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The Ethical Ideal of the Professions: a Sociological Analysis of the Academic and Medical Professions.

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Louisiana State University and Agricultural & Mechanical College

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THE ETHICAL IDEAL OF THE PROFESSIONS: 
A SOCIOLOGICAL ANALYSIS OF THE ACADEMIC 
AND MEDICAL PROFESSIONS

A Dissertation

Submitted to the Graduate Faculty of the 
Louisiana State University and 
Agricultural and Mechanical College 
in partial fulfillment of the 
requirements for the degree of 
Doctor of Philosophy

in

The Department of Sociology

by

Audrey Farrell Borenstein
A.B., University of Illinois, 1953
M.A., University of Illinois, 1954
May, 1958
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# TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACKNOWLEDGMENTS</td>
<td>ii</td>
</tr>
<tr>
<td>ABSTRACT</td>
<td>viii</td>
</tr>
<tr>
<td>CHAPTER</td>
<td></td>
</tr>
<tr>
<td>I. INTRODUCTION</td>
<td>1</td>
</tr>
<tr>
<td>Statement of the Problem</td>
<td>2</td>
</tr>
<tr>
<td>A note on the term &quot;ethical ideal&quot;</td>
<td>6</td>
</tr>
<tr>
<td>Historical Unity of the Traditional Professions</td>
<td>9</td>
</tr>
<tr>
<td>Methodology and Organization of the Dissertation</td>
<td>14</td>
</tr>
<tr>
<td>Limitations of the Study</td>
<td>18</td>
</tr>
<tr>
<td>II. SOCIOLOGY AND ETHICS: INTERPRETATIONS AND METHODS</td>
<td>20</td>
</tr>
<tr>
<td>The Social Character of Ethics</td>
<td>21</td>
</tr>
<tr>
<td>The principle of subordination of private to social utility</td>
<td>25</td>
</tr>
<tr>
<td>Ethics and the problem of autonomy</td>
<td>29</td>
</tr>
<tr>
<td>The Comparative Method</td>
<td>30</td>
</tr>
<tr>
<td>The Descriptive and Normative Methods</td>
<td>38</td>
</tr>
<tr>
<td>Summary</td>
<td>42</td>
</tr>
<tr>
<td>III. THE ETHICAL IDEAL OF THE PROFESSIONS: DIMENSIONS AND ANTINOMIES</td>
<td>43</td>
</tr>
</tbody>
</table>

iv
<table>
<thead>
<tr>
<th>CHAPTER</th>
<th>PAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Knowledge and the Traditional Professions</td>
<td>44</td>
</tr>
<tr>
<td>Ethical Obligations to Clientele</td>
<td>57</td>
</tr>
<tr>
<td>Ethical Obligations to Professional Confreres</td>
<td>69</td>
</tr>
<tr>
<td>The Significance of Codes of Ethics for the Professional Ideal</td>
<td>82</td>
</tr>
<tr>
<td>Conflicts of the independent and salaried professional</td>
<td>91</td>
</tr>
<tr>
<td>The State and the Ethical Ideal</td>
<td>94</td>
</tr>
<tr>
<td>Aspirations to professional status and the ethical ideal</td>
<td>104</td>
</tr>
<tr>
<td>Service Versus Acquisition in Professional Life</td>
<td>107</td>
</tr>
<tr>
<td>Summary</td>
<td>119</td>
</tr>
<tr>
<td><strong>IV. THE ETHICAL IDEAL OF THE ACADEMICIAN</strong></td>
<td>121</td>
</tr>
<tr>
<td>The University: Tradition and Change</td>
<td>121</td>
</tr>
<tr>
<td>Interviewees: Composition and Responses</td>
<td>133</td>
</tr>
<tr>
<td>The Problem of Professional Identification</td>
<td>137</td>
</tr>
<tr>
<td>Traditional elements in the academician's perspective</td>
<td>140</td>
</tr>
<tr>
<td>Scholarship: an ultimate ethical obligation</td>
<td>150</td>
</tr>
<tr>
<td>Obligations to Knowledge: Teaching Versus Scholarship</td>
<td>153</td>
</tr>
<tr>
<td>Ethical Obligations to Students</td>
<td>169</td>
</tr>
<tr>
<td>Obligations to students as a group</td>
<td>179</td>
</tr>
<tr>
<td>Obligations to students as individuals</td>
<td>185</td>
</tr>
<tr>
<td>Ethical Obligations to Community and University</td>
<td>194</td>
</tr>
<tr>
<td>CHAPTER</td>
<td>PAGE</td>
</tr>
<tr>
<td>---------</td>
<td>------</td>
</tr>
<tr>
<td>The &quot;ivory tower&quot; and the community</td>
<td>195</td>
</tr>
<tr>
<td>Secularization and the university</td>
<td>203</td>
</tr>
<tr>
<td>Professional autonomy within the university</td>
<td>206</td>
</tr>
<tr>
<td>Colleagueship Among Academicians</td>
<td>216</td>
</tr>
<tr>
<td>The Codification of Academic Ethics</td>
<td>234</td>
</tr>
<tr>
<td>Attempts to establish a formal code of ethics</td>
<td>234</td>
</tr>
<tr>
<td>A discussion of an academic code of ethics by academicians</td>
<td>243</td>
</tr>
<tr>
<td>The Ideal Academician: A Profile</td>
<td>248</td>
</tr>
<tr>
<td>Summary</td>
<td>250</td>
</tr>
<tr>
<td>V. THE ETHICAL IDEAL OF THE PHYSICIAN</td>
<td>253</td>
</tr>
<tr>
<td>Secularization and Specialization of the Medical Profession</td>
<td>253</td>
</tr>
<tr>
<td>Summary</td>
<td>288</td>
</tr>
<tr>
<td>Interviewees: Composition and Responses</td>
<td>290</td>
</tr>
<tr>
<td>The Ideal Milieu and the Ideal Physician</td>
<td>292</td>
</tr>
<tr>
<td>Ethical Obligations to the Medical Profession</td>
<td>298</td>
</tr>
<tr>
<td>The concept of medicine as a &quot;calling&quot;</td>
<td>298</td>
</tr>
<tr>
<td>Professional awareness and the clientele</td>
<td>307</td>
</tr>
<tr>
<td>The Physician's Obligation to Patients</td>
<td>310</td>
</tr>
<tr>
<td>Over-expectations of the patient</td>
<td>313</td>
</tr>
<tr>
<td>The problem of mutual trust</td>
<td>314</td>
</tr>
<tr>
<td>CHAPTER</td>
<td>PAGE</td>
</tr>
<tr>
<td>------------------------------------------------------------------------</td>
<td>------</td>
</tr>
<tr>
<td>The realm of the sacred</td>
<td>322</td>
</tr>
<tr>
<td>The rewards and sacrifices of medical practice</td>
<td>325</td>
</tr>
<tr>
<td>The problem of fees</td>
<td>327</td>
</tr>
<tr>
<td>The Physician's Obligations to Community and Society</td>
<td>330</td>
</tr>
<tr>
<td>The loss of traditional professional characteristics</td>
<td>330</td>
</tr>
<tr>
<td>Public relations and politics</td>
<td>335</td>
</tr>
<tr>
<td>Obligations of the Physician to the Hospital</td>
<td>344</td>
</tr>
<tr>
<td>Remoteness from business</td>
<td>346</td>
</tr>
<tr>
<td>The physician's desire for autonomy</td>
<td>350</td>
</tr>
<tr>
<td>The Physician's Obligations to His Colleagues</td>
<td>359</td>
</tr>
<tr>
<td>Fee-basis versus salary-basis medical practice</td>
<td>371</td>
</tr>
<tr>
<td>Colleague restraints and criticisms</td>
<td>375</td>
</tr>
<tr>
<td>The physician as a &quot;man of action&quot;</td>
<td>381</td>
</tr>
<tr>
<td>The self-concept of the physician</td>
<td>387</td>
</tr>
<tr>
<td>The Meaning of the Medical Code of Ethics</td>
<td>390</td>
</tr>
<tr>
<td>Summary</td>
<td>404</td>
</tr>
<tr>
<td>VI. CONCLUSION</td>
<td>408</td>
</tr>
<tr>
<td>SELECTED BIBLIOGRAPHY</td>
<td>424</td>
</tr>
<tr>
<td>APPENDIX</td>
<td>436</td>
</tr>
<tr>
<td>VITA</td>
<td>445</td>
</tr>
</tbody>
</table>
ABSTRACT

The ethical ideal of the traditional professions of law, medicine, teaching and the ministry is analyzed both through a review of the literature on the subject, and through the interpretations of that ideality by members of two selected traditional professions, academicians and physicians. The analysis is based upon the sociological theory concerned with the study of ethics, and the major methodological approaches developed by theorists for the purpose of conducting such studies. A combination of the normative and descriptive approaches is implemented. All the dimensions of the ethical ideal of the professions, including the dedication to work as a "calling," and ethical obligations to colleagues, to clientele, to institutions and the immediate community which form the context of professional work, and to society itself, are studied through thematic analysis of the literature on the subject. Apparent antinomies in the ethical ideal are found to be a function of the assignment of priority to one or more dimensions of the ethical ideal. An empirical analysis of the meaning of the professional ethical ideal to professional men is based upon twenty-five interviews with academicians, and twenty-five interviews with physicians in a southern city.

The traditional professions, rooted in the medieval period as was the university which nurtured the knowledge pertaining to each, became in time each a separate social entity. The specialization of
knowledge not only divided profession from profession, but members of the same profession from one another. This is particularly true of the academic profession, for whose members the cultivation, and dissemination and contributions to knowledge have become divisive tasks. Group solidarity is not a characteristic of the academic profession; hence, ethical obligations to colleagues, as well as to the university, were poorly defined. Physicians, on the other hand, manifest strong group solidarity. Their discussion of ethical obligations to the community, however, were less articulate than those of academicians.

