

**65th Congress of the LMHI  
A Homeopathic Odyssey: 200<sup>th</sup> Anniversary of the Organon  
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**SOCIOLOGY OF HOMEOPATHY:  
SOCIAL IDEA OF GROWTH IN HOMEOPATHY  
& MACRO-STRUCTURED INFLUENCES  
SHAPING THE LOSS OF TRUST IN MEDICAL INSTITUTION  
REPORT<sup>1</sup>**

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<sup>1</sup> This sociological report is the outcome of a personal bibliographical research on the subject based on more than 100 references. See Bibliography. The account is centered on the transformation U.S. health care has been undergoing under advanced capitalism through corporatization. Literature on the resulting decline of doctoring refers mainly to the USA. In any case, U.S. experience may be instructive in other national context as to what they may expect. No country or health system can be considered immune.

## Greetings to the 65<sup>th</sup> LMHI Congress

In a secular vision, whereas Homer's **Odyssey** is an ultimately reassuring mythology of journeying home, passing through the odd and alien, before returning to the familiar, *2001 A Space Odyssey* Kubrick's film is a bewildering mythology of leaving behind the familiar and venturing out into the unknown. The poetic work & the film, in any case, suggest **consciousness** seems a "gestation" and that a day one is "born" into a larger "world" or "state of awareness". Actually, consciousness "imperceptible" intentionality seems to depict a pattern similar to a "quantum" leaping. Probably this "jumping pattern" helps us understand why usually we talk of a "**shift paradigm**" while considering the way knowledge "advances". Such a **jump** is wanted in any field of sciences. Such a jump is what I desire for homeopathy on the 65<sup>th</sup> LMHI Congress' occasion, entitled **A Homeopathy Odyssey**.

## INDEX

INTRODUCTION	4
<b>ONE FACT: THE DECLINE OF DOCTORING</b>	
LOSS OF TRUST IN MEDICAL DOCTORS'S ROLE AND IN MEDICINE AS INSTITUTION	4
(A) CHANGING NATURE OF THE STATE AND LOSS OF PARTISAN SUPPORT FOR DOCTORING	5
(B) CORPORATIZATION OF DOCTORING	5
(C) COMPETITIVE THREAT FROM OTHER HEALTH WORKERS	6
(D) GLOBALIZATION AND INFORMATION REVOLUTION	7
(E) EPIDEMIOLOGIC TRANSITION AND CHANGING CONCEPTS OF THE BODY	8
(F) THE EROSION OF PATIENTS' TRUST - FROM RELATIONSHIP TO ENCOUNTER	9
(G) WEAKENING OF MARKET POSITION THROUGH OVERSUPPLY	9
(H) INCREASE IN MEDICAL SPECIALIZATION AND FRAGMENTATION OF PROFESSIONAL ASSOCIATIONS	9
<b>CONCLUSSIONS</b>	11
THE MYTH	11
THE QUESTION	12
THE IDEA OF GROWTH IN HOMEOPATHY	13
BIBLIOGRAPHY	15

## INTRODUCTION

Good morning and thank you for being present.

This is the third occasion I take part in a LMHI's Congress. First time, at Oostende, I have tried to make some remarks concerning the limits of the meaning of "evidence" in the context of "method" & "science" viewpoints or speeches. The second time, at Warsaw, last year, I have tried to introduce the public to some representations regarding homeopathy in post modern times and their different consequences for homeopathy stakeholders.

Today, let me introduce you to ONE FACT, ONE MYTH, ONE QUESTION regarding my present intellectual concern: the corporatization of the general practitioners work in USA, i.e. the loss of autonomy of the general practitioners work, and the future of homeopathy as an institutional clinical practice and as a commodity in cultural territories like USA & Europe.

Certainly, the reasoning I am trying to share with you, homeopathy stakeholders, is based on the transformation United States health care has been undergoing under the advanced capitalism through corporatization.

