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Doctor-Patient Relationship

The Physician's Dichotomy: Artist or Scientist ?Humoral Physiology: Emphasis on the Individual Patient; Discovery of Hidden Causes Shifts Bedside Focus; Christianity and Medical Theory; Medicine as Part of University Curriculum; Gender-Based Theories of Doctor-Patient Relationship; Race- and Class-Based Theories of Treatment; Superimposing Science on Individual Symptoms; Conclusion; Notes; 5. High Tech vs ""High Touch"": The Impact of Medical Technology on Patient Care; Case Studies of Medical Instruments; Instruments and the Doctor-Patient Relationship; How Instruments Transformed Medicine Notes6. Contractual Arrangements, Financial Incentives, and Physician-Patient Relationships; Principal-Agent Relationships; Contractual Arrangements and Incentives; Alternative Forms of Compensation: Empirical Studies; Physicians' Ownership Interests; Monitoring Effort and Peer Review; Conclusion; Notes; 7. Fear of Malpractice Litigation, the Risk Management Industry, and the Clinical Encounter; The Risk Management Industry; Malpractice, Medical Uncertainty, and Professional Esteem; Relationship of Injuries to Claims; An Epidemic of Injuries or of Litigation? How Risk Management Affects the Patient EncounterStereotypes of the Suit-Prone Patient; Inaccuracy of Stereotypes; Differential Treatment Based on Fear of Lawsuits; Malpractice Claims: The View from Both Sides; Are Risk Managers on the Mark?; Future Research; Ethical Dilemmas; Notes; Communicating with Patients and Caregivers; 8. Incomplete Narratives of Aging and Social Problems in Routine Medical Encounters; Conceptual Approach, Definitions, and Method; Encounter A: Independence and Physical Decline; Encounter B: Retirement and Death of a Spouse
Conclusions: Aging and the Discourse of Medicine

Sommario/riassunto

Social change has placed new demands on the practice of medicine, altering almost every aspect of patient care relationships. Just as medicine was encouraged to embrace the biological sciences some 100 years ago, recent directives indicate the importance of the social sciences in understanding biomedical practice. Humanistic challenges call for changes in curative and technological imperatives. In this book, social scientists contribute to such challenges by using social evidence to indicate appropriate new goals for health care in a changing environment. This book was designed to stimulate and