On the basis of these interviews, the core of professional responsibility is found to be embodied in the practitioner-client relationship. Both academicians and physicians expressed the desire to approach the client in a direct and personal way, and both were aware of the disruption of the former intimacy of this relationship. Whether this be termed an aspect of Gemeinschaft, of organic solidarity, or of primary relations, the student or patient is treated as an end in himself, rather than as a means to other ends. It is through the clientele that the professional man subordinates his concern for personal welfare and material advancement to an ideal of service. Ethical obligations to clientele appear to be the most meaningful dimension of the ethical ideal of the professions as it was interpreted by professional men. Thus they appear to be the leading survival of that ideal as it has been elucidated by historians, philosophers, and social scientists as the unique characteristic
of professional life.

This initial study of the ethical ideal of the professions would
indicate a criterion of professional status beyond those most com-
petently explored by many students of Sociology. On the basis of the
present study, it may be stated that the process of secularization has
been incomplete in the sphere of the traditional professions. Although
they are in many respects remote from it, an ethical ideality has not
been imputed to the traditional professions without reason. In a small
measure, the traditional professions appear to contain that principle
of human fraternity to which Durkheim refers numerous times in en-
visaging the future society.
CHAPTER I

INTRODUCTION

Emile Durkheim, through his analysis of the division of labor in society, gave impetus to the sociological analysis of social differentiation, linking this phenomenon with social solidarity. It is characteristic of Durkheim's work to establish the moral relevance of sociological data. Thus it is no accident that contemporary students of the sociology of work write in this tradition. Everett C. Hughes, for example, affirms that work

is in all human societies an object of moral rule, of social control in the broadest sense, and it is precisely all the processes involved in the definition and enforcement of moral rule that form the core problems of sociology. \(^1\)

Work is, of course, not the sole datum of human experience which links social science to moral philosophy. Taeusch recalls that the formation of a social entity was itself of deep ethical significance. \(^2\)

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\(^2\)Intelligent selection of social instruments to further human happiness and social welfare is a distinct advance in human behavior. Social institutions such as the Church and the State have arisen from such promptings. And as the pattern of human behavior so generated became more complex, with conflicting loyalties and intrinsic problems arising, evaluation became necessary in its most subtle form. Hence the importance attached by Gierke to the conscious employment of social instruments and the comparison of this distinctive act with 'the first reflective deed of an individual.' The judgments, policies, and behavior arising from this situation constitute the subject matter of ethics." Carl F. Taeusch, *Professional and Business Ethics* (New York: Henry Holt and Company, 1926), p. 342.
Indeed, social science has been traced to moral philosophy, and has even been castigated, particularly by sociologists of the past, for its neglect of the ethical problems beyond its more pragmatic frontiers. The ethical aspects of work, specifically of the traditional professions, are the core problems of this dissertation.

**STATEMENT OF THE PROBLEM**

A major distinction between types of work groups in modern society is that drawn between professions and occupations. Definitions of "profession" abound, although the characteristics attributed to

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3The social sciences "developed out of the old courses in moral philosophy that had crowned the early college curriculum. While these old courses had been dogmatic and general, their teachers had tried to encourage students to develop a Weltanschauung, to synthesize their knowledge, and to relate the world of facts to the world of values." Richard Hofstadter and C. DeWitt Hardy, The Development and Scope of Higher Education in the United States (New York: Columbia University Press, 1952), p. 65. Gladys Bryson traces "The Emergence of the Social Sciences from Moral Philosophy" in the International Journal of Ethics, XLII (April, 1932), pp. 304-23.

4Over half a century ago, Stuckenberg maintained that "the basis on which the social sciences has usually rested excluded ethical considerations. By reducing sociology to physical or cosmical law, or regarding it as an integral part of biology, the social process must be treated as the product of blind and irresistible forces of nature. Society, robbed of everything distinctly human, has no room for ethics. The wonder is, that under these circumstances sociology should be viewed as a human science." J. H. W. Stuckenberg, Sociology--The Science of Human Society (New York: The Knickerbocker Press, 1903), II, 197.
professions in these definitions are often applicable to occupations as well. Indeed, in a definitive analysis of the professions, Carr-Saunders and Wilson concede that professional status is a matter of degree, since professions exhibit a "complex of characteristics."

Acknowledged professions, they maintain, "stand at the centre, and all around them on all sides are grouped vocations exhibiting some but not all of these features." As an integral part of their study, however, the authors make reference to ethical obligations of professional men or to "an ideal of the professional world." The authors also maintain that professional rules of ethics themselves embody ideals which precede sanctions.

The imputation of ethical obligations to professions and their members characterizes the bulk of literature on the subject of professional life, and is often incorporated into definitions of the

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6Practitioners of law and medicine, for example, are said to "develop a sense of responsibility for the technique which they manifest in their concern for the competence and honour of the practitioners as a whole." Ibid., p. 285.

7"Collective bargaining has been found preferable...on many grounds. It is thought to imply the right to strike, and it has been said that it is derogatory for professional men even to contemplate such action. There is a difficulty here because the withdrawal of labour is not compatible with the obligation to serve which is an ideal of the professional world." Ibid., p. 459.

8Ibid., pp. 420-21.
profession, as well as into discussions of the professional man as a social type. These ethical obligations refer to professional work

For example, Logan Wilson maintains that the academician, like members of all major professions, participates in a behavior system which is distinguished by criteria including a "limitation upon the self-interest of the practitioner" and "Certain positive obligations to the profession and its clientele." These elements, he maintains, "taken together...form a Gestalt or whole that enables one to differentiate the profession from other generic types of occupations. Professional work, unlike most business and industrial enterprise, has no simple unitary end such as the production of good for profit. Common practices often fall far short of ideals, and individuals have difficulty in drawing the line, but in economic enterprise, the professional aspect stresses service and the business aspect profits." Logan Wilson, The Academic Man (New York: Oxford University Press, 1942), pp. 113-14. Similarly, Lieberman includes among the characteristics of a profession a "unique, and essential social service", an "acceptance by the practitioners of broad personal responsibility for judgments made and acts performed within the scope of professional autonomy", and "an emphasis upon the service to be rendered, rather than the economic gain to the practitioners as the basis for the organization and performance of the social service delegated to the occupational group." Myron Lieberman, Education As a Profession (New Jersey: Prentice-Hall, Inc., 1956), pp. 2-6. Morris Cogan, in discussing the essential attributes of a profession, refers to its "first ethical imperative" as "altruistic service to the client." Morris L. Cogan, "Toward a Definition of Profession," Harvard Educational Review, 23 (Winter, 1953), 48-49.

Sperry states that "it may be said that, within the boundaries of any given profession, the conscience of the professional man is the crystallized attitude of his group, but the usage of his group as a whole is ethically in advance of the habits of the commercial and industrial world round about. The distinction between the mores of trade and those of the profession has, therefore, the effect ofsetting up in society a double moral standard. This ethical bimetallism may be theoretically deplorable; practically it is inevitable and even useful. The existence of the higher standard, and its acceptance by those professionally concerned, challenges all lower standards round about. Hence the warrant for the tacit suggestion of the Harvard formula for recipients of its business degrees, that trade ought to try to professionalize itself, substituting the ideal of service for that of gain." Willard L. Sperry, The Ethical Basis of Medical Practice (London: Cassell and Company, Ltd., 1951), p. 78.
itself (this is often termed dedication to a "calling"), to fellow professional members, i.e., colleagues, to clientele, to institutions and to the immediate community which form the context of day-to-day professional work, and to society itself, by virtue of the professional subordination of gain or profit to service. Ethical obligations to these levels are, in this dissertation, combined in the expression "the ethical ideal of the professions." An individual level, such as the clientele, constitutes one dimension of the total ideality. Thus, according to the literature on the subject, the ethical ideal of the professions consists of several dimensions.

Priority is generally assigned to one dimension of the ethical ideal of the professions by individual writers. Lewis and Maude, for example, in their comprehensive analysis of professional life in contemporary England, contend that the practitioner-client relationship is the basis of professional morality.\(^1\) Tawney, on the other hand, emphasizes the subordination of gain to service as the ultimate ethical obligation of professional life.\(^2\) In this dissertation, no priority is assigned to a particular dimension of the ethical ideal of professional life. Rather, the objective is an integration of the diffuse literature on


the subject of professional ethical obligations, and an empirical inquiry into the significance of the ethical ideal for contemporary professionals.

In attempting to integrate the literature on the subject of the ethical ideal of the professions, antinomies within the ideal are apparent. Perhaps the most pronounced antinomy is that between obligations to clientele and to the general society (expressed in the subordination of gain to service). The two professions selected for empirical study are the academic and medical professions. These, of the four traditional professions, manifest striking differences in the mode of organization of conditions under which ethical obligations are fulfilled. Selection of these two professional groups makes possible the scrutiny of the ethical ideal of professional life in order to determine its meaning to the independent practitioner and to the professional working within an organizational context. Through this means, the attempt is made to discover antinomies within the ideal itself, and to differentiate these from those which are a function of the peculiar nature and organization of each profession.

