

Medical Sociology; a Neglected Academic Discipline in Iran

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Dear Editor

1. Background

Theory is essential in any academic discipline in order to conceptualize its phenomena (1). Theory goes beyond the raw data in different ways (2) and forms different explanation of observable facts. When a phenomenon is conceptualized, it is abstracted and stood in a theoretical framework. Any theory includes the concepts and propositions, which tell us how the reality works. Medical sociology has the same role. It comprises the theoretical frameworks about the medical realities. Therefore, medical sociology is a theoretical discipline (3), which studies the social causes and consequences of health and illness (4). It synthesizes medical and sociological knowledge and analyzes the association among medicine, health, and society (5).

2. Theories

Some important theories have been developed in medical sociology. The first publications in this field were presented in the 19th century by McIntire (6) and Blackwell (7). However, medical sociology as a theoretical work is known with the name of T. Parsons and his functionalism theory. This theory was developed in 'Social System' (8) whose main point was called 'Sick role' (9, 10). Sick role refers to rights and obligations (responsibilities) of sick people (11). This theory has led to researches in medical sociology that study functional problems in medicine such as satisfaction, productivity, responsibility, trust, and so on. Besides the objections against this theory, the main critique is its legitimacy for paternalistic model of doctor-patient relationship (12, 13).

Although functionalism is limited to Parsonian theory, its rival, critical theory, owns a vast domain. This theory is based on Marxism and neo-Marxism paradigm, which criticizes the modern institutions as an imperialism of

capitalism. In this approach, medicine is criticized as a modern institution and medical professionals as modern experts. These critiques include Habermas's experts domination (14), Foucault's power-knowledge relation (15, 16), and Freidson's political economy of medicine and medical experts (17). On the other hand, postmodern criticism based on Foucault's works was developed in term of social constructivism (18). This approach is not perfect, either. The main critique of this approach is that social reality does not happen if all forms of knowledge are equal (18), therefore where the equality border in human relationships and powers is.

Besides these two approaches, in 1960s, another theory rose in medical sociology called symbolic interactionism based on Mead (19) and Blumer's (20) sociological works. This theory emerged as the leading agency-oriented theoretical paradigm (1). It is exploring how social agencies experience and interpret their symbolized interactions. In addition to Goffman's works in this field (21-23), NK Densin is a major figure in symbolic interactionism (1). This perspective leads to the study of self-construction, interaction, actions, and meanings in the empirical world, which is investigated by in-depth interviews to explore illness experiences (24).

In addition to these 3 major theories, other approaches were developed such as phenomenological theory (25), health lifestyle theory (26), fundamental cause theory (27), poststructuralism, and structuralism theories (18). In the late 20th century, medical sociology has been close to medicine. For example, emerging of neurosociology shows another potential work (28, 29). This approach continues in this way (30, 31) and shows that medical sociology can enter into the nearest domains of the medicine.

3. Iranian Academics and Neglected Discipline

As Cockerham mentioned, medical sociology is now one of the largest sociological specialties that almost

all universities and medical schools practice this field of study (32). Despite the importance of sociology in theorizing and conducting research in health care system, as well as its' quantitative and qualitative improvements in top universities of the world, this field was ignored in Iran's academic disciplines.

Although medical sociology was introduced nearly 3 decades ago in Iran universities, it is still a neglected field. On the other hand, in recent decades, we have witnessed the development of Social Medicine (SM) in some schools affiliated to Medical Sciences universities, called Community Medicine (CM). Although there are many similarities between medical sociology and SM or CM, there are some differences among them too. The prominent difference is that medical sociology is theoretical but SM or CM is practical. As it was mentioned, theory provides another view of medical realities and facts, which are unavoidable. On the other hand, activities of the faculties of social sciences are limited to publishing and some of them schedule this discipline as an optional course for students.

We believe that the most important factor responsible for the poor growth and development of medical sociology in Iran are, on the one hand, sociologists' lack of familiarity with medical issues, and on the other hand, unfamiliarity of medical scientists with sociological theories. Now, it is the time to establish a link between these two separate areas in order to create the field of medical sociology. This discipline should be supported by policy makers and authorities in the universities of Medical and Social Sciences.

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