



MANKOFF

“Doctors said that although the approach is still experimental, it may prove an effective weapon in the fight against health-care reform.”

Professional Sovereignty in a Changing Health Care System: Reflections on Paul Starr's *The Social Transformation of American Medicine*

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*And since you know you cannot see yourself,
So well as by reflection, I, your glass,
will modestly discover to yourself
that of yourself which you yet know not of.*
—William Shakespeare, *Julius Caesar*, Act 1, Scene 2

More than twenty years ago, Paul Starr's *The Social Transformation of American Medicine* (1982) found a receptive general readership and stimulated academics across the disciplines to take stock of medicine's historical trajectory. It was an exploration of medical care that had unprecedented scope and narrative power, garnering the Bancroft Prize for American History, extensive praise from health care professionals, and the 1984 Pulitzer Prize for Nonfiction.

Perhaps the most compelling attribute of *The Social Transformation* is its capacity to portray a coherent image of the complex worlds of health care and health policy. It did so, in large part, by effectively casting the evolving stories of American medicine and American society as reflections of one another. These not-so-distant mirrors revealed key trends and drivers that had previously been obscure. The changing nature of medical care and medical practices made more sense when understood in the context of broader societal trends; the multiple facets of American culture and values were newly revealed through their incarnation in health care settings. In these twinned reflections lay a story with a powerful narrative arc, a drama told in two acts. Within this grand narrative, Americans could

see and more fully comprehend their own personal stories, reflecting their roles as patients, caregivers, and citizens.

If one steps back from the language and detailed claims of *The Social Transformation of American Medicine*, it becomes clear that the very nature of Starr's narrative, the structure of the looking glass within which these images are cast, is itself a reflection of the political era in which the book was written, the academic theories that were then in vogue, and the tensions that then loomed large on the agenda of the medical profession. From a vantage point two decades hence, we can get a better sense of how these shaped the book's central images. By comparing the health care system and social order that was portrayed in *The Social Transformation* to the America and American medicine that emerged over the next two decades, we can better comprehend the book itself, the scope and limits of Starr's analytic reach, and the meaning of the transformations that he so deftly identified in his work.

It was for this purpose that the authors of this issue were drawn together. The essays contained herein reflect various images of *The Social Transformation*, as seen from the diverse viewpoints of six different disciplines. Some focus on the twinned narratives through which Starr traced the rise of medical authority. These contributions offer alternative perspectives on the transformations of medical practice and its role in American society. They elaborate on consequences that Starr could only sense as looming on our collective horizon. Other essays focus more on the book itself, on Starr's choices about how best to portray medical authority and American culture. Together, these essays explore both the import of *The Social Transformation* as a scholarly work and the meaning of social changes that the book portrayed.

Like a room of mirrors in an amusement park funhouse, these essays reflect on Paul Starr's own reflections, each from its own distinctive angle. In so doing, we believe that they add further depth and breadth to a work that was already impressive on both scores. Much as *The Social Transformation* allowed Americans to see themselves in their medical care, we hope that this issue will allow readers to see in these essays parallels with their own efforts to find meaningful patterns in American health care and policy.

One can also describe this issue with a different sort of visual metaphor. *The Social Transformation of American Medicine* was striking in the simplicity and clarity of its central images (e.g., "the dream of reason did not take power into account" [3]). By contrast, this issue offers a deliberately fragmented, varied set of perspectives. One can see this as a sort of kalei-

doscopic portrait of the ongoing transformation of American medicine. As with all kaleidoscopes, the fragmented images from each piece can be arranged in a variety of different ways. As editors, we spent more than a few entertaining hours playing with different arrangements of the articles.¹ We found that each new configuration highlighted some fresh and interesting connections among the essays.

As you read it, this issue of the journal is organized based on our last best effort at insightfully grouping the essays. But readers should recognize that many other arrangements are possible—grouped by key actors (e.g., physicians, the public, health care organizations), by disciplinary perspective, or by the forces that stimulated historical changes (e.g., shifting political power, changing ideas, emerging institutions, evolving knowledge and technology). We encourage readers, as an act of creative engagement with this material, to play with these other categorizations, just to see what new insights they generate. Although this sort of creative play is not generally encouraged in the halls of the academe (at least after one graduate from kindergarten), we think that in this case you'll find it quite rewarding.