A Note on the Term "Ethical Ideal"

The ethical ideal includes obligations beyond those stipulated in professional codes of ethics. Ladd distinguishes ethics and moral codes, in defining the latter as

a collection of moral rules and principles relating to what ought or ought not to be done—what is right or wrong. An ethics
includes both the moral code and all the ethical conceptions and argumentation which are associated with it. It is with these meanings that the terms "moral code" and "ethics" are ordinarily used, and they correspond not only to the primary senses of the words listed in the dictionary but to traditional philosophical usage as well.\footnote{John Ladd, \textit{The Structure of a Moral Code} (Cambridge: Harvard University Press, 1957), p. 9.}

Further, Ladd states that

in order to determine whether someone's behavior is unethical we not only have to know the facts about his behavior but must also have a body of ethical ideals by which to evaluate them. Thus, all uses of "ethics" presuppose the meaning in which it refers to a body of ideas or principles. The ethics of a particular person or group is distinguishable from other systems of ideas, such as beliefs about natural events, in that it is primarily concerned with what ought to be done, rather than with what is done, has been done, or will be done. In this sense, it is a system of ideals or norms.\footnote{Ibid.}

Ginsberg also maintains that "morals must include not only the conventional code, but also the ideals which rise above the conventional and point to a good greater than has so far been achieved or required."\footnote{Morris Ginsberg, \textit{On the Diversity of Morals} (New York: The Macmillan Company, 1957), I, 100.}

Furthermore, Ginsberg states that

in the notion of an ideal I find what is central in moral experience. Ideals are shown to be related to fundamental human needs and to arise out of them. But they go beyond what is actually needed or desired to what is thought desirable and, in varying degrees, obligatory. It is the peculiar characteristic of ideals that in them appeal and constraint, pressure and aspiration are subtly interwoven. There are many ideals, and each generates its own
norms and requires its own virtues for its fulfillment. The demands they make are not arbitrary but are necessitated by their inner structure and the nature of the needs in relation to which they arise.\textsuperscript{16}

MacIver indicates:

Ethics cannot be summed up in a series of inviolate rules or commandments which can be applied everywhere and always without regard to circumstances, thought of consequences, or comprehension of the ends to be attained. What is universal is the good in view, and ethical rules are but the generally approved ways of preserving it. The rules may clash with one another, and then the only way out is to look for guidance to the ideal.\textsuperscript{17}

In discussing the ethical obligations of professionals, reference is made to an ethical rather than to a normative ideal. Ethics, concerned with what ought to be done, is differentiated from norms, often concerned with existential prescriptions. Ladd distinguishes these clearly:

the field covered by norms is commonly acknowledged to be much wider than that of moral norms in particular. Norms are sometimes identified with values, but there are aesthetic, economic, and cognitive values which are not moral values. In another sense, norms include such things as rules of conduct—but again moral rules of conduct must be differentiated from the rules of etiquette or other parts of the mores. Thus, among the Navahos there is a culturally accepted set of rules to be followed by men and women when they commit adultery, but they are certainly not moral rules! In every culture there are rules governing actions which are not considered moral and may be considered immoral.\textsuperscript{18}

\textsuperscript{16}Ibid., p. x.

\textsuperscript{17}Robert M. MacIver, "The Social Significance of Professional Ethics," The Annals of the American Academy of Political and Social Science, 297 (January, 1955), 120.

\textsuperscript{18}Ladd, op. cit., p. 43.
Parsons also refers to types of norms such as "efficiency norms," and "legitimacy norms," as well as norms which include ethical ideals. Similarly, MacIver and Page, in defining norms as modes of procedure in a society or group, find that they are embodied in codes, only one of which is the moral code.

As the term is utilized in this dissertation, "ethical ideal" connotes a set of moral obligations together with their theoretical basis and the ultimate purpose to which the whole is directed.

-Historical Unity of the Traditional Professions

The imputation of ethical obligations to professionals is invariably buttressed with illustrations from the traditional professions of law, medicine, teaching and the ministry. These illustrations are most copiously drawn from the medical profession. A review of the literature on this subject would indicate that the physician is taken to be the prototype of the professional man.

Just as the professions are a medieval phenomenon, so also is the university to which they were linked; and the dominant feature of


20 Ibid., p. 396.

association with the church colors the history of law, medicine and higher learning. Carr-Saunders and Wilson point out that where professions have evolved from the church, they inherited from it the ideal of devotion to a calling. The relationship between ministerial and teaching functions is eloquently discussed by Znaniecki, and Haskins finds knowledge itself, in the form of ancient learning, to be responsible for creating the learned professions.

The bonds between the offices of physician, judge, teacher and priest are of such intricacy as to require historical analysis of the utmost deftness and versatility. These relationships are recognized by many students of the professions who, accepting the latter as predominantly medieval phenomena, link their history to the preservation

\[\text{\textsuperscript{22} Carr-Saunders and Wilson, op. cit., p. 250.}\]

\[\text{\textsuperscript{23} Ibid., pp. 420-21.}\]

\[\text{\textsuperscript{24} "If we survey the cultural history of societies that have grown beyond the tribal stage--such as Egypt, Babylonia, Assyria, China, India, Persia, the Jews since the seventh century before Christ, the Greeks, the Etruscans, the Romans, the Gauls, the Mayas, the Aztecs, the Incas, the Arabs under Islam, European nations during the Middle Ages--nearly everywhere we find a group or several connected groups of men, usually of a priestly character (even a mandarin occasionally performed priestly functions), who transmit from old to young a more or less extensive and coherent complex of sacred lore. Because of the fundamental importance that the processes of teaching and learning possess in such groups--being sometimes, as in China, the main, if not the only, bond uniting their members--we call them 'sacred schools' and their members 'sacred scholars.'" Florian Znaniecki, The Social Role of the Man of Knowledge (New York: Columbia University Press, 1940), p. 93.}\]

and dissemination of knowledge itself, and to its specialization and secularization.\textsuperscript{26}

The progressive secularization of branches of scholarly knowledge is not entirely a post-medieval phenomenon. "Already in antiquity," Znaniecki notes, "we find separate lay schools of medicine, of mathematics and astronomy, of philology, of law."\textsuperscript{27} However, the relinquishment of religious tradition by professional groups—the secularization of the traditional professions—is intimately related to the ethical ideal of professional life. Professions have been linked with knowledge as well as with the church, but as knowledge became divorced from the realm of the sacred through specialization, the formal carriers of that knowledge experienced a similar fate. Max Weber, in stating that "redemption from the rationalism and intellectualism of science is the fundamental presupposition of living in union with the divine," finds that while science was once to "show the path


\textsuperscript{27}Znaniecki, \textit{op. cit.}, p. 115.
to God, "today it is irreligious. Increasing intellectualization and rationalization, he points out, do not indicate an increased and general knowledge of the conditions under which one lives, but rather the knowledge or belief that if one but wished, one could learn it at any time:

that principally there are no mysterious incalculable forces that come into play, but rather that one can, in principle, master all things by calculation. This means that the world is disenchanted. One need no longer have recourse to magical means in order to master or implore the spirits, as did the savage, for whose such mysterious powers existed. Technical means and calculations perform the service.

The medieval period was pervaded with a "profound and systematic idealism" which Huizinga finds to have been ubiquitous:

There is an ideal and clearly defined conception of every trade, dignity or estate, to which the individual who belongs to it has to conform as best he may. Denis the Carthusian, in a series of treatises, De vita et regimine episcoporum, archidiaconorum,

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29 Ibid., p. 139. Znaniecki lauds the secularization of knowledge, stating that under "such strong and persistent pressure of the ideals and patterns of scholarship, the liberation of modern theoretic science from scholarly dogmatism is not easy to explain. It may be regarded as a continuation of the historical trend toward freedom of thought which was previously manifested in the struggle of secular against sacred scholars for the autonomy of knowledge. We say that the struggle was won because secular scholars mustered organized Reason against organized Faith, opposed a standard of absolute truth founded on the inner rational evidence of knowledge to the standard of absolute truth founded on sacred traditions." Znaniecki, op. cit., pp. 184-85.
etc., etc., pointed out to all—bishops, canons, priests, scholars, princes, nobles, knights, merchants, husbands, widows, girls, friars—the ideal form of their professional duties, and the way to sanctify their calling or condition by living up to that ideal.\(^{30}\)

The tendency to reduce all things to a general type, Huizinga suggests, has been considered a fundamental weakness in the mentality of the Middle Ages, owing to which the power to discern and describe individual traits was never attained. Starting from this premise, the well-known summary of the Renaissance as the coming of individualism would be justified. But at bottom this antithesis is inexact and misleading. Whatever the faculty of seeing specific traits may have been in the Middle Ages, it must be noted that men disregarded the individual qualities and fine distinctions of things, deliberately and of set purpose, in order always to bring them under some general principle. This mental tendency is a result of their profound idealism. People feel an imperious need of always and especially seeing the general sense, the connection with the absolute, the moral ideality, the ultimate significance of a thing. What is important is the impersonal. The mind is not in search of individual realities, but of models, examples, norms.\(^{31}\)

Since the office was distinct from its incumbent, the ideality of an office was independent of his worthiness or corruption. "To the catholic soul" Huizinga aptly points out, "the unworthiness of the persons never compromises the sacred character of the institution."\(^{32}\)

To reconstruct the ideality of each of the several professions is in itself an historical problem. The sociological analysis of secularization and specialization is linked to, and dependent upon,


\(^{31}\)Ibid.

\(^{32}\)Ibid., p. 48.
an intellectual grasp of the nuances of the medieval period and of the systems of philosophy traceable to its unique metaphysics. Huizinga's analysis of the medieval idealization of offices may be cited as an example of the utilization of historical and philosophical knowledge in this respect:

The two dignities of a knight and of a doctor are conceived as the sacred forms of two superior functions, that of courage and of knowledge. By being knighted the man of action is raised to an ideal level; by taking his doctor's degree the man of knowledge receives a badge of superiority.\(^{33}\)

This imputation of ideality to offices is a feature peculiar to the medical, legal, and teaching professions, and to the ministry. Such ideality is expressed in manifold forms, which accounts for the many dimensions of the ethical ideal of the professions. The impact of the specialization of knowledge may be analyzed not only at the level of changes in professional organization and in the university under whose aegis the professions developed. It may also be analyzed at the level of the ethical ideal attributed to the traditional professions as their unique heritage.

