this Sociological frame of reference of bureaucratic organization, the actual function of the various groups within the organization is traced, the location of major power in the medical structure is indicated, the effects of this power upon the institution's objectives is pointed up, and finally some understanding is provided as to what are the effects of bureaucratic organization upon medical practice.

Medical practice may be analyzed not only on the institutional level, but also on the level of the functionary. Medical practice may be thought of in terms of medical careers. In the Snowville medical structure this frame of reference, medical careers, provides a range of insights into the elements peculiar to two kinds of careers; those greatly involved in bureaucratic organization, and those only indirectly effected by bureaucratic organization. It permits a setting forth of the different kinds of ~~contingencies~~ ELEMENTS which are inherent within a medical career fulfilled in a bureaucratic office, compared with one not fulfilled in such an office.

Modern medical knowledge and the current fetish for leisure time are the two major cultural factors to which the Snowville medical structure has become accommodated. In other words, the cultural factors of modern medical knowledge and leisure time have been greatly responsible for modification occurring in the Snowville medical structure. By utilizing this frame of reference, cultural factors of medical knowledge and leisure time, considerable understanding is provided of some of the factors requiring control before high standard medicine can be made available; also, an understanding of some of the factors requiring control before a career in medicine may be fulfilled.

The persistence of the Snowville medical structure is closely linked up with the relations it has with outside institutions and communities. This ecological inter-dependence, when employed as a frame of reference, gives considerable insight into the various kinds of institutions upon which medical institutions depends for their day to day persistence. Furthermore, it provides some understanding concerning the

inter-dependence existant between medical careers and other types of careers; and, also concerning the different kinds of meanings which a medical structure holds for people fulfilling different kinds of careers.

This thesis, therefore, analyzes medical practice in Snowville in terms of a social medical structure. This structure has as its nucleus two institutions, each bearing certain characteristics peculiar to bureaucratic organization. This structure is viewed as a form of accommodation to two major cultural factors: medical knowledge and the current fetish for leisure time. The persistence of this structure is greatly dependent upon its relations with other outside institutions and communities. It is within this structure that various types of medical careers are fulfilled.

Organization of Thesis

This thesis is divided into three major Parts -- The Introduction, The Snowville Medical Structure, and the Conclusion.

Part II, The Snowville Medical Structure, comprises four chapters. The first three chapters of this Part are an analysis of the Snowville medical structure itself. Each of these three chapters is a description and analysis of one of the major social units within the Snowville medical structure: the 'individual' doctor, the Group Practice, and the Smith Memorial Hospital. The fourth chapter is an analysis of the relationship patterns existant between the Snowville medical institutions and outside institutions and communities.

The first chapter of Part II will discuss the 'individual'

practitioner in terms of his control over the costs of medical equipment, changing medical techniques, and organization of time. It is a description of that part of the 'individual' doctor's career which may be analyzed apart from the Snowville medical institutions.

The second chapter of Part II is an analysis of the Snowville Group Practice and the careers of the member doctors within it. Group Practice will be viewed as a device for bringing under control a range of factors essential to medical practice and to medical careers. The effects of its orientation towards organizational-perpetuity upon its member doctors will be traced. Finally the implications which group practice has for its member doctors' careers and their total life activities will be set forth.

Chapter Three of Part II is an analysis of the Smith Memorial Hospital's authority structure. This traces the informal authority structure of the hospital and, as a result, will provide further insight into the whole medical structure of Snowville as well as additional data on the careers of the Group and 'individual' doctors.

Chapter Four of Part II will examine Snowville medical institutions' relations with doctors and patients in the Snowville area, with the medical institutions outside Snowville, and with the Provincial Government. In examining these relations additional factors to those already set forth in the preceding chapters which are essential to the practice of medicine will be indicated. The implications which these essentials or pre-requisites have for the careers of the 'individual' and Group doctors will be set forth. Finally, the chapter will indicate what range of functions a medical institution has in the community other

than the function of preventing and curing disease.

Part III, the Conclusion, will integrate the analyses of the preceding chapters. Through this integration of the preceding analyses, there will be presented a succinct analysis of the entire Snowville medical structure. Part III will conclude with a brief summary of what implications this thesis has for the medical practitioner and for the Sociologist.

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PART II: CHAPTER TWO

THE SNOWVILLE INDIVIDUAL PRACTITIONER

Medical services in the Snowville area are provided by three agencies: the 'individual' practitioner, the 'group' practice, and the hospital. Historically the group practice and the hospital are extensions or elaborations of the activities carried on by the 'individual' practitioner. However, when medical services are provided by a doctor on an individual basis rather than on a group or hospital basis, it can produce crucial differences in the kind of service he provides and in the kind of career he will follow.

One of the objectives of this thesis is to trace what differences are involved for the doctor in the kind of medical services he will provide and the kind of career he will follow when providing medicine on a 'group', rather than 'individual', basis. Another objective is to indicate the relationship between all three agencies -- the hospital, the group practice, and the 'individual' doctors -- within the medical structure of Snowville. From this will emerge a description of the division of labor which has occurred in the medical structure and the function of each agency within the structure.

In order to fulfil these objectives, each of the three medical agencies of the Snowville area will be examined individually. This chapter, will be specifically concerned with the 'individual' doctor who practises in the Snowville area. The chapters following will describe the Group Practice and the hospital.

The 'individual' doctor has a definite position and function

within the Snowville medical structure. To gain a complete picture of this position and function, however, various areas of the medical structure must be examined. An examination of the Smith Memorial Hospital will give part of the picture in respect to the individual doctor. Similarly, the chapter dealing with the Snowville Group Practice will add more towards completing this picture. There is one area concerning the 'individual' doctor which, however, is somewhat apart from the Smith Memorial Hospital and the Group Practice. This concerns the time-organization of these men, and also the medical techniques and equipment they possess.

This chapter will be concerned solely with this area of time-organization, and medical equipment and techniques of the 'individual' doctor. The succeeding chapters, dealing with the Snowville Group Practice and the Smith Memorial Hospital, will then complete the picture concerning the 'individual' doctor.

This chapter will be divided into three sections. The first will discuss the 'individual' doctor in terms of time-organization. The following section will discuss this type of doctor in terms of medical equipment and techniques. The third section will be a brief conclusion summarizing the first two.

#1

Ideally, the 'individual' doctor will have office hours which he and his patients will carefully observe. This will enable him to secure a certain amount of time for leisure each week. The doctor will also appropriate for himself annual holidays and, in addition, time for post-graduate work.

Annual and weekly holidays are a well established custom within our culture. (1) Their procurement by the doctor avoids the feeling of discrimination and frustration which would quite probably result if he were unable to secure them. Time for post-graduate work will permit him to keep abreast of latest medical developments.

The 'individual' doctor in the Snowville area, however, has been unsuccessful in organizing his time so that he has a regular amount of leisure time and time for post-graduate work. The following comment, made by a 'group' doctor who was once an 'individual' doctor, bears directly on this point of the 'individual' doctor's time-organization.

> "If it's the history of this area you want to know, I like to talk about that. That's been a heartache with me. I could talk about that -- too much in fact. The store keeper, the farmer, has regular hours. But the country doctor is busy week-ends, Saturdays, most of Sunday and often out at night. Tonight if you went up to Windville you'd find my colleagues in their offices. The public demand it. They feel that a doctor should always be on the end of a telephone; that was the attitude and still is in the country."

A young doctor practising in the area peripheral to Snowville alluded to time-organization as one of his big problems.

> "One of my big problems is to get enough time for myself. That is the problem of the general-practitioner in a rural area."

A third 'individual' doctor, practising in the same area had the following comment to make on the topic of time-organization.

> "I'm a slave. Before I get my eyes unstuck in the morning I get maybe ten or fifteen calls. People call when I'm half shaved. I wish I could have told the girl the other morning what I was doing. She asked me where I was when she called -- I was on the can.

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1. Craven, I. "Leisure Time", Encyclopedia of the Social Sciences, Vol. IX, P-403.
   Woytinsky, W. "Hours of Labor", Encyclopedia of the Social Sciences, Vol. VII, P. 480.

> We are two doctors here and have 9,000 people to serve. One and one-thirty is the usual time for me to get to bed at night. And then you are liable to call at night. I'm rushed to death. Friday and Saturday my office is closed except for emergencies. But you can't really get away."

The above comments indicate clearly that the demands for medical service by the public are not readily organized into a rigid schedule of five and one half days a week, eight hours a day. The demands for service are persistent and occur at all times of the night and day. When a doctor attempts to meet these demands on an 'individual' basis, his own opportunities for leisure time and post-graduate work are greatly reduced. Even when the doctor does get away for an extended period of post-graduate work, as is the case of one Snowville 'individual' doctor, he loses income and runs the risk of losing some of his clientele.

Time appears as a major element requiring control if the doctor is to keep abreast of medical developments and is to secure for himself regular allotments of leisure time. The 'individual' doctors of the Snowville area apparently have not gained control over this factor successfully.

#2

In addition to the element of time, medical equipment and medical techniques are of considerable importance to the Snowville 'individual' doctors. Ideally, the general-practitioner possesses sufficient medical equipment and commands all appropriate medical techniques so that he is independent of other doctors except for fairly specialized medical services. This independence permits the doctor to provide a service which will meet all normal contingencies in respect to a client's health. In addition, it will permit the doctor to follow

a successful medical career, which is fairly independent of the careers of the other doctors or medical institutions within the area.

This ideal situation envisions the 'individual' doctor gaining control over the elements of cost in respect to medical equipment. It also envisions him gaining control over the element of communication so that he keeps abreast of latest medical developments, both in respect to latest medical equipment and latest medical techniques.

This section, Section Two, will discuss the 'individual' doctor of the Snowville area in terms of medical equipment costs and in terms of communication of up to date medical developments.

Medical Equipment Costs

The purchase of medical equipment involves a considerable outlay of money. (2) For many 'individual' doctors there is much equipment which is beyond their means or which they can purchase only relatively late in their careers. This is true of the 'individual' doctors of the Snowville area. The following comment of Doctor Brown, the hired doctor of the Snowville Group Practice, indicates the problem he would have faced, had he decided to practice medicine on an 'individual' rather than on a 'group' basis.

> "There is the problem of equipment, too. If I had wanted to set up a practice, the bare minimum of outlay would have cost me $1,500. Just the equipment alone in my bag cost me $200 when I came here."

Only one of the four doctors in Windville, which is considered

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2. Stern, B.J. American Medical Practice. New York: Commonwealth Fund, 1945, pp. 88-95.

the peripheral area of Snowville, owns an X-ray machine. This 'individual' doctor said of the costs of equipment:

> "I had to buy my own X-ray machine and other costly equipment. I did all the X-ray work for the other doctors until we got an X-ray machine in the hospital. It keeps you poor just buying equipment."

The high cost of medical equipment forces the 'individual' doctor to depend upon the hospital for many specialized services. In the Snowville area the 'individual' doctor also depends upon the Snowville Group doctors for certain equipment. As one'individual' doctor stated briefly:

> "Snowville has its own laboratory. I have to take all my specimens down to Snowville."

A 'group' doctor, in commenting on the amount of equipment possessed by some of the 'individual' doctors in the Snowville area said:

> "They often refer cases to us, particularly medical cases. They haven't got the equipment to do anything serious."

In relation to the amount of medical equipment regarded as essential for the practice of medicine, the amount of equipment possessed by the 'individual' doctors of the Snowville area appears to be somewhat limited. Costs of this equipment tend to limit the amount of equipment these doctors can purchase. As a result of the high cost, the 'individual' doctor in the Snowville area is dependent upon the Snowville medical institutions for a variety of medical services. This, in turn, results in a large number of patients being referred to the Snowville medical institutions by the Snowville 'individual' doctors.

Communication of Medical Developments

Cost of medical equipment is not the only element over which the

'individual' doctor has difficulty in gaining control. Medical knowledge is continually expanding. This results in the appropriate equipment of today being regarded as inappropriate a year from now. The same applies to medical techniques. New medical knowledge inevitably produces modifications in medical techniques.

This continual redefinition of what is appropriate medical equipment and technique quickly outmodes many areas of medical knowledge which the practising doctor absorbed when a student. As O. Hall says: (3)

> "In medicine the body of scientific knowledge is continually increasing. This complicates the problem of the doctor. His techniques are frequently based on partially outmoded knowledge. While paying lip service to scientific research the doctor may lag far behind current developments.....It is also clear that new knowledge does not impinge directly on doctors in general. Rather it seems to be incorporated by the adventuresome and infiltrates in indirect fashion. Not all doctors have the time or temperment to experiment."

Ideally, the doctor would establish a reliable form of communication between himself and university hospitals or research centres in order to gain some control over changing medical techniques and equipment. The line of communication might involve regular visits to metropolitan hospitals or research centres and also a systematic reading of medical journals.

The Snowville 'individual' doctors do not have the time, or do not take the time, to visit Mayor City hospitals and research centres. These doctors do subscribe to medical journals. But, as one 'individual' doctor

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3. Hall, O. The Informal Organization of Medical Practice, (unpublished Ph. D. Thesis) Department of Sociology, University of Chicago, 1944, Chapter III.

described it, this mode of communication seems doubtful.

> "I don't get time to read and catch up on medicine. A doctor should have time to study and reflect. Maybe I manage to read a page or two of journals at night, then my eyes begin closing and I fall asleep."

Even if these doctors did manage to read the journals, on the basis of what one Snowville doctor said, it would seem that some of the medical journals do not contain much in the way of valuable information.

> "The Canadian Medical Association has a very poor standard. So has the American and the British. Some doctors don't belong to it. They don't feel that they are getting their $10. worth. The same thing with the journals, they have a very poor standard. I won't say that some of the articles they publish are tripe, but they are very poor."

Pharmaceutical and medical equipment salesmen do act as a line of communication for the 'individual' doctor. However, the effectiveness of this line of communication appears to be doubtful. The doctors purchase new drugs or medical equipment from these salesmen only to find that the equipment or drug is useless to them. In a visit to the offices of two 'individual' doctors the author was shown an apparatus which was designed to give high frequency electrical treatments to patients. One of the doctors, in commenting on the machine, said that it never paid for the interest on the money invested in it. His terst comment on the machine, which he now uses as a cupboard for magazines, was that he 'had got stuck with it.' He added that if one went into the office of the other 'individual' doctor, he would notice that he had "also relegated his machine to the corner."

A 'group' doctor, in commenting on pharmaceutical salesmen, said:

> "When those damned drug salesmen come around here I'm fairly short with them. They get to believe what they are saying themselves."

Practising modern medicine, therefore, requires periodic re-adjustment to the continual redefinitions of what is appropriate medical knowledge. In order to accommodate readily to an ever changing and expanding repetoire of medical knowledge the 'individual' doctor must establish lines of communication with the sources of this knowledge. In the case of the Snowville 'individual' doctors, the communication lines provided by pharmaceutical and medical equipment salesmen do not appear to be satisfactory. The only other alternative, that of regular visits to metropolitan medical institutions, has not been followed by these doctors. There is one doctor, who is currently in Mayor City taking an extended course in surgery, but this does not represent a systematic programme on his part to maintain contact with metropolitan medical institutions.

Modern medicine also involves costly equipment. In the case of the Snowville 'individual' doctors, there is a limit to the amount they can purchase. This has resulted in considerable dependence by the Snowville 'individual' doctors upon the Snowville medical institutions for certain medical services.

#3

The role which the 'individual' doctor plays in the Snowville area may be thought of as closely linked with three major interacting variables. These variables are medical knowledge, the contemporary cultural fetish for leisure time, and patient visiting habits. This section, as a conclusion to the two preceding sections, will treat

each of these variables individually and then relate them in a final summary.

Medical Knowledge

From the point of view of the practising doctor, medical knowledge has two significant features. It requires costly equipment for its application. It is being modified continually as well as increased. If the doctor is going to provide a service to his clientele based on the latest medical knowledge he must accommodate himself to these two major features. He must have access to costly medical equipment. He must have some form of communication with university hospitals and research centres so that he can keep abreast of latest medical developments. In order to establish reliable lines of communication, the doctor must organize his office hours so that he has a regular allotment of time to visit university hospital and research centres. The 'individual' doctor of Snowville area has not successfully accommodated himself to these two significant features of medical knowledge. He has been unable to purchase all appropriate medical equipment so that he can provide a service which will meet all normal contingencies of a dient's health. He has not succeeded in organizing his time so that he can establish appropriate lines of communication to keep abreast of medical developments. This inability to control completely these items has resulted a growing dependence by the Snowville 'individual' doctors upon the Snowville medical institutions for specialized services.

The'individual' doctors' limited control over medical equipment, time-organization, and communication has significant implications

for his career. The 'individual' doctor, if he attempts to provide 'high-standard' medicine, must refer many of his patients to a medical institution or another doctor for specialized services. This always involves the risk of losing a client to another doctor. And the loss of patients can be a critical factor in interfering with the fulfilment of a successful medical career. Thus the'individual' doctor's career is contingent in part upon the relations he has with the doctors and hospital to which he refers his patients. Satisfactory referral relations assure him that the patients he sends to these doctors or institutions will be directed back to him at the conclusion of the specialized treatment.

Leisure Time

It has been pointed out that the 'individual' doctor accommodates himself in a distinctive way to modern medical knowledge. There is another variable, leisure time, which looms large in the life activities of the 'individual' doctor.

The 'individual' doctor feels that he is legitimately entitled to leisure time. However, the nature of medical service which he provides makes it difficult for him to secure a regular allotment of time for leisure. The result is feelings of discrimination and frustration on the part of the 'individual' doctor because he cannot involve himself in this custom of alloting time for leisure activities.

Patient Visiting Habits

The 'individual' doctor's accommodation to modern medical knowledge and to the custom of leisure time depends greatly upon the

amount of time he can allot for these items. This, in turn, depends greatly upon the visiting habits existing between himself and his patients. The 'individual' doctor of Snowville has not succeeded in organizing the demands for his services into a rigid schedule of five and one half days a week, eight hours a day. The demands are sporadic and occur at all times of the night and day.

Lack of organization in the demands for his services conditions greatly the kind of accommodation the 'individual' doctor will achieve to medical knowledge and leisure time. It makes leisure time almost impossible. It prevents the establishment of satisfactory lines of communication so that the 'individual' doctor may keep abreast of latest medical developments within the large metropolitan medical institutions.

Summary

The 'individual' doctor's role involves a feeling of discrimination and frustration because of the small amount of leisure time it makes available. Such a role achieves only a limited amount of control over medical-development communication and medical equipment costs with the result that referral relations between the 'individual' doctor and other doctors and institutions become an important element in the fulfilment of this role. The role apparently does not succeed in controlling patient visting habits to the extent that the doctor may answer to demands for his services only within specific hours and days.

Medical knowledge has to distinct characteristics around which the 'individual' doctor must attempt some form of accommodation. It requires costly equipment for its application and it is being modified

continually as well as increased. The best form of control of the latter appears to be through oral communication. This form of communication requires that the doctor be present at a demonstration of new medical technique or at the discussion of a new body of medical theory.

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PART II: CHAPTER THREE

THE SNOWVILLE GROUP PRACTICE

Historically, the 'individual' doctor has been the important agency for providing medical services to a community. And, although he is no longer as completely self-sufficient and independent as his predecessors, the 'individual' doctor is still the important medical agency in many communities.

In some communities, however, the 'individual' doctor has been supplanted by 'group' practice. (1) Two or more doctors group themselves into a single organizational entity. Professionally, financially, and administratively they function as a single unit. This differs from 'individual' practice in that several, rather than one, doctors owns and operates a medical practice.

'Group' practice is merely an elaboration and extension of the kind of medical activities carried on by the 'individual' practitioner. Nevertheless, this elaboration and extension distincly changes the medical situation in which the doctor and patient interact, with the result that it directly affects the doctor and the patient. Medical services provided by 'group' practice differ from those provided by 'individual' practice. Habits of the patients who patronize a 'group' practice differ from those who patronize the 'individual' doctor. The kinds of careers the 'group' doctor follow are different from those followed by the 'individual' doctor.

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1. Hunt, G.H. and Goldstein, M.S. "Medical Group Practice in the United States", Journal of the American Medical Association, Vol. CXXXV, (1947), pp. 904-909.

This chapter will be concerned with the Snowville Group Practice. One major objective of this chapter will be to set forth the changes in attitudes and behaviour-patterns in medicine brought about by 'group' practice. A second objective will be to set forth the significant differences which occur in the career of a 'group' doctor compared with career of an 'individual' doctor. The other objectives will be to set forth those factors essential to medical practice and medical careers which 'group' practice brings under control; and to indicate what conditions 'group' practice membership imposes upon a doctor. In fulfilling these objectives some insight will be provided into medical careers, the factors upon which high standard medicine is contingent, the effects of contemporary medical knowledge upon medical practice, and the changes which are occurring at present in the attitudes and behavior patterns peculiar to medical practice.

First, the Snowville Group Practice will be viewed as a device for bringing under control a range of elements essential to medical practice and to medical careers. Following this, the Group will be analyzed in terms of the conditions it imposes upon its members so that it, as an organization, might persist through time. On the basis of these two sections, the next section, Section Four, will trace the implications which 'group' practice has for a doctor's medical career and for his total life activities. The final section, Section Five, will present a resume of the preceding sections.

#1

Before looking at the Snowville Group Practice along the perspectives outlined above, a brief description of the Group is in order.

This section will provide an initial orientation for the reader and will add to the clarity and understanding of the following sections. The description will be presented under the following headings: History of the Group Practice; Doctor Membership in the Group Practice; Organization of the Group; Equipment and Non-Doctor Staff; The Group Practice in Action; The Group Practice Today.

History of the Group Practice

The Snowville Group Practice and the building in which the Group carries on many of its activities, the Snowville Medical Centre, had their beginning in 1936. Doctor Green had been practising in Snowville for a period of time when he decided to go to Europe to do post-graduate work in surgery. He invited another doctor, Doctor Grey, to come to Snowville to carry on his practice during his absence. One and a half years later, when Doctor Green returned from Europe, it was discovered that there was sufficient demand for medical services in Snowville to keep two doctors busy. Doctor Green promptly entered into partnership with Doctor Grey. That was in 1936.

The two doctors purchased a private dwelling. It was remodelled to accommodate patients, staff, and medical equipment. The building came to be known as the Snowville Medical Centre.

In the fourteen years following the doctor's return from Europe, the partnership with Doctor Grey has grown into a mature 'group' practice. Five doctors are now attached to the Medical Centre. A marked increase has occurred in the Centre's equipment, non-medical staff and nursing personnel.

Doctor Membership in the Group Practice

As already mentioned, Doctors Grey and Green were the founders of the Snowville Group Practice in 1936. No further additions to the partnership were made until 1946. Recruiting of new doctors had been interferred with by the outbreak of World War II in 1939 and its persistence until 1945. A year following the end of the War, Doctor White became a member of the Snowville Group Practice. In the same year, 1946, Doctor Orange came to the Group.

This actually added only one doctor to the Group, because at that time Doctor Grey left Snowville to take a post in a larger hospital in another town. In 1949, two more doctors came to the Group, Doctors Brown and Black. In the same year Doctor Orange took an extended leave to do post-graduate work in Mayor City. This leaves at present a functioning staff of four doctors at the Centre, Doctors Green, White, Black and Brown. Doctor Orange, although still away doing post-graduate work, is still a member of the Group.