Indeed, the account refers solely to the United States since most literature concerning the decline of doctoring refers to this nation. In any case, United States experience may be instructive in other national context as to what they may expect. No country or health system can be considered immune. Actually, this is the reason why I am referring to you about doctoring in United States health care, although you are homeopathy stakeholders from all over the world.

## ONE FACT: THE DECLINE OF DOCTORING

### LOSS OF TRUST IN MEDICAL-DOCTOR'S ROLE AND IN MEDICINE AS INSTITUTION

From 1960 to 2002 the American-confidence in the medical-institution has fallen from a 73% to a 29%. A 1949 Gallup survey asked American to consider a list of well-known-professions and identify those they trusted most. Medical-Doctors topped the list. By 2000 physicians had fallen to fourth, placing themselves behind nurses, pharmacists and veterinarians.

Health-care-corporatization, under advanced-capitalism, is transforming the medical workplace and altering the doctor's everyday work. U.S. health-care has been historically

transformed, from a predominantly fee-for-service-system, controlled by a dominant professionalism, to a corporatized-system, dominated by concentrated-and-globalized financial-and-industrial interests.

**Changes-in-medical-practice** concerning **the-loss-of-trust-in-medical-institution and the-decline-of-doctoring** USA-is-undergoing include extrinsic-factors (A to F), outside the profession's control, and intrinsic-factors (G & H), amenable to control by the institution of medicine.

### **(A) CHANGING NATURE OF THE STATE AND LOSS OF PARTISAN SUPPORT FOR DOCTORING**

The rise-of-medical-professionalism during the-20<sup>th</sup>-Century and its decline around-the-turn-of-the-21<sup>st</sup>-Century is related to the-shifting-allegiance-of-the-State. Doctoring rise was powerfully reinforced by government's actions. The State provided a legitimating function for physicians, accorded them a monopolistic-position and privileged-status, and through programs like Medicare/Medicaid served as a guarantor of their profits.

As far as the United-States is concerned - as evidenced by the-attempts-at-health-care-reform and the rapid evolution of managed-care - the State appears to have lost some of its ability to act on behalf of and protect the profession's interests. By the end of the-20<sup>th</sup>-century, the State shifted its primary allegiance from protecting the medical profession interests to advancing the interests of the financial-&-industrial owners of a corporatized U.S. health-care-system. As a result, doctoring has lost many of its institutional supports.

Challenges in nature & terms of medical-work take the form of de-professionalization, suggesting doctors are increasingly being subject to external forms of regulation and losing control over the content of their work. It seems society is witnessing the end of professional-autonomy and professional-dominance. The medical-profession-future & the nature-of-doctoring-in-the-21<sup>st</sup>-century will depend on, more than any other influence, the changing nature and support of the State.

### **(B) CORPORATIZATION OF DOCTORING**

Data from AMA's monitoring of the U.S. Physician Population reports changes in the nature of physician employment from 1983 to 1997: the proportion of patient-care

physicians working as employees (with no-ownership-interest in their practice) rose from 24 to 43%. The proportion of physicians in self-employed-solo-practices (one-physician practices with an ownership-interest) fell from 40 to 26% and the proportion of physicians in self-employed group practices (multiple-physician practices with an ownership-interest) fell from 35 to 31%. These accelerating trends are especially evident among younger physicians. Newly practicing doctors working as salaried employees increased from 37 to 66%. That these changes have been especially pronounced among younger physicians suggests their impact on the delivery of medical care will continue long into the future.