**METHODOLOGY AND ORGANIZATION OF THE DISSERTATION**

Although eminently in the domain of philosophy, the significance of ethics for the social sciences is profound. Chapter II is devoted to a

discussion of some methodological approaches to ethics as they were utilized by sociological theorists. An attempt is made to establish the social character of ethics, as well as to discuss the methodologies utilized in the sociological study of ethical problems. Chapter III contains a brief recapitulation of the historical characteristics of the traditional professions and their relationship with religion and with knowledge, i.e., the university. Through thematic analysis, the ethical ideal of professional life is then elucidated, together with apparent antinomies between the various dimensions of this ideal.

All the characteristics of autonomous development, including free association, a specialized technique, and the codification of professional ethics are attributed to the physician as the prototype of the professional man. On the other hand, the professional status of the academician is itself challenged by application of these criteria. Despite these differences, academicians and physicians share an historical heritage, and by virtue of their status as traditional professionals, the ethical ideal of professional life is attributed to them. In Chapter IV, the ethical ideal of the academician is analyzed, and in Chapter V that of the physician. These chapters utilize data obtained through twenty-five interviews with academicians, and twenty-five interviews with physicians. Each Chapter contains a section on interviewing notes in which the characteristics of interviewees are delineated. Each Chapter is prefaced by a brief resumé of the historical
changes in professional organization and in the context of professional activity. The chapters are then subdivided in terms of the various dimensions of the ethical ideal of professional life. Factors which appear to facilitate and militate against preservation of the ethical ideal are discussed, with particular attention to the impact of specialization upon various dimensions of this ideal. The striking contrasts between the two professions constitute a challenge to the universality and inner consistency of the professional ethical ideal. The concluding chapter is devoted to an interpretation of the ethical ideal, based upon the empirical study of the academic and medical professions.

The methodological technique employed in the empirical investigation is the "open-end" interview. This technique was selected, due to the objective of the empirical research, i.e., the eliciting of interpretation of the ethical ideal on the part of professionals themselves. The ability of the present writer to record responses in shorthand facilitated free and lengthy responses to the interview schedule. The latter is included in the Appendix. As Jahoda, Deutsch and Cook indicate, in the open-end interview

the subject's responses give a more detailed picture of his attitudes, a picture which is less subject to misinterpretation than the responses to poll questions. The open-end questions, by not suggesting responses, allow the subject to respond in terms of his own frame of reference. The freedom to respond, in a sense, forces the subject to respond in terms of the factors which are salient to him. Thus, the open-end question provides an indicator of the factors which are prominent in the thinking of the individual about a given issue. In the interviewing situation,
open-end questions have a further advantage. If the respondent's interpretation of a question is different from that intended by the investigator, this fact is likely to become apparent, and the interviewer has an opportunity to clarify the meaning of the question.34

The authors' reference to the disadvantages of the open-end interview are particularly relevant: "Compared to the simple process of tabulating the precoded responses of the poll-type interviews, the analysis of open-end interviews is complex and often troublesome."35 The difficulty in analysis of interviews of this type is a function not only of the freedom of response granted interviewees, but also results from the complex nature of the subject matter with which the study is concerned. No course has been charted for the method by which ethical obligations of professional men may be ascertained or analyzed. Indeed, it is necessary to reconstruct the ethical ideal itself from very diffuse literary sources, before embodying the obligations of which it is composed into an interview schedule. The tenuousness of this research is further enhanced by interviewees' understandable reluctance to discuss profound and often personal questions with a comparative stranger within an hour's time. Hence, rigorous "matching" of interview responses is suspended, due to the pioneering stage of this type of research. The objective of this dissertation is to determine the

35 Ibid., p. 175.
significance of the ethical ideal of professional life, not only through an analysis of the literature on the subject, but also through an analysis of interpretations by professional men themselves. The academic and medical professions thus represent test cases for the study of this ideal.

The purpose of the empirical work in this dissertation is to contribute toward a clarification of the concept of "profession" as it is utilized in sociological research. The empirical portion of the dissertation, it is anticipated, might have an heuristic value for the investigation of the relationship between work and social responsibility. It is sometimes assumed, in studies of the extrinsic interest of professional life such as career advancement and success, that the latter determine the intrinsic\(^{36}\) interests and ethical orientation of professionals. The opposite point of view is not taken in this dissertation. Rather, it is believed that by focussing on the ethical obligation attributed to professionals the concept of "profession" might be developed in fuller accord with the historical and traditional features peculiar to the term.

LIMITATIONS OF THE STUDY

This dissertation is limited to but one aspect of the professions,

\(^{36}\)This distinction is drawn by MacIver in "The Social Significance of Professional Ethics," *The Annals of the American Academy of Political and Social Science*, pp. 121-22.
the ethical obligations attributed to professional life. The history of the professional ethical ideality is only indirectly studied on the basis of material afforded by literature on the subject. A further limitation is that relationships between such factors as career patterns and success, while highly germane to this material, are not within the scope of the present study.

This dissertation is written with a profound appreciation for the great heritage of sociological theory which has made possible a continuity between ethical and social life.
CHAPTER II

SOCIOLOGY AND ETHICS: INTERPRETATIONS AND METHODS

While the problem of whether or not the social sciences are wertfrei appears to be insoluble, it is ineluctable in any study concerned with ethics. "Ethics" in the sociological meaning of the term denotes the ordering of social relationships in accordance with moral values. This distinction between the philosophical and sociological approaches to ethics is based on Hodges' discussion of philosophy which studies the absolute values in their purity without reference to time or place, and the cultural and historical studies which are concerned with the empirical realization of values in the temporally conditioned life of man.¹ This chapter presents a review of certain sociological approaches to ethics and an identification of their significant epistemological² and

¹H. A. Hodges, The Philosophy of Wilhelm Dilthey (London: Routledge and Kegan Paul, Ltd., 1952), Chapter 3. It is important to note that this distinction does not exclude ontological considerations from the sociological sphere.

²Sociology, as Simmel conceived of it, is bordered by epistemology and metaphysics. The former embraces its presuppositions and, in the latter, the investigation is carried to completions and correlations, and put in relation to questions which have no place within experience and immediately objective knowledge. Kurt Wolff, editor and translator, The Sociology of Georg Simmel (Glencoe, Illinois: The Free Press, 1950), p. 23. The awareness of philosophical implications is itself tenuous as Parsons points out. Theoretical focus illumines only a sector of the total universe of study, within a residuum of unexplored reality. Talcott Parsons, The Structure of Social Action (New York: McGraw-Hill Book Company, Inc., 1937), p. 17. Thus, for example, rejection of the atomistic Spencerian conception of society was necessary before the theory of functionalism could be formulated and again, preoccupation with functionalism tends to obscure the ontological character of social phenomena.
methodological implications.

THE SOCIAL CHARACTER OF ETHICS

Throughout his entire study of the division of labor, Emile Durkheim identifies what he terms the positive science of morality as a branch of sociology. Morality, he maintains, is distinctly social in character: "man is a moral being only because he lives in society, since morality consists in being solidary with a group and varying with this solidarity. Let all social life disappear, and moral life will disappear with it, since it would no longer have any objective." According to Durkheim, the realization of the principle of human fraternity is possible through the division of labor. The function of individuals and groups, throughout his analysis, is inseparable from their purpose, that is, their teleological significance, and hence inseparable from their ontological character. For Durkheim "a group is not only a moral authority which dominates the life of its members; it is also a source of life sui generis." Ginsberg reconstructs Durkheim's theoretical view that a science of ethics is not confined to a study of the means or techniques by which human ends are achieved. It must deal, he tells us, with the ends themselves and with the basis of the obligations they impose. It has thus a double task, first to describe the facts of

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the moral life and discover their conditions and consequences, and secondly, by eliciting the ideals which in a confused manner they embody, to afford guidance for future conduct.  

Höföding, while emphasizing the independence of ethics as a discipline, finds ethical data to be objects of sociological research. Sociology, he maintains, is not only more comprehensive than ethics, but a necessary foundation for ethics as well.

The first premise of Höföding's contention is that principles of ethics are formulated on the basis of human and social experience.

Edward C. Hayes takes this position, in posing the question, "Will the next generation have an ethics?":

It will not get its ethics by going backward to mid-Victorian dogmas and speculations. If it has an ethics fit for the demands of social order and progress it will discover it by going forward along the path of science—not along the path of a priori speculation or mystic faith, but along the path of science. And the only science that can equip us with an ethics is the scientific study of human life, that is to say of social life.

Sociology, Hayes asserts, cannot escape the questions which are the problems of ethics. The fundamental problem of ethics, "What is good?"

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can only be answered, he maintains, by knowledge of the effects of different forms of social conduct on human experience. And the supplementary question concerning the nature and origin of different moral codes "is wholly a problem in social evolution."

Certain modern sociologists deplore the chasm between social science and ethics. Simpson, finding that "our culture in the higher sociological learning has become a technicians' utopia," claims:

That morality is not based upon science is not a novel proposition; that it cannot at all be based upon science is to fly in the face of modern discoveries in personality-diagnosis and development by psychiatry and psychoanalysis.

While Durkheim interpreted social integration as the eminent moral problem, other sociologists have related custom to morality, thus establishing a relationship between sociology and ethics. Custom, eminently a sociological concern, has been intertwined with morality throughout human history. As Bryson observed,

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9Ibid., p. 35. Hayes denies that the determinism implicit in his theory of ethics is incompatible with moral action, terming it "a pure misconception to confuse scientific determinism with the creed of fatalism, like that held by some of the Greeks, by the Mohammedans, and by many of us." Determinism, he states, has the moral effect not only of reinforcing motive but of intensifying "the sense of responsibility, that is, the sense of being a link in the causal chain, and of functioning beneficially or destructively." Ibid., pp. 93-94.