In the remaining portions of this introduction, we describe in more detail the distinguishing qualities that we saw in *The Social Transformation of American Medicine* and the features that led us to conclude that a retrospective look at the work would be useful. We then describe the process through which we engaged authors, reviewed their work, and formulated this issue.

The Social Transformation of American Medicine, on First Reading

This work was impressive in its scope. It took readers from the early days of the medical profession, when American medicine was a divided enterprise undertaken by a diverse array of sectarian practitioners of low regard whose therapies did more harm than good and mired in factionalism and sectarian conflicts, into the modern era, which saw the rise of a unified and powerful enterprise—"a sovereign profession and vast industry." The

1. Really, the time just flew by. Only one aspect of the project proved more entertaining. This involved an extended e-mail exchange among the editors and authors, in which we debated various titles for this collection. The most frequent offerings took the form of imaginative puns based on Paul Starr's last name. Eventually good sense and taste triumphed, and the puns were consigned to that mythical site on the Internet where all really creative e-mail messages live on, long after they've been deleted from their host computers.

questions at the heart of Starr's book were sweeping: How did this impressive professional transformation occur? What complex of social, cultural, and political forces and interactions shaped its transformation? In addressing these questions, the book offered the portrait of the profession as a lens focusing a broader set of American cultural and political concerns.

Starr's volume was a book about the accumulation of professional power, not a celebration of medical ideas or practices. It focused on the politics of the profession, on the creation of cultural authority, and on the intricate negotiations that allowed the profession to build and maintain its elevated status. Moreover, Starr's *Social Transformation* was impressively synthetic and easily accessible—a seamless narrative fitting neatly into the “rise and fall” style of grand histories.

It was also well received because it presented a face of medicine that explained much of what was happening in the contemporary politics of health care and social policy more broadly. It appeared in the midst of Ronald Reagan's first term as president—at a time when many Americans thought that society itself stood at a crossroads, between liberalism and conservatism, between an active government defined by the New Deal and 1960s federal programs on one side and a burgeoning skepticism about government (accompanying a rising faith in the marketplace and private enterprise as solvers of social problems) on the other. Managed care was not yet a widely used term in the political and health care vocabulary (it does not appear in *The Social Transformation*), but health maintenance organizations (HMOs) had emerged as a national strategy for managing health care costs. At the same time, discussions over national health insurance in the early 1970s still resonated in public discourse. Starr's book struck a chord with a public considering these questions and inserted the medical profession squarely into these debates. At the same time, it also pointed out that these problems were not in fact new, but stretched back over decades and even centuries, and were intimately related to America's contested past—from the laissez-faire environment of the nineteenth century to the Progressive Era, Great Depression era, and advent of modern federal activism, through the New Deal, and into the sixties. The most recent tensions over health insurance, government, and the private sector were new chapters in a long historical, sociological, political, economic, and cultural drama.

Widely and favorably reviewed, the volume also found its way into classrooms and academic discussions in diverse disciplines (health law, medicine, history, sociology, political science, and economics, to name only a few). Needless to say, this was not a typical work in the history or the sociology or the politics of medicine.

Over twenty years later, Starr's volume is still widely read and still regarded as an impressive and unusually synthetic narrative. It continues to resonate with scholars and nonacademic readers, even as the apparent sovereignty of the profession and the vast health care industry has been buffeted by the rise of managed care, by wave upon wave of government reforms and regulatory initiatives, and by apparent shifts in American attitudes about government, the private sector, insurance industries, and the delivery of affordable health care. Twenty years on, medicine and health care appear once again to be at a crossroads—a different intersection than Starr wrote about, yet curiously similar. In 1980, the divergent paths were marked by a political transition, a sea change in ideological and partisan commitments sometimes referred to as “the Reagan Revolution.” Today, the tensions are more internal to American medicine—a relentless rise in medical spending, a persisting sense that Americans are not getting good value for their health care dollar. Though superficially distinct, both these juncture points rest upon the ever-shifting foundations through which Americans balance individual and collective responsibility and by so doing define what they perceive as the legitimate scope for market forces and government intervention. For that reason, the lessons that Starr derives about medical authority and the dynamics of change in health policy seem as relevant today as they were more than two decades ago.