Under bureaucratized-medicine physicians are required to participate in assembly-line-medicine. Reward structure is tied to exemplary-performance of the bureaucratic-employee-role (number and types of diagnoses, referrals to other specialties, throughput of patients per practice session). Data-management systems can monitor clinical outcomes, productivity and costs incurred by providers. Increasingly, the-treatment-regimen is formulated before a live-case actually presents for medical-care. Prior-approval is often required from a non-medically-qualified-reviewer at geographically-distant corporate-headquarters before a final decision can be made. The-choice-of-treatment (which medication can be prescribed) is often determined by what is allowed by a patient's health-insurance or by the physician's employer. Clinical actions are scrutinized on regular basis, deviant-practice-behavior highlighted and corrective-steps taken to ensure future conformity-with-norms. Recalcitrant-practitioners can be replaced with younger physicians or replaced by less expensive non-physician-clinicians.

All this means the **loss of** administrative, economic and **clinical autonomy** – i.e. how physicians should practice, the technical content of care. It could be interesting to know how homeopathy will adapt to be “complementary” alongside the corporatized medicine? What sort of control over the content of work the-complementary-homeopathy foresees it will conserve?

### **(C) COMPETITIVE THREAT FROM OTHER HEALTH WORKERS**

Rise in status, autonomy and number of professions allied to medicine has been noted in most developed countries. This labour of knowledge division results in fragmentation, undermines unity, erodes doctoring. Related to this is the shift of some tasks, once

practised exclusively by doctors, to other practitioners. This phenomenon is related to the epidemiologic transition & changes in the public conception of the body.

Physicians had the medical playing-field to themselves. The arrival of the non-physician-clinicians threatens the physician's traditional position. Including the alternative/complimentary medicine providers, NPCs are responsible for increasing amounts of primary medical care previously provided almost exclusively by physicians.

According to the projected-future-workforce of NPCs and what their rapid increase portends for physicians, there does not appear to be the capacity to absorb both the increased numbers of physicians that have been projected and a parallel workforce of NPCs.

#### **(D) GLOBALIZATION AND INFORMATION REVOLUTION**

Globalization and Information Technology alter the Medical-Doctors' social-position and the everyday-value of doctoring worldwide. Policies promulgated by supranational organizations are marginalizing once powerful national and local professional associations, limiting their ability to control licensure and training and shape legislation so as to benefit their constituency.

Internet, empowering patients by providing valuable health-information, has the unanticipated consequence of undermining key-aspects of physician-authority. For the-20th-Century, the medical profession exemplified the adage "knowledge-is-power." Possession of purportedly scientific knowledge about the human body and various methods to possibly prolong life, avoid death and alleviate suffering contributed to the privileged-position of doctors in social-order. Public access to this authoritative medical knowledge was possible only through consultation face-to-face with a certified physician.

Availability of medical information to anyone with internet-access increases levels of public's medical-information, changing the structure and content of the doctor-patient relationship. Patients can go on-line to acquire information on particular providers: age, educational-background, employment-history, frequency and success of legal-actions. Through the Web, patients can enter the doctor-patient-relationship with up-to-date-information on any medical condition, informed-expectations about what constitutes

appropriate practice, and considerable information on the personal biography of their provider.

With corporatization in physician employment, computerization of medical-records, and the-on-line-availability-of-data on the comparative-performance of medical facilities and particular practitioners, the everyday work-situation of doctors can be scrutinized. Computerized medical record provides a contemporaneous record of everything done (or not done) during a doctor-patient-encounter. It constitutes evidence thought to be superior to the memory of self-interested parties.

### **(E) EPIDEMIOLOGIC TRANSITION AND CHANGING CONCEPTS OF THE BODY**

There have been changes over time in both the nature of disease and the ability of medical-care-providers to beneficially-alter-the-course-of-illnesses. Changes in concept of body, in patterns of disease and death characterize an epidemiological transition.

The social-position of healer, recently termed “doctor,” has changed as the nature of the threat to health has changed over time, reaching its zenith during the-age-of-degenerative-and-human-made-diseases, when surgery and pharmaceuticals were considered effective cures against the major conditions (heart disease, cancer, and stroke) of the modern era.