11Ibid., pp. 22-23.
It cannot be denied that the ultimate aim of moral philosophy was to suggest improved ethical relationships among men, but in the course of its arguments many discussions appeared which gathered up the best thought of the times on various institutions and practices.\textsuperscript{12}

The relationship between custom and morality has been explored by countless sociologists, particularly in the latter nineteenth and early twentieth centuries.\textsuperscript{13} In Die Sitte, Tönnies states that, "sind Sitte und Sittlichkeit nicht nur Namensvettern, sondern echte Vettern, ja sie verhalten sich zuweilen wie Geschwister zueinander."\textsuperscript{14} Tönnies distinguishes custom and morality not according to their objects, but according to the viewpoints under which they are considered. A distinction can be expressed in one short sentence: "Custom is fact, and morality is idea." Hence custom is thought of as a property of a people or of a country, and morality is conceived of as something universally human. Custom is, but morality demands. Indeed, we also say "custom prescribes," but the meaning of this statement implies that as a rule it is actually done. Indeed, this meaning is the prevailing meaning, and custom as will had to be derived from it. Morals, on the contrary, are thought of as something demanding, or that which issues stronger or more lax prescripts and prohibitions which, however, are all too often not obeyed. They maintain their validity even though they may not be perceived and accepted.\textsuperscript{15}


\textsuperscript{13}These works were apparently written in the tradition of interdisciplinary study. Sociological analysis is rich with the use of ethnological data in the works of Hobhouse, Spencer, Durkheim, W. I. Thomas, and Sumner, to mention but a few examples.

\textsuperscript{14}Ferdinand Tönnies, \textit{Die Sitte} (Frankfurt am Main: Rutten und Loening, 1909), p. 43.

\textsuperscript{15}Ibid., pp. 42-43. [My own translation is used throughout]
In conclusion to his study, Tönnies remarks that "the more liberated we become from custom and become free within custom, the more will we need a conscious ethic, that is, the recognition of that which makes man human and the self-affirmation of reason." 16

The Principle of Subordination of Private to Social Utility

Inherent in corporate or group life is an essentially moral principle: that of subordination of private to common utility. 17 It is this principle which Durkheim applies to the analysis of normal growth of the division of labor, as a principle governing individuals within groups and groups within the social totality. It is indeed significant that the failure to realize organic solidarity as Durkheim conceived of it has been attributed to the incompatibility of this principle with the social and economic foundations of modern society. Terming the latter "the acquisitive society," Tawney asserts that the subordination of private to common utility was more characteristic of the medieval than the modern period. Although Tawney's remarks are directed principally to England, they are pertinent not only to Europe as a whole, but to the United States as well:

The difference between the England of Shakespeare, still visited by the ghosts of the Middle ages, and the England which merged in 1700 from the fierce polemics of the last two

16 Ibid., pp. 93-94.
17 Durkheim, op. cit., p. 13.
generations, was a difference of social and political theory even more than of constitutional and political arrangements. Not only the facts, but the minds which appraised them, were profoundly modified. The essence of the change was the disappearance of the idea that social institutions and economic activities were related to common ends, which gave them their significance and which served as their criterion. In the eighteenth century both the State and the Church had abdicated that part of the sphere which had consisted in the maintenance of a common body of social ethics; what was left of it was repression of a class, not the discipline of a nation. Opinion ceased to regard social institutions and economic activity as amenable, like personal conduct, to moral criteria, because it was no longer influenced by the spectacle of institutions which, arbitrary, capricious, and often corrupt in their practical operation, had been the outward symbol and expression of the subordination of life to purposes transcending private interests. ¹⁸

As a result of the abdication of authorities which represented, however imperfectly, a common purpose in social organization, social thought gradually lost the idea of purpose itself. It was replaced, Tawney maintains, by the eighteenth century idea of mechanism.

The conception of men as united to each other, and of all mankind as united to God, by mutual obligations arising from their relation to a common end, which vaguely conceived and imperfectly realized, had been the keystone holding together the social fabric, ceased to be impressed upon men's minds, when Church and State withdrew from the center of social life to its circumference. What remained when the keystone of the arch was removed, was private rights and private interests,

the materials of a society rather than a society itself. Tawney's conception of the "society itself" resembles in many ways the social entity which Tönnies characterized as *gemeinschaftliche*, and which historically preceded modern industrial society. The transition from the *gemeinschaftliche* to the *gesellschaftliche* condition signifies that

the entire culture has been transformed into a civilization of state and Gesellschaft, and this transformation means the doom of culture itself if none of its scattered seeds remain alive and again bring forth the essence and idea of Gemeinschaft, thus secretly fostering a new culture amidst the decaying one.

In his discussion of custom, Tönnies illustrates the contrast

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19 Ibid., pp. 12-13. Tawney links this development to Locke's doctrine of "the indefeasibility of private rights, not the pre-ordained harmony between private rights and public welfare," (Ibid., p. 14) and stresses the fact that the *expediency* of liberty "had been offered... by Adam Smith and his precursors, who showed how the mechanism of economic life converted 'as with an invisible hand,' the exercise of individual rights into the instrument of public good. Bentham, who despised metaphysical subtleties, and thought the Declaration of the Rights of Man as absurd as any other dogmatic religion, completed the new orientation by supplying the final criterion of political institutions in the principle of Utility. Henceforward emphasis was transferred from the right of the individual to exercise his freedom as he pleased to the expediency of an undisturbed exercise of freedom to society." Ibid., pp. 15-16.


21 "Condition" is emphasized here, since Tönnies explicitly stated that two different types of condition, rather than two classes of social groups, are postulated by these concepts.

22 Tönnies, *Community and Association*, p. 231.
between the \textit{gemeinschaftliche} characteristics of usage of things held in common and of mutual aid without calculated compensation, and the \textit{gesellschaftliche} emphasis upon individual, private rights:

The spirit of custom is communistic, and so it remains despite the development of private property. Within custom individual rights are not stark and absolute; they are directed toward rather than against each other. Only a technically developed, national law like that of the Romans or a state legislation which absorbs it or is erected on the same principles place individual rights in the foreground. They know nothing but individuals and government, the latter preferably conceived of as an individual also. These individuals are particularly organized in their relationships to each other through law and partially through a free contract. Law becomes distinct from the morality to which custom had bound it. According to this notion, everyone is a potential enemy, or at least a litigant, because everyone wishes to get something from everyone else although through legal devices.\textsuperscript{23}

In his review of Tönnies' \textit{Gemeinschaft und Gesellschaft}, Durkheim objected that:

Si j'ai bien compris sa pensée, la Gesellschaft serait caractérisée par un développement progressif de l'individualisme dont l'action de l'État ne pourrait prévenir que pour un temps et par des procédés artificiels les effets dispersifs. Elle serait essentiellement un agrégat mécanique. ... En un mot ... c'est la société telle que l'a imaginée Bentham. ... je crois que la vie des grandes agglomérations sociales est tout aussi naturelle que celle des petits agrégats. Elle n'est ni moins organique ni moins interne. En dehors des mouvements purement individuels, il y a dans nos sociétés contemporaines une activité proprement collective qui est tout aussi naturelle que celle des sociétés moins étendues d'autrefois.\textsuperscript{24}

\textsuperscript{23}Tönnies, \textit{Die Sitte}, pp. 89-90.

\textsuperscript{24}Emile Durkheim, "Tönnies' \textit{Gemeinschaft und Gesellschaft}, " \textit{Revue Philosophique}, XXVII (January-June, 1889), 421.
To Durkheim, the failure to realize both the form and the purpose of organic solidarity signifies social pathology. 25

**Ethics and the Problem of Autonomy**

Durkheim does not dismiss the possibility that groups, as well as individuals, threaten social solidarity, but states that the "only power which can serve to moderate individual egotism is the power of the group; the only power which can serve to moderate the egotism of groups is that of some other group which embraces them." 26 As Ginsberg indicates, the only ends which have moral values for Durkheim are those which have society per se as their object. 27 In challenging Durkheim's elevation of society as the chief object of moral obligation, Ginsberg states that the problem of distributive justice properly belongs to the realm of morals. According to Durkheim, Ginsberg maintains, "all moral activity is directed toward society, consists in the service of or devotion to society for its own sake and not for the services that it renders to the individual." 28

Although Ginsberg objects strongly to Durkheim's postulate of a

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26 Ibid., p. 405.
27 Ginsberg, op. cit., p. 43.
28 Ibid., pp. 44-45.
universalistic ethic, in advance of analysis, he finds that:

The problem comes to a head in Durkheim's discussion of the autonomy of the individual. Despite the fact that the individual depends on society and owes everything to it, he will not abandon the claim to autonomy. This claim to freedom or autonomy must be taken as a datum of the moral consciousness and is not to be dismissed as based on illusion.29

The problem of the relationship of man to mankind--the "pure problem" of sociological theory, as Tönnes called it--is perhaps nowhere more acute than in the realm of social ethics. This problem is easily obscured in a comparative approach to ethics. Through this approach, a direction is often postulated in ethical development, such as a trend toward moral integration. The sociological problem then becomes merely one of means for realizing this end efficiently. Presumably the autonomy of the individual is automatically preserved.