Reflecting on *The Social Transformation of American Medicine*, Two Decades On

Although the initial reviews and subsequent evaluations of *The Social Transformation* were generally quite positive, some readers complained that the work seemed to blur over important dimensions of medicine's transformations. Yet others wondered whether the neatness of Starr's story obscured the actual dynamics shaping medicine's trajectory and current status. Two decades of hindsight have reinforced both the positive and the negative assessments. Twenty years on, some of Starr's predictions seem remarkably prescient (foreseeing tensions that fully emerged fifteen to twenty years after his book was completed). But other changes—in the health care system, the political climate, and the theoretical lenses in vogue in various disciplines—have made more evident that *The Social Transformation* was a product of a particular time, a specific cultural moment, and thus, in some crucial ways, conceptually limited.

With these issues in mind, the group of authors whose work appears in this issue met twice during the spring and summer of 2003 to talk about,

debate, and reflect on the significance of Starr's *Social Transformation*. The aim, we decided, was not to evaluate whether Starr was right in his predictions—certainly an unfair mode of assessment for any work. The authors were instead charged with the task of taking the book as a point of departure. This offered them an opportunity to reflect upon what made Starr's work so impressive and important at the time of its publication, as well as a chance to explore—using Starr's themes as a compass—what forces have continued to transform American medicine. In reassessing Starr, the authors in this collection have sought to better understand the book, to evaluate its influence, to assess (and sometimes take issue with) the assumptions that guided its analysis, and to comment upon the book's evolving relevance.

What emerged from these meetings was a powerful sense of the multi-dimensional significance of Starr's *Social Transformation*. The book has, on the one hand, been read by a generation of doctors and, on the other hand, helped give shape to the emerging scholarly discipline of health law. While the book was not regarded as pathbreaking in some other fields, such as the history of medicine, it was nonetheless provocative. In fields such as political science, sociology, and economics, the book represented a new model for the study of the complexity of professions—promoting both historical understanding as well as a complex appreciation of the multiple factors determining the trajectory of professional authority.

But perhaps more important, because of the broad reach of the book (its readership among doctors, among policy makers, among the general public, and among scholars in these fields) Starr's volume created the occasion for a discussion in many venues about medicine's past, its present, and its future. This was certainly true in the early 1980s when the book first appeared. When we gathered to begin our conversations on this project, we found that it was still true today. Because the significance of the work was so varied by field, the editors for this issue (a historian, a legal scholar, and a social scientist) saw this collection not only as an important opportunity to reflect on Starr's work, but also as a chance to communicate across diverse academic fields about what the book's reception reveals about the fields themselves: their problems, concerns, and paradigms.

To that end, this issue is the product of an unusual cross-disciplinary exchange among scholars who study medicine, health care, and health policy. Participants' expertise ranged from the organization and financing of health care to the history and sociology of medicine, from health law to medical economics, and from medical practice to American political history. This broad scope seemed fitting, since Paul Starr had construc-

tively drawn from all of these fields to synthesize his narrative and document his central contentions. We hope that this interdisciplinary exchange has produced a useful issue, one that provides insight into health policy scholarship today, as well as the status of professional sovereignty in a changing health care system.

The Content and Organization of This Issue

To provide a foundation for this cross-disciplinary discussion, we have started this issue with an extensive condensation of crucial elements of Starr's *Social Transformation*. We begin this way, in part, because we were convinced that in any such reassessment the book itself should have a presence. The condensed material is also annotated, indicating precisely where the authors in this collection have chosen to engage with Starr's arguments and narrative. As a further perspective on the book's origins, and its historical connections with this journal, we have included a note from Ted Marmor, who was editing *JHPPL* when *The Social Transformation* was being completed and who decided to publish a chapter in the journal (an unusual step for any editor). This editorial retrospective also offers an opportunity for Ted to reflect on the changing nature of interdisciplinary dialogue in the health care and health policy arenas.

The essays in this issue are divided into three broad categories: those that reexamine the history presented in *The Social Transformation*, those that assess the impact of the book on various audiences, and those that explore the changes in health care and health policy that have occurred since the book was published, using the subsequent two decades of experience to apply some key analytic perspectives from the book and test various of its central claims.