With the rise of chronic conditions and the decline in curable conditions, curing is being replaced by caring and palliative measures. Doctoring has shifted to monitoring of presently-incurable-conditions and to improving the-quality-of-life. Curing is commonly thought to be a more valued activity than caring. Caring may be more appropriately performed by other providers considered partners with physicians on the health-care team.

Increased public access to medical-information has resulted in some demystification of the body. The understanding of illness and disease has moved from the metaphysically inexplicable and been positioned at bio-physiologic-functions level. Responsibility for personal-health has shifted from paternalistic-medical-care-providers: people are now viewed as personally-responsible for their own health. Self-care is beginning to assume status of a moral-obligation. Computer-assisted-diagnosis and prescriptions-filling are now possible via Internet, often rendering a face-to-face-encounter with a doctor unnecessary. While such phenomena are increasingly marginalizing doctors and are source of concern



for the medical-profession, they are often viewed by physician-employers as welcome developments likely to reduce costs.

## **(F) THE EROSION OF PATIENTS' TRUST - FROM RELATIONSHIP TO ENCOUNTER**

Macro-level-changes in content & organization of doctoring and the accompanying decline in the social-position of doctors bring micro-level-changes to the doctor-patient-relationship. A measure of this change lies in the words now used to describe the parties: "Doctor" has become "provider," "patient" "client" and the "relationship" an "encounter". Instead of the exchange viewed as occurring in a sociological-vacuum (a patient interacting with a physician) studies should recognize the intrusion of social, economic and organizational influences on the structure and content of the encounter.

With the growth of corporatized-medical-care professional-dominance has been supplanted by corporatization-dominance, with the resulting appearance of a conflict of interest for physicians. It is not unreasonable to ask whether physicians are still able to serve the interests of their patients or are required to advance the interests of their employers.

## **(G)WEAKENING OF MARKET POSITION THROUGH OVERSUPPLY**

National data on physician supply and demand and their likely consequences for modern-doctoring suggests supply may exceed demand by up to 62,000 physicians (8%) through 2010.

Until recently, a medical-degree guaranteed full-employment upon-graduation from a reputable-medical-school. Physician unemployment is still rare, but under-employment appears to be common. It's reported one-quarter of newly trained physicians experienced difficulty finding appropriate employment. Erosion of labor market position is exacerbated by trends in the growth of other health workers.

## **(H)INCREASE IN MEDICAL SPECIALIZATION AND FRAGMENTATION OF PROFESSIONAL ASSOCIATIONS**

The privileged position of physicians and the State-supported-prerogatives they acquired were engineered and advanced by a powerful union - the American-Medical-Association. The support or opposition of the AMA determined the success or failure of major national

legislation. Increase in medical-specialization has undermined professional associations unity, with separate associations being established for surgeons, general practitioners, obstetricians, oncologists and so on. Medical specialization splintered the once unified posture of the AMA. Specialty-based societies (unions) replaced AMA as the primary reference group of many physicians. These memberships were instead of rather than in addition to. AMA was probably as influential as the State itself in advancing the prerogatives of “the” profession. Its influence today is shared with rival specialist medical societies. Particularly disturbing for AMA is the tendency for younger physicians or new graduates not to become members. The current membership is declining and aging.

AMA’s declining influence is evident in its inability to withstand the movement toward managed-care and the corrosive effect of commercialism on professional behavior. Fragmentation of physicians into specialist societies and internal dissention within the AMA itself have created a divide-and-conquer opportunity for both private business interests and the State.

**The ONE FACT, i.e. the decline of doctoring can be SUMMARIZED in this way:**

**Changes in ownership and organization** of United States health-care under global-corporatized capitalism are **eroding the ethos of professionalism, reducing the social-status** of doctors and **transforming the nature of doctoring (EVERYDAY MEDICAL-WORK) from a mainly fee-for-service-system** controlled by dominant professionalism **to a corporatized-system** dominated by increasingly concentrated and globalized financial and industrial interests.