THE COMPARATIVE METHOD

Often implicit in the study of ethics through reflection on social

29 Ibid., pp. 48-49. "To appeal to 'la société' in general is thus to conceal the essential problems of moral philosophy." Ibid., p. 53.
experience rather than reflection on the state of man\textsuperscript{30} is an evolutionary view of society, the stages of which purportedly correspond to different stages of moral "progress." Albion Small identifies the good as that which facilitates human development at the precise point of contact with the main process. . . . Our only hope of agreement about moral standards depends upon getting a sociology that will give us common insight into the details of the life-process. The question in point, when we try to gauge moral value is: Does this retard or promote the precise stage of the life-process in which it must function? This question must remain an enigma

\textsuperscript{30} Certain sociologists contend that there is no contradiction between these two approaches. Since they postulate that social agencies are expressions of human nature itself, their theories of basic "needs," "drives," "impulses," or "residues" interpret social institutions in terms of these elements, and thus relate moral life directly to social life. Cf. J. H. W. Stuckenberth, \textit{Sociology--The Science of Human Society} (New York: The Knickerbocker Press, 1903), II; Albion W. Small, "The Significance of Sociology For Ethics," \textit{The Decennial Publications} (Chicago: University of Chicago Press, 1902). Until recently, as Merton points out, "one could speak of a marked tendency in psychological and sociological theory to attribute the faulty operation of social structures to failures of social control over man's imperious biological drives. The imagery of the relations between man and society implied by this doctrine is as clear as it is questionable. . . . Nonconformity with the demands of a social structure is thus assumed to be anchored in original nature. It is the biologically rooted impulses which from time to time break through social control. And by implication, conformity is the result of an utilitarian calculus or of unreasoned conditioning." Robert K. Merton, \textit{Social Theory and Social Structure} (Glencoe, Illinois: The Free Press, 1957), p. 131.
in the precise degree in which we lack a sociology adequate to interpret the life-process. 31

This principle has been afforded by Durkheim and expounded by certain of his contemporaries. Höfdding, in discussing the implementation of the comparative method in sociological research, suggests that different levels of society be evaluated on the basis of standard of achievement which corresponds to Durkheim's concept of moral integration:

Sociology leads us on to ethics by the application of the comparative method. The comparison of social forms or social status naturally leads us to characterize some as higher, others as "lower." This is a valuation; hence a certain standard is necessarily presupposed. We call a form of society higher than another, if it more than this other makes it possible to attain two ends at once, namely, the free and rich development of individual peculiarities and differences, and the realization of unity and totality in social life. 32

Stuckenberge utilises this same principle:

With the true society the individual will grow, just as society will grow with the individual. Society will be increasingly personalised; the mechanical factor more and more subordinated to the personality. We can at present have no conception what society will be when it attains a full consciousness of itself and its relation to individuals. Sociology values the individual with

31 Small, op. cit., p. 33. The relativity of ethical values, as a principle of these theories, is not only temporal but spatial as well. Julian Huxley states that the contribution of anthropologists whose studies illustrate the relativity of ethical systems, is not only that they indicate the role of chance or randomness in ethical systems of different societies, but that they point out the correlation between type of society and type of ethical system. Hence, "the way was opened for an analysis of the evolution of human ethics, both as regards the trends which it has exhibited and the methods by which it has been brought about." Thomas H. and Julian Huxley, Evolution and Ethics (London: The Pilot Press, Ltd., 1947), p. 30.

32 Höfdding, op. cit., p. 676.
his freedom in proportion as it values society with its solidarity, both being necessary factors for social progress.\textsuperscript{33}

According to these analyses, the ethical achievement of a society as well as the group life within it are measurable in terms of the degree of organic solidarity attained by that society, and the extent to which its members are at once autonomous and solidary.

Principally through the works of Durkheim and Cooley, Mukerjee states,

the focus of attention in moral life shifts from the self to the group. It is found that group habits, attitudes, values and symbols that shape the personality are far more significant for moral improvement than the discipline and reform of human character.\textsuperscript{34}

\textsuperscript{33}Stuckenberg, \textit{op. cit.}, p. 252. See also \textit{Ibid.}, p. 266.

\textsuperscript{34}R. Mukerjee, "Bridging Individual and Social Ethics," \textit{Social Forces}, 28 (March, 1950), 267. In contrast to ethical systems of Plato, Aristotle, Confucius and those developed in India, which were concerned both with the individual and society, Mukerjee finds that "in the twentieth century ethics confines itself to the conduct of the individual and either disregards social morality or leaves the latter to be decided by current law, tradition and custom." Ethics, he maintains, "refers to both individual and social morality, to man's inner obligation to himself as moral agent, and to his obligation to groups and institutions as a social person." The cleavage between individual and social ethics, Mukerjee states, is due to the separation between hedonistic psychology and philosophic dualism of the nineteenth century, which is in turn rooted in "the older Cartesian dualism between mind and matter." \textit{Ibid.}, p. 262. However, Mukerjee recognizes that the individual is creator as well as creature of ethical systems. Thus, he speaks of "the inadequacy of European ethics of the nineteenth and the twentieth centuries that found the meaning of moral life solely either in the innate intuitions of the individual or in social norms and standards, looking upon society as the only source of moral values, and ignoring the variability in depth and intensity of the moral consciousness of the individual." \textit{Ibid.}, p. 269. See also R. Mukerjee, "Toward a Sociological Theory of Ethics," \textit{Sociology and Social Research}, 34 (July - August, 1950), 431-33.
In contrast to Durkheim, who assigns the task of moral regulation to "occupational groups," Mukerjee utilizes the quality of group integration, rather than the type of group involved, as an index of the degree to which "organic solidarity" is attained:

Man's basic moral attitudes and obligations are founded on the degree of fusion and unitive feeling as represented by different types of group life and relations; and in so far as he rises from the level of Crowd to Society or from Interest-Group to Commonality, the achievement of solidarity in actual social living means a greater depth and aspiration in his moral consciousness in ideal and in fact.

Despite their divergence of views as to the vehicle of "organic solidarity," neither Mukerjee nor Durkheim perceive a contradiction between individual and social objectives.

The comparative approach to the study of ethics often (although not inevitably) places a premium on rationality. Hobhouse, in a work devoted to the morphology of ethics, states that requirements of social welfare are deliberately taken into account in dealing with questions of

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37 "Man," Mukerjee affirms, "fulfills his own interests, goals and values in, through and with those of his fellowmen and the group." Mukerjee, "Bridging Individual and Social Ethics," *Social Forces*, p. 266.
ethical relevance. Ethically, as well as physically, humanity is becoming one,

not by the suppression of differences or the mechanical arrangement of lifeless parts, but by a widened consciousness of obligation, a more sensitive response to the claims of justice, a greater forbearance towards differences of type and a more enlightened conception of human purposes.

Hobhouse perceives a trend toward rationality, and maintains that the course of society is destined to fall within the scope of an organizing intelligence. The viewpoint that sociologists should not only recognize but actively support the principle of increasing rationality in the ethical sphere is taken by Claude Bowman. Tonnies' comment on the limitations of the rationalist's approach, although directed toward the

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38 This view that the good of the commonwealth is the objective of sociological research appears in Charles R. Henderson, "Practical Sociology in the Service of Social Ethics," The Decennial Publications (Chicago: University of Chicago Press, 1902), 23: "Practical sociology does not speak in the imperative mood. It simply shows the methods of organization and principles of social conduct which best promote social welfare. It speaks in the indicative mood." This view is one polemic in the controversy "knowledge for what?" and in this context, E. A. Ross asks, "What is the use of working out causes and effects, of discovering how things hang together in society, if we are to do nothing with this knowledge?" E. A. Ross, Principles of Sociology (New York: The Century Company, 1929), p. 545. Similarly, Albion Small maintains that "Sociology would have no sufficient reason for existence if it did not contribute at last to knowledge of what is worth doing." Small, op. cit., p. 9.


40 Ibid., p. 637.

41 Claude C. Bowman, "Must the Social Sciences Foster Moral Skepticism?" American Sociological Review, 10 (December, 1945), 712.
study of custom, is applicable to ethics as well:

The rationalist attempts to understand and interpret the facts of life mechanistically, and in similar manner the facts of the spirit intellectually. He sees in it more or less wisdom and logical understanding which perceives and constitutes what is useful and expedient. Habit as well as instinct appear to it as something animalistic and obscure, trifling and base. This applies also to custom which is so often related to superstition, and which is regarded as if it were only that. But this is an inadequate judgment. The thinking person must recognize the unconscious creativity in the human, social and individual spirit, and must find rationality not only in what is rational in its form. He will then do justice to habit and custom and to the extremely important function which they eternally fulfill in an individual and a social sense. 42

Through the comparative method, sociologists have been offered a principle by which ethical development might be evaluated. That principle, definitively set forth by Durkheim, is moral integration.

The individual is to become at once both solidary and autonomous through the division of labor. Tönnies, on the other hand, found the development of independent personalities fostered by the state, to be always at the expense of the volk and their gemeinschaftliche cooperative life:

It is futile as many thinkers and scholars might be tempted to do, to lament this. The more one understands the inner necessity of the process, the more will his lament be silenced. But he does not need to suppress a sense of the tragic in the course of things. Exactly because the progress is so immense, the collapse of tradition is highly charged with emotion. For the expectations that progress should restore or re-establish the good of the old life is linked with progress itself; and this it is not able to do. It can only achieve its own objective. It gives men the opportunity of livelihood and, in what time is left, the opportunity

42 Tönnies, Die Sitte, p. 92.
for education as well. Everything native, genial and homely disappears. The individual is thrown on his own resources.\(^{43}\)

The reconciliation of solidarity and autonomy on an individual level remains a perennial sociological problem. This problem is particularly acute in the realm of ethical obligations. Simmel, in a section significantly entitled "The Social vs. the Human," states that

Nietzsche seems to have been the first to feel, with fundamental distinctness, the difference between the interest of humanity, of mankind, and the interest of society. Society is but one of the forms in which mankind shapes the contents of its life, but it is neither essential to all forms nor is it the only one in which human development is realized. All purely objective realms in which we are involved in whatever way--logical cognition or metaphysical imagination, the beauty of life or its image in the sovereignty of art, the realms of religion or of nature--none of these, to the extent to which they become our intimate possessions, has intrinsically and essentially anything whatever to do with "society." The human values that are measured by our greater or smaller stakes in these ideal realms have a merely accidental relation to social values, however often they intersect with them.