The half dozen articles in the first section of this special issue offer new perspectives on the historical account presented in Starr's volume. These essays are divided, roughly evenly, between two types. The first set of historical critiques focuses on crucial gaps in the central narrative, omissions that are inevitable in a book as broadly synthetic as *The Social Transformation*. At work in Starr's story of the rise of a profession (in his selections of what to put at center stage and what to push into the background) was a particular model of historical change (a kind of historical determinism) made powerful by a deft use of broad historical concepts (the dream of rationality, the democratic temper, and so on). But what are the costs of this grand narrative? Jennifer Klein's essay starts out the issue with a close study of this style of historical argument, offering some dis-

tinctive insights into its success, its contradictions, and alternative narratives. Keith Wailoo demonstrates how a central concept in Starr's narrative, the meaning of science, became overly simplified. While, for Starr, science played a prominent role supporting the rise of medical sovereignty and autonomy, to what extent might the progress of science (and, in particular, the proliferation of new sciences focusing on population health after World War II) have actually undermined that autonomy, setting the stage for social and political conflicts over medical sovereignty in later decades?

Other essays in this first group introduce perspectives that were largely missing from *The Social Transformation*. These include a more careful set of cross-national comparisons, which bring into question the implicit model of American exceptionalism that permeates Starr's volume (Greß, Wasem, and Gildemeister). Another surprising absence is a more Marxian perspective on the role of class in social change (Pescosolido and Martin), despite some obvious parallels between the class conflicts that are identified in that perspective and the struggles for power that are chronicled in *The Social Transformation*.

A second set of historical essays focuses on theoretical perspectives that were introduced or became more commonly used after *The Social Transformation* was published. During that time, both economists and sociologists made greater use of network theories to understand institutional change. Economists' study of networks brought a new way of thinking about economic efficiency, one that was particularly relevant to the development of the medical profession (Savage). Networks also offered a different way of tracing the diffusion of medical authority at the beginning of the twentieth century. These are particularly helpful in sociological studies linking medical authority to other societal institutions (Pescosolido and Martin).

Other theoretical innovations helped to explain the dynamics of changing health policies. In the mid-1980s, political scientists interested in agenda setting began to pay increasing attention to the role of *policy entrepreneurs*, key actors who connect policy ideas and political resources to facilitate policy development. In health care, understanding the role of these entrepreneurs offers new insights into particular policy changes that play an important role in Starr's narrative (Oliver).

All three of these new conceptual frameworks can be seen as more effectively connecting macro-social change with individuals' attitudes and actions. These provide the concrete channels through which broad social change takes place. Understanding these more micro perspectives on social

change challenges some of the conclusions from *The Social Transformation*, while providing further support for others.

More generally, the essays in this section consider why Starr might have (consciously or not) elevated certain actors to center stage, while pushing certain other players and themes into the background of his grand narrative. This is a necessary choice that all authors make, and it is a particularly important one in the crafting of a synthetic historical drama. For Starr, the medical profession was unquestionably at center stage of his analysis. Some of the authors in this collection chose to ponder what the editors of this issue have called the “dormant themes” in Starr. By considering what his history left out, they ask how differently the story of medicine’s rising sovereignty might have appeared had other actors or historical developments been more clearly defined (if not throughout the book then at various times in the narrative).

The second section of this special issue examines the impact of Starr’s work, connecting these implications to the book’s analytic approach and major themes. What factors in the early 1980s explained the success of this grand narrative with some audiences and the discontent of others who found fault with parts of the work? This ambivalent response is perhaps most evident and interesting among historians of medicine, who distanced themselves from Starr’s analytic techniques while embracing some of his historical insights (Warner). Because Starr’s book resonated with medical readers unlike any other book published over the past half century, it is useful to consider how doctors read the book and how it spoke to their sense of professional crisis (Howell). In the academic field of health law, Starr became quickly and widely cited and stands among a handful of core texts that influenced the development of the nascent field. Why was this the case, and what does it reveal about the intellectual foundations of the law? (Jost).

Authors writing in the third section of the issue consider the years since *The Social Transformation of American Medicine* was published. One set of essays focuses on the ways in which roles and expectations shifted for key actors in the health care system. What impact did the physician surplus—seen as central to Starr’s narrative of decline—actually have on the fortunes of the profession, and how might a closer look at this socially constructed notion shape a reassessment of the profession’s history? (Mick). What image did Starr convey when he portrayed the medical profession battling for autonomy against corporate control, and what does that image evoke today in light of new organizational trends in medical practice? (Casalino). Turning to the hospital, what did Starr envision about

the corporatization of this institution? Why did the centralized corporate control and loss of local autonomy not occur in this venue? (Bazzoli).