Each of these four doctors has his own fields of interest in medicine. And to a certain extent they are able to utilize these specialties in Snowville. Doctor Green, one of the founders of the Group, and Doctor Black are surgeons. Doctor Black is also radiologist for both the Medical Centre and the Smith Memorial Hospital. Doctor White attends most of the obstetrical cases. He is also the hospital anaesthesist. Doctor Brown, although his interests are in neurology and internal medicine, has a practice which is fairly general. This is due to the nature of his position in the Group, which will be described very shortly. It should be pointed out that the other three doctors

also do general practice, as well as work in their specialties.

At present there are two major levels of status among the Group doctors. These are the members of the Group and the non-members. The latter are hired doctors. All the doctors attached to the Group are members with the exception of Doctor Brown. Doctor Brown is a hired, non-member.

To understand the implications of membership or non-membership within the Group it is best to describe the organization of the Group.

Organization of the Group Practice

When the Snowville Group Practice was in its early stages of development Doctors Grey and Green invested equally into all new purchases of equipment. When, in 1946, Doctor Grey decided to leave Snowville, Doctor Green bought out Doctor Grey's share in the Medical Centre. Doctor Green, therefore, became the sole owner of all the equipment and the building belonging to the Group.

Very shortly after Doctor Grey's departure, Doctor Green, although he owned the Medical Centre, took into partnership with himself Doctors Orange, White, and Black. And with this enlargement of the Group, Doctor Green immediately began negotiations with the objective of solidifying the Group Practice and the rights and positions of the other doctors in it. Only now, two years later, have these negotiations been completed.

The Snowville Group Practice is organized along the lines of a group practice in Winnipeg. The physical assets of the Medical Centre are the legal property of an incorporated Association. To be a member of the Association, one must already be a member of the Group Practice,

the latter being a separate unit from the Association. The Group doctors, as members of the Association have only directive powers in the Association. They do not own the equipment of the Association, they only rent the equipment. Doctor Green has sold the equipment, and all his other rights to the Medical Centre, to the Association.

A rent paid by the Group Practice to the Association is used by the Association to pay off the mortgage on the Medical Centre held by Doctor Green. The rent is also used to purchase new equipment and for the maintenance of the Medical Centre and staff.

A doctor who is admitted to membership in the Group Practice is not required to pay an initial sum of money. However, he does pay a sizeable rent to the Association each month for the use of the Association's equipment and for the services of the Medical Centre staff. When a doctor leaves the Group or dies, he has no legal claim on the assets of the Association or the Group Practice. Each doctor, while he is a member of the Group, pays an annual amount into pension fund. When the doctor reaches a certain age he is retired on a pension from the Group.

The earnings of each doctor is dependent upon the amount he brings into the Group each month. This forms the basis for the division of earnings after all expenses have been paid including rent to the Association. The amount each doctor brings into the Group each month is determined by a variety of factors which cannot be entered into here.

Doctor Brown is the one exception to this division of earnings. He is a non-member of the Group and is hired by the Group on a monthly basis. The duties of Doctor Brown also distinguish him sharply from the

other doctors. He spends approximately one half of each day at the Smith Hospital, the balance of the day at the Medical Centre or in making calls.

Doctor Brown's presence at the Smith Hospital relieves the Group doctors of considerable responsibility for minor duties. It also saves the member doctors money. By spending an extra hour at the Clinic or on calls each day, for example, the doctors earn more money than as if they were absorbed in minor responsibilities at the hospital. At the Clinic Doctor Brown frequently attends patients whom the other doctors are too busy to attend. He also goes out on calls for the other doctors when they are too preoccupied at the hospital or clinic. The member doctors for whom Doctor Brown attends patients do not lose the fees in each case. The records show it as if the member himself had attended the patient. As stated before, Doctor Brown is on straight salary.

Equipment and Non-Doctor Staff

A staff of eight women, three office personnel, one receptionist, and four technicians, assist the five doctors in the operation of the Medical Centre. The Centre has X-ray facilities and laboratory facilities. It also has a drug dispensary. The Centre contains a waiting room with capacity for approximately twenty patients; an office for the administrative staff; three doctors offices downstairs and one upstairs; an X-ray room; a drug dispensary; a Board room which also serves as a library; a treatment room; and a general-utility room mainly for old files and equipment.

The office for the administrative staff is located on the ground floor near the front entrance of the building. Along one side of the

office are ranged steel cabinets holding some 12,000 files. Each file represents one patient who has either visited the Medical Centre, the Smith Hospital, or both. The files contain the medical history of the patient, the fee sheet, the laboratory report, and the X-ray report.

A quick index system of metal leaves, attached to an upright metal drum, on which are alphabetically listed names, is used in conjunction with the files. The index gives (in addition to sex, address, martial status) the file number of the patient and immediately locates for the office girl the patient's medical history and other pertinent documents.

To understand more readily the function of the equipment, and the routine of the office staff when working together, a brief description of a patient's movement through the Centre will be given.

The Group Practice in Action

A patient entering the Medical Centre goes first to the desk opening into the administrative office. One of the girls in the office asks the patient if he has an appointment. If not, an appointment is made. In some instances the patient is allowed to see the doctor even if he did not have an appointment. The patient is asked to go to the waiting-room until his name is called. At times there will be ten or more people in the waiting-room awaiting the calling of their names.

The office girl finds the name of the patient on the index and from this secures his file number. The file is drawn and handed to the receptionist. The receptionist secures from the patient preliminary details, then asks the patient to return to the waiting-room until the doctor is prepared to see him. When the doctor indicates that he is

prepared to take this particular appointment, the receptionist takes the patient and his file into the doctor's office. What follows after the doctor's examination depends upon the initial diagnosis. The patient may have to await a prescription from the dispensary; he may have to have an X-ray; he may have to give laboratory samples; he may have to come back for a final diagnosis; or he may be immediately referred to the Smith Memorial Hospital. Some patients pay upon leaving, other do not.

The office staff, in the meantime, transfers from the patient's chart to the journal of the particular doctor who attended him, the charges which the doctor levied. At the end of each day, the journal of each doctor is totalled. From this is calculated the doctor's gross intake for the day and the various ways in which in was earned, X-rays, drugs, consultations, etc.

The Group Practice Today

The Snowville Medical Centre is legally a separate entity from the Smith Memorial Hospital of Snowville, although the Group doctors participate in the activities of the hospital. The Snowville Medical Centre, as a building in itself, is physically apart from the hospital. The Centre, although not owned by the 'group' doctors, is controlled by them through their Group Practice. There are no doctors other than the 'group' doctors in the town of Snowville. There are, however, 'individual' doctors practising in the areas close to Snowville.

The Snowville Practice consists of four doctors who have organized themselves into a single functioning unit -- professionally, financially, and administratively -- and who together practice general medicine as well as specialties. These doctors have a staff of eight women who relieve

them of the administrative and technical duties peculiar to medical laboratories.

#2

Ideally, the group practice is an organizational device for gaining control over a range of factors prerequisite to the practice of medicine and to the fulfillment of a medical career. It brings under control a range of contingencies peculiar to clientele, their visiting habits and demands for medical services, and their payment of fees. It brings under control medical knowledge, that is, costly medical equipment, changing medical techniques. By successfully controlling these, not only is modern medicine made available to the patient, but the doctor is able to follow a medical career in which leisure time, remuneration, competence, and prestige will be assured.

This section will analyze the Snowville Group Practice in terms of how it gains control over clientele and medical knowledge. It will point up how successfully each of these items are controlled. It will also indicate what conditions prevent successful control when control appears to be limited.

Control Over Clientele

Modern medicine requires that the doctor so organize the demands for his medical services that he will be able to have some time for post-graduate studies. Demands for the doctor's time also come from our cultural fetish for leisure time activities. The modern doctor appears to feel entitled to time for leisure time activities. Ideally, therefore, the modern doctor should so organize the demands for his services that he will be able to allot time for leisure activities and for post-graduate studies.

Despite, this however, many doctors receive demands for medical services in the middle of the night or on a week-end. Often after the patient has received medical service he does not pay the doctor.

From the point of view of medical practice, therefore, there are two major factors in respect to clientele which the doctor must attempt to control, demands for service and payment of fees. The following paragraphs of this sub-section will examine the Snowville Group Practice in respect to how successfully it has gained control over these two items.

(i) Control of Patient Demands for Service

Doctor Green, the founder of the Snowville Group Practice, while still an 'individual' practitioner in Snowville attempted to schedule the demands for his services by introducing office hours. The problems incurred and his success in the attempt are indicated in the following comment made by him.

> "I know all about this because I practised here alone for eight years before Doctor Grey came. I remember once having worked hard all day and then getting a telephone call in the middle of the night. A woman very sick. I asked her later how long she had been sick. Two days she said. Those are the things which fairly ---- ------.
>
> I felt that something should be done about it. So I decided to close up on Sundays. I remember the first Sunday. We closed up the house, got into the car and got out of town. That was the only way. The people didn't like it.
>
> Then I decided to close the office Friday nights. I published it in the local newspaper. Most people don't read things like that. They just came all the same."

When Doctor Green returned from his trip to Europe and founded the Group Practice with Doctor Grey, there was more success in organizing the demands for service. A rotating night-duty system was introduced, so that control was achieved not only through office hours but by division of labor.

"After Grey came in with me we decided to close the office three nights a week. All the calls were handled by a girl in the office. Any emergency calls were relayed to whichever doctor was oh duty. We took turns to be on duty."

Additions to the staff, including doctors, from time to time at the Medical Centre resulted in further effective control over service demands.

"Now the office is closed every night. But mind you the people have coverage. We take turns in being on duty. People can never say that they can't get a doctor here.

The night duty system works so that one doctor is on call each night. We take turns at it.

If your wife answers the phone and you are going to the movie, she can tell the patient that you are out but that they can get the duty doctor."

In addition to office hours and division of labor, the 'group' doctors have now introduced a further control device. They have attempted to educate their patients to make appointments ahead of time.

"We do try to get people to make appointments ahead of time. Most of my appointments are made a week in advance and similarly with Doctor White."

The Group Practice's attempt to organize demands for medical services by utilizing office hours, appointments, and division of labor, has produced a significant change in the habits of patients demanding service. Rather than calling the doctor to go out to their homes, the patients go into the Medical Centre. This appears to be distinctly different from the era preceding the emergence of Group Practice when house calling on the part of the doctor was quite customary. In a sample month chosen at random, out of 964 patients treated by the Group Practice only 18 per cent represented house calls. Doctor Green said of this change in the patient's conception of what constitutes medical service:

"There has been a definite change in the visiting of patients. I'd say that almost 90 per cent of our patients come into the clinic. I don't average more than one visit a day and Doctor White maybe two or three.

> "Wherever Group Practice has appeared this change has developed. The people seem to realize that we have more equipment with which to treat them at the Clinic. They even bring people who have broken bones into the Clinic. They carry them in without even calling. At one time they would have asked for first aid before moving the patient. People who are really quite ill often come into the Clinic. The doctors in Windville do more visiting than we do down here. There are several interrelated factors responsible for this, one is that of communication. People can get around much more readily."

Evidence that the doctors have been able to achieve a certain amount of control over patient demands for service is seen in the fact that the doctors have been able to introduce a degree of routine into their days, weeks, and months of activity. The Group Practice doctor's day is usually divided between the Medical Centre and the Smith Hospital. The morning is devoted to the Hospital and to making house calls. The afternoon is absorbed by appointments at the Medical Centre. The evening, as already stated, is theoretically free time for all the doctors, with the exception of the duty-doctor.

Not only have the doctors succeeded in routinizing their daily activities somewhat, but they have also succeeded in alloting time for post-graduate work and for leisure activities. Once a week, each of the doctors visit Mayor City to spend half a day at various clinics. Leaves ranging up to four weeks on the average were taken by most of the doctors last year to do post-graduate work. Last year one of the doctors flew to Europe for graduate studies. Another spent time at the Mayo Clinic, and a third spent time in several Mayor City Hospitals. Most of these doctors also took annual vacations ranging up to four weeks.

A complete scheduling of the doctors' activities still is a hope rather than an actual achievement. There are people who either refuse to make an appointment despite the fact that they have been at the Centre

before, or those, who because of a first visit do not make an appointment.

Rotation of night duty is complicatednby frequent demands on the part of a patient for their own doctor. It is also complicated because of a money factor. All the member doctors are credited only with the work they actually do, except where Doctor Brown treats a patient for another doctor. Hence, if a doctor does not go out on a call for his own patient because he is not on duty, he does not receive credit for that work.

> "The way we have it arranged, we earn credit when we go out on call, even though we are not officially on call that night. So that if, for instance, we get in touch with the doctor who is on call and ask him to go out to see one of my patients he gets the credit and I take the loss."

Commenting on this complication in the scheduling of night duty, one of the doctors stated:

> "It's still not good. I was out on two calls myself last night and didn't get back until eleven o'clock. When I was in the office I noticed that Doctor White had someone there."

Similarly, another doctor felt that the problem had not been solved completely. He said:

> "There is one thing which has to be ironed out yet -- going out at night."

The Snowville Group Practice, by educating patients to visit the clinic and to make appointments, and by a division of labor, has made it possible to routinize somewhat the activities of each of its member doctors. Despite the fact that patients have preferences for certain doctors, that some patients are indifferent to routine appointment making, and that whenever a doctor refuses to go out at night he loses money, a degree of control over demands for medical services has been achieved. This is seen in the fact that the doctors are able to carry on continuing post-graduate

studies, that they have annual vacations, and that they do have some evenings free.

This organization of medical service demands and the resultant emergence of new patient expectations where the patient visits the doctor rather than the reverse, not only permits the doctor to organize his daily activities, but also increases his earning power for every hour he is active. Within one half day the Medical Centre doctors each see about ten to twelve patients. The doctor would not be able to accomplish this if these were all house calls. This increased earning power is important in that it makes it economically possible for the doctor to allot time for post-graduate studies and for leisure time activities.

(ii) Control of Fee Payments

From the point of view of the doctor, the ideal patient is the one who feels a sense of obligation to pay his medical bills promptly. Many people, however, particularly those who have never been taught to organize their spendings into a budget, are not ideal in respect to payment of medical bills. Frequently the doctor finds it impossible to force payments because of personal factors. The doctor, perhaps, is a good friend of the man who owes him a bill. Also, as is the case of the 'individual' doctor, he finds little time to send out bills.

The Snowville Group Practice has an administrative staff which bills patients. The billing is systematic. Also, it is impersonal. The doctor does not have to discuss medical bills with the patient; this is the job of the office staff. The following comment, made by one of the 'group' doctors, indicates the relief given the doctor when an office staff rather tham himself deals with the patient in respect to bills.

> "The office girls look after the bills. If people think that the bill is too high, we don't have to deal with them. They come into the office and the girls show them that they were in at such and such a time, and that they got such and such treatment. It means that we can concentrate entirely on medicine."

Group Practice administrative staff also functions to teach patients to budget their spendings so that they will be able to pay off their medical bills systematically. This is seen on the following remark by a Group Practice office girl.

> "There's a lot of people who don't pay. I'm just now sending out letters to them. On some we are sending out drafts -- we just started that. It seems to be working out well. On others we are sending out letters and ask people to pay a certain amount each month. There are some who think that they just don't need to pay."

The most effective device for controlling payment of medical bills is insurance. Blue Cross is utilized by some in the Snowville district, but its use is limited. Some group practices have their own health insurance schemes. The 'group' doctors hope that eventually they will have such an insurance scheme.

> "We are looking forward to the time when our clinic will have its own health insurance. People will first take out insurance with the Blue Cross and then by paying us say $20. a year in addition, they will be given free medical care in their homes, at the Medical Centre and in the hospital. We will issue our own policies. When someone fails in the payment they will automatically revert to the old way of paying medical bills."

Group Practice appears to improve control over payment of medical bills. The Snowville Group Practice bills patients systematically and, in some instances, is utilizing the services of the banks to obtain payments; it places the medical bill on a very impersonal level and relieves the doctor of the role of bill-collector; and it attempts to teach patients to budget their spendings so that their medical bills are paid off systematically. Blue Cross gives the Group Practice additional control over the

medical bill, but its use in the district is limited. To gain further control over payment of medical bills, the Snowville Group Practice hopes eventually to have its own health insurance.

(iii) Summary

Prompt payment of medical bills and a successful allotment of time for post-graduate studies and leisure activities are prerequisites for the practice of modern medicine and for the pursuit of a successful career in medicine. Considerable control over these prerequisites have been achieved by the Snowville Group Practice.

Control over the time factor was achieved by organizing the demand for medical service into a schedule of office hours and appointments, and was supplemented by a division of labor. This successful organization of demand for medical services was contingent to a large extent upon the modification effected by the Group Practice in the patient's conception of what constitutes medical service. The patient now, rather than expecting the doctor to visit his house, visits the Medical Centre for medical services. Control over time was contingent also upon an increase in the doctor's hourly earning power. The 'group' doctor, under the present system, sees from ten to twelve patients in one afternoon. This makes it economically possible for him to take time off for post-graduate work and for leisure activities.

The present form of control over fee payments, although not completely satisfactory, has been achieved through four major devices. Billing of patients has been made systematic. Payment of the bill has been raised from a personal to an impersonal level with the banks and the Group Practice staff, rather than the doctor, playing the role of bill-collector.

An attempt is being made to teach the patient to budget his spendings so, that he can pay his medical bills systematically. Some Blue Cross Health Insurance is in effect in the district. Further control is anticipated by the Group Practice when it introduces its own health scheme into the Snowville district.

Control over Medical Knowledge

Medical knowledge requires costly equipment and a division of labor for its application. It is being modified continually as well as expanded. Successful control over these elements peculiar to medical knowledge are prerequisite to the practice of modern medicine and to a successful medical career.

This sub-section will examine the Snowville Group Practice in terms of how it has gained control of these elements inherent in medical knowledge. It will also be concerned with how successful this control has been.

(i) Control over Medical Equipment Costs

Accessibility to adequate medical equipment is basic to the practice of modern medicine. Purchasing equipment, however, involves a considerable outlay of money.

The Snowville Group Practice makes available to its member doctors a wide range of equipment -- including X-ray facilities and a laboratory -- and a staff of fully trained technicians. An incoming doctor is not required to pay an initial sum of money to become a member of the Group. He pays only a monthly rent to the Association and this enables him to have complete access to all the facilities of the Centre. By belonging to the Group Practice the doctor achieves an easy control over the problem of

acquiring medical equipment.

This control over medical equipment costs was made possible initially by the fact that Doctors Grey and Green bought equipment on shares. This cut the cost of equipment for each doctor. With the admission of more doctors to the Group, it was possible to organize an Association which would own all the equipment and which would relieve the member doctors of any need to own equipment individually. The combined rental paid by all the doctors makes it possible to pay off the mortgage on the equipment gradually and to purchase whatever new equipment is required.

The organization of the Snowville Medical Centre into an Association and a Group Practice reduced the cost of medical equipment to the doctor in another way. Under income tax regulation the purchase of medical equipment cannot be written off by the 'individual' practitioner as an expense. However, a doctor renting equipment may gain tax concessions on his outlays for rent. Thus, in paying rent into the Association for the purchase and maintenance of equipment, the doctors gain some tax concessions.

> "As it is now a doctor can buy equipment only from profits after income tax has been paid. With the Association the doctor pays a rent which goes, in part, to buy equipment. The doctor's rent is regarded as part of his expenses and is not subject to taxation. With this Association, the tax situation is improved a little. A tax has to be paid on the Association rent, though."

Thus, through Group Practice the doctor has access to more medical equipment at less cost to himself.

(ii) Control over Changing and Expanding Medical Knowledge

Medical knowledge is constantly changing and expanding. The Snowville Group Practice recognizes this and organizes the activities of its doctors so that they all have time to do post-graduate work. These doctors

visit clinics in Mayor City once a week. Each year they take periods ranging up to four weeks in order to do concentrated post-graduate work away from the Medical Centre.

Communication, however, is not the only factor involved in controlling the constant change and expansion of medical knowledge. There is the factor of motivation. Not only does the Group Practice expect that its members will visit outside medical institutions, it also has an organized means for formally motivating its member doctors to carry on post-graduate work in the Medical Centre itself. The Group Practice Medical Board has as one of its functions that of encouraging its member doctors to read and discuss articles in medical journals systematically.

> "Just recently we started a meeting each week of our own Group. One Tuesday is devoted to business, two to scientific subjects and the other to a review of the journals.
>
> Doctor Brown is our librarian. Did you see our library at the Medical Centre? Doctor Brown makes up sign for taking out books and we can only keep them out for a certain period of time.
>
> Each one of us is given twenty minutes in which we review six or seven articles in a journal. Everyone gets some benefit from our review -- but actually you, as the reviewer, get the most benefit because you have read the articles. Similarly, the others get benefit from the articles which they've read."

Doctor Brown, the librarian, remarked about the meetings:

> "Every Tuesday we meet and present papers on something we've read. Each of us are assigned certain journals to read. It's much better that way because your reading is much more organized and you are less inclined to go asleep while reading. During the summer we've cut it down to every second Tuesday in the month".

The Snowville Group Practice, therefore, controls the factor of changing medical knowledge by establishing lines of communication with sources of new medical developments and by formally motivating its member doctors to keep abreast of latest developments.

(iii) Control over Division of Labor

The expansive nature of medical knowledge has produced a marked division of labor within the field of medicine. Specialists are a recognized part of modern medicine.

The emergence of the specialist, while solving one problem, has created a variety of others for both the patients and the doctor. Today the patient frequently is referred to several doctors before his ailment finally is diagnosed and treated. The doctor, because of his limited knowledge, frequently has to refer patients to other doctors with whom he is professionally in competition and about whom he often knows little.

The division of labor, therefore, constitutes one of the ways in which the practitioner attempts an accommodation to modern medical knowledge. The 'individual' practitioner's accommodation is usually one of having to refer his patient to some other doctor. For the doctor this involves the possible risk of losing a patient. For the patient this invariably constitutes but one of a long line of referrals from doctor to doctor.

The Snowville Group Practice's accommodation to the division of labor is somewhat different from that of the 'individual' practitioner. The organization acts as a control device over competition between the doctors. Not only is there no hesitancy at professional collaboration, but the proximity of one doctor's office to the other makes collaboration quite easy. Moreover, the risk of losing a patient would not seem to be as paramount a consideration ~~amount~~ among the 'group' doctors. A 'group' doctor comments on this feature of collaboration:

> "If someone comes to me and If I feel that Doctor White can handle that person better, I tell that person that I think that Doctor White is better acquainted with that particular field. The patient still remains a concern of mine. You saw us the other day talking over certain cases. The people have the advantage of five doctors, not one."

In addition to professional collaboration, the Snowville Group Practice has another means of overcoming the problems created by the division of labor. The Snowville Group Practice maintains a set of legible and up to date medical records of its patients. Irrespective of who attended the patient before in the Medical Centre, the file provides the doctor with quick references to the patient's medical history; it facilitates diagnosis and treatment; and reduces the time expended by the 'group' doctor upon each patient.

Control over division of labor is a prerequisite, then, to a successful medical career and to the application of modern medical practice. Group Practice achieves some control over this through professional collaboration between its doctors and through the maintenance of efficient patient-histories. The 'group' doctor receives the benefits of collaboration from other member doctors without the risk of losing a patient. He also has access to the patient's medical history and this permits quicker diagnosis and less waste of time. From the point of view of medical practice, control over division of labor prevents a patient's referral from doctor to doctor without receiving effective medical treatment.

(iv) Summary

The costs of medical equipment, changing medical knowledge, and division of labor, are three major aspects of medical knowledge to which medical practice in general effects some form of accommodation.

The Snowville Group Practice has accommodated itself to these aspects so that its member doctors, with a cost to them of only a monthly rental, can make available (the) To public a wide range of medical facilities. Modern medical service is made possible by the establishment of lines of communication with sources of new medical developments and by motivating member doctors to keep abreast of latest medical developments. Avoidance of the referral of patients from one unknown doctor to another is made possible by professional collaboration within ~~and by~~ the Group AND BY maintenance of efficient medical histories on the patients.