On the other hand, purely personal qualities--strength, beauty, depth of thought, greatness of conviction, kindness, nobility of character, courage, purity of heart--have their autonomous significance which likewise is entirely independent of their social entanglements. They are values of human existence. As such they are profoundly different from social values, which always rest upon the individual's effects. At the same time, they certainly are elements, both as effects and causes, of the social process. But this is only one side of their significance--the other is the intrinsic fact of their existence in the personality.\(^{44}\)

\(^{43}\)Ibid., pp. 88-89.

\(^{44}\)Wolff, op. cit., pp. 61-62.
In contrast to the protagonists of the comparative method, Max Weber opposes the view that a realistic "science of ethics" can produce an ethic that can articulate what should occur in society. The principle of tout savoir c'est tout pardonner often appears inescapable, particularly in studies of criminology or in those anthropological investigations which emphasize the relativity of ethical systems. Weber maintains, however, that understanding does not itself lead to forgiveness but rather to an awareness of those issues and reasons which prevent agreement between opposing intellectual systems. This method, he emphasizes, cannot create a normative ethic nor the binding force of an ethical imperative.

Description, necessarily selective, is rarely separable from interpretation. A contemporary philosopher combines what he terms the "normative method," which characterizes achievement by a norm, and the "technological method," which characterizes a norm by an achievement, into the "explanatory method," which "takes the total fact of interested endeavor together with its object, and makes statements concerning its origins, constituents, conditions, and causal

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relations." Thus, he finds it "inevitable, that in the study of the cultural sciences the explanatory, normative, and technological method should be mingled. Any sharp line of demarcation would be artificial."  

A distinction is made between "normative" ethics and "descriptive" (or "comparative") ethics by Ladd, who maintains that these two disciplines are distinguished from each other in two respects, namely, in the kind of questions which they ask and in the subject matter with which they are concerned. Normative ethics asks such questions as: What ought I to do? What kinds of action are right or wrong? What is the good life? The answers to these questions are intended to provide guidance for conduct and for the evaluation of it. The act of accepting them ipso facto involves a commitment to living in accordance with them, and to counseling others to do so as well. In this sense, normative ethics has traditionally been understood by philosophers to be practical. Descriptive ethics, on the other hand, asks for a description of someone's answers to these questions. Thus, although its findings may be relevant to practice, its goal is

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"Contemporary sociologists are to be applauded... when they insist on intellectual scrupulousness, and on being as exact as their task permits. They are also correct in adopting the method of description. They are disposed, however, to fall into the error of assuming that if sociology is to be descriptive it cannot be normative. It suffers from the fear of being thought edifying, and in the name of description neglects the fact that values and norms are intrinsic to its subject matter. Since culture and civilization are composed of interests, and since interests cannot exist without objects on which they confer value, and since the ideal objects of interest constitute norms which acts and achievements in some degree either realize or fail to realize, it is impossible to describe culture and civilization and at the same time exclude values and norms." Ibid., p. 357.

theoretical in that it is possible to accept these findings without committing oneself to any kind of action. It follows that the subject matter of these two disciplines is entirely different; descriptive ethics is about someone's opinions while normative ethics is about conduct itself.

In the present dissertation, both the "descriptive" and "normative" methods are combined. Elements of the "normative method," are utilized in the emphasis upon norm, rather than upon achievement, and in the emphasis upon ethical conduct itself, as this is described by students of the professions and by professionals themselves. This approach is exemplified by a physician who writes of practitioners and Indian patients:

Since the white physician is not paid for his work and his energy by those to whom he ministers, an important source of potential resentment, and an equally important source of satisfaction which is connected with voluntary aid, are denied to him. Sooner or later... he sees his patients as receivers of favors from himself, which they merit or do not merit, according to their attitude towards him. This makes for frequent incidents of preference or neglect of individual patients. It makes also for the assumption of patronizing behaviour, over-friendly, arrogant or ironical, and at its worst, for contemptuous negligence.

This physician unequivocally adds:

By no means do I mean to imply that this attitude is bound to result from the fact that the patient does not pay the physician for services rendered. Rather it arises only in the case of the physician who, openly or subconsciously, confounds the ethical

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48 Ibid., p. 1.

and social significance of his profession with his personal advancement, or security, or drive for achievement. In other words, the basis of the attitude must be looked for, not in the physician-patient relationship, but in the physician's own background of training and personality development.50

In this statement, Joseph distinguishes between ethical and non-ethical interests, attributing the physician's difficulty to the inability to make this distinction personally. However, Joseph's evaluation is of conduct as well as of ethical orientation. In the present dissertation, evaluation of ethical obligations is confined to the non-behavioral level. Hence, the descriptive approach to ethics is utilized in that, following Ladd,

a particular moral ideal may be related to the action which it calls for in three logically possible ways. First, the accepted ideal may be fulfilled when actual behavior conforms to it. Second, the accepted ideal may be violated when actions are not in conformity with it. Third, a given action may neither fulfill nor violate any ideal accepted by the agent, because he has accepted no ideal referring to that particular kind of action. These three situations may be illustrated as follows: a Mormon may abstain from drinking coffee, and thus conform to his ideal; he may drink coffee and thereby violate it; and finally, a non-Mormon may drink or abstain without either fulfilling or violating any of his own moral principles.

Since a person's overt actions might belong to any one of these three categories, it follows that observation of actions alone would never be sufficient to establish the fact that someone had accepted a specific moral principle.51

50Ibid., p. 5.
51Ladd, op. cit., p. 10.
SUMMARY

The social character of ethics, although affirmed by sociologists, is variously interpreted. One of the most influential exponents of the moral relevance of sociological data, Emile Durkheim, stresses the supremacy of "la société" as a source of moral obligation. Certain contemporaries of Durkheim have established the subordination of private to common utility as a standard of achievement in the comparative approach to ethics. This approach, grandiose in its elevation of moral integration, affords little for the study of interpersonal dimensions of ethical obligations. In particular, it obscures the problem, inescapable in ethics, of individual autonomy. Descriptive and normative methodologies are distinguished only with difficulty. A combination of the latter two methodologies is utilized in this dissertation. The normative approach is utilized, in that emphasis is placed upon the ethical ideal of the professions itself rather than upon non-moral considerations, such as personal achievement. The descriptive approach is utilized in that behavior is not considered, but rather the interpretations of the ethical ideal of the professions by those presumably dedicated to it.
CHAPTER III

THE ETHICAL IDEAL OF THE PROFESSIONS: DIMENSIONS AND ANTINOMIES

Deploring the absence of a succinct occupational ethics in the social order generated by the division of labor, Durkheim contrasts the occupational group with the professions:

in the economic order, occupational ethics exist only in the most rudimentary state. There is a professional ethic of the lawyer and the judge, the soldier and the priest, etc. But if one attempted to fix in a little more precise language the current ideas on what ought to be the relations of employer and employee, of worker and manager, of tradesmen in competition, to themselves or to the public, what indecisive formulas would be obtained!¹

What is the nature of this "professional ethic" to which Durkheim refers? The diffuse literature on this subject affords description and evaluation of several dimensions of the ethical ideal of the professions. The antinomies within the ideal itself,² expressed in the form of personal conflicts experienced by professionals, are apparent in the discussion of each dimension of the ideal. A discussion of the dimensions of the


²Ginsberg feels that antinomies are inescapable: "The study of any system of morals always reveals inconsistencies and contradic-

ethical ideal of the professions is prefaced by a brief review of the
historical setting of the traditional professions.

KNOWLEDGE AND THE TRADITIONAL PROFESSIONS

Traditionally, Cogan maintains, the term "profession" denotes
the three learned professions of divinity, law and medicine:

it may be observed that the traditional professions mediate
man's relations to God, man's relations to man and state, and
man's relations to his biological environment. The practitioner's
activities, then, impinge radically upon the most basic concerns
of man. Such a concept might help explain the value, status,
privilege, and power that have accrued to profession. These
are considerations that would tend to become attached to the
experts who serve the vital needs of mankind. 3

Teaching, however, is at least as ancient as "physic" or the law, as
Carr-Saunders and Wilson among others have noted, and like medicine
and law, the higher learning was intimately linked with the Church:

Apart from the older universities there was no craft organiza-
tion of teachers in medieval times as there was of physicians
and of lawyers. Teaching was one of the functions of the
priest, and so also at one time was the practice of medicine.
As medical learning and technique developed, the physicians
became dissociated from the Church. But there was no educa-
tional technique which teachers had to acquire, and there were
thus no forces at work, similar to those among physicians,
making for the segregation of teachers as a class. The

3Morris L. Cogan, "Toward a Definition of Profession," Harvard Educational Review, 23 (Winter, 1953), 35-36. Cogan differentiates three types of definition of "profession": the historical or lex-
sertation is the lexicological, although the implications of the persuasive definition are discussed in connection with the problem of aspirations to professional status.
connexion between teaching and the Church has endured to our own day, and the headmastership of a great public school is still a stepping-stone to a bishopric. 4

In their study of the development of higher learning in America, Hofstadter and Hardy emphasize the "learned" characteristic of professions, particularly of theology "where in truth, the learning was prodigious":

the clergy had all the basic characteristics of a profession: a body of erudite knowledge, the application of that knowledge to the service of mankind through an educated group, control over its own education, self-discipline, self-government, and a dedication to a larger service than personal gain. Needless to say, this is an ideal, not an historical picture. 5

Talcott Parsons, in analyzing the "learned" and "liberal" professions, states that the knowledge of the professional man has in general been of a character which transcends the immediate practical exigencies of the particular professional function; it has been knowledge of a generalized character, not only of certain applications of a group of sciences, but of the sciences themselves, their theoretical structures and principles; not only of the particular legal rules in question, but of the law as a great tradition; not only of the liturgy, the creed, and duties to parishioners, but of theology and church history. This it is which justifies the title of the learned professions. A profession in this sense has, by contrast with a trade, a genuine intellectual content of its tradition—a content which in general forms an integral part of the great tradition of the culture as a whole. 6


Professional men, by virtue of knowledge which encompasses more than a grasp of their particular disciplines, became distinct from artisans and craftsmen. It is this knowledge which served to unite higher learning with the three traditional professions. "For universities are, in the great European tradition, par excellence the trustees of learning—the agencies responsible for its perpetuation, transmission, and advancement."7

The history of the professions is to a remarkable degree the history of the university, which has been called "an heir to the High Middle Age—to the twelfth and thirteenth centuries."8 Cogan finds that while Whitehead believes the roots of professions may be found in academies fostered by the teachings of Plato, Aristotle, and the Stoics, Carr-Saunders and Wilson "fail to find evidence of these beginnings in the ancient world. They see the Greek lawyer as merely a friend of the litigant rather than as a specialist. Similarly, physicians were merely pupils of non-professional practitioners."9 Carr-Saunders and Wilson, in noting that the earliest instance of the use of the term "profession" recorded by the Oxford English Dictionary dates from 1541,

7Ibid., p. 366.


