

12/01 Specialization and Medical Education

Technology, Transformations, and Tensions

Jokes about medical specialists: e.g. duck hunting

Specialists and Generalists in the 19th century

Generalist ideal: comprehensive knowledge of medicine, and of patients

Specialists (e.g. oculists, dentists): lower prestige

Rise of Specialists

Changing theories of disease: local pathology, local expertise

Specialize by organ system: neurologists, dermatologists

Specialize by disease: syphilology, oncology

Emergence of new technologies: radiologists, cardiologists (EKG)

Urbanization, population density, and medical hierarchies

Specialists and Tensions

Urban-rural disparities in access to specialists

Who makes the diagnosis -- clinicians or technicians?

Sources of confidence

How is responsibility for a patient divided?

Challenge of integrating treatment

Reforms in Education and Licensing

Should Hopkins be an elite school, or the model for all schools?

Flexner Report, 1910

Improving status and restoration of medical licensing by states

AMA, state licensing boards, and standardization of medical education

Rise of postgraduate training: internships

Specialties and the rise of residencies and accreditation exams

Consequences

Improved status, prestige, and income for the profession

High barriers to access: limited access for minorities and women

Portable credentials

Costs: do doctors require 12 years of training (vs. Europe)

Does Boston require more cardiologists than England?