Summary to Section Two

The kind of medicine practised in a community and the kind of medical career a doctor of the community follows depends, in part, upon the manner in which a practitioner or group of practitioners accommodate themselves to the range of elements inherent in medical knowledge and in retaining and managing a clientele; in other words, their accommodation to the high cost of medical equipment to changing medical knowledge, to division of medical labor, to demands for medical service, and to collecting payment of medical bills. The differences peculiar to 'group' practice as compared with 'individual' practice results from the different kinds of accommodation these two types of medical practice have effected to medical knowledge and clientele.

The Snowville Group Practice's accommodation to these factors is not one of adjustment, but of control, whereas the 'individual' doctor's accommodation is characterized more by adjustment. The Group Practice attempts to control and modify the medical situation. The 'individual' practice relies more on adjustment to, rather than control over or mod-

ification of, the medical situation as it exists within the Snowville community.

The Snowville Group Practice, in accommodating itself to the factor of clientele, exercised such control over the medical situation that it changed the patient's conception of what constitutes medical service. A larger percentage of the patients visit the Medical Centre now, instead of asking the doctor to visit them. Furthermore, at present their demands for medical services are organized for the most part within a schedule of appointments. By organizing these demands the Group Practice was able to allot time to its member doctors so that they could gain increased control over the factor of medical knowledge. Lines of communication with sources of new medical developments were established so that the Group could keep abreast of new knowledge in this field. In contrast, 'individual' practitioners have not succeeded in organizing demands for medical service and, as a result, they do not have time to accommodate themselves successfully to an expanding medical science.

The Snowville Group Practice accommodated itself to the high cost of medical equipment so that its doctors could make available to the public extensive medical services at a cost to the doctors of only a monthly rent. The 'individual' doctor adjusted directly to the cost of medical equipment and, as a result, was able to make available to the public only a limited amount of equipment and that at considerable cost to himself.

Group Practice may be thought of then as a particular kind of accommodation to medical knowledge and clientele, and as an arrangement, which makes available to the public a wide range of modern medical services. The patient who patronizes the Group Practice in all likelihood will not

be involved in a long chain of referrals from one doctor to another. There is a good possibility, however, that such a patient will visit the Medical Centre rather than have the doctor visit him. In contrast the medical services offered by the 'individual' doctor will not be as extensive and in all likelihood will not be as up to date. The patient who patronizes the 'individual' doctor will be more likely to be involved in a referral pattern. Moreover, it will be more likely that the latter patient will be visited by the doctor rather than vice versa.

Medical knowledge appears to be creating a number of changes in patient habits. Through such an organizational device as the Group Practice it is changing the patient's conception of what medical service constitutes. The patient goes to the agency for service. In addition he is being taught to budget his savings to meet his medical bills, and to subscribe to some form of health insurance.

#3

Group practice has been considered as a means or device for bringing under control various factors essential to the practice of modern medicine and essential to the pursuit of a medical career. A Group Practice may be considered along another perspective. In order to persist through time, thereby giving its clients continuous service and its member doctors the security of a lasting position, such an organization must fulfil certain conditions. The organization must protect itself against the mobility of its members; it must achieve a division of labor; and it must have an authority structure. (2) In fulfilling these conditions, the rights

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2. Parsons, T. "The Position of Sociological Theory", Essays in Sociological Theory Pure and Applied. Glencoe, Illinois: The Free Press (1949), p.6.

and duties of its members are distinctly effected.

In other words, a Group Practice, while it functions to control elements essential to medical practice and medical careers, must be organized so that its perpetuity as an institution is assured. This organization of the Group Practice so that the factor of perpetuity is controlled is reflected in some of the rights and duties peculiar to the various positions held by the doctors within the organization. This section will trace the effect of the Group's organization in terms of 'perpetuity' upon the member doctors. In other words, it will consider how these prerequisites -- protection against mobility of members, division of labor, and authority -- for the perpetuation of the Group Practice affect the rights and duties of the member doctors.

Protection against Members' Mobility

A Group Practice, if it is going to persist, must protect itself against the possible mobility of its members. If one of the key members decides to leave the group, the institution must be organized in such a way that his departure will not disrupt its operation significantly and thus imperil the possibility of its persistence through time.

Mention has already been made of the saving in the cost of medical equipment for the doctor because of the division of the Snowville Medical Centre into an Association and a Group Practice. This division has another function which is of equal importance. The Association owns all the equipment of the Medical Centre. The Group Practice merely controls it. Thus, although a doctor remains with the Group all his life and pays the required rent, when he dies or retires from the Group he has no legal claim against any of the assets of the Association. In other

words, the Snowville Group Practice is protected legally against any money claims levied against it by any one of its members. The Group, therefore, is free to continue functioning intact, irrespective of the mobility of its members. The doctor for his part invests in no capital equipment, except through the payment of rent which entitles him only to make use of the equipment.

Doctor Green, in commenting on these elements which contribute to 'perpetuity', said:

> "A new doctor puts nothing in; if he dies or leaves he takes nothing out. It's like life; you come into it with nothing, and you take nothing with you when you leave. No one owns the Association or its assets, but it is controlled by the doctors.
>
> This way we will make it perpetuant. Otherwise, if one of the doctors pulled out, they would take a big chunk of the money with them. As a result the remaining doctors more than likely would not remain together."

Non-ownership of any of the assets of the Group Practice by the member doctors protects the organization against the mobility of its members. The death or departure of a member in no will will affect the possible perpetuity of the organization. To compensate for the fact that the member doctor of the Group Practice owns no equipment, the Snowville Group Practice has a pension scheme for its member doctors. At a certain age the member doctor is retired from the Group and given a life pension.

Authority Structure and Division of Labor

A Group Practice, which provides a wide range of medical services to its clients, and attempts to continue to do so, inevitably experiences considerable division of labor within its own organization. To integrate the activities of its various units so that they are oriented towards some specific objective, such a group also must have a fairly well-defined

authority structure. Ideally, the authority structure will function to allot major decision-making power to those with competence and long experience. A division of labor and an authority structure, then, are two prerequisites to the 'perpetuity' of such an organization.

This sub-section will examine the Snowville Group Practice in terms of these two prerequisites with the objective of tracing how they affect the rights and duties of the member doctors of the Group.

(i) Authority Structure

The Snowville Medical Centre is controlled entirely by doctors. There is, however, a gradation of the authority held by the various member doctors. Doctor Brown, as the hired non-member doctor has extremely limited authority. Doctors White, Orange, Black, and Green as full members have the power to vote on issues requiring decisions. However, Doctor Green, by virtue of his seniority and as he is Director of the Group, has more power than any of the other doctors in decision making.

Therefore, a doctor entering the Snowville Group Practice immediately involves himself in a set of formal relations with other doctors. These relations are such that many of the decisions to which the doctor will adhere will be 'group decisions' rather than 'personal decisions'. The importance of the doctor's own attitude on any issue requiring a decision will depend upon what position that doctor holds in the authority structure. If he is at the top or near the top in the authority structure he will have much power in all group decision-making. If he is lower in the authority structure his attitudes on issues requiring decisions will not be of as much consequence.

(ii) Division of Labor

Considerable division of labor has occurred within the Snowville

Group Practice. At present the 'group' doctors practice the specialties of anaesthesia, radiology, surgery, pedicatrics, and obstetrics. Within surgery itself, Doctor Green and Doctor Black have their own specialties.

The Snowville Group Practice, however, has not reached the stage yet where each of its member doctors may devote their time to some one particular specialty exclusively. The persistence of the organization at its present stage is dependent upon a division of labor in which the member doctors not only practice several specialties, but also carry on considerable general practice. For the doctor joining the Group Practice this has important implications. It requires of him that he should command at least one specialty, if not more. At the same time this doctor should be a good general practitioner.

(iii) Authority Structure, Division of Labor: Their Effect upon the Doctors' Earning Power

Those who are at the bottom of the Snowville Group Practice authority structure and who are non-members of the Group receive a straight salary. Those who are higher in the authority structure and are members of the Group share in the total monthly earnings of the Group. The doctor's location in the authority structure, therefore, is closely linked with his earning power.

Among those doctors who are members of the Group Practice there is a noticeable difference in earning power. Following is a breakdown of gross intake (this is not the net earnings of the doctor) of each of the doctors in April and March, 1949. This indicates clearly that Doctor Green, the Director of the Group, has the largest earning power.

	MARCH		APRIL	
	$	%	$	%
Dr. Green	2,540.16	39.8	2,360.35	37.7
" White	1,949.81	30.6	1,542.09	24.1
" Orange	1,219.38	19.1	1,113.68	17.4
" Black	658.68	10.3	1,359.51	21.5
Total	$6,368.03		$6,375.63	

This difference in earning power can be accounted for partly by the fact that the senior doctor in the Group is the doctor with the most experience. He knows the history of the patients patronizing the Group Practice more thoroughly; he diagnoses and treats them more rapidly; and he frequently is in more demand than the other doctors. The following comment by Doctor White points this up:

> "Doctor Green brings in a large part of the money. That's only natural and fair. He's been here for 20 years and he's known. He has the history of the patient in his mind, which allows him to work more efficiently and with more speed. He can see two patients in the clinic while we see one. In my case, for example, if I have a patient come to me, I have to read his history before I can make a decision -- and that takes time."

This comment indicates something more. There is a feeling that it is only right that the doctor in the top position in the authority structure should have the opportunity to earn the most money, and an examination of the earnings of one particular specialty seems to suggest that such is the case. In other words, location in the authority structure operates as a factor in determining the earning power of the doctor. The following figures, covering the earnings in surgery of three member doctors for two months, suggest a correlation between position in the authority structure and earnings:

	MARCH	APRIL
	$	$
Dr. Green	740.	615.
Dr. Black	217.	475.
Dr. Orange	102.	48.
Total	$1,059.	$1,138.

Earning power is dependent also upon the type of specialty which the doctor commands. This relationship between earning power and specialty is seen readily in the fact that in March 1949 the Group Practice surgeons earned a total of $1,059. in that particular field alone. In the same month, obstetrics earned $200. and anaesthesia $198. As yet, however, command over a particular specialty is not too important in respect to earning power within the Snowville Group Practice. For example those doctors who are not surgeons in the Group Practice have a command of two or three other specialties so that together their earnings might approximate those of the surgeon.

The division of labor and the authority structure, then, appear to have some influence upon the earning powers of the doctors attached to the Snowville Group Practice.

(iv) Summary

The Snowville Group Practice has a distinct authority structure and division of labor. The authority structure as a network of interrelated offices delegates to some offices more power in decision-making than to others. The division of labor into specialties is not complete; there is still an area of general practice in which all the doctors participate.

A division of labor and authority structure as prerequisites to the persistence of the Snowville Group Practice affect the rights and duties of the 'group' doctors in a variety of ways. They involve the member doctors in a set of formal relations with other doctors. They limit the doctor's power in decision-making. They require that the doctor have command over one or more specialties, as well as being an efficient

general practitioner. They have considerable influence upon the earning power of the doctor.

If a doctor moves up through the authority structure, his powers in decision-making and his earning power are increased. At no level of the structure, however, does the doctor achieve a power in which his decision-making is independent of the Group as a whole.

Summary to Section Three

The perpetuity and growth of an organization among other things is contingent upon a division of labor, a satisfactory authority structure, and upon secure protection against the mobility of its members. The members of an organization, while greatly affected by the kind of activity in which the organization is engaged and the objectives towards which it is oriented, are also greatly affected by perpetuity elements. This is seen in the Snowville Group Practice.

The Group Practice in protecting itself against the mobility of its members affected the rights of its member doctors considerably. The member doctors of the Group have no legal claim against the assets of the organization. Therefore, they own no equipment. Instead of looking forward to selling their equipment upon retirement, they receive a pension as security for their old age.

The authority structure of the Snowville Group Practice involves its member doctors in a set of formal relations with other doctors. It limits the doctor's powers in decision-making. It has some influence on his earning-power. As a network of interrelated offices, some of which have more decision-making power than others and more earning power, the authority structure provides a prestige system through which the doctor is

motivated to move. Thus, the doctor has a set of concrete symbols to mark the stages of a successful medical career.

The division of labor requires that the doctor have command over one or more specialties, and that he be an efficient general practitioner in addition. It also to some extent determines his earning power.

The present stage of development of the Group Practice is marked in particular by the kind of labor division presently existant within the organization. Each doctor carries on more than one specialty. Each doctor does some general practice. In all probability, further growth of the organization will result in some doctors devoting all their time to one particular specialty.

#4

The Snowville Group Practice has been viewed along two major perspectives: first, as a means of bringing under control factors prerequisite to the practice of medicine; secondly, as imposing upon the member doctors a range of conditions in order that the organization might persist through time. Neither perspective, however, traced fully the implications Group Practice has for the 'group' doctor's career and for his total life activities.

This section will set forth the major features of a medical career within the Snowville Group Practice and the implications this has for the total life activities of the doctor. It will indicate the range of adjustments a doctor must make if his medical career within the Group Practice is to be successful. It will also permit a contrast between the medical career of the 'group' doctor and that of the 'individual' doctor.

First, this section will consider a 'group' doctor as the holder of an office and will trace out the implications of this for the doctor's career. Then it will view Group Practice as legitimizing leisure time for the doctor and will trace out the implications of this for the doctors' career and his total life activities.

Medical Careers within Institutional Offices

The Snowville Group Practice consists in part of a network of offices (3) which have inherent in each of them a set of rights and duties. The fulfillment of all the duties peculiar to these offices by the incumbent doctors represents the medical services made available to the public by the Group Practice. The accommodation of the incumbent doctor to the rights, as well as duties, peculiar to the office he holds represents one aspect of his medical career and his movement from one office to another represents another aspect.

In the following paragraphs consideration will be given to the 'group' doctor's accommodation to a 'group office'; also, his movement through a series of offices. This will, in effect, set forth the nature of a 'group' doctor's career.

The Group Practice doctor owns no medical equipment. He pays rent to the Group for use of the Association's equipment. He has access to a wide range of modern medical facilities. He, himself, will command at least one medical specialty as well as carry on general practice.

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3. The concept "office" as used here implies an institutional office implicit in which is a set of rights and duties. The office persists beyond the lifetime of the incumbent. See, Hughes, E.C. "Institutions", New Outline of the Principles of Sociology. (Ed.) Lee, A.M., New York: Barnes and Noble (1946) pp. 228, 258-260.

The 'group' doctor is involved in a set of formal relations with other members of the Group. These relations demand that he share much of his decision-making with the other 'group' doctors. His power in respect to any major issues requiring decisions will depend upon the location of his office in the authority structure. He may have considerable power in decision-making. He may have little. He will carry on professional collaboration with other member doctors in respect to difficult medical cases.

Participation in some of the activities of outside medical institutions constitute part of the routine of the 'group' doctor. Through this participation, the doctor communicates to the Group Practice what he has learned of the latest medical developments. For the doctor this represents a form of continuous post-graduate work.

The 'group' doctor interviews and treats most of his patients at the Medical Centre. His house visiting his limited. He meets many of his patients by appointment. The doctor's activities, therefore, are organized into a fairly steady routine. There are recurrent periods in his career when he does not practice medicine. He steps out of the medical-practitioner role completely and involves himself in other activities.

The doctor in joining a Group Practice gains immediate access to the group's clientele. There is no starvation period in which the doctor waits days or weeks for the first patient.

The Group Practice doctor may move through a series of offices within the institution. In this movement the doctor's powers in decision-making and earning money are increased. For the doctor this movement from

.office to office marks the stages of a successful career.

At a certain age the 'group' doctor will be retired from office. This retirement will symbolize summarily to him that he has reached a point where his potentialities for making mistakes and general incompetence make him unfit for the practice of sound medicine and for the fulfillment of his office duties. In his retirement he will have the security of a pension. Also, by retirement he will facilitate the office movement of aspiring junior doctors so that they will progress to more advanced stages in their medical careers.

Legitimized Leisure Time

The Snowville Group Practice makes it possible for the member doctors to have free evenings, free week-ends, and annual vacations. Not all evenings or week-ends, of course, are free. However, they are periodically available. Annual vacations appear to be certainties.

Group practice not only makes leisure time available, but, by formally recognizing it, it is legitimized and sanctioned. The doctor's total life activities, therefore, are not absorbed completely by his medical career. He has regular periods of time available for activities outside of his medical practice.

The 'group' doctors in disposing of their leisure time do not invest it as extensively in political activities as did their predecessors. Less than ten years ago there was a doctor in the Snowville are who, for a long time had been active as a Member of Parliament for the district. An historical review (4) of an area east of Snowville, which dealt with

4. Bayne, J.D.R. "History of Medicine in the Eastern Townships, "Canadian Medical Association Journal, Vol. LI, (1941), pp. 75-77.

deceased doctors who had once practised in the area, points out that two of these men were members of Parliament, and a third was active in founding a college in which he taught mathematics and history. At present there are no doctors in the Snowville area who have been official candidates for either the Provincial or Federal Governments. However, some do, hold less time-consuming jobs in their own communities, such as membership on the local school board of Board of Trade.

The reasons, among others, for this lack of time involvement in politics by the doctors probably rests upon a change in what is considered prestigeful, and upon the current cultural fetish for leisure time activities. In other words, from the point of view of the doctor, politics no longer represent a means of achieving prestige. Not only is participation in the Group Practice considered a full time job, but, in all probability, it provides the doctor with a satisfactory amount of prestige. What time the doctor has free he is inclined to spend in purely leisure time activity.

Summary

The medical career of a doctor in the Snowville Group Practice closely parallels that of a functionary who holds an office within an industrial organization. The doctor does not invest in the equipment of the organization, but takes full advantage of all the equipment in providing service to his clientele. His clientele are provided by the organization. His right to leisure time is recognized by the organization and, as a result, the doctor periodically completely steps out of the duties peculiar to his office in the Group. Like a functionary in any industrial organization, the doctor is involved in a set of formal relations with other

members of the organization. As a result, the doctor's powers within the organization are clearly defined in terms of their limits and ramifications. A series of offices within the organization with gradations in decision-making powers and earning powers gives the doctor an opportunity to follow a career in which various stages of success are clearly delineated by concrete symbols.

In contrast the 'individual' doctor's career involves no formal relations with other doctors except in those cases where this doctor is a member of a hospital. The doctor does not have as many concrete symbols with which to mark a series of stages in his career which would indicate success. He has no routinized or legitimized allotment of time. He makes his own decisions. In setting up his practice the 'individual' doctor invariably has to build up his own clientele.

#5

This section will be a summary and analysis of the most pertinent elements of the data already presented on the Snowville Group Practice. It will be presented under the following headings: Attitudes and Behavior Patterns in Medicine; Changes in Medical Practice and Medical Careers; Medical Knowledge; Organizational Perpetuity; and Summary.

Attitudes and Behavior Patterns in Medicine

Medical practice may be conceived as a set of attitudes and behavior patterns which are contingent upon the kind of accommodation existent between four major elements: doctors, patients, medical knowledge, and time. Group Practice may be thought of as an organizational device which attempts to exact a particular kind of accommodation between

these four elements. In attempting to exact this particular kind of accommodation, Group Practice introduces a fifth element into the situation, that is, 'organizational perpetuity'. Thus, group medical practice may be thought of as a set of attitudes and behavior patterns which are contingent upon the kind of accommodation exacted between five major elements -- doctors, patients, medical knowledge, time, and 'organizational perpetuity'.

The following attitudes and behavior patterns might be said to be the main characteristics of the accommodation exacted by the Snowville Group Practice between the five major elements peculiar to medical practice.

Medical equipment is owned by no one individual. It is controlled by the group. A wide range of medical equipment is made available to the member doctors and public. Regular lines of communication exist between the Group Practice and the sources of new medical developments. There is professional collaboration between member doctors of the Group.

Most of the clientele visit the Centre for medical services rather than expecting the members of the Medical Centre to visit them. Their visits are organized into a schedule of appointments. This clientele is being taught either to budget their spendings or subscribe to some form of health insurance so that they can pay their medical bills. Medical bills are not a personal matter between patient and doctor but rather a very impersonal matter between patient and Group office staff or bank staff.

Leisure time has been legitimized by the Group Practice for

its member doctors. The doctor spends regular periods of time completely away from the duties peculiar to group medical practice.

The doctor's career within the Group closely parallels that of a functionary holding an office within an industrial institution. The doctor's relations with other member doctors are greatly formalized. Each doctor recognizes in the office he fills, and in the offices filled by other member doctors, a set of well defined powers in respect to money earnings and decision-making. The possibility of moving through a series of offices, each with increasing earning and decision-making powers, provides the doctor with a set of concrete symbols with which to delineate a series of stages in a successful career-line. When the doctor enters the Group he is provided immediately with a clientele. He cannot enter the Group without the sanction of other member doctors. He commands one or more medical specialties, as well as the ability for general practice. At a certain age the 'Group' doctor is retired from office. In his retirement he enjoys the security of a pension. His retirement symbolizes for him the reaching of a point where his potentialities for mistakes make him unfit for the practice of medicine and the fulfillment of his Group office duties.

Changes in Medical Practice and Medical Careers

Group practice, in exacting the current accommodation between doctor, patient, medical knowledge, and 'organizational perpetuity', has produced considerable change in the attitudes and behavior patterns peculiar to medical practice in the Snowville area. More specifically, it has modified considerably the elements peculiar to a medical career and the attitudes and behavior patterns which exist between doctors and

patients.

The doctor's role has been changed from that of an individualist owning and operating his own practice to that of a doctor fulfilling a set of duties peculiar to an office within a medical institution. As such, he no longer owns his own practice in which he can have direct control over his earning power and decision making. As a 'group' doctor he is involved in a set of formal relations with other doctors. These relations restrict his powers of decision-making and make his earning power partly contingent upon the position he holds in the institution. While the 'individual' doctor's relations with other doctors are characterized by competition, the 'group' doctor collaborates professionally with the other members of the Group.

Unlike the 'individual' doctor, the 'group' doctor is not frustrated in his attempts to accommodate himself to the current cultural fetish for leisure time. His leisure time is legitimized and systematically provided by the Group Practice.

A new ingredient has been added to the medical career of the 'individual' doctor. The 'individual' doctor's career was mainly an adjustment to a set of rights and duties. There probably was a feeling of success as his clientele increased in numbers. However, concrete symbols to mark such success were few. The 'group' doctor has a network of offices through which he may move, with each move giving him more earning power and more decision-making power. This provides a fairly concrete set of symbols with which to delineate the stages of a successful medical career. Undoubtedly, this will do much towards making the pursuit of a career of much greater concern to the doctor.

The 'group' doctor, when first starting to practice, does not face a serious problem in respect to gaining a clientele. The 'individual' doctor often had to wait for weeks and days for his first customer. The Group Practice provides its incoming doctor immediately with clientele. However, while the 'individual' doctor could move into any area to set up his own practice, the doctor joining a group first must have the sanction of the 'group' doctors. It is a closed corporation, in effect, with potentialities for exerting considerable monopolistic control within the area in which it operates. The 'group' doctor is retired officially from practice and given a pension. He is no longer retired gradually by his patients as was and still is the case in respect to 'individual' doctors.

Patient habits also are changed markedly as a result of group practice. The patient visits the Medical Centre rather an expecting that the doctor will visit him. Patients also are being conditioned to budget their spendings or to subscribe to some form of health insurance in order to meet their medical bills. Moreover, in his dealings with the Group Practice the patient finds that the personal element no longer is involved in his medical bills. No longer can he postpone his payment of bills because his doctor regards him as a friend. In contrast, the medical bill has become a very impersonal matter.