The hegemony of the **medical-profession** has been **subject to deep changes in** both the **internal organization of conventional-health-care** and the **rise of competing paradigms** of health care. These changes and developments have not occurred in a vacuum. They reflect **broader transformation in wider society**, which are often characterized in the literature as shifts from modernity to post-modernity.

While recognizing deep changes, coming from the outside medicine surroundings and macroeconomic circumstances, it is also indispensable to **keep looking inside medicine**

**itself** to understand the competing paradigms, their futures, the changing status of doctors and of the medicine as social institution. It is necessary to make efforts to **understand more fundamental reasons** for the historical decline of doctoring, like the-sunset of the old-representations-of-the-world and the new-knowledge regarding the-human-life-phenomenon, the new concept of the body and the emerging epidemiological phase.

## CONCLUSIONS

It may be seemingly considered that if doctoring is declining, homeopathy's times have come. As a sociologist I cannot support this claim. I can just refer to you about what is going on in society and you have to draw your own conclusions concerning homeopathy future. Changes shaping medical doctors' content-work cannot be considered just affecting doctoring in conventional-medicine. Those changes most likely affect homeopathy's future too. Homeopathy's future cannot be understood as isolated from what is happening in medicine & societies.

In order to help you, homeopathy stakeholders, see clearly a broader context of their institutional futures, I have referred to you the process of transformation of the general practitioners work under the corporatization of medicine. Now to conclude, I will have to add yet a picture concerning the idea of growth in homeopathy so that you can draw your own conclusions regarding your practice or business as stakeholder.

Homeopathy grows in some contexts, in others possibly declines. But even when it declines, the idea of a future of continuous growth keeps prevailing. Even if a scientific knowledge shows resources are finite, people avoid stark realities. A reason for this collective behaviour is that when growth falters people panic. People lack experience on limits and cling to **THE MYTH OF GROWTH**. Any human organization clings to a myth by which it lives. The phenomenon of collectivities believing their social projects should keep growing can be considered an archetype. It would not be surprising that even homeopathy clings to the myth of growth. In a context in which experts evince a doctoring decline, it's, obviously, a matter of concern to get to know whether things are pretty different in homeopathy.

Listening to some overconfident-speeches homeopathy executives deliver or reading some marketing-literature producers and other stakeholders publicize, gives rise to the question whether homeopathy stakeholders optimistically believe in a future of continuous growth, with their private-schools carrying out some new provings, claiming homeopathy's amazing-effects.

From a sociological point of view, one can suggest that like the American-Dream there's an Homeopathy-Dream. America and Homeopathy believe in the power of the individual. A difference between them, however, is that, while homeopathy stakeholders seem still to believe in the-power-of-the-individual (to spread homeopathy), America starts wondering whether, with so many outside-forces shaping its economic-fate, its optimism about the-power-of-the-individual be sustainable. Even more, America starts wondering whether its idea of continuous-growth be right since it's already come true kids are earning less than parents did and downward-mobility is already a social phenomenon.

President Clinton's former economic-adviser, Alan Blinder says up to 40 million U.S. jobs could be affected in the next two decades because of the off-shoring-jobs. Forces undermining upward-mobility and generational-advance in America are largely outside people's control. In this context and in the face of global deregulation - and nihilism that goes along with global competition and rapid technological change - homeopathy could be about to face a severe test.

In this context, where the promise of knowledge application, derived from genetics and neurophysiology, threatens to downgrade conventional medicine, the question arises as to whether homeopathy's stakeholders controlling literature and training (executives, practitioners, homeopathic-medicines-producers) have a comprehensive perception of the forces shaping homeopathy's future.