Another set of essays identifies some key actors or ideas that have emerged during the past two decades and thereby transformed some of the social, political, and institutional dynamics that Starr had identified through his historical analysis. How has, for example, the rise—and subsequent fall—of managed care (with corresponding themes of corporatization and commodification) influenced the question of professional sovereignty? (Havighurst). How has the rise of government and the emergence of employers as health care *purchasers* (a term not present in Starr but quite commonplace today) blurred what once seemed to be clear lines between the public and the private, ushering in new ways of understanding the position of the profession? (Quadagno). Over these two decades, the very terms that Starr employed, such as “the coming of the corporation,” “the privatization of the public household,” “professional authority,” “sovereignty,” and “rights,” have taken on altered meanings in American culture and in the politics of health care. For instance, how did the rise of health care “rights” movements alter the very meaning of that term, and how did this change further shape the transformation of American medicine? (Halpern).

The final set of essays in the third section of this issue addresses the reemergence of key ideas or perspectives that played a crucial role in Starr’s historical account but that he had declared to be either extinct or endangered in the political ecology of contemporary health care and health policy. The rise of the medical profession, in Starr’s telling, pushed to the margins a wide range of alternative and lay healers, inaugurating a growing medical hegemony. But how does this claim comport with the persistence into the present of medical pluralism in the form of complementary and alternative medicine? (Goldstein). To what extent did the rise of managed care and competitive markets during the mid-1980s reflect a deeper questioning of the scientific rationality of allopathic medicine, a return to debates about the basic efficacy of “scientific medicine” that Starr had portrayed as having largely been settled by early in the twentieth century? (White). Finally, did the rise of a market-oriented health care system and health policies, which Starr so sagely foretold, actually bring about a “privatization of the public household,” a transfer of responsibility for medical care from the collective to the individual? (Schlesinger).

The issue concludes with a reflection from Paul Starr himself on the impact and continuing resonance of the book, on its arguments, and on the essays in this issue. It is a somewhat daunting task to look back on one’s

own work—perhaps more challenging in some ways than responding to the critiques of other scholars. We appreciate Paul’s willingness to take on this task and view this issue as considerably better for it.

Some Closing Words of Appreciation

A collective enterprise of this scope inevitably calls upon the contributions and goodwill of numerous individuals who never get a byline as author or editor. Not all the scholars who submitted abstracts for articles had their proposals selected; not all those who were selected as authors had their work survive the review process. Yes, despite the cooperative model that permeated this project from the beginning, all submissions were reviewed and held to prevailing *JHPPL* standards for publication. For their contributions as reviewers, we thank Rosemary Stevens, Peter Jacobson, Jim Morone, David Blumenthal, Ted Marmor, and Richard Scott. Authors of related essays in the issue often provided written critiques as well as verbal comments during our two collective meetings. A least one, sometimes two, and occasionally all three editors also reviewed each of the manuscripts, in some cases several times over.

In the throes of this review process, no doubt some of our authors may have questioned the wisdom of having signed on to this project. Nonetheless, they all evidenced remarkable goodwill in the face of our repeated critiques, suggestions, and other efforts to improve the manuscripts (a process that would probably be classified as torture in a setting less civilized than ours). It is our sincere hope that the manuscripts were actually improved through this review—they certainly became better connected with one another and more consistent in their invocation of various aspects of *The Social Transformation*.

The project was funded and encouraged by the Robert Wood Johnson Foundation Investigators program. Many of the authors are former investigators under this program, as are all of the reviewers (whose loyalty to the program we shamelessly invoked to encourage their involvement). It is a tribute to the program, and its director David Mechanic, that projects such as this one are seen as within its purview. We also greatly appreciate the strategic guidance and logistical support provided by Lynn Rogut, deputy director of the program, and Cynthia Church, the program administrator.

Considered as a group, the articles in this special issue take Paul Starr’s *Social Transformation* as an opportunity to reflect on the significance of the work itself, while also providing a fitting afterword to the volume. In

so doing, they document, analyze, and explain the powerful social changes, political and economic developments, and cultural and policy shifts that have fostered the continued transformation of American medicine in the years since 1982. One rarely has the opportunity to survey the terrain of health care and health policy from so broad a perspective. We thoroughly enjoyed the process and hope that our readers will as well.