Medical Knowledge

Costly medical equipment, changing medical knowledge, and division of medical labor are three major elements peculiar to medical knowledge which the medical practitioner attempts to control. Group Practice was employed by the Snowville doctors to help gain control over these elements. The result not only has been considerable control but also considerable

modification in medical practice in Snowville. These changes are not simply modifications in medical equipment and medical techniques; they are also changes in attitudes and behavior patterns of both doctor and patient. As striking examples, the doctor in the Snowville area has a much closer relationship with other doctors even for the simplest diagnosis and treatment; the patient now visits the medical agency for service rather than the service being brought to him.

This raises a variety of questions for further medical research. Is there much of a lag between the development of new medical knowledge and its availability to all patients? What forms of communication are utilized and which are the most efficient for communicating new medical developments to the doctor? What are the functions of pharmaceutical and medical equipment companies in the emergence of new medical knowledge?

Organizational Perpetuity

The analysis of the Snowville Group Practice has indicated that an organizational device such as the Group Practice, when enacted to exact some particular kind of accommodation between a range of factors -- such as doctors, patients, etc., -- unwittingly introduces a further factor into the situation, that of 'organizational perpetuity'.

The successful organizer is the one who takes a long term view in respect to an organization. He understands what are the appropriate measures to be taken to assure an organization's persistence. In recognizing this factor of perpetuity and taking the appropriate measures, the organizer probably does not anticipate all of the undesirable consequences it can create. In the case of the Group Practice for example,

an authority structure was essential for the persistence of the organization. This will continue to produce and maintain a class system among the doctors, as it has in the past. It makes it possible to place an extraordinary emphasis upon pursuing a successful medical career. The urgency to fulfil a career can interfere greatly with the main objective of an institution, if, for example, it results in a doctor of insufficient experience achieving an office of considerable responsibility. Eventually a Group Practice could have as its main function the satisfying its doctors from the point of view of a career rather than the supplying of high standard medicine to the public. As another example, the Snowville doctors do not have any money invested in the Group Practice. They have no legal claim against the Group or Association's assets. This, supposedly, protects the organization against the mobility of its members. At the same time, however, this might tend to increase mobility among the doctors. In other words, a doctor with nothing invested in the institution for which he works, might be more inclined to leave the institution. Such mobility might militate against the practice of high standard medicine. As a third example, the division of labor functions, among other ways, to assure the perpetuity of an organization. In the Snowville Group Practice this division of labor has resulted in the recruitment of non-medical personnel into the organization to carry on such duties as administration and drug dispensing. Further growth of the Medical Centre will eventually result in non-medical personnel holding fairly responsible positions within the organization. This in turn makes it possible for a non-medical personnel to usurp informally much of the decision-making which is normally carried out by the doctors, as has

happened in other group practices. (5) This, of course, might interfere with the practicing of modern medicine.

Class system among doctors, increased mobility among doctors, and usurpation of their power and authority, are all probable results of organizational-perpetuity which might militate against the delivery of modern medicine by such an organizational device as group-practice. From this it would appear that, while bureaucracy has done much to advance science, yet the involvement of a scientific profession such as medicine within extensive bureaucracy might expose it to a variety of undesired and unanticipated consequences.

Summary

This chapter has indicated that the delivery of high-standard medicine to a patient is contingent upon a wide range of elements such as medical equipment costs, changing medical knowledge, and division of labor. The patient himself, -- his habits and attitudes -- is a factor. Also, closely linked in with high-standard medicine is the medical career of the doctor. This involves another element, the accommodation of the practice of medicine to the contemporary cultural fetish of leisure time.

Lack of appropriate control over any one of these factors could imperil the provision of modern medical services. Should the doctor become involved to too great an extent in leisure time activities or in the fulfillment of a career, this could interfere with modern medical practice. In addition, should the patient refuse to visit the medical agency and

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5. Medical Group Practice Council, Solo or Symphony, 1946, p. 19.

oblige the doctor to visit him, thereby cutting down the time available to the doctor for post-graduate work, this could interfere with modern medical practice.

The Snowville Group Practice appears to have exacted a fairly successful accommodation between the elements of doctor, patient, medical knowledge, and time, so that the end result is the practice of modern medicine. However, this organization itself has introduced another factor -- organizational-perpetuity -- into the medical situation. This carries with it a range of elements which might militate against the provision of modern medical services.

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PART II: CHAPTER FOUR

SMITH MEMORIAL HOSPITAL

In the preceding chapter, the Snowville Group Practice was the main focus of attention. This organization was analyzed in terms of the factors essential to medical practice and medical careers which are brought under control; the conditions the organization imposes upon its member doctors; and the implication of Group Practice for a doctor's medical career and total life activities.

This chapter, Chapter Four, will be focused upon the Smith Memorial Hospital of Snowville. This institution will be analyzed in terms of its formal and informal authority structure. Data will be presented to indicate that, while formally the control of the hospital is vested with the Governors, it is held by the Group Practice doctors in actuality. Also, the nursing staff as a unit at times have exercised considerable control within the hospital. Having indicated with whom control of the hospital is located, the chapter will then trace the implications of this for the hospital's operations and development. It will also delineate the implications of this for the 'group' doctors and the 'individual' doctors who are active within the hospital.

#1

This Section will present a brief history of the development of the Smith Memorial Hospital and some of its organizational features. It will also set forth the formal authority structure of the institution.

History of the Hospital

The Smith Memorial Hospital was opened in 1939. This was three

years after Doctors Grey and Green had entered into partnership and had organized the Snowville Medical Centre.

An $11,000. legacy in money and property left by a local resident, Miss Smith, to be used towards the founding of a Protestant Hospital in Snowville provided the concrete starting point for the erection of the hospital. The will of Miss Smith stipulated that the money and the property was to be available for ten years only. If it were not used in that time for a hospital, it was to be made available to some other town. Six or seven years passed before any attempt was made to utilize the legacy. Finally the executor of the estate visited the 'group' doctors and pressed them to take advantage of the moeny for the erection of a hospital. Soon after this, five local citizens, including Doctors Green and Grey, set themselves up as 'provisional directors' of the new hospital. At that time, each of the directors personally donated $1,000. towards the building of the hospital. They also circulated a petition in the district and when the petition was completed they applied to the Quebec Provincial Government for a hospital charter. The charter was granted.

A small, local building fund campaign netted $17,000. for the new hospital. In addition to this, the Provincial Government gave $5,000. All together, including the legacy and the money donated by the 'provisional directors', almost $40,000. was made available for a public hospital. The executor of the Smith estate suggested that a large private dwelling, situated alongside the house of Doctor Green, be purcahsed and remodelled into a hospital. The suggestion was carried through.

The 'provisional governors', at a public meeting, resigned officially and were replaced by 15 governors legally elected at the same

meeting. The new Board of Governors included all five of the 'provisional directors'. It also included one woman, one Frenchman, and several men who came from areas peripheral to Snowville.

Today, the hospital after continual operation for ten years, is only slightly larger than when opened. A small porch was added to the east side of the structure. This was eventually winterized so that the hospital capacity was raised from 12 to its present 17 beds.

The New Hospital

In 1947, because of ever increasing demands upon the present hospital, the initial move was made towards the erection of a larger hospital. A campaign for building funds was launched. Under the management of a professional campaign-manager over $100,000. was raised. In addition to this, two Provincial Government grants were secured totalling $260,000. Because these grants were spread out over a period of from 15 to 20 years, their net total value when sold to a broker amounted to about $190,000.

With assets totalling approximately $300,000. the hospital governors signed a $410,000. contract for the erection of a new hospital. This new hospital, which is presently under construction, will cost approximately $500,000. when fully equipped. The hospital governors now face the problem of raising more money to meet the difference between their $300,000. assets and the anticipated cost of $500,000. for a 60 bed hospital.

Organizational Features

Two organizational features of the present 17-bed hospital are the range of medical specialty services it offers and its membership scheme.

The Smith Memorial Hospital performs both major and minor surgery. It has obstetrical and pediatric facilities. It also does considerable internal medicine.

The Hospital Membership scheme has two functions. It is supposed to assist the hospital in its finances. At the same time it offers the patient a minature form of hospital insurance. Hospital membership costs $10. annually or $150. for a lifetime. Any family which holds such a membership is entitled to one dollar a day reduction in rates for every day one of its members spends in the Smith Memorial Hospital.

Formal Authority Structure of Hospital

The formal authority structure of the hospital is outlined clearly in the institution's Constitution and By-laws. There are two major authority systems, the administrative-regulative and the medical. The Hospital Board of Governors embodies the administrative-regulative. The medical systems involves two distinct groups, the Medical Board and the Nurses.

Control of the hospital is vested in the Board of 15 Governors. Within the Board is a further nucleus of power, the Board of Management. The latter contains the Hospital Chairman, the Secretary, the Treasurer, and two other hospital governors.

Theoretically, the Board of Governors is the representative of the public. However, if the public wish to participate in the Hospital's annual meetings, they must be members of the hospital. Furthermore, if the member wants to become a Governor, it is the accepted thing that he should have a $150. Life Membership in the Hospital.

Any doctors in two counties may bring patients to the Smith Memorial

Hospital. Those doctors who do bring patients to the hospital automatically are considered as staff doctors and likewise as members of the Hospital Medical Board. Each year the Medical Board elects a Chairman and a Secretary.

The Medical Board of the Hospital is responsible for the direction of all the services which have to do with the treatment and care of the patient. The Medical Board is subject to the authority of the Board of Governors. Although the doctors may be elected Governors of the hospital they are not permitted to be on the Board of Management. This Board has the final power of decision in permitting or preventing any practitioner from attending patients in the hospital.

Thus, theoretically the Medical Board is subordinate to the Governors, of the administrative-regulative authority system of the hospital. The Honorary Medical Superintendent of the Hospital acts as the link between the Board of Governors and the Medical Board for purposes of communication. The Superintendent presents to the Board of Governors the request, suggestions, or recommendations of the Medical Board.

The nursing staff is commanded by a Matron. The Matron is responsible directly to the Board of Governors and not to the Medical Board.

#2

A well integrated system of authority is a prerequisite for the successful operation of a hospital or any other institution. (1)

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1. Parsons, T. "Max Weber", Essays in Sociological Theory Pure and Applied. Glencoe, Illinois: The Free Press (1944) p. 85.

Such a system, while vesting in various functionaries limited degrees of authority, places in one specific functionary, or group of functionaries, authority over the whole institution. In the case of a public hospital such an over-all authority or control is usually vested in a Board of Governors.

The Governors as an administrative-regulative body have the duty of directing the operation of the hospital so that as nearly as possible they satisfy the broad objectives set forth in the institution's constitution. This involves the task of successfully integrating and directing the activities of the various professional, and non-professional groups within the hospital so that cumulatively their activities satisfy the constitutional objective. At the same time, as administrators of the hospital finances, they have the duty of maintaining a balance between the hospital's expenses and is resources.

Control of the hospital involves making decisions and enforcing them in respect to such issues as purchases of new equipment, daily patient-rates, salaries of personnel, policy towards admission of various types of patients, control of specialties practised in the hospital, and the making of appointments. Although formally, through its constitution, the major authority of the hospital may be apportioned to the governors, it frequently occurs that informally some group other than the governors are in control. In other words, while the governors do go through the formality of supposedly originating and sanctioning hospital policies, appointments, and salaries, these may actually originate in some other group. Furthermore, this other group will have such power within the hospital that the governors will have no alternative but to sanction their

policy, appointment, or salary demands. (2)

The informal location of control with one specific group within the hospital has a variety of implications. The group will direct the total activities of the hospital within the range of their own particular interests. Such a direction of activities will result in a narrowing of the broad constitutional objectives of the hospital. It might even result in directing the hospital activities beyond all limits of the constitutional objective. For example, if the patients are in control, it can happen that the hospital will not be healing the patient, but perhaps actually aiding in prolonging his disease or encouraging it. (3)

Five major groups interact with one another within the Smith Memorial Hospital: 'group' doctors, 'individual' doctors, governors, nurses, and patients. Formally the governors are in control of the hospital; informally the 'group' doctors are. The nurses, while not in control, at times have exercised considerable control in imposing their own demands upon the hospital.

This section will set forth the various activities of the 'group' doctors within the hospital and their relations with other groups, particularly the 'individual' doctors. It will indicate also the kind of control which the nurses have succeeded in exercising within the hospital from time to time. In doing so, the main objective of this section will

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2. Smith, H.L., The Sociological Study of Hospitals, (unpublished Ph. D. Thesis), Department of Sociology, University of Chicago, 1949.

3. A cursory study by the author of a Canadian military tuberculosis sanitorium seemed to indicate that considerable power within the institution rested with the patients. This patient control appeared at times to prolong the patient's diseased condition.

be to trace the informal authority structure of the Smith Memorial Hospital and to indicate the position of the major hospital groups within that structure.

Group Doctors' Authority Position in the Hospital

In outlining the authority position of the 'group' doctors in the Smith Hospital this part will point first to some of the factors making this control possible. Following this, the actual evidence indicating the doctors' authority position in the hospital will be presented.

(i) Factors Contributing to Informal Control

Historically the 'group' doctors have been with the hospital since its founding. Doctors Green and Grey were two of the five provisional governors who directed the community drive to erect a local hospital. Each of these doctors also contributed a personal donation of one thousand dollars towards the project.

A second factor contributing to the doctors' informal control of the hospital is that none of the 'group' doctors are governors of the hospital. The doctors have purposefully absented themselves from this position. They can exercise as much influence in the hospital with less risk of conspiciousness when they occupy less obvious or less questionable positions. This contributes to the security of their informal control. Doctor Green said of this:-

> "When the hospital was started Doctor Grey and I were provisional governors. Then we were made governors of the hospital. At that time all the doctors in the area, including the Windville doctors, were on the staff. I felt that it was unfair that two of us should be governors and not the others. Besides, we didn't want the people to think that it was a private physicians' hospital. We wanted to hand the hospital back to the public and say 'here it's yours'. I withdrew as governor after the first year and Doctor Grey withdrew

the following year.

> As it is now I'm Superintendent of the Hospital and act as the liason between the Medical Board and the Board of Governors of the hospital. With a doctor as governor ----- well------- well ----- he has too much power ---- it would be unhealthy."

Fear that if a doctor held a governor's position it might imperil the operation of the hospital and the rights of the doctor in the hospital is seen in the following comment by a hospital governor.

> "If the doctors were on the Board people might think that it was a closed corporation."

The historical affiliation of the 'group' doctors with the Smith Hospital and their purposeful absentation from governorship appear to be of importance in giving the doctors an opportunity to achieve the good-will and co-operation of hospital authorities, and, inevitably, to permit them to exercise considerable informal authority.

(ii) Type of Position Occupied as a Factor in Control

The Snowville Group Practice doctors' informal control of the Smith Hospital may be seen in the type of positions they occupy within the hospital. It has already been stated that the doctors purposefully absent themselves from the conspicious and inappropriate position of governorship. Those positions, however, which are more appropriate to their profession, and, therefore, more acceptable publicly, are ~~by them~~ monopolized by them almost completely. All the specialty positions within the hospital, with the exception of one, are held by the 'group' doctors. Doctors Green and Black are the hospital surgeons. Doctor Black is also the hospital radiologist. Doctor White is the hospital anaesthesist, pediatrician, and obstetrician. The one position which they do not occupy is that of the assistant-surgeon ~~position.~~ This is held by an 'individual' doctor.

In the case of the Medical Board, although Chairmanship has always been held by an 'individual' doctor, the Honorary Medical Superintendent position has always been held by the 'group' doctors. The latter position carries more authority and influence in the hospital, particularly with the Governors.

The 'group' doctors' almost complete monopolization of the medical posts within the Smith Hospital, therefore, place them in a favorable position to exercise considerable informal control in the operation of the organization.

(iii) Group Doctors' Activities as an Indication of Control

The Group Practice doctors' informal control of the hospital becomes most evident when the doctors' activities in the hospital and their influence upon the governors' decision-making is ~~concerned~~ considered. The doctors have an excellent opportunity to enter into and control all phases of the hospital's activities because these doctors usually serve on various hospital committees. Here inconspiciously and informally the doctors are able to control decision-making in the hospital. Doctors Green and Grey were both members of the Public Relations Committee of the hospital. Doctor Green is still a member. He is also a member of the Building Committee.

This informal control may be seen in the distinctive relationship which Doctor Green has developed with one of the governors in the hospital. It also may be seen in the fact that Doctor Green has been responsible for originating the Hospital Membership scheme; in the fact that the 'group' doctors have been responsible for barring certain types of patients from the hospital; and in the various forms of leadership

which Doctor Green has exhibited in having the new 60 bed hospital built.

As a member of two hospital Committees, Doctor Green has developed a distinctive relationship with one of the hospital Governors serving on the same Committees. The Governor at times appears as the doctor's 'lieutenant' and fulcrum of power over the whole Board of Governors. It was this Governor who alone backed up the doctor when he attempted to introduce the present Hospital Membership scheme.

The writer attended a meeting between this particular Governor, Doctor Green, and a professional 'fund-campaign-manager'. Not only were the decisions in the hands of the doctor and this lone Governor, but, whenever the doctor made a suggestion which contradicted what the Governor had said, the doctor's proposal held sway and was accepted. The writer also overheard the doctor, on another occasion, talking to the same Governor in the following vein:

> "William I was just thinking the other night. You know that in California they have a special ~~tax~~ law which allows the imposition of a hospital tax. I was wondering if we couldn't go to the Council here and say: 'Here now, you put a hospital tax on the Municipality and in return we will give your people from this Municipality price reductions at the hospital. It could be done in other Municipalities around here. It's something worthwhile for you to think over."

On another occasion, when the doctor in his activities as a member of the Public Relations Committee created bad relations with the local newspaper, he immediately recruited the already mentioned Governor to ameliorate and mend the situation. The Governor visited the newspaper and remedied the situation.

The Hospital Membership scheme, in its present form, was introduced at Doctor Green's urging. It required considerable rhetoric, but with the support of this Governor, the scheme was adopted. Doctor Green

said of this:

> "I had quite a struggle with the Board to convince them about the membership scheme -- Andrews (a Governor) was behind me on it."

The Hospital Board of Governor Meeting Minutes confirm what Doctor Green himself indicated, that he was mainly instrumental for the introduction of this scheme.

> "Doctor Green, in commenting on how to keep up membership of the hospital, suggested to the Board of Management that a discount could be allowed members who kept up their subscription annually for any treatment their family might require in the hospital or some form of hospital insurance might be worked out."

Doctor Green's influence is seen again in his firm determination to keep the Smith Hospital essentially a place for surgery and medical services and not an 'old folks home' or a 'maternity hospital'. Following is a quotation from the Hospital Minutes which, in turn, quote the Minutes of the Hospital Medical Board.

> "Doctor Grey read an excerpt from the Minutes of the Medical Board of the Hospital. Doctor Green introduced the subject for discussion and his feeling was that the hospital was becoming predominantly a maternity hospital and there should be some attempt to ration the beds so that the surgical and medical services to the hospital should not be entirely neglected."

An indication that the hospital never became entirely an obstetrical hospital is seen in the hospital bookkeeper's comment:

> "Of course there has been a big increase in the number of admissions. And this hospital is mainly for surgery. If you look at the monthly report of the hospital you will see that the patient days for surgery are always greater than for anything else."

The Secretary of the Hospital commented on Doctor Green's determination to keep the hospital essentially for surgery and to keep out the aged.

> "When the new hospital is opened they will use the present hospital for a convalescent home. There is quite a problem here about the old and aged. They want to go into the hospital, and although they have the money, they can't get in. Doctor Green is quite firm about that."

Doctor Green's policy about the aged and incurable and his apparent self-appointment as the authority in regard to it is seen in the comments of a hospital client.

> "Several days later I got a telephone call from Doctor Green asking me to go out to see him. When I arrived, there were a lot of people before me. He took me at last. He motioned for me to follow him. We went upstairs so that no one could see or hear us. Once he had closed the door he asked me 'When will you be able to move your mother home?' I replied that I could not move her home. She might have died in the ambulance. After all she had been in a coma from the time she had arrived out there. Doctor Green then asked me 'What kind of hospital do you think this is? A place for the incurables? 'But it was you', I told the doctor' who said that my mother should be brought out here! He replied that I had brought my mother out here under false pretenses. I was too disturbed to argue with the doctor any further."

Ever since the 17 bed Smith Hospital ceased to satisfy all the demands made upon it, Doctor Green has been a vigorous spokesman of the 'group' doctors in demanding increased facilities. When a move was initiated to build a new hospital, Doctor Green was active in a multitude of ways in the effort to make this project a successful venture. Follow- is an excerpt from the Hospital Minutes which records but one of repeated references of Doctor Green and Doctor Grey to the need for a larger hospital.

> "He thought that the need for more rooms and accommodation was so great that he felt the governors should consider having an architect draw up plans for an addition, not for immediate building, but so that these plans could be fully studied in order that when the time came for building there would be no delay in getting started."

The Minutes also report a visit by Doctor Green to Government offices to discuss a prospective grant to the hospital:

> "The Chairman called on Doctor Green to report for the delegation that waited on the Minister of Health, re our proposed new hospital. The doctor reported that the delegation had been very kindly received by the Minister and that he was inclined to be quite favorable to the project, and promised that as soon as the House Sessions were over he would visit Snowville with his deputy Minister and look over the situation and tell us just what they would do in the way of a grant."

Doctor Green's position of authority in the hospital is further increased due to his status as a doctor-surgeon which has made the Governors very suggestible to his direction and leadership. With this medical status it is relatively easy for him to also assume the role of administrator-regulator. The Governors cannot as readily reverse the process. Following are comments by three Governors which would indicate that such attitudes would make it relatively easy for the doctor to play the role of the administrator-regulator as well as doctor.

> "Doctor Green is a wonderful doctor. He's curt with some people; but, I'm not afraid of doctors.
>
> I'd trust my life with Green, White, or any of those Medical Centre doctors as opposed to any of the Mayor City doctors. Those doctors here have an entree to any of the big hospitals in Mayor City. Green has gone all over America. He attends conferences. He has a way of getting in touch with other doctors.
>
> Doctor Green is a fine surgeon. He'll match anything they've got in Mayor City."

(iii) Summary

The Snowville Group Practice doctors exercise considerable control within the Smith Memorial Hospital. This control is mainly informal. It is seen in the monopoly which the doctors hold over almost all the medical posts in the hospital. It is seen in the control exercised by the doctors in all decision-making which occurs within the hospital. It appears in the leadership which they have exhibited in the conception and the construction of the new 60 bed hospital. It also appears in the control which Doctor Green in particular exercises over certain Governors.

This informal control by the doctors is greatly facilitated by the close historic tie they have with the hospital. It is facilitated by their careful absentation from holding conspicuous and inappropriate

positions of authority, and by their membership in committees where they can exert inconspicuous but vigorous control. It is also facilitated by the fact that it is easier for the doctor to play the role of administrator than for the governors, because the doctor has more intimate knowledge of the type of problems faced by a hospital. Closely linked with this is the respect and admiration which the governors hold for the doctors' medical prowess. This makes the governors highly suggestible to the doctors' direction and leadership.

Authority Position of Other Groups in the Hospital

Having viewed the authority position of the 'group' doctors within the hospital, attention will now be focused upon the 'individual' doctors and upon the nurses. The 'individual' doctors hold only two positions of any significance in the hospital, Chairmanship of the Medical Board and Assistant-Surgeon. Both positions are held by the same doctor. But, even with these positions, the 'individual' doctors are subject to the authority of the 'group' doctors. Other 'individual' doctors do bring patients to the hospital and assist at operations, but always the 'group' doctors are in command by virtue of their specialty positions in the hospital.