Indeed, my **QUESTION** is whether homeopathy future be completely different than the future of doctoring. To put it bluntly – **what is the chance homeopathy stands of growing in USA & Europe in the context of a corporatized medicine? What sort of control over the content of work the-complementary-homeopathy foresees it will conserve?**

Homeopathy as a clinical-practice or as an epistemology-of-healing has not been the target of this report. This account summarizes some major pervasive-macro-structured-influences shaping the organization and content of the U.S. health care under the corporatized capitalism, so that you, homeopathy stakeholders, can draw your own conclusions regarding homeopathy's future as social reality as well as in terms of institutional practice and commodity. This report offers some key-remarks regarding the broader context in which homeopathy lives in, inviting homeopathy stakeholders to ponder whether the social idea of continuous-growth be sustainable in homeopathy fields.

To explore the **idea of growth in homeopathy**, i.e. whether some aspects of what is termed "homeopathy" actually grows, it's required to stop mistaking sales-growth of products, including any herbalist-product, marketed under the denomination "homeopathic", for the growth of the "classical" idea of healing with a morbific artificial similar and for its accreditation as an institutional paradigm in medicine. The fact "classical homeopathy" practised by physicians in surgery premises seems to be declining in Europe & USA, after its revival during the-social-progressive-seventies, is a clear indicator that growth in sales of products denominated "homeopathic" does not mean, automatically, institutional accreditation of the classical morbific artificial similar paradigm.

And if the classical-homeopathy declines in USA & Europe, while conventional doctoring also declines, it could mean classical-homeopathy is not becoming the-alternative-medicine-of-the-future in those cultural territories, notwithstanding there have been a-growth-in-figures related to number of licensed-practitioners and of citizens that have used at least one time products marketed "homeopathic". "Homeopathy" as commodity denomination<sup>2</sup> is not the same that "homeopathy" as principle and clinical practice.

It is likely millions of USA & Europe citizens are deserting the institutional-medicine and seeking asylum into alternative-and-traditional medicines for minor-ailments. But does it mean the deluded-citizens really trust, durably, in homeopathy? A way to answer the question could be to consider that, consistent with health-care-policies and cultural-patterns, when it comes to health-matter-of-consequences, most people get back into conventional-biomedical-treatments.

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<sup>2</sup> "Homeopathy" as a marketing denomination stands a significant chance of growing. Regarding homeopathy as commodity, see Vargas, Rinaldo O. Homeopathy in post-modern society 64th LMHI World Congress 2009, Warsaw, 2009

It deserves a-conflict-of-interests-free-research to picture who is the folk attending homeopaths' consulting rooms, discriminating information regarding main complaint for seeking homeopathy, turnover and other information concerning continuity in treatment or for giving it up. What sort of conception of health and illness do they have? Are they scientific-inclined, new-age-followers, traditional-medicine-oriented or just religious-oriented? A conception of health and disease related to the idea of vital balance/imbalance does not seem to be a drive. It's necessary to investigate beliefs, values and meanings patients attribute to homeopathy. Many consequential questions wait for answer to forecast the shape "homeopathy" is already taking.

Since, like any social construction, "meanings & practices of homeopathy" fluctuate along with contexts, it's important to discern which concept of homeopathy is growing and, in which cultural or anthropological context, differently, homeopathy is declining.

This account intends to call homeopathy stakeholders attention to the **changes in the financing and organization** of U.S. medical-care and **their implications** for professionalism, the social position of doctors, the everyday work of doctoring and, consequently, **to call their attention to how those pervasive macro-structured influences could affect homeopathy's future**. Such a knowledge application could help stakeholders **develop effective policies** leading to a sustainable use of homeopathy.

How the **reported changes affecting doctoring could also be already affecting homeopathy** in its attempt to become an accredited institutional medical paradigm widely accepted is a matter homeopathy stakeholders have to know and manage, proficiently, to understand **what kind of homeopathy could grow and which homeopathy is declining**. Certainly, homeopathy **as commodity** stands a high chance to keep growing. There are no absolute meanings but multiplicity of social contexts. From a sociological-standpoint, it's possible to state that **there is a range of futures of growth and decline for an array of homeopathies**.

Thank you for your attention.

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