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| Nota di contenuto | Front matter -- Contents -- Acknowledgments -- Abbreviations -- Introduction: Medical Boards and the Public Interest -- Chapter 1. Public Member, Researcher, and Public Sociologist: The Genesis of a Project -- Chapter 2. How Licensure Became a Medical Institution -- Chapter 3. Public Participation: The Federal Bureaucracy Starts a Public Dialogue -- Chapter 4. The State, the Media, and the Shaping of Public Opinion -- Chapter 5. Rhetorics of Law, Medicine, and Public Interest Shape Board Work -- Chapter 6. Medical and Legal Discourses in Investigatory Committees -- Chapter 7. Hearing and Sanction Deliberations: Transparency and Fact Construction Issues -- Chapter 8. Democratic Deliberation and the Public Interest -- Conclusion: An Exercise in Democratic Governance -- Notes -- References -- Index |
| Sommario/riassunto | How do we know when physicians practice medicine safely? Can we trust doctors to discipline their own? What is a proper role of experts in a democracy? In the Public Interest raises these provocative questions, using medical licensing and discipline to advocate for a needed overhaul of how we decide public good in a society dominated by private interest groups. Throughout the twentieth century, American physicians built a powerful profession, but their drive toward professional autonomy has made outside observers increasingly concerned about physicians' ability to separate their own interests from those of the general public. Ruth Horowitz traces the history of medical |

licensure and the mechanisms that democratic societies have developed to certify doctors to deliver critical services. Combining her skills as a public member of medical licensing boards and as an ethnographer, Horowitz illuminates the workings of the crucial public institutions charged with maintaining public safety. She demonstrates the complex agendas different actors bring to board deliberations, the variations in the board authority across the country, the unevenly distributed institutional resources available to board members, and the difficulties non-physician members face as they struggle to balance interests of the parties involved. In the Public Interest suggests new procedures, resource allocation, and educational initiatives to increase physician oversight. Horowitz makes the case for regulations modeled after deliberative democracy that promise to open debates to the general public and allow public members to take a more active part in the decision-making process that affects vital community interests.