The nurses, however, have been able to exercise considerable control at times within the hospital. The scarcity of nurses has resulted in the hiring of non-registered nurses. It has also resulted in the gradual but steady increase of wages for nurses in the hospital. Since the opening of the hospital in 1939, the periodic threatened resignation of groups of nurses, including the Matron at times, has resulted in each instance in an increase in salaries. Following are two excerpts from the Hospital

Board of Governors Meeting Minutes, which illustrate clearly how the threat of resignation results in an informal controlling or the decision-making of the governors and the doctors.

> "The doctor also reported (Doctor Grey) that almost a crisis had arisen in the hospital staff, as the Superintendent had resigned to take effect the end of this month, and that one other nurse if not two were leaving, and no doubt more salary would have to be paid to secure a person with the qualifications required for this position. On discussing the situation with the nurses it was found that they were well satisfied with food and salary but that working conditions could be improved to which we agreed and he suggested that another nurse be engaged and a common home for the staff be found if possible. Doctor Green stated that he agreed with all Doctor Grey had said and said that he had little to add, the reputation of the hospital and the personnel had to be maintained which was a hard proposition these days.
>
> "Doctor Grey reported that the hospital Superintendent nurse had decided to remain on the understanding that certain living conditions would be changed and that the salary would be increased."

The following comment by the Chairman of the Hospital Board of Governors indicates how the range of activities of the nurses impinge upon the control of the hospital by the Governors. It also points to the fact that in exercising this control the nurses involve themselves in behavior which deviates somewhat from their professional ethics.

> "Getting nurses is a headache. We've been unable to do as much at the hospital because of the nurses. I wouldn't say exactly that they control it, but damn near it. They've got all their rights and more. Nurses have lost their professional pride -- they're like everyday laborers.
>
> One of the local doctors told me that just recently he was in the city at an operation. Just before the operation which was beginning around 11.15 the nurse said to the surgeon: 'I hope you realize that I'm leaving at 12.' She then added: 'Think of that before you start'.
>
> They've got everything down here: Free health insurance; three weeks paid holiday each year. We've got a credit system just like the school teachers whereby they are entitled to five days a year off for sickness with pay. If they don't use it up each year, the credit builds up. Should the occasion ever arise that they want to leave, the credit available is then divided and its equivalent in money is paid.

The nurses get $110. a month with a yearly $5. a month increase. They get $10. a month extra for rooms. They get their meals free at the hospital.

Nurses are scarce. At $8. a day they can afford to pick, choose and take time off.

We had two nurses on night duty and one went off and danced the whole night through. The other nurse didn't say anything about it. She shielded her. Aw --- I don't worry anymore about them --- I let the Matron do it.

In the larger hospitals they have nursing schools. Those three years of nursing helps expenses. Here we can't do that."

What the Superintendent of the nurses had to say more or less substantiated what the Chairman of the Governors had indicated.

"Nurses, nowadays, since the War, will not work during the summer. They know they can get enough during the other months. It is the same story everywhere. We've been very fortunate in the nurses we've got; they stay on during the summer. In the summer there's considerable strain on our staff. There's only one registered nurse on duty upstairs in the day time, one in the operating room, and myself. The nurses here take three weeks holidays. In most other places it's four weeks; but they've always been three weeks here and I couldn't change it."

From the foregoing, the 'individual' doctor appears to exercise only a minimal of informal control within the hospital. The control he does exact is seen in the fact that he is permitted to assist at operations. By this the 'individual' doctor informally obliges the hospital to permit him to assist at operations on his own patients. By permitting this, the hospital encourages the 'individual' doctor to bring patients to the hospital and to participate on other hospital activities.

The nurses, by means of periodic threats of resignation, have forced the hospital at times to increase their salaries. However, the ramifications of this informal control appea to be fairly limited when compared with the kind of informal control exercised by the 'group' doctors.

Summary

While formally it may appear that decision-making and its enforcement in the Smith Memorial Hospital rests with the governors of the Hospital, in actual practice much of the decision-making comes from the Snowville Group Practice doctors.

The Governors' functions ~~are limited~~ in respect to much of the decision-making would appear (LIMITED TO) to be the periodical placing of a stamp of approval upon the decisions and activities of the 'Group' doctors.

The 'individual' doctor exercises a slight amount of informal control within the hospital, but even this control is greatly subject to the discretion of the 'group' doctors. The nurses appear to exercise considerable informal control at times in respect to their salaries. Also, because of their periodic resignations and their scarcity, the hospital has had to supplant its registered-nursing staff with unregistered nurses.

The Group Practice's achievement of informal control in the Smith Hospital derived in part from the Group's historic tie with the hospital since its founding, from the range of medical specialties it made available to the hospital, from the well disciplined and strong leadership it made available to the hospital, and from the governors' suggestibility to the Group's direction.

#3

The preceding section has indicated that informally the control of the Smith Memorial Hospital is located with the 'group' doctors. It has also pointed to the fact that at times the nurses in the hospital have been able to exert considerable control upon the hospital. This section will consider what implications this usurpation of the Governors' authority by

other groups has for the hospital.

Consequences of Group Doctors' Informal Control

Certain features of the hospital's policies, organization, and facilities are the direct result of the informal control exercised by the 'group' doctors within the organization. The results of this informal control will be viewed under the following headings: Hospital Objectives and Facilities; Increased Facilities; and Assistantships in the Hospital.

(i) Hospital Objectives and Facilities

Theoretically the Smith Memorial Hospital should be available to all those in two counties who are sick and disabled. Actually the hospital, as a result of decision-making on the part of the 'group' doctors, exercises discrimination against particular patient types. Any patient who probably will occupy the hospital's bed space for a long period of time is not admitted. The aged are not admitted. Also, there is a preference shown for surgical cases.

Although the facilities of the hospital have been narrowed to specific types of patients, for these types of patients the hospital offers a fairly wide range of facilities. The Group Practice has made this possible. It acted as a control device in restricting the entry of doctors to Snowville. As such, it permitted a selection into the town of doctors equipped with specific specialties. As an organized and controlled group with a neat division of labor, these doctors organized the Smith Memorial Hospital so that it offers to the public a wide range of specialties.

The important role the Group Practice has played in making it possible for the hospital to offer such a range of facilities becomes

even more apparent when the small hospital in Windville is considered. Competition and un-co-operativeness between the Windville doctors have prevented the growth of the Windville hospital to the point where it could offer a range of specialty services to the public. This slow development of the Windville hospital has occurred in the face of the fact that the population of Windville is much larger than that of Snowville. A comment by Doctor Blue of Windville summarizes the situation:

> "No, there's not much chance of the hospital getting bigger here. They did talk about building another hospital -- even had a lot not far from here all picked out. Then they talked about building an extension to the hospital. But there's friction between Doctor ----- and Doctor -----. When Doctor ----- brought plans for the extension of the hospital to the board meeting, Doctor ---- got up and criticized every part of it. And just on small technicalities.
>
> They have a lot better system in Snowville. The doctors almost have a partnership there."

The observations of another doctor in Windville confirm further the consequences of several doctors competing with one another within the same town.

> "Doctor --- is in Mayor City brushing up on surgery. I don't know what he's up to, or whether he intends to come back here and do surgery. But it requires a team to do surgery, one doctor to do anaesthesia and the other surgery. I don't know whether he intends to come back and tie up the other doctors in doing anaesthesia.
>
> It costs money to have one doctor doing anaesthesia. If he has only one to do in the morning his whole morning is gone. At that rate he only gets the hospital anaesthesia charges and it would be better for him to work in some cotton mill.
>
> I think that Doctor ---- is coming back and will be doing the same thing he's been doing before."

A third Windville doctor admitted that he had attempted to develop a Group Practice in Windville, but the older doctors were indifferent.

> "When I first came to Windville I appreached Dr. ----- about forming a partnership. He didn't say 'yes' or 'no'. And he just left it like that.

> The other doctor, Doctor, ----- is a lone wolf type. He never asks any help. He's accustomed to doing things alone. Now I've worked up a practice to where it gives me a living and it would not be economically possible to bring someone else out here to become partner with me."

The informal control of the Smith Memorial Hospital by the 'group' doctors has produced some refinement in the broad objectives set by the hospital's constitution. Certain types of patients are not admitted to the hospital. However, the hospital does offer a wide range of services to the public and this is mainly as a result of the 'group' doctors participation in the hospital. This becomes strikingly clear when the Windville hospital is considered. Here, there was no compact control on the part of some particular group within the hospital. The hospital in result has only a limited number of facilities.

(ii) Increased Facilities.

The availability of a wide range of facilities at the Smith Memorial Hospital resulted in an almost immediate overcrowding of its limited bed space following the hospital's opening. This overcrowding became apparent in the competition which developed between the various specialties for bed space in the hospital. Doctor Green, the senior surgeon, resisted the encroachment by obstetrical cases upon the hospital's bed capacity. He more or less felt that surgery should be given priority.

The 'group' doctors as a unit became active in arousing public interest in the expansion of the hospital to relieve the strain on bed capacity. These doctors provided extensive leadership in the campaign for a new hospital with the result that some $300,00. was secured for the erection of a $500,000. building. By the end of 1950 the town of Snowville will have a total hospital bed capacity for almost eighty patients.

The 'group' doctors, by offering a wide range of facilities in the hospital, quickly overcrowded it. Then these doctors provided the leadership for the construction of a new hospital which will bring the total bed capacity for Snowville up to eighty.

(iii) Assistantships in the Hospital

To encourage 'individual' doctors to patronize the Smith Hospital the 'group' doctors apparently have permitted 'individual' doctors to assist at operations. One of these 'individual' doctors has now been appointed assistant-surgeon in the hospital. There is another 'individual' doctor who has no appointment, but who is permitted to assist at all operations of patients he refers to the hospital.

This practice prevents the Governors from enforcing regulations which rigorously define the composition of the specialty staff of the hospital. Under the present informal control by the'group' doctors there is the possibility that fee-splitting may develop or that incompetent doctors might be permitted to participate at operations.

(iv) Summary

The wide range of facilities at the Smith Memorial Hospital and the current erection of a new 60 bed hospital are a direct result of the informal control held by the Snowville Group Practice in the organization.

The present discrimination against certain types of patients, the preferences shown for surgical cases, and the participation of unappointed 'individual' doctors in operations at the hospital also result from the 'group' doctors control over decision-making in the Smith Memorial.

Nurses' Informal Control

The implications of the control which the nurses have exercised

within the hospital may be stated quite briefly. A chronic repetition of crises have occurred within the hospital as a result of the nurses' threats to resign their positions -- and this at times in numbers of two and three. In the past ten years, as a result of these threats to resign, there has been a gradual increase in the nurses' salaries to the point that now the nurses are receiving double the salary paid when the hospital was opened. To increase the hospital's security against these recurring crises precipitated by the registered nurses, half the nursing staff today is non-registered.

Summary

The Smith Memorial Hospital's informal authority structure, in which the 'group' doctors play a major role and the nurses periodic roles of significance, has influenced considerably the facilities, growth, and the policies of the hospital.

The 'group' doctors by virtue of their informal authority position provided the hospital with a wide range of medical specialties and with 'strong leadership' in its present growth and expansion. The 'group' doctors modified the broad objectives of the hospital somewhat by excluding the aged and long-term patients from the hospital. The 'group' doctors have been responsible also for interesting the 'individual' doctors in the hospital, establishing good referral relations with them, and permitting some of them to assist at operations even though they had no official appointment.

The nurses, by periodic threats of resignation, have forced the hospital to increase its nurses' salaries and also to supplement the staff of registered nurses by unregistered nurses.

#4

The informal authority structure of the Smith Memorial Hospital has been viewed in terms of its significance for the hospital. Attention will now be focused upon the significance this inform control holds for the 'group' doctors and for the 'individual' doctors.

Significance of Informal Authority Structure for Group Doctors

The implications of the Group Practice's informal control of the Smith Memorial Hospital for itself may be seen on two levels: first on the level of the Group Practice as an institution; second, on the level of the careers of the member doctors of the Group.

(i) Implications for the Snowville Group Practice

The Group's informal control over the hospital gives its immediate and extensive control over the facilities of the hospital. The hospital becomes, therefore, a supplement to the range of facilities which the Group Practice has available. This supplement involves no direct cost to the Group, except in as much as the Group has made certain money contributions to the hospital's building campaign. The Group, therefore, offers a wide range of medical facilities to the public, but has to finance only part of the medical equipment involved in these medical services. The hospital's equipment is financed by public subscription and by government subsidization.

The significance of the Group's informal control in the Smith Hospital goes beyond that of extending a wide range of facilities to the public. It results in increasing considerably the Group's control over the money outlays of its patients for medical care. Those patients patronizing the Group Practice, when requiring hospitalization, are placed in the Smith

Hospital. Here the patients are attended in all phases of their treatment by the 'group' doctors. The Group does not lose that part of the money outlay of its patients as it would if the patients had to be referred to some outside hospital. Furthermore, the Group Practice, because its doctors perform all the major specialty work in the hospital, becemes the beneficiary of the money outlays of many patients referred to the hospital by outside doctors.

This informal control by the 'group' would also appear to be an important factor for the Group in respect to its control over the ethnic factor peculiar to the area in and around Snowville.

According to the Dominion Bureau of Statistics 1941 census figures the population of Snowville was 50.5% French and 48.0% English. The population of the two counties, from which more than three quarters of the patients of the hospital and Medical Centre come, was 59.9% French and 36.1% English.

Ideally in such a situation the control of the Smith Hospital would be shared with, or even slightly in favor of, the French element. However, because the hospital was founded as a Protestant Hospital, the initial representation on the Board of Governors was almost completely English and has remained so to date. This predominately English Board of Governors subject to the informal control of the Group Practice has apparently been an effective combination towards keeping control of the hospital in the hands of the English, and in particular with the English 'group' doctors. Several French doctors bring patients into the Smith Hospital. One of these holds the assistant-surgeon's appointment in the hospital. Nevertheless, neither he nor the other French doctor have any

major control in the hospital.

It would appear then that the 'group' doctors informal control in the hospital has been an important factor in the doctors' control of the ethnic factor within the hospital, and furthermore, an important factor in the Group's control over the ethnic origin of doctors coming into Snowville to practice.

This control over the ethnic factor comes clearly into view when the Provincial Governmen's demand for a Catholic chapel in the new 60 bed Smith Hospital is considered. This demand was effectively blocked by the Hospital Governors and the 'group' doctors, and the Government withdrew its request for a chapel.

The informal control exercised by the Group Practice in the hospital, therefore, is an important factor in its own persistence. The Group has increased facilities at no significant cost to itself; it increases its control over the money outlay of its patients; and it performs the specialized services in the hospital for other doctors referring patients to the hospital. Also, it appears to give the doctors increased control over the ethnic factor in the area.

(ii) Implications for the Group Doctors' Careers

The informal control exercised by the Group Practice in the Smith Hospital has several significant implications for the careers of the 'group' doctors.

The 'group' doctor is assured eventually of holding one or more specialty positions within the Smith Memorial Hospital. Also, he is assured of membership on one or more of the hospital committees. For the doctor entering the Group this, then, requires of him that he have command

over one or more specialties, and that he have the capacity for administrative work.

The 'group' doctor's career does not appear to be greatly contingent upon the ethnic composition of the Snowville area. Even though he be English Protestant, as are all the member doctors, he can enter the Snowville area populated by as many French as English, and be immediately assured of French clientele. Also, he does not face any competition from French doctors within the town of Snowville itself.

Finally, the 'group' doctor's career does not involve much referring of patients to other doctors. The Group Practice doctors' patients, when requiring hospitalization, are placed in the Smith Memorial (except for very specialized treatment) and there the same doctors provide the patient with the necessary treatment.

Because of the informal control of the Group Practice in the Smith Hospital the 'group' doctors' careers are not contingent to any great extent upon referral relations with other doctors or upon the ethnic composition of the area. By virtue of this informal control the doctor is assured of a specialty position in the Smith Hospital as well as of holding several administrative positions during his career.

Significance of Informal Authority Structure for the 'Individual' Doctor

The Snowville Group Practice's informal control of the Smith Hospital affects the career of the 'individual' doctor in terms of the kind of appointments he will receive in the Smith Hospital, and in terms of the referral relations he will have with the hospital.

The 'individual' practitioner has little hope of acquiring an

appointment to a major specialty position within the Smith Memorial Hospital. Only one 'individual' doctor has any position of importance within the hospital, and this is only an assistant-surgeon position. While this same doctor is chairman of the Hospital Medical Board and does carry some prestige, this position does not match the position of Honorary Medical Superintendent held by a 'group' doctor.

Being an 'individual' doctor rather than a 'group' doctor has important implications for the medical career. The 'group' doctor can be certain of specialty appointments and the accompanying prestige within the Smith Hospital. The 'individual' doctor has only a slight chance of achieving even a modest appointment within the hospital.

Despite his absence from positions of major significance within the Smith Hospital, the 'individual' doctor may enjoy a good relationship with the hospital. The 'group' doctors have been anxious to secure these good relations because, among other things, it means more clientele for the hospital. A variety of techniques have been employed to generate the interest of 'individual' doctors and to establish this rapport between the 'individual' doctor and the hospital.

The 'individual' doctors are invited to attend the Hospital Medical Board monthly meetings. Also, whenever an 'individual' doctor sends a patient to the hospital, his rights to that patient are strictly recognized. When the patient is discharged from the hospital, a copy of the hospital report is sent to the referring doctor as well as to the Medical Centre. Most important of all, though, some of the 'individual' doctors are permitted to assist at operations, and sometimes are permitted to perform the operations themselves. This gives, at least to some of

the 'individual' doctors, increased control over the ~~monthly~~ money outlays of their patients. One of the 'group' doctors put the situation as follows:-

> "Doctor Pink and Doctor Azure, 16 miles north of here at Rosetown, bring their patients into the hospital here. Doctor Pink does his own surgery. If he took his patient to Mayor City he would lose the business. Here he does his own work right in the hospital. He is lucky, if anything goes wrong he always has Doctor Green and Doctor Black to cover him. One of them is always around."

An 'individual' doctor, in speaking of assisting at operations in the Smith Hospital, had the following to say:

> "Whenever I can I go down to Snowville to assist at the operations of my patients. I can always get there. When I go, there usually is three of us -- Doctor Green, myself and the anaesthesist."

The informal control of the Smith Memorial Hospital by the Group Practice makes it improbable that the 'individual' doctor will achieve a specialty position within the hospital. However, the 'individual' doctor may establish a good referral relationship with the hospital, and may be certain that his vested interests in the patients he sends into the hospital will be recognized. In some instances the 'individual' doctor may assist at operations or perform them himself. This, in some instances, increases the 'individual' doctor's control over the money outlays of his patients for medical services.

Summary

The informal control exercised by the Snowville Group Practice in the Smith Memorial Hospital has a range of implications for the Group Practice itself as an on-going concern, for its member doctors' careers, and for the careers of the 'individual' doctors.

For the Group Practice as an on-going organization, the in-

formal control it exercises within the Smith Hospital increases its own medical facilities at no significant cost to itself; it increases its control over the money outlays of its patients; and it performs most of the specialized services in the hospital for the patients referred there by 'individual' doctors. Also, it apprears to give the doctors increased control over the ethnic composition of the population, peculiar to the area.

For the member doctors of the Group, this informal control by the Group in the hospital, assures the 'group' doctor of a specialty position in the hospital and probably of an administrative position on a committee or on the Hospital Medical Board. By providing hospital facilities in which the doctor can treat his own patients, the 'group' doctors' careers are relieved of the necessity of incorporating referral relations with other doctors. However, it places upon the doctor as a specialist the duty of safely returning outside doctors' patients back to their own docotrs. The doctors' careers also appear to be relieved somewhat of the necessity of accommodating to the ethnic composition of the Snowville area. Even though the 'group' doctor is English Protestant, he can enter the Snowville area which is populated by as many French as English and be assured of as many or more French clients than English. Also, the 'group' doctor does not face any competition from French doctors within the town of Snowville itself, because the 'group' doctors are the only doctors in the town.

For the 'individual' doctors' careers, the Group's informal control in the hospital makes it very improbable that the 'individual' doctors' careers will be characterized by major appointments in the Smith

Hospital. However, it does assure the doctor of good referral relations with the hospital and perhaps the opportunity of assisting at operations. In the case of the 'individual' doctor holding the assistant-surgeon appointment in the hospital, it assures him of an increased control over the money outlays of his patients for medical services.

This informal control exercised by the Group in the hospital appears to be of importance to the persistence of the Snowville Group Practice. This requires of the Group that it recruit doctors into its membership who will be able to maintain strong leadership in the hospital and also command appropriate medical specialties so that the Group's informal control is retained. For the member doctors this implies that they should not only have command over one or more specialties, but also should be apt in administrative work.

#5

This chapter has analyzed the Smith Memorial Hospital in terms of its formal and informal authority structure. It has ~~traded~~ TRACED the implications which the informal authority structure has had for the hospital, and for the various groups within the hospital.

A summary of what has been set forth in the chapter will now be presented in this section under the following headings: Informal Control and its Implications; Bureaucracy, Leadership, and Power Struggle; and Summary.

Informal Control and its Implications

The Constitution of the Smith Memorial Hospital delegates all control in all major decision-making within the hospital to the hospital governors. This theoretically gives the Governors control over four other

major groups active within the hospital: group-doctors, individual doctors nurses and patients. This formal delegation of power to the Governors, however, is not a true definition of the situation as it exists in the hospital's day to day activities. Power over much of the decision-making actually rests with the 'group' doctors. Informally the 'group' doctors have major control within the hospital. Also, periodically considerable control in decision-making has been exercised by the nurses.

The informal control by the doctors of the Group Practice and the periodic informal control exercised by the nurses has influenced considerably the facilities, growth, and policies of the hospital. Also, it has had distinct implications for the Group Practice, the careers of the 'group' doctors, and the careers of the 'individual' doctors.

Implications of the informal authority structure for the hospital itself may be seen in that the hospital had 'strong leadership' with which to carry on considerable expansion. The hospital has been provided with a wide range of medical specialties. Its bread objectives for the care and cure of patients have been refined somewhat with the aged and long term patients being excluded from the hospital. Good referral relations have been established with the 'individual' doctors, and some of these doctors have been permitted to assist at operations even though, at the time, they had no official appointment. The salaries of the nurses have been increased considerably and the registered nursing staff has been supplemented by a large number of unregistered nurses.

The Group Practice's informal control of the hospital has had a range of implications for the Group itself. Its medical facilities are considerably increased at no significant costs to itself; it increases its

control over the money outlay of its patients; it performs most of the specialized services in the hospital for the patients of the 'individual' doctors; and it appears to contribute to the Group's control over the ethnic factors peculiar to Snowville area.

The careers of the 'group' doctors are affected by the Group's informal control of the Smith Hospital. The 'group' doctors' career in all probability will involve one or more specialty appointments in the Smith Hospital and a variety of administrative roles. The 'group' doctors' careers are relieved of the necessity of establishing referral relations with other doctors because the 'group' doctor can treat his own patient in the Smith Hospital. His role as a specialist in the Smith Hospital, however, requires of him that he refer all patients belonging to 'individual' doctors back to those doctors. The career of the English Protestant 'group' doctor appears to be more or less free of the contingencies which might exist in respect to the ethnic factor peculiar to the Snowville area.

The implications of the Group Practice's informal control in the Smith Hospital for the 'individual' doctors' careers may be seen in the latters referral relations with the hospital. The 'individual' doctor is assured of good relations with the hospital and perhaps the opportunity of assisting at operations. In the case of the 'individual' doctor holding the assistant-surgeon appointment in the hospital, it assures him of an increased control over the money outlays of his patients for medical services. The informal control of the hospital by the Group, however, makes it very improbable that the 'individual' doctors' careers will involve major appointments in the Smith Hospital. There are other factors, too, which might militate against such an appointment, particularly incompetence.

In the day to day activities, then, of the Smith Hospital, the institution's formal authority structure appears to be non-functional. An informal authority structure, which usurps the Governors' control over decision-making, appears to be functional. In this informal authority structure the 'group' doctors play a major role; and the nurses, periodic roles of significance. This informal authority structure has influenced not only the hospital's growth, facilities, and policies, but also the persistence of the Group Practice, the careers of the 'group' doctors, and the careers of the 'individual' doctors.

Bureaucracy, Leadership and Power-~~Structure~~ STRUGGLE

The rapid elaboration of medical practice in the Snowville area, characterized by the emergence and growth of a hospital and group-practice, represents a growing involvement of the Snowville medical profession in bureaucracy. Division of labor has occurred; the activities of each doctor has become increasingly defined in terms of an office, implicit in which is a set of rights and duties; and power over all the offices has become vested in some particular group.

In this growing involvement by the medical profession in bureaucracy, as seen in the growth of the Smith Memorial Hospital, several significant items stand out. This increasing organizational elaboration around a profession introduces, or intensifies the struggle for power. It also involves the factor of 'strong leadership'.

The history of the Smith Hospital's growth would suggest that some organizations have successive periods of growth and then of consolidation. The period of growth would appear to be dependent, among other things, upon 'strong leadership' and upon the opportunity for that leadership to be

effective. In the case of the Smith Hospital the leadership was located with the 'group' doctors, and only by virtue of the organization's susceptibility to informal control was the leadership utilized effectively. In other words, in periods of growth within the hospital 'strong leadership' had to ignore partially the traditional authority structure within the organization. It was only by ignoring this formal control that the leadership available within the Group doctors was effective.

Closely coupled with this 'strong leadership' was the power-struggle it involved within the organization. Theoretically, bureaucratic organization so integrates the roles of each of its functionaries that cumulatively their activities satisfy some formally defined objective of the organization. However, the various major groups within the Smith Hospital, in addition to fulfilling some of the duties required of them in the organization, attempted to utilize the organization as a means of satisfying their own particular ends. The nurses strove for increased salaries; the 'group' doctors for increased growth of the organization; the 'individual' doctors for secure referral relations; and the Governors for an over-all control of the organization within its resources. This power-struggle between the various groups within the hospital resulted in a variety of extensions and modifications in the hospital's organization: increased nurses' salaries and periodic upsets in the nursing staff; exclusion of certain types of patients from the hospital; a marked growth of the hospital; and 'individual' doctors assisting at operations, even though some had no hospital appointment.

The medical profession in Snowville, then, is becoming involved increasingly in bureaucratic organization. This has resulted in the re-

cruitment of a range of different kinds of functionaries into medical practice to supplement the activities of the doctor. It has been accompanied by a power-struggle between these different types of functionaries as each attempted to gain some form of control over the other. In the power-struggle the Group Practice managed to achieve major control in thehospital, a control characterized by 'strong leadership' which ignored partially the organization's traditional authority structure and which contributed greatly to the hospital's growth.

Summary

The Snowville medical profession has become involved increasingly in bureaucratic organization. This involvement has been characterized by a recruitment into medical practice of different types of functionaries to supplement the activities of the Snowville doctors. The Smith Hospital's Constitution formally invests in one group of functionaries major control over all the other groups of functionaries involved in the hospital. In the day to day activities of the hospital, however, a power-struggle goes on between the various groups of functionaries in the hospital with each attempting to gain control over the other and to utilize indirectly the hospital as a means to satisfy personal interests.

In this power-struggle the 'group' doctors have emerged with major informal control in the Smith Hospital; and the nurses, with periodic significant control. The Group Practice's informal control has been characterized by a 'strong leadership' which partially ignores the traditional authority structure of the organization and which has contributed greatly to the hospital's growth. Both the Group doctors' and the nurses' informal control in the hospital has influenced not only the hospital's growth, facilities,

and policies, but also the persistence of the Group Practice, the careers of the 'group' doctors, and the careers of the 'individual' doctors.

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PART II : CHAPTER FIVE

OUTSIDE RELATIONS OF THE SNOWVILLE MEDICAL INSTITUTIONS

The persistence and growth of the medical institutions in Snowville is dependent, not only upon their functionaries' activities within the institutions, but upon relationships of these functionaries and their institutions with other outside institutions and communities. This is seen in the fact that, concurrent with the increasing elaboration of the Snowville medical structure, there has been a continuous readjustment and elaboration of the structure's relations with other institutions and communities.

Financial assistance, for example, is required of the Provincial and Federal Governments. To be assured of this assistance, a variety of active relations with these Governments must be established and maintained. Or, as a second example, the co-operation of the local 'individual' doctors is needed if the Snowville medical institutions are to increase their clientele and increase the general demand for servicing these clientele. A third example is seen in the fact that communication with the larger medical institutions of Mayor City and other cities must be maintained if the Snowville medical institutions are to keep abreast of latest medical developments. This assists the Snowville medical institutions to maintain standards of medical treatment which will place them in a favorable competitive position with other institutions and doctors.

This growing inter-dependence of the Snowville medical institutions with outside institutions and communities is also reflected

in the fact that the Smith Memorial has an active public relations committee. This committee has employed a variety of techniques to manipulate the medical institutions' relations with outside communities and institutions. The objective of the committee, of course, is to manipulate these relations so that they result in definite benefits to the Snowville medical institutions and assist in their growth and persistence.

This part, Part IV, will trace out the major areas of interdependence existing between the Snowville medical institutions and other outside institutions and communities. This will include reference to some of the techniques employed by the Snowville medical institutions through a public relations committee to manipulate relations with these outside communities and institutions.

The objective of tracing out these areas of inter-relationships and the techniques employed to manipulate them are threefold. First, factors essential to the practice of medicine, in addition to those already discussed in previous chapters will be indicated. Secondly, it will follow the implications these essentials or pre-requisites have for the behavior and careers of the 'group' and 'individual' doctors of the Snowville area. Thirdly, it will indicate what functions a medical institution has in the community other than the function of preventing and curing diseases.

The first section will be concerned with the various relations-patterns existing between the patients, doctors, and hospitals of the Snowville, Windville, and other peripheral areas. Section two will be focused upon the relations between the Snowville medical structure and

the medical institutions of Mayor City. The third section will discuss the areas of inter-relations existing between the Provincial Government and the Snowville medical structure. The fourth section will briefly touch on the techniques employed by the Snowville medical institutions to manipulate their relations with outside communities and institutions.

The concluding section, Section Five, will review the previous sections. This conclusion will discuss the inter-dependence of the Snowville medical structure with outside institutions and communities as pre-requisites for the practice of medicine; it will follow out the effect of these pre-requisites upon the behavior and careers of the Snowville doctors; and finally it will trace out the range of functions a medical institution may have within a community.

Before proceeding into Section One, a brief description of the geographic distribution of the various communities to be described and discussed is in order.

Ten miles south of Snowville is Windville. This town has three doctors and contains a hospital with facilities limited to obstetrics and some internal medicine. Ten miles west of Snowville is Hilltown, which is larger, both in area and population, than either Snowville or Windville. This town contains a 120 bed hospital and approximately ten practising doctors. Snowville, and the two nearby towns of Hilltown and Windville, are located about forty miles away from one of Canada's largest cities, Mayor City.

#1

An important factor in the growth and persistence of the

Snowville medical institutions is the relations of these institutions with the peripheral areas of Snowville. These relations may be seen on the 'clientele level'. It is from the peripheral areas that these medical institutions draw many of their clients. These relations may also be seen on the 'individual-doctors level'. A good-will relations between the individual doctors of the peripheral areas and the medical institutions of Snowville is important if these institutions are to draw the maximum possible clientele from these peripheral areas. Finally these relations may be seen on an institutional level. A particular type of accommodation was necessary between the Snowville medical institutions and the Windville hospital if the Snowville institutions were to continue to grow while the hospital in Windville, only ten miles away, continued to function.

This section will examine the relations of the Snowville medical institutions with the peripheral areas in terms of clientele, 'individual' doctors, and the Windville hospital.

The Snowville Medical Institutions' Clientele

Clients are a major factor in the persistence of medical institutions. Equipment, staff, and financial backing might be available, but without clientele these institutions cannot continue to operate. The hospital and clinic require patients. The medical school requires students. Similarly, the growth of medical institutions require, among other things, an increased clientele. This increased clientele might come from the area already served by the institution, from areas farther out from the institution, or from both.

An examination of the doctor-population ratios in Snowville indicate clearly that the persistence and growth of the Snowville medical institutions has been, and is, dependent upon clientele from areas far beyond the immediate area of Snowville itself. The town and township of Snowville contained, in 1941, a population of 2,500 and, on the basis of past population increments, it is doubtful that this figure has changed significantly in the past nine years. With the presence of four doctors in Snowville at present, this would give a doctor-population ratio of 1:625. This ratio compares with the 1947 statistics for the Province of Quebec on communities of less than 10,000 in which the population per physician is given as 1,999. (1) This is about three times what would be the case if it were assumed that the Snowville doctors serviced only the Snowville area.

An analysis of the Medical Centre patient-index which covers a period of approximately 14 years gives more direct evidence of the areas from which Snowville medical institutions draw their clientele. This index, which shows the names of all the people who have been examined or treated either at the Medical Centre or Smith Hospital, indicates that almost 75% of the clients come from communities beyond the Snowville town or township. Furthermore, an analysis of a sample period covering seven and a half months, January to August 15/49, and including only new clients, indicates that more than three quarters of the new clients are coming from outside areas. These figures show that 82.1

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1. Government of Canada, Health Reference Book, 1948, p.26.

percent of the new clients come from areas beyond Snowville. This does not mean that fewer people are coming to the Medical Centre and Hospital from Snowville itself. It is doubtful that many more clients could come from Snowville, except as a result of population increments, because a large percentage of the people of Snowville already patronize these institutions.

Considering that each month there is added to the Medical Centre index approximately 100 new clients, and that about 82 per cent of these are from outside areas it appears that the current growth of the Snowville medical institutions is in part dependent upon the increasing clientele it is drawing from areas beyond Snowville. This is most forcefully seen in statistics already presented, which show that the latest percentage figures on clients from outside areas is greater than that which has characterized the past 14 years.

Relations Between 'Individual Doctors' and Snowville Medical Institutions

The past, and current, increase of the Snowville medical institutions' clientele from areas beyond Snowville has occurred in the face of the fact that these outside areas have doctors of their own.

In one area, which is serviced by one doctor and is located approximately 30 miles from Snowville, about 37 per cent of the population has visited one of the Snowville medical institutions. And this area provided the Snowville medical institutions over a 15 year period about 7 per cent of their clients.

Windville, serviced presently by two doctors and a small

hospital, provided the Snowville medical institutions with 9.5 per cent of all their new clients in a sample 7½ month period. In the past 15 years this town provided 6.8 per cent of all clients visiting the Snowville medical institutions.

Hilltown, which contains the 120 bed hospital and approximately 10 doctors along with one group practice, provided Snowville with 9.2 per cent of its total clients. In the 7½ month sample period it gave Snowville doctors 11.4 per cent of all their new clients.

This raises several significant questions. Was this increased patronage of the Snowville medical institutions by clientele from outside-areas accomplished, and how, without creating too much antagonism in, and resultant non-co-operativeness from, the outside 'individual' doctors? And, with this increased patronage from patients outside of Snowville, how have the relations between the Snowville medical institutions and the outside 'individual' doctors been effected?

To answer these questions adequately it is best to discuss the relations between the Snowville Medical institutions and the 'individual' doctor from two major perspectives. First, what actions on the part of the Snowville medical institutions helped to avoid strain and antagonism between themselves and the 'individual' doctors while at the same time increasing their clientele from outside areas? Secondly, what form of accommodation has occurred as a result of these actions by the Snowville medical institutions to increase their clientele and at the same time avoid strain and antagonism between themselves and the 'individual' doctor?

There is some evidence of strain between the Snowville medical institutions and the outside 'individual' doctors. A Governor of the Smith Hospital said that all of the Windville doctors brought their more serious cases to Snowville with the exception of one, that one was 'bitter' and hence did not.

> "All the doctors from Windville bring their patients here. Doctor ---- and a French doctor, I forget his name. But Doctor ---- don't. He's bitter -- unless his patients persist in wanting to come to Snowville he sends them to Mayor City."

Data collected on this point seemed to suggest that this 'bitter' doctor did not patronize the Snowville hospital and Medical Centre as frequently as the other Windville doctors, and there appeared to be some personal bias against Snowville.

For the most part, however, the Snowville doctors from the earliest stages of the hospital and Medical Centre seemed to recognize that the persistence and growth of the Snowville medical institutions in part depended upon good relations with outside doctors. Developing these good relations with the outside doctors was carried on in a variety of ways. The Snowville doctors invited the outside 'individual' doctors to attend the Medical Board Meetings of the Smith Memorial Hospital. Doctor Green comments on the early stages of the Smith Memorial Hospital Medical Board.

> "Back a few years we formed a Medical Board. There were three of us. Doctor Grey, myself, and Doctor Blue of Windville. We met once a month to discuss the deaths in the past month and other interesting cases. Doctor Blue was the Chairman. Sometimes there would be only two of us, sometimes the meeting couldn't be held because there was only one. We always sent out invitations to the other doctors in the area. The invitations went out regularly every month."

Not only do the outside doctors attend the Medical Board meetings but they have been given a variety of formal and informal functions within the Smith Memorial Hospital. One doctor from Rainville has been made Chairman of the Medical Board and has been given an appointment of Assistant-Surgeon. Other doctors on occasion are permitted to assist at operations.

Just recently the Snowville Medical Centre has organized its own medical board. Doctor Green said of this Board --

> "And just recently we started meeting weekly of our own group. One Tuesday is devoted business, two to scientific subjects, and the other to a review of the journals. We've only started recently to invite other doctors to our weekly meetings. The boys from Rainville come sometimes. Each week Doctor Brown sends out the notices of the meetings to all the doctors in the area."

Another method employed by the Snowville doctors to maintain good relations with the outside doctors is to carefully recognize their rights to patients sent to the Snowville medical institutions for specialized treatment. Once treatment is completed at the Snowville medical institutions, the patient is immediately referred back to his own doctor. This is done formally by sending the doctor a copy of the patient's medical report. In other words, if the patient is referred to the Snowville medical institutions by an outside doctor, three copies are made of the reports on the patient -- one for the Smith hospital, one for the Medical Centre, and a third one to be forwarded to the referring doctor.

This recognition of the 'individual' doctor's rights to a patient is seen even more explicitly in the fact that the Snowville doctors discourage patients from calling them into certain areas. This is particularly

true of the Windville area, which is serviced by two doctorst at present.

> "We discourage people from calling us to Windville. There are four doctors up there (one is presently away from Windville doing graduate work in surgery; a second is virtually retired because of old age. Hence the reason for previously only crediting the area with two doctors.) and we don't like to interfere. We don't want any ill will. I do go up to a few patients outside of Windville; but rarely into the town."

The foregoing indicates that the increased patronage of the Snowville medical institutions by clientele from outside areas occurred without creating much strain or antagonism between the Snowville medical institutions and the 'individual' doctors. This lack of strain in the face of patronage increments from outside areas was accomplished in part by inducing the outside doctors to participate in various activities, remunerative and non-remunerative, within the Snowville medical institutions. The 'individual' doctors were encouraged to refer their patients to the Snowville medical institutions. Ine some instances they themselves attended operations on their patients. These 'individual' doctors also attended Medical Board meetings of the Snowville medical institutions more regularly and participated more readily. Following are excerpts from the Minutes of the Hospital Board of Governors which indicate quite clearly the growing participation of the outside 'individual' doctors in the Snowville medical institutions. The following excerpts cover a period of approximately ten years.

> "The Medical Board met regularly each month. It is regrettable that a larger number of practitioners in the area do not make a point of attending these meetings as it is felt that by a larger attendance that a great deal of good could accrue to the hospital and also to the members of the Medical Board.

The Medical Board has continued to meet and the attendance has been slightly better than previously. These meetings are held on the third Tuesday of each month at twelve noon. After a meeting which takes approximately one hour, the medical men present meet for lunch in the nurses' dining room.

An election of officers of the Medical Board during the year resulted in Dr. Pink of Rosetown replacing Dr. Blue of Windville as Chairman and Doctor Orange replacing Doctor Grey as secretary.

As in the previous years the Medical Board met regularly once a month. It is very gratifying to be able to report that the attendance at these meetings has increased to such an extent that there is not an available room in the hospital sufficiently large to accommodate their members for these meetings.

During the year three new physicians in the district have been added to the attending staff; Doctor Orange in January, Doctor White in March and Doctor Azure in July. (The last mentioned doctor comes from an outside district). These men are all returned service men and this district has been fortunate in obtaining them. Following the derangement of many years their rehabilitation is taking place very rapidly.

The Medical Board met regularly once each month under the Chairmanship of Doctor Pink and Doctor Orange as Secretary. It is most gratifying to report that these meetings were well attended. At each meeting one member presents a special medical topic. These topics have created a great deal of interesting discussion. In this small way the hospital is creating a spirit of co-operative endeavor which should improve the standard of medical service throughout the district served by the hospital. We welcome to the Board a new member, Doctor --- of ---. (This doctor comes from an outside district).

The Medical Board has continued to meet monthly with Dr. Pink as Chairman and Dr. Orange as Secretary. The attendance has been so good that the dining room will no longer accommodate the number present. The enthusiastic discussion at these meetings has been very stimulating. During the year Doctor Pink has been appointed as Assistant-Surgeon. We wish to welcome a new member to the Medical Board since the beginning of this year, Dr. Black, a senior man with long and extensive military, medical and surgical training.

It has been possible to continue the part time resident physician service. Dr. ---, the first half of the year, a senior medical student Dr. --- during the summer months, and Doctor Brown the latter part of the year."

About the Medical Board meetings Doctor Green had the follow-

ing to say:

> "Today, we usually have eight at the meetings and have had up to twelve. Every second Tuesday in the month we meet. Someone is appointed to prepare a talk on some special topic. At one time I had a devil of a time to get the others to take on a topic. Now they come to us ahead of time to find out their topic."

Most important of all, the Snowville medical institutions established a feeling of confidence within the 'individual' doctors by strictly recognizing the rights of the 'individual' DOCTOR to patients referred to the hospital. This confidence was also established by the fact that the Snowville Group doctors did not directly invade the areas serviced by these outside 'individual' doctors.

This participation by the 'individual' doctors within the medical structure of Snowville may be viewed as a form of accommodation between the 'individual' doctors and the Snowville medical institutions. This bears directly upon the second question to be answered concerning how the relations between the Snowville medical institutions and the 'individual' doctors have been effected in this growing patronage of the Snowville medical institutions.

When the Snowville medical institutions were in their initial stages of development, participation by the outside 'individual' doctors was negligible as has already been noted. But, over the past ten years, participation by the outside doctors has gradually increased. For a successful practice, the outside 'individual' doctor has become increasingly dependent upon, and involved in, the growing medical structure of Snowville. The growing dependence upon, and involvement in, the Snowville medical institutions is a form of accommodation of the

'individual' doctor to the growing Snowville medical structure. Within this structure, however, the 'individual' doctor has a distinctly different location and function from that of the Snowville Group doctors.

The Snowville medical structure specialty and societal (2) posts are held mainly by the Snowville group doctors. Furthermore, these group doctors informally control the hospital. The outside 'individual' doctor, although having definite roles within the hospital, are subject to the control of the Snowville group doctors. Within the Snowville medical structure, the Snowville group doctors are the specialists, the leaders, and the units of power. They may be stated figuratively as being the 'core' of the Snowville medical structure around which the outside 'individual' doctors must adjust.

The outside 'individual' doctors are general-practitioners who refer those of their patients needing specialized treatment to the Snowville medical institution. It is through the career-involvement of the outside 'individual' doctors in the Snowville medical structure that the Snowville medical institutions have achieved indirectly a form of dominance over all the medical activities in the areas immediately peripheral to Snowville. The Snowville'Group' doctors do not go into areas serviced by other 'individual' doctors. However, they do treat patients from these areas as a result of a referral pattern presently emerging between the Snowville 'group' doctors and the outside 'individual' doctors.

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2. The specialty posts are the appointments of anaesthesist, radiologist, etc., within the Smith Memorial Hospital. The societal posts are the positions within the hospital Medical Board and the Snowville Group Practice Medical Board.

This essentially is how they have achieved their dominance over areas which ethically are not regarded as their own.

At one time the 'individual' doctors of the Snowville and peripheral areas were only loosely interrelated and inter-dependent. Today, the growth of the Snowville medical structure is gradually bringing the outside 'individual' doctors into a closer relationship. The Snowville medical institutions are taking over the role which the Mayor City medical institutions played in respect to the outside 'individual' doctors. Instead of referring his patient to the Mayor City medical institutions, the 'individual' doctor now refers them to the Snowville medical institutions. However, the relations between the Snowville medical institutions and the outside 'individual' doctors have not reached the stage peculiar to those between the 'individual' doctor and the Mayor City medical institutions. Within the Snowville medical institutions the 'individual' doctors can participate on a social level, and in some instances on a strictly medical level. In his relations with Mayor City medical institutions the 'individual' doctors were strictly outsiders who referred patients for treatment, but who personally did not participate either on a social or medical level.

Briefly reviewed, it may be stated that the persistence and growth of the Snowville medical institutions in part has resulted from an increasing patronage by clientele from areas already serviced by other doctors. This increasing patronage has been accompanied by a growing involvement of these other doctors' activities and careers within the Snowville medical structure. The medical structure now emerging in the

Snowville and peripheral area in which the 'individual' as well as the 'group' doctor is involved has a distinct pattern. The 'group' doctors have taken over the role of leaders, controllers, and specialists. The 'individual' doctors are the referring doctors who play less conspicious and less powerful roles within the medical structure, but, who nevertheless, have more social and medical activities within the Snowville medical structure than if they were referring their patients to Mayor City. The Snowville medical institutions in effect are taking over the role of dominance within the Snowville and peripheral area once held directly by the Mayor City medical institutions.

While the Snowville medical structure was expanding, a new hospital was built in Windville, located some ten miles away from Snowville. Because of the past and current growth of the Snowville medical structure, some form of accommodation between the Windville hospital and the Snowville medical institutions was inevitable. The following deals with this accommodation between the Snowville medical institutions and the Windville hospital.

Relations Between the Snowville Medical Structure and the Windville Hospital

The Snowville Medical Centre and the Smith Memorial Hospital were already in operation when the hospital in Windville was erected. The 'individual' doctors in Windville wanted the hospital mainly for maternity cases. Discussions by the Smith Memorial Hospital Medical Board prefaced the erection of the Windville hospital. This was inevitable because some of the members of the Board were 'individual' doctors from Windville, and, it was mainly these men who wanted the Windville Hospital. Initially it was suggested by these men that the

hospital in Windville be made a 'Western Division' of the Smith Memorial Hospital. Doctor Green objected to this suggestion. On this point he later observed.

> "When we first started our hospital down here the Windville people said that it would be a white elephant. Two years later we were full down here. The Windville people began to clamor for a hospital of their own. Doctor --- proposed that we build a Western annex of the Smith Memorial in Windville.
>
> Doctor Grey and I went to their first meeting. We told them that we were all for the hospital and that we strongly advised it. But we were damned if we were going to build it for them."

Following the construction of the Windville hospital a member of the Smith Hospital Board of Governors, because he was a native of Windville and had been elected to the Windville Hospital Board of Governors, retired from the Smith Hospital Board. When the Smith Hospital later campaigned for funds, the canvassers were not permitted to seek money in Windville. The business leaders in Windville maintained that they had enough to support their own hospital.

Doctor Green personally did not feel that the area required two general hospitals. About this he said:

> "I don't think that this area needs two general hospitals. The success of our hospital lies in the clinic and I feel that our hospital will continue to hold the lead."

In a later interview the doctor stated that the Chairman of the Smith Memorial Hospital was approached by business men from Windville to inform him that responsible people in Windville were behind the new Smith Memorial Hospital. Doctor Green interpreted this as an indication that the Windville people were accepting the fact that the Snowville hospital would be the general hospital of the area.

In the spring of 1950 a public admission by the Windville hospital governors was made to the effect that the Windville hospital would not be enlarged because of the erection of the new 60 bed Smith Hospital in Snowville. Following is an excerpt from an address by the Chairman of the Board of Governors of the Windville hospital bearing on this point:

> "With the advent of the new hospital in Snowville, now in course of construction I do not think any large expenditure for hospital building in Windville justified. However, for the proper operation of the hospital here some alterations and additions are really necessary to make the best use of the facilities we already have."

A form of competition in effect developed between the Smith Memorial Hospital and the Windville Hospital. But with the continued growth and elaboration of the Snowville medical structure, the form of accommodation between this structure and the Windville hospital has changed into one of dominance and subordination. There is little possibility now of the Windville hospital expanding to the point of making available specialized equipment or bed space such as is true of the Smith Memorial Hospital. The Windville Hospital will continue to play its present role of a maternity hospital, while the Smith Memorial Hospital will monopolize the specialized services of surgery and internal medicine.

The Windville Hospital has become involved in the ever expanding Snowville Medical structure. In this involvement it has had a fairly limited role prescribed for itself.

Summary

Section One, in examining the relations between the Snowville

medical structure and the peripheral areas ~~it~~ has shown that the Snowville medical structure under the control and leadership of the Snowville 'group' doctors, has achieved a marked degree of dominance in these peripheral areas.

The persistence and growth of the Snowville medical structure has required not only increased outside clientele but increased participation within the structure by 'individual' doctors. It has necessitated a division of labor with the 'group' doctor playing the role of leader, controller, and specialist, while the 'individual' doctor played in main the role of general-practitioner and referring doctor. It has necessitated the explicit recognition of the rights of these outside 'individual' doctors. And finally it has required the subordination of the competing hospital in Windville and indirect control over its possible future growth.

For the 'individual' doctor this elaboration and growth of the Snowville Medical structure carries with it the implication of increased involvement of both his career and his activities within the Snowville medical structure. While it gives him certain areas of participation within the Smith Hospital and Medical Centre it exposes him to a range of controls. Indirectly he is subject to decision-making by the 'group' doctors. Directly he is obliged to adjust himself to certain medical standards, which, if he were not involved in such a medical structure, would be left up to his own discretion.

For the Snowville Group Practice and its member doctors, the continued elaboration and expansion of the Snowville MEDICAL STRUCTURE increases the number of areas upon which their decision making has bearing. It also places upon

the Group Practice increased demands for leadership and specialization, if they are going to maintain their position of control.

#2.

The preceding Section was focused upon the relations existing between the Snowville medical institutions and the communities immediately peripheral to Snowville. Another area of relations, which are significant for an understanding of the Snowville medical structure, are those existing between this structure and the medical institutions of Mayor City and other Canadian, British, and American cities.

Contact between the Snowville medical structure and outside medical institutions is mainly in the form of weekly and annual visits by the Snowville doctors to these institutions. The Snowville doctors make weekly visits to various clinics in Mayor City hospitals. Each year they spend approximately one month doing post-graduate work at some recognized medical institution. These doctors are also active members of the Canadian Medical Association.

As a result of these periodic contacts, a relationship is established in which the Snowville doctors have an entree into certain groups within these outside institutions. In some instances these doctors participate quite extensively in the activities of these outside groups.

The main objective of this section is to examine these relations between the Snowville medical institutions and the outside medical institutions and to trace what functions these relations have for both the Snowville medical institutions and for their member doctors.

Ideally, these relations with outside medical institutions function

as a line of communication for the importation of new medical techniques into the Snowville medical institutions. It is quite probable that this form of communication is much better than the doubtful communication lines provided by medical journals and salesmen of pharmaceutical and medical equipment companies. (Although in the case of the Snowville Medical Centre doctors, their visits to outside metropolitan medical institutions are supplemented by an organized weekly review of medical journals. In this case, where the journals are read on the basis of a fairly formalized routine, this line of communication is improved considerably over that characteristic of it when utilized by a fatigued 'individual' doctor.)

Viewed in terms of the persistence and growth of the Snowville medical institutions, this importation of latest medical techniques represents a vital factor in the continuous maintenance of modern medical practice. This, in turn, is an important factor in the competition of these institutions with other outside institutions.

However, the importation of medical techniques is not the only important factor in the competition between these institutions and outside institutions. The importation of organizational techniques for the practice of medicine has played an important role in giving the Snowville medical institutions their current position of dominance in the Snowville area: Doctor Green has visited the Mayo Clinic and other American and Canadian group-practices, and he has fashioned the Snowville group practice much along the lines of these already established clinics. In his decision-making for each new organizational elaboration of the Group Practice and the Smith Hospital he has been guided by outside

precedents, particularly the Mayo Clinic. As Doctor Brown said of Doctor Green:

> "Doctor Green draws his inspiration from the Mayo Clinic. That's his shrine or Mecca, or whatever you call it. He's been there twice."

From the doctors' point of view, these contacts with metropolitan clinics and university hospitals constitute a form of continuous post-graduate work. They would seem to resolve the rural doctor's problem of lasting isolation from areas producing new mecial techniques. This would serve as a means of escape from the stigma of being 'non-progressive' for those doctors who have been well indoctrinated with the philosophy of 'maintaining high medical standards'.

These contacts, from the doctors' point of view, are also important in that they give him an opportunity to compete directly for status (3) with doctors in these outside institutions. The Snowville doctors' attempt to compete for status with these outside doctors is seen in the way in which they have championed the cause of the 'rural practitioner and 'rural group practice'. Doctor Green was accused by these outside doctors of attempting to gain an appointment in one of the Mayor City Hospitals because of these activities.

> "I've talked to various medical professors. But they tell me in a round about way that I'm barking up the wrong tree. That it's useless. That I can't do anything about it. They think that I'm an idealist. Some of them even suggest that I'm out for a University Appointment. I wouldn't take it if they did offer it to me."

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3. 'Status' as used here refers to the recognition granted a doctor by his professional colleagues or by the public. Such recognition usually is accompanied by a set of prerogatives. Recognition and the resultant 'status' is not necessarily dependent upon professional competence. A range of other factors such as race or family background might contribue to a doctor's status.

This also neatly indicates the way in which the urban institutions erect defences against competition from outside doctors, and the ways in which the outside doctors are dominated.

Doctor Green's activities within the Canadian Medical Association give further evidence of his attempts to boost the status of the rural doctor. Through his position within the Medical Association, he attempted to equalize the status of the rural and urban doctors and, in the process, to break the traditional dominance which the urban doctors apparently have exercised within this association. Following are comments by Doctor Green on this point.

> "We also have the district organization of the Canadian Medical Association. That's the smallest unit -- after that there are the divisions which coincide with the provinces, then the Federal organization. We used to have meetings every second month but now it's dropped to twice a year. The trouble, as I've argued with the officials, is that it should start from the ground up. They tell me that they honestly don't understand what I mean.
>
> It's all very fine to have specialists to come out from the City and talk while we sit like sponges and absorb it. But we've fought to have some of our own men to do some of the work. Our own men should get up and talk about some of their work. Two years ago I had a doctor from Hilltown -- I was president of the district -- give a paper alongside a specialist from Mayor City. And he gave a vigorous and spirited paper. That was once I beat them to it and got a local man on."

Summary

Efficient lines of communication appear to be an important factor in the persistence and growth of a medical institution. On the basis of the foregoing, one form of an efficient line of communication is personal contact. Communication lines are important, not only in that they make available to the organization as a whole new medical techniques and organizational techniques, but also because they give the doctor an

opportunity to compete for status within the metropolitan medical centres.

From the point of view of the doctor, status achievement can be as important as professional competence. From the point of view of the medical institution its persistence and growth depends in part upon the fact of its member doctors receiving recognition, not only within the institution, but within other medical instituions.

#3.

In addition to the two areas of relations peculiar to the Snowville medical institutions which have already been examined, there remains a third and equally as important one yet to be discussed.

The annual revenues of a public hospital quite often does not completely cover its annual expenditures. In other words, the rates charged by such institutions frequently does not cover the costs of the services provided. If such an institution is going to continue to operate, it much have additional money. Usually this additional money comes from the public in various forms of donations, or from the government in the form of grants or annual subsidization.

The Smith Hospital of Snowville depends upon the provincial government for an annual government grant. Also, in the construction of the 17 bed hospital, and now in the erection of the new 60 bed hospital, the government has provided considerable subsidization.

When the Smith Hospital was first opened in 1939, $5,000 of the $40,000 used to open the 17 bed hospital, came from the Provincial government of Quebec. Since then the Government has made annual indigent grants of $5,000. Thus in the ten years of the hospital's operations, the

Government had given $50,000 for indigents. Recently two more building grants with a total value of $260,000 was given by the government towards the erection of a new hospital. Altogether, the Government has given over $300,000 to the Snowville area for medical purposes.

This dependence upon government subsidization by the Smith Memorial Hospital for both its year to year operation, and for its founding and its current expansion has resulted in a series of distinctive relations between the Snowville medical institutions and the Provincial government. This section will be focused upon these relations, and upon the functions they have for both the hospital and the government. It will also discuss what implications this form of relationship has for the member doctor of the Snowville medical institution.

Government Hospital Relations and their Function

The Government and the hospital may be regarded as two distinctive kinds of institutions. Many of the factors which contribute to the Government's persistence do not apply to the hospital, and vice versa. In some instances, however, these two institutions do have factors in common which contribute to their individual survival. This is seen most forcefully in the present day custom where governments make grants to hospitals. For the hospital the grant has a distinctive function, and the giving of the grant by the Government has a distinctive function for the Government.

When two institutions, such as a government and a hospital, have such a factor as 'grants' in common, a distinctive relationship, however brief, emerges between the two institutions. This relationship serves as

an index to some of the factors which contribute to the survival of these institutions.

In the case of the Smith Memorial Hospital, its relationship with the Government functions primarily to obtain money for the hospital. In the case of the Government, the relationship with the hospital serves, not only to justify the need for a government, but also to give the politician an opportunity to justify the need for himself to his voters. Ideally, the government, having decided it should make a grant, without ceremony would inform the hospital of the availability and the size of the grant. However, this would not permit the politician, particularly those representing the area within which the hospital is located, an opportunity to create about themselves an 'aurora of generosity' and a tradition of getting from the 'government the things the people need'. Thus, as happened in Snowville, a ritual is made part of the behavior pattern in delivering money grants to the hospital.

All the appropriate politicians and party members of the area gather together. In a body they present the first payment of the grant to a hospital functionary.

> "Mr. --- and Mrs. --- along with some friends from ---, --------, and Snowville were present. Both Mr. and Mrs. ---- complimented the Governors and the doctors on the good work which had already been done and wished every success in the building of the hospital. Mr. ---- on behalf of the Minister of Health presented the Chairman of the Governors with a cheque for $4,000 which was the first of 20 yearly payments for a like amount to make up the $80,000 grant of the present Provincial Government passed by Order in Council." (All the names of people indicated by dashes referred to local M.P.'s or party members). (4).

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4. Excerpt from minutes of meetings of the Smith Hospital Board of Governors.

The importance of the ritual to the politician is seen in the fact that competition frequently occurs among various individuals for an opportunity to participate. A hospital Governor cited an instance in which one politician had actually worked assidiously to secure one of the grants, but was prevented from sharing in some of the glory already mentioned.

> "They told us at a meeting that Mr. ---- had kept writing and writing to the Quebec Government for a grant to the hospital. And you know that they didn't even give him credit for getting the money. Mr. ----, Mrs. ----, and Mr. ---- and his daughter came down here and presented the cheque and they didn't even say a word about Mr. ----. I asked someone near me about it and he said that I should say nothing about it ---- it was all politics." (5).

This element of party-politics in the delivery of grants to a hospital is seen even more forcefully in the problems which elections have created for the Snowville hospital. When it was recognized that the 17 bed hospital was too small, overtures were made to the Godbout Government for a building grant. The Government gave a $200,000 grant just before an election. Godbout lost in the election, AND was succeeded by the Duplessis party. The $200,000 grant to the hospital by the Godbout Government was rescinded by the new Government. Approximately seven years of sporadic overtures were required before there was secured from the new Government an amount equivalent or better than the $200,000 grant of the Godbout Government which had been rescinded. One of the grants made in that seven year period was the result of an election promise.

Because none of the grants have been made to the hospital without continuous overtures to the Government, different types of approaches were

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5. Ibid.

tried. Various kinds of people, full fledged politicians, party members, or people with 'political-pull' were recruited to assist the hospital in applying pressure on the Government. This delaying action on the part of the Government gave politicians an opportunity to prove their usefulness. This is seen in the following entry found in the Minutes of the Board of Governors of the Smith Hospital.

> "The Chairman reported that the committee who waited on Mr. ---- of ----- (an ex-candidate) re: an increased grant to the hospital also met with Mr. ----, local member for the Snowville County who promised he would do what he could to get an increased grant and that he would arrange with the Minister of Health to meet a delegation from the Hospital Board as soon as possible."

Not only did the inter-dependence between hospital and Government function to the advantage of the individual politician, but it also put the Government in a position of power where directly or indirectly it could expect favors of the hospital authorities. Doctor Green was visited by a delegation of local politicians who had suggested to him that he should fire the present architect employed by the hospital. The reason given was that the architect was a Liberal. In his place they suggested another man, who had acted as the Government architect on other jobs. Before this incident, the Department of Health had asked that a Chapel be included in the hospital plans because many of the patients would be French Catholic. In respect to both these demans Doctor Green refused to permit the installation of a Government architect in the hospital. His reasons were that a Government architect would make it impossible for the doctors to be independent, and, as a result, the designing of the hospital would be entirely dictated by the Government. As for the Government

request for a Chapel, a special delegation including Doctor Green visited Quebec to protest. The delegation argued that the hospital had been founded by Protestants and also that its membership scheme had been financed mainly by Protestants. Finally the Government agreed to by-pass the Chapel.

Contemporary custom of Government hospital subsidization had, therefore, more than the single function of financing the hospital. It functions also to broaden the activities of, and the justification for, party politicians. It functions to initiate and maintain a power-struggle between the'Religious and Political' orientation of the Government and the 'independent' orientation of the doctor. This latter function raises the question of what effect this relationship between hospital and Government has upon the career of the doctor.

The Effect of Government-Hospital Relations Upon the Doctor's Role

Two main points have emerged in respect to the inter-dependence of Government and hospital. First, continuous lobbying appears as a routine pattern of behavior prefacing any Government grants. Secondly, when the Government does make its grants a set of expectations emerge both on the part of the Government and the hospital. The Government, directly or indirectly, expects certain favors; the hospital authorities likewise expect certain favors. Blocking of these favors results in a power struggle between government and hospital authorities.

The doctor is involved in both aspects of these relations. Doctors Grey and Green were active members of delegations appointed to visit government officials. As members of these pressure groups these

doctors involved themselves in roles which are outside the normally conceived rural doctor role. The doctors in these instances are administrators and diplomats as well as doctors. These activities take them beyond the ward, the operating room, and the office. It requires of them a knowledge of finance and a reasonable mastery of diplomacy.

In the power struggle the doctor's role becomes one of resisting Government attempts to invade his professional prerogatives in decision-making. The doctor, in effect, acts as the spokesman for all doctors' claim to professional autonomy and independence. The doctor conceives of himself as attempting to retain the scientific point of view. From the Government's point of view, the doctor was secularizing an institution which has been a vehicle of considerable religious dogma and ritual over the past decades.

The doctors high up in the authority system of the Snowville medical institutions must not only be physicians, but diplomats and administrators. When the occasion calls for it, they must act as spokesmen for the medical profession in definding the autonomy, as well as scientific point of view, of this group.

Summary

The Smith Memorial Hospital's persistence and growth is closely linked with the activities of Provincial Government politicians. This relationship between hospital and Government also involves those doctors high in the authority structure of the Snowville medical institutions.

The hospital's dependence upon the government for financial assistance and the necessity of lobbying for such assistance gives the politician an opportunity to demonstrate his usefulness. The local

politician becomes the focus of considerable attention as delegation after delegation approach him to intervene with the Governmental executives in the interests of the hospital. When a grant is made it is utilized to symbolize party-patronage. The grant is given as though it were the exclusive gift of the party in power, rather than the gift of the Provincial Government.

The interrelationship between government and hospital also involves a power struggle as each group attempts to exact favors from the other. It is also seen in their attempts to impose their ideals upon one another.

The nature of the hospital's dependence upon the Government results in a need for certain of the institution's doctors to play the roles of diplomat and administrator. These doctors must be leaders in the delegations which approach the Government. At the same time, when the Government attempts to exact favors from the hospital, the doctor must act as a spokesman of the medical profession in defending the autonomy, as well as scientific point of view, of this group.

#4.

The preceding sections have been focused upon the range of relationships which the Snowville medical institutions have with outside communities and institutions. This section, Section Four, will be broadly concerned with all these relations, but will consider them from a different perspective than the preceding sections.

In the past year (August 1949 to June 1950) the Snowville medical institutions have made vigorous attempts to influence their relations with outside communities and institutions. Through a publicity

campaign these institutions hoped to improve these relations to the extent that definite benefits would accrue to themselves. It is this publicity campaign which will be the main concern of this section.

Two main techniques have been utilized in the publicity campaign of the Snowville medical institutions. A series of ceremonies were staged to commemorate major stages in the construction of the new 60 bed hospital. Secondly, a writer was hired with the object of gaining publicity through local newspapers and the Mayor City newspapers.

A ceremony, attended by Government officials and Hospital Governors, was held to mark the turning of the first sod of the new 60 bed hospital. One month later, for the laying of the cornerstone, some 12,000 invitations were sent out to all the people who had ever patronized the hospital or the Medical Centre, and to various prospective donors to the hospital. About 1,000 attended the ceremony, among whom were government officials, clergy, doctors, Hospital Governors, and Hospital Members. (6) One of the features of the ritual (which was purposefully included to create public interest) was the placing within the cornerstone of a list of all the hospital members. A final ceremony to mark the opening of the hospital remains to be staged.

The hiring of a writer to publicize the Snowville medical institutions resulted entirely from the initiative of Doctor Green.

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6. A hospital member is one who makes an annual contribution to the institution. It may also be someone who has given the hospital $150 or more and who as a result is a Life Member of the hospital. All members of the Smith Hospital are entitled to one dollar per day reduction in all hospital bills incurred within the Smith Memorial Hospital.

Officially it appeared that the Smith Memorial Hospital had hired the writer, but, actually, the Group Practice paid for the work done by this man. He was listed in the Group Practice payroll as a statician, because it was considered unethical for this medical institution to hire a publicity man. The articles written were of two types. General news articles, and editorial articles. The general news articles were, for example, reports on the corner-stone ceremony, the sod turning ceremony, and progress reports on the construction of the new hospital. These general articles appeared in both the large metropolitan newspapers of Mayor City and in the weekly newspaper of Windville. The editorial articles, however, were only publicized in the Windville weekly. These latter articles were written around such themes as 'The Rural Doctor' 'Hospital Insurance', and the 'History of Canadian Medicine'. All the editorial articles and several of the news articles were submitted first to Doctor Green for approval before their publication. In all the articles the writer was instructed to 'pat the Government as much as possible on the shoulder' because there was the possibility of another grant for the hospital. Doctor Green in setting the objectives of the newspaper campaign said:

> "The hospital is more than $400,000 short of the money needed to cover the contract price of the new hospital. This time the hospital is not going to put on a campaign to get money from every Tom, Dick, and Harry. These people need their $10. The hospital is going to try to raise money from corporations and other people who can afford to give donations.
>
> The newspaper articles should help to make men like ------ more receptive to hospital canvassing for funds."

Considerable resistance came from both the metropolitan newspapers of Mayor City and the weekly newspaper of Windville when the writer

for the Snowville medical institutions approached these newspapers. The publisher of the Windville weekly was quite frank about why he resisted publishing the articles on the Snowville medical institutions. He said that the articles were institutionalized advertising:

> "Not one of them doctors would advertize in newspapers. Oh no, that would be against their ethics! But, by God, they are anxious to get the last bit of publicity you would give them in your columns.
>
> Those doctors are trying to cram something down my throat. All this is institutionalized advertising! You know what doctors are like. They are all the same. I don't care whether it is a doctor in Snowville or here. They are all mercenary, and out for their own ends.
>
> Every day I tear up stuff that comes into this office where people are trying to get publicity."

After the writer made certain concessions about the articles the Windville editor agreed to publish some of the articles.

One of the main objectives of these articles was to stimulate the people in the Windville area to support the Snowville hospital financially. This was, in effect, an informal circumvention of the Snowville doctor's 'gentleman's agreement' with the Windville doctors and community leaders not to solicit money in the Windville area because of the Windville hospital.

Summary

Public ceremonies and continuous newspaper publicity constitute two major techniques employed by the Snowville medical institutions to gain control over some of the factors upon which these institutions' persistence and growth are contingent. Through these social techniques the Snowville medical institutions attempted indirectly to increase public, government, and medical-profession participation in the Smith Hospital

and Snowville Group Practice.

In utilizing these social techniques the Snowville medical institutions involved themselves in a dependence relationship with the local and Mayor City newspapers. The resistance these newspapers exhibited towards publicity by medical institutions indicates clearly the competition such institutions incur from other institutions for the attention and financial patronage of the public. It also points up the fact that a newspaper, like many other institutions, defines a hospital in strikingly different terms from those set forth by the hospital itself.

Although medical ethics frown upon the utilization of newspaper publicity by medical institutions, particularly those owned by doctors, it appears that publicity as a social control device constitutes an important element in the growth and persistence of such institutions. This is particularly true of such medical institutions as the Smith Hospital which is greatly dependent upon party-government subsidization and upon voluntary donations from the public.

From the point of view of the doctor, the success of his medical career can be dependent in part upon indirect publicity. In utilizing publicity, however, the doctor must be so apt in its employment that he does not expose himself to ethical controls against publicity and controls which are enforceable by various public bodies.

#5

The objectives of this part, Part IV, in examining the relationships of the Snowville Medical institutions with outside institutions and communities, were threefold. First, to indicate, on the basis of these

relationships, what elements are essential and prerequisite to the persistence and growth of a medical institution. Secondly, to indicate what implications these prerequisites or elements have for the careers of those doctors involved in this medical structure. And finally, to indicate what functions a medical institution has in the community other than those of preventing and curing diseases.

The Snowville medical institutions, over the past ten years, not only have persisted but have shown a marked growth. This growth has been accompanied by an increasing inter-dependence of these institutions with outside institutions and communities. And this increasing inter-dependence has occurred in four major areas: clientele patronage, government subsidization, involvement of 'outside' doctors within the Snowville medical institutions, and involvement of the Snowville Group doctors in outside medical institutions. This would indicate, therefore, that some of the elements responsible for the growth of a medical institution are increased clientele, increased government subsidization, participation in these institutions by outside doctors, and a continuous participation by the Snowville doctors in outside medical institutions.

While these four areas may be regarded as elements contributing to the growth of the Snowville medical institutions, their effectiveness was contingent in turn upon several other factors. The involvement of the 'individual' doctors in the Snowville medical institutions and an increasing clientele of these same institutions was dependent, in part, upon a recognition of certain rights of the 'individual' doctor. The 'individual' doctor had to be assured that his

rights to those patients referred to the Snowville medical institutions by him would be recognized. Also, the 'individual' doctor had to be given incentives so that he would bring patients to these institutions. Among these incentives was the opportunity to assist in operations.

Government subsidization was contingent partly upon a persistent lobbying. Moreover, this had to be carried out by the appropriate people: the Snowville Group doctors, hospital governors, and local politicians.

Participation of the Snowville doctors in outside medical institutions depended in part upon the entree these men had into these institutions. Acquaintance with medical men holding powerful offices in these outside institutions counted heavily in the degree of participation these Snowville doctors had in these institutions. Participation was also contingent upon adequate organization within the Snowville medical institutions to provide periodic allotment of time for the Snowville doctors to visit these outside institutions.

Finally, although no direct assessment was possible, it appeared that all four factors were dependent upon the publicity campaign of the Snowville medical institutions. The doctors purposefully manipulated publicity in an attempt to gain control over the main four areas referred to above.

Successful control of these areas has contributed much towards the growing dominance which the Snowville medical institutions have achieved over districts in and beyond Snowville. It has stopped any further significant growth on the part of the nearby Windville hospital. Patients from a wide area beyond Snowville now patronize the medical institutions within this town. And the inter-dependence between the

doctors of the Snowville and outside areas has been greatly increased. The result has been an emergence of a fairly distinct over-all medical structure in the Snowville area, within which a noticeable division of labor has occurred.

In this medical structure the Snowville'Group' doctor plays the role of controller, leader, and specialist, while the 'individual' doctor is the general-practitioner and referring doctor. For a successful career the Snowville'Group' doctor must have an entree into outside medical institutions; he must be capable of communicating new medical developments from outside medical institutions to the Snowville medical institutions; he must be able to play the role of diplomat and administrator; and he must have the ability to involve himself discreetly in such unethical practices as 'newspaper-publicity' without exposing himself to public or professional censure.

This part, Part IV, indicates that a medical institution's persistence and growth is closely bound up with many other seemingly unrelated institutions. Conversely, the persistence of many other institutions is bound up with that of the hospital. The career of the politician, the newspaper man, the medical specialist, the 'individual' doctor are all closely entwined. For each different career the hospital has a different meaning. For the politician the hospital represents one means of demonstrating to the public his power within the government; it is a means of demonstrating the generosity and patronage of his party; and it may be the vehicle whereby some religious-political philosophy is perpetuated. For the newspaper man the hospital is but one other institution competing for public attention and patronage.

The Snowville medical institutions, in their current stage of sudden growth and organizational elaboration, are, therefore, not only devices for preventing and curing diseases. They are also important elements in the careers of doctors, politicians, newspapermen, and businessmen. These institutions are also the scenes of power struggles participated in, not only by the group-specialist and the 'individual' doctor, but by representatives of other professions and institutions.

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PART III: CHAPTER SIX

CONCLUSION

The preceding chapters have analyzed the three major units peculiar to the Snowville medical structure, that is the 'individual' doctor, the Snowville Group Practice, and the Smith Memorial Hospital. They have analyzed also the ecological inter-dependence of the medical structure with outside communities and institutions.

At this point it is appropriate to integrate the analyses of these chapters into a set of conclusions. These conclusions will be presented in terms of four major perspectives: Elaboration of the Medical Structure; Characteristics of the Medical Structure; Careers within the Medical Structure; and Bureaucracy and Medical Practice. Following this, the implications which this thesis has for the medical practitioner will be set forth. Finally, the materials of this thesis will be related to certain bodies of sociological theory.

Elaboration of the Medical Structure

Compared with the Snowville medical structure of 20 years ago, the present structure is markedly different. It is more complicated and elaborate. Where 20 years ago there were only 'individual' practitioners, today there is a hospital and a group practice in addition to the 'individual' doctor.

A major element contributing to this complication and elaboration of the medical structure is medical knowledge. Modern medical service within the Snowville area was impossible without costly medical equipment. It was impossible without the communication of latest medical developments

to the doctor of the area. In attempting to accommodate themselves to the high cost of medical equipment and changing medical knowledge so that the end result was the provision of modern medical service, the doctors produced a significant elaboration and complication within the medical structure.

Another element contributing to this elaboration is the current cultural fetish for leisure time activities. The medical practitioner, today, including those in the Snowville area, feel entitled to leisure time. Their successful accommodation to this cultural fetish has produced in its wake considerable elaboration of the Snowville medical structure. A variety of social machinery was necessitated so that the Snowville doctor could have some of his evenings and week-ends off, and could have annual vacations.

Characteristics of the Medical Structure

The outstanding feature of the Snowville medical structure is the high degree of ecological inter-dependence peculiar to the medical units within the structure -- the 'individual' doctor, the hospital, and the Group Practice -- and the variety of dependent relations existent between the structure and the outside institutions and communities. The persistence and growth of the Smith Hospital are linked closely with the leadership and control which the Group Practice makes available to it. The medical services of the hospital are dependent to a great extent upon the kind of doctors the Group Practice recruits into the Medical Centre. The persistence of the hospital is dependent upon its clientele and, in turn, upon the 'individual' and 'group' doctors who bring clients to the hospital. The persistence and growth of the Group Practice is

dependent upon the facilities the hospital makes available to it, and also upon the 'individual' doctors' patronage of the hospital.

The growth and persistence of the whole medical structure is dependent upon the subsidization which the hospital receives from the Provincial and Federal Governments, and also, upon patronage from various political parties. The political parties, in turn, utilize the hospital as a means of demonstrating to the voters their individual generosity and their capacity to secure for the 'man on the street' what he wants. The medical structure is dependent also upon its doctors' participation in the activities of outside medical institutions so that communication of latest medical developments to the structure is achieved. It is dependent partly upon the local newspapers for publicity and for gaining the patronage of the local populace.

A second significant feature of the Snowville medical structure as it exists today is the localization of power within a specific group. Control of the structure is centralized within the Group Practice. Much of the important decision-making within the hospital originates with, and is enforced by, the 'group' doctors. Indirectly, many of the activities of the 'individual' doctors are controlled by the 'group' doctors.

The Group Practice, supplemented by the hospital facilities, dominates the area surrounding Snowville. This dominance is seen in the fact that the hospital in Windville has decided to cease any further enlargement because the Smith hospital provides all the specialized services for the area. People from a wide area around Snowville come, or are referred, to these Snowville institutions. These institutions have taken over in part the dominance role once played by the Mayor City

medical institutions in the Snowville area.

This dominance role on the part of the Snowville medical institutions is characterized by an increased division of labor. The 'group' doctor is the specialist in the structure. They still do considerable general practice, but it is the 'individual' doctor who is the real general-practitioner in the structure. The 'individual' doctor is the doctor on the outer fringe of the structure; the 'group' doctors are the core of the structure, and to this core, the 'individual' doctors must accommodate themselves.

A third feature of the medical structure is that it is passing through a stage in the process of elaboration. At the present stage of the Snowville medical structure there continues to be considerable recognition of the rights of the doctors on the outer fringe of the structure. This recognition of the doctors' rights to a patient is seen in the fact that some doctors without hospital appointments are permitted to participate in surgical operations. There is a good possibility that at a later stage of the structure's elaboration not too much concern will be shown over these doctors' rights. A specific staff will be appointed to carry out operations. The doctor on the outer fringe will send patients to the hospital but he will not be able to participate in the operations unless he has an appointment.

The medical structure in its present stage is characterized by distinctive habits and attitudes among the clientele. The patients serviced by the Group Practice visit the Medical Centre, rather than expect the doctor to visit them. These visits to the Medical Centre are scheduled in advance to meet the convenience of the doctors. Patients

have been encouraged to budget their savings and subscribe to some form of health insurance in order that they might meet their medical bills. Their medical bills are no longer a personal matter betweem themselves and their doctor but an impersonal matter between themselves and the medical institution staff or bank staff. Those patients visiting the Medical Centre are not likely to be referred to some other doctor or medical institution for further medical service. In contrast, those patients serviced by the 'individual' doctors are more likely to be visited by their doctor. The bills are more likely to be on a personal basis. The patient is more likely to be referred to some other other or medical institution for specialized medical service.

Finally, the medical structure at its present stage is organized around two types of medical careers: the medical career of the 'group' doctor and that of the 'individual' doctor.

The Snowville medical structure, then, is characterized by a high degree of inter-dependence within itself and with outside institutions and communities; power, in respect to decision-making and control over medical equipment is centralized within the Group Practice, with the result that the 'group' doctors are taking over the role of dominance once played by the Mayor City medical institutions in respect to the Snowville area; and the structure, in its present stage of development, embodies two sets of medical habits and attitudes and two major types of medical careers.

Careers within the Medical Structure

The kind of medical career a doctor will follow in the Snowville medical structure hinges greatly upon the point in the structure at which

the incoming doctor enters. If the doctor enters the structure at the Group Practice level, he will be involved in a set of rights and duties which are closely equivalent to holding an office in a business organization. He will be involved in a set of formal relations with other member doctors. His powers in earning money and in decision-making will be restricted initially and their increment will depend upon how quickly the doctor moves up the organization's authority structure. The doctor will be required to do post-graduate work and to communicate latest medical developments from their source to the Medical Centre. He will be required to have command over at least one specialty as well as being apt in general practice.

Medical equipment and clientele, which are frequently crucial factors for the doctor starting out, are not a problem to the 'group' doctor. The Group Practice provides these for him. The organization also provides him with regular allotments of periods of leisure.

In his movement from one office to another within the Group, the doctor will not only have increased earning power and power in decision-making, he will be provided also with concrete symbols with which to mark the stages of a successful career. In this movement the doctor will have to involve himself increasingly in administrative and diplomatic duties. He will be certain not only of a specialty post in the Smith Hospital but also of participating extensively in decision-making for the hospital. On business matters for both the hospital and the Group Practice he will be required to meet government officials, newspaper officials, financiers, and industrial leaders.

If the doctor enters the medical structure at the point of the

'individual' practitioner, his career will be contingent upon how successful he is in purchasing costly medical equipment and upon how quickly he builds up a clientele. The success of his career will be dependent, in part, upon the kind of referral relations he has with the 'group' doctors. Probably he will be able to assist at operations in the Smith Memorial Hospital but he cannot look forward to holding an important specialty position within the organization. He will not be exposed to as rigid controls as the 'group' doctor but indirectly some of his decision-making will be influenced by the 'group' doctors. The 'individual' doctor will not be able to exercise much control over the organization of demands for his medical services. He will not be certain of regular allotments of time for leisure activities. In all probability he will not be as successful as the 'group' doctor in accommodating to the populace of the Snowville area because of their ethnic composition. The 'group' doctors, by virtue of their informal control of the Smith Hospital and their monopoly over medical practice in the town of Snowville have been able to keep the medical profession in the hands of the English, despite the fact that over half the institution's clientele is French. There will be no formal organization to oblige the 'individual' doctor to keep abreast of latest medical developments.

The medical careers of the 'group' practitioner involves several dimensions not peculiar to the career of the 'individual' practitioner. First, the 'group' doctor moves through a series of distinct stages of progress marked by the concrete symbol of holding a series of offices. The 'individual' practitioner lacks distinct symbols to mark progress outside of achieving an appointment to the medical board of a hospital.

Secondly, the 'group' doctor must involve himself in a variety of roles which are outside the field of medicine -- administrator, diplomat, and leader. The 'individual' doctor involves himself in these roles on a very limited scale and solely for the development of his own practice. Thirdly, the 'group' doctor is subject to direct control in all phases of his practice. The 'individual' doctor is subject to direct control only in the hospital. In his general practice many of his activities are the result of his own discretion. Finally, while the 'group' doctor does not face the need to build up a clientele or purchase costly medical equipment as does the 'individual' doctor, the 'group' doctor must gain admission to a group. This is not a problem faced by the 'individual' doctor.

Bureaucracy and Medical Practice

The analysis of the Snowville Group Practice indicates that the increasing involvement by the doctor in Bureaucracy exposes medical practice to the factor of 'organization-perpetuity'. The analysis of the Smith Hospital indicates that bureaucratic organization also introduced another factor -- informal usurpation of control. Both analyses suggest that these two elements peculiar to bureaucracy have the potentiality of distorting considerably the original objective of an organization.

This is highly significant for medical practice. The medical practitioner might employ bureaucratic devices such as group-practice, or the hospital, to gain control over the elements peculiar to medical practice. However, the bureaucratic device itself, by virtue of its susceptibility to informal control, or over orientation towards 'organ-

izational-perpetuity', might distort considerably the practitioner's original objective of providing modern medicine.

There is another perspective in respect to the involvement of the medical practitioner in bureaucracy. He is obliged to work alongside laymen. In some instances, as in the case of the Smith Hospital, the layment is theoretically in control, i.e., the Governors are formally the controllers of the hospital. In other instances, as has occurred in some group practices, the layment gain informal control of the organization. Whether the layman is, or is not, as well equipped as the doctor to control a medical organization is another question. The point here is that the doctor, in involving himself in bureaucracy, places himself in a sort of dilemma, -- a dilemma where he faces the possibility of being subject to control by laymen in a field where he as a professional doctor is supposed to be better equipped to make decisions.

This is a dilemma which cannot be easily avoided because, not only is 'organization-perpetuity' contingent upon division of labor, but it is contingent also upon the institution's interrelationships with other institutions and with the surrounding community. This factor of interrelationships is seen most vividly in the role which the hospital Governors play. The Governors add to the institution's persistence by creating public interest and by gaining public patronage. The hospital's day to day function, therefore, is dependent, not only upon the doctor, but upon the Governor. From the point of view of the doctor, the Governor is one of the necessities for the operation of a publicly supported hospital. In such a situation, the doctor has to accept the role of working alongside the layman and, in some instances, of being subject to the

layman.

In the case of the Smith Hospital, the doctors' dilemma in respect to layment was solved by the fact that the organization was susceptible to informal control, In this instance the susceptibility by an organization to informal control appeared as a positive factor. 'Strong leadership', necessary for the growth of the hospital, was available in the 'group' doctors who were subordinate to the Governors. The institution's susceptibility to informal control permitted the 'group' doctors to control the hospital informally and to increase the facilities through 'strong leadership'.

The medical profession, then, in utilizing bureaucracy to aid it in achieving the delivery of modern medicine, exposes itself to several elements peculiar to bureaucracy -- informal usurpation of control and 'organization-perpetuity'. These have the potentiality of interfering with the provision of high-standard medicine.

The practitioner also involves himself in another dilemma in utilizing bureaucracy: bureaucracy requires the professional man to work alongside the layman. It is in such a situation that susceptibility to informal control would appear to be a positive factor in an organization, particularly when the element of organization-perpetuity, -- as embodied by governorship control -- operates against the utilization of 'strong-leadership' available in a group of formally subordinate doctors. This susceptibility permits the doctors to control the hospital informally in a period of constructive growth.

On the basis of the foregoing, an organization's development would appear to be characterized by periods of sudden growth. This sudden

growth would seem to be dependent upon 'strong leadership' which, at times must usurp partially the traditional control vested in some particular group.

Summary

The Snowville medical structure as it exists today is a form of accommodation by medical practice to medical knowledge and other cultural elements such as the current cultural fetish for leisure time. The structure is a stage in a process of elaboration occurring in the community's medical services. At this point it is characterized by two sets of medical habits and attitudes and by two types of medical careers. It is characterized by centralization of power within the hands of one group. Coupled with this centralization of power, is the gradual assumption in the community of a dominance role once played by the Mayor City medical instituions.

There is another marked characteristic of the medical structure, that is, its high degree of inter-dependence within itself and with other medical institutions and communities. This inter-dependence may be seen on two levels: on the institutional level and on the career level. A distinct ecological inter-dependence exists between the Snowville medical institutions and outside medical institutions, the Provincial and Federal Governments, local newspapers, and large industries. On the career level, the medical structure is but part of a broader system of interrelated careers, where the doctor's career is closely bound up with the newspaper man's career, the politician's career, the financier's career. For each, the Snowville medical institutions mean something different. For the politician, they are a means of demonstrating party patronage and a

means of earning votes. For the newspaperman, the medical institutions are a means of increaing subscriptions to his newspaper. For the financier, the hospital is a means of selling a bond issue.

The Snowville medical structure has been defined as a form of accommodation by medical practitioners to medical knowledge and other cultural elements. This accommodation is marked by considerable control over these elements, and this control has been achieved by aid of bureaucracy. However, the utilization of bureaucracy involves the medical practitioner in a dilemma in which the doctor must work alongside the layman and frequently is subordinate to the layman; and in which bureaucratic organization is frequently over-oriented towards its own perpetuity or is susceptible to informal control. It is a dilemma in which there is the possibility that the provision of high-standard medical services will be imperiled.

For the medical practitioner this thesis provides a range of insights: It points to the fact that modern medical practice involves not only the application of rational medical science, but also less rational and less tangible elements such as medical habits and attitudes which undergo continuous change. This is seen in the fact that, in the Snowville area, there are two distinct sets of medical habits and attitudes, those peculiar to the 'group' doctors and those peculiar to the 'individual' doctors. It is also seen in the fact that practising modern medicine involves educating patients and doctors to new habits and attitudes. Patients in the Snowville area, for example, have been educated by the Group Practice to discern between critical sickness, which immobilizes the patient and requires the doctor's visitation, and that degree of sickness

which permits the patient to visit the doctor. In the Snowville area over 80 per cent of the Group Practice patients visit the Group's Medical Centre rather than demand that the doctor visit them.

This thesis indicates that modern medical practice is becoming increasingly involved in bureaucratic organization. This increases control over the doctor so that his activities outside the hospital are subject to the close scrutiny of a superior and so that his decisions have to be shared with other doctors. Within this organization the doctor is not permitted the same degree of discretion as to whether he will, or will not, keep abreast of modern medical developments. The Snowville Group Practice, for example, functions as a formal device to generate motivation within the doctor to keep abreast of latest medical developments. Rationality is imposed upon the doctor, and he is not permitted to develop too much emotional attachment to outmoded medical techniques and equipment. He is educated to be receptive to better techniques and equipment. Within bureaucratic organization the doctor is required to work alongside laymen. This frequently involves the doctor in a power struggle with laymen as each attempts to impose their point of view upon the other. In some instances, as in the Smith Hospital, the layman is theoretically placed in a superordinate position to the doctor. Bureaucracy permits the localization of power within one particular group and the exercise of this power over a large number of patients and doctors. Bureaucracy, also, frequently becomes over-oriented towards its own perpetuation and this would seem to have a potentiality of interfering with the practice of modern medicine. Bureaucracy, also, tends to increase specialization; and, although such a Group as the Snowville doctors may attempt to present

their clients with doctor-patients relationships peculiar to the older 'individual' doctor's type of practice, these doctors are faced even now with the probability of increased specialization within their Group and a resultant doctor-patient relationship which does not parallel that of the 'individual' doctor type of practice. From this thesis it appears that the doctor's career within a bureaucracy such as a Group Practice no longer has the dimension of a free-lance professional attempting to cure the sick, but rather, the dimensions of a professional fulfilling duties and rights implicit within an institutional office. This kind of career provides the doctor with regular allotments of leisure time and relieves him of the necessity of developing a clientele or purchasing equipment. This kind of career provides the doctor with successive promotions from office to office which symbolizes for him a series of stages in a successful career. This career is bound up closely with the careers of other people in other types of activities, such as, newspaper work, politics, and financing.

Finally, this thesis points to the fact that, for many, medical practice represents something totally different from what it signifies to the doctor. While it may represent the possibility of a successful career to the doctor, to the politician, it represents a means of earning votes or the means of propagating some religious-political philosophy; or to the newspaper, it may represent but another element of socity striving for the attention and patronage of the public through the columns of a newspaper.

For the Sociologist this thesis has a range of implications: It points to the high degree of ecological inter-dependence existent be-

tween institutions, and institutions and communities. From a theoretical point of view this is important in that in confirms the utility of the (1) Park and Burgess ecological frame of reference. However, this thesis also suggests that this inter-dependence between societal elements may be seen not only on the ecological, impersonal level, but also on the personal level of careers. Society, in other words, may be viewed as a system of highly interrelated careers and jobs as well as interrelated institutions and communities.

It substantiates the findings of O. Hall concerning the medical structure of a community in the New England States. The Snowville medical structure, as in the American community, appears to be gradually developing an inner core controlled by a group of specialists and it is to this core that the young practitioner must accommodate himself. (2). It also indicates the fruitfulness of examining a social structure in terms of the 'medical career' frame of reference, as utilized by Hall in his analyses of medical practice. (3).

The thesis points to the fact that institutional theory as developed by E.C. Hughes and Talcott Parsons, (4) together with the

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1. Park, R.E. and Burgess, E.W. Introduction to the Science of Sociology. Chicago: University of Chicago Press, 1924.

2. Hall, O. "The Stages of a Medical Career", The American Journal of Sociology, Vol.,LIII, (1948), pp. 327-337.

3. Hall, O. "The Stages of a Medical Career", The American Journal of Sociology, Vol. LIII, (1948), pp. 327-337.
Hall, O. "Types of Medical Careers", American Journal of Sociology, Vol. LV, (1949) P. 243.

4. Hughes, E.C. "Institutions", New Outline of the Principles of Sociology Lee, A.M. (Ed.) New York: Barnes and Noble, 1946.
Parsons, T. "The Position of Sociological Theory", Essays in Sociological Theory Pure and Applied. Glencoe, Illinois: Barnes & Noble, 1949, p.7

theoretical work by Max Weber (5) on bureaucracy provide a useful set of analytical frames of reference for making more intelligible such a social medical structure as found in Snowville. Hughes' concept of 'institutional-office' and Talcott Parsons' concept of 'organizational perpetuity' have contribued significantly to an understanding of the institutionalized aspect of medical practice in Snowville. In addition, Max Weber's concept of 'leadership' and 'power-struggle' within bureaucratic organization,, along with the more recent analytical concept of 'informal control' which appears to have evolved in part from Weber, were useful in tracing some of the elements of, and their function in, the growth of the Snowville medical structure.

Finally, a range of areas requiring further Sociological research emerge. Communication within medical practice has been explored in this thesis on a very limited scale; much more data could be accumulated along this line. The stages of growth through which the Snowville medical structure has passed suggests that this might be a pattern which characterizes the elaboration of medical practice in many communities; however, further study would be necessary to confirm this hypothesis. The effect of bureaucratic organization upon the professional as set forth here would appear to be a field worthy of much more intensive research. Much more study could also be directed toward the differences which appear to exist between what is idealized as modern medical practice and what is practised in actuality. In this last suggestion for further research particular attention could be given to the

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5. Weber, M. From Max Weber: Essays in Sociology. Gerth, H.H. and Mills, C.W., (Ed.). New York: Oxford University Press, 1946. pp. 159-266.

physical limitations of a doctor to fulfil the idealized modern medical role in which the doctor supposedly enquires into the patient's social history, listens carefully to all the patient's observations, and then gives the patient psychological as well as physical therapy.

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