9Cogan, "Toward a Definition of Profession," p. 33.
find that no language of the ancient world has a corresponding term:

It appears that in ancient times there were no training schools where those who followed the vocations which we call professions received instruction, that the practitioners seldom or never formed distinct social groups, and that they were not infrequently in a dependent position. Moreover they did not form vocational associations of the kind familiar to us.  

While certain individuals performing professional activities in medieval times were priests, others were organized in guilds. In the "wave of association" which Carr-Saunders and Wilson attribute to the twelfth and thirteenth centuries, guilds and universities were formed. Because of the relationship between church and university, even those professions which were formed around a guild association had this religious orientation:

The universities in origin were no more than guilds of teachers and students, but because mediaeval culture was essentially religious they came under the dominance of the Church and all their members were required to take at least minor orders. 

Not until the sixteenth century, in England, was the requirement to take orders waived for university students.

The early university consisted of a Faculty of Arts, above which stood the four superior Faculties of Theology, Canon Law, Civil Law, and Medicine. Generally, those who studied for a higher degree


11 Ibid.
graduated in the Faculty of Arts. The professional candidates in medicine or law, after pursuing higher studies, eventually received the right to practice. This license, Carr-Saunders and Wilson state, was granted by Oxford and Cambridge by virtue of a power which these universities enjoyed "from their earliest days."\footnote{The Professions, p. 308.}

Common impressions to the contrary, Haskins maintains, "there were relatively few students of theology in mediaeval universities, for a prescribed theological training for the priesthood came in only with the Counter-Reformation."\footnote{Charles H. Haskins, The Rise of Universities (New York: Henry Holt and Company, 1923), pp. 46-47.} Identifying the modern university as the heir of Paris and Bologna, Haskins states:

The occasion for the rise of universities was a great revival of learning, not that revival of the fourteenth and fifteenth centuries to which the term is usually applied, but an earlier revival, less known though in its way quite as significant, which historians now call the renaissance of the twelfth century. So long as knowledge was limited to the seven liberal arts of the early Middle Ages, there could be no universities, for there was nothing to teach beyond the bare elements of grammar, rhetoric, logic, and the still barer notions of arithmetic, astronomy, geometry, and music, which did duty for an academic curriculum. Between 1100 and 1200, however, there came a great influx of new knowledge into western Europe, partly through Italy and Sicily, but chiefly through the Arab scholars of Spain—the works of Aristotle, Euclid, Ptolemy, and the Greek physicians, the new arithmetic, and those texts of the Roman law which had lain hidden through the Dark Ages.\footnote{Ibid., pp. 7-8.}
Ancient learning, now endowed upon law and medicine,
burst the bonds of the cathedral and monastery schools and
created the learned professions; it drew over mountains and
across the narrow seas eager youths who, like Chaucer's
Oxford clerk of a later day, "would gladly learn and gladly
teach," to form in Paris and Bologna those academic gilds
which have given us our first and our best definition of a uni-
versity, a society of masters and scholars. 15

According to Carr-Saunders and Wilson, the
principal difference between the situation in ancient and
medieval times was that in the latter the teachers, administra-
tors, lawyers, and physicians had received prolonged formal
training and constituted a class apart; and it is this character-
istic, the possession of an intellectual technique acquired by
special training, which can be applied to some sphere of
everyday life, that forms the distinguishing mark of a profes-
sion. 16

In their detailed study of the professions, the authors contend that the
term "profession" connotes a complex of characteristics. The acknow-
ledged professions exhibit these features. Hence "they stand at the
centre, and all around them on all sides are grouped vocations ex-
hibiting some but not all of these features." 17 The characteristics
are summarized:

The ancient professions of law and medicine stand near the
centre. The practitioners, by virtue of prolonged and special-
ized intellectual training, have acquired a technique which en-
ables them to render a specialized service to the community.

15 Ibid., pp. 8-9.
17 Carr-Saunders and Wilson, The Professions, p. 284.
This service they perform for a fixed remuneration whether by way of fee or salary. They develop a sense of responsibility for the technique which they manifest in their concern for the competence and honour of the practitioners as a whole—a concern which is sometimes shared with the State. They build up associations, upon which they erect, with or without the cooperation of the State, machinery for imposing tests of competence and enforcing the observance of certain standards of conduct. Material considerations of income and status are not neglected, but the distinguishing and over-riding characteristic is the possession of a technique. It is the existence of specialized intellectual technique, acquired as the result of prolonged training, which gives rise to professionalism and accounts for its peculiar features.

Many elements of the ethical ideal of the professions are combined in the above statement: service to the client, a sense of responsibility for the professional "technique," a concern for the competence and honor of practitioners, and an organic relationship to the state (but no uniform pattern of state regulation.) The authors, however, regard the professional technique to be the sine qua non of a profession. It is the absence of this "technique" which has obfuscated the status of teaching as a profession. Carr-Saunders and Wilson maintain that,"It may be, as is sometimes alleged, that there was an ideal of unity and common purpose among teachers in the Middle Ages, though no organization arose in which these ideals were embodied." The differentiation

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18 Ibid., pp. 284-85.

19 The authors contrast modern professions, which have no common pattern of state regulation, with the medieval professional associations which were organs of the state. Ibid., pp. 306-307.

20 Ibid., pp. 251-52.
of specialized "techniques" prompts the authors to add architects, engineers and later work groups to the ranks of professions.  

In a footnote to their volume on the professions, Carr-Saunders and Wilson offer a second definition of the term "profession":

If we had to define a profession we should find it difficult to improve the definition given by the O.E.D.: "a vocation in which a professed knowledge of some department of learning or science is used in its application to the affairs of others or in the practice of an art founded upon it."  

However, the authors unequivocally state elsewhere that "professions can only be said to exist where the practitioners come together in free association. Desire to associate and the ability to do so are the pre-requisites of professionalism." The association of professionals had a multitude of objectives which Kohn summarizes in terms of stages:

The first stage of organization was to protect the members against unfair competition and to improve the profession in

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21"The idea that professional men are persons in possession of a specialized intellectual technique was present in the earlier centuries and can be detected, for instance, in the writings of Bacon. The notion that professions were occupations staffed by gentlemen, who had an exclusive right to enter into them, was a passing aberration. A deeper analysis reveals the nature of professionalism, and a wider view shows that for several centuries some half-dozen professions provided all those skilled intellectual services upon which the day-to-day functioning of society depended. By 1700 the architects had come in, and the eighteenth century witnessed some further changes. Then the flood-gates opened. New vocations arose and filled the ears of the public with demands for places alongside the ancient professions."  

22Ibid., p. 287.

23Ibid., p. 495.
public consideration. Then followed the stage in which the relationships between members of the same profession were considered as most important. . . . Then they were bound together to prevent outsiders from interfering or to protect the profession against unjust laws. Next followed the movement to improve admission to practice; educational qualifications were established, and the schools were looked after. Finally there was attained the stage in which permanent importance is given to the relationship of the profession to the service which it may be expected to render—that is to say the stage where public needs are placed paramount to professional rights or even desires.\(^{24}\)

It is significant that Kohn considers these to be "stages of liberation from selfishness,"\(^{25}\) and that he discusses them in connection with the professional ideal. Carr-Saunders and Wilson similarly relate the formulation of ethical codes not only to a desire for prestige for members of early associations,\(^{26}\) but to a recognition by professional men of the necessity to guarantee their honor to the public. Observance of certain standards of conduct by professional men was largely secured by the pressure of opinion and tradition, and without the aid of penal sanctions:

the purely juridical approach would give a false and one-sided view of professional ethical rules, which are the embodiment of ideals held independently of the sanctions for their enforcement.

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\(^{25}\) Ibid.

\(^{26}\) Admission was gradually limited to only those individuals "who could show evidence of competence, which in those days meant evidence of experience and accomplishment. In this way prestige would be attached to the members of these clubs or associations." The Professions, p. 301.
Indeed, historically, the ideals may be said to precede the sanctions. Many of the professions, as we have seen, were evolved, directly or indirectly, out of the Church, and they inherited from the Church the ideal of devotion to a calling. These professions reached their full stature and others began to make their appearance at a period when the conception of the "gentleman" was supreme, and from the "gentlemen" with whom their members associated they derived other ideals which are no less a part of the professional code.

It has been stated that the university in contemporary society is as much the product of the eighteenth and nineteenth centuries, as it is of the twelfth and thirteenth. In the early part of the eighteenth century, Carr-Saunders and Wilson note, Addison wrote of the "three professions of divinity, law, and physic," Divinity found a place in the list because it was at one time either the only profession or the basis on which other professions were built. It took its place with physic and the law, as it were, by ancient right. Men had not observed that, since it had divested itself of duties relating to the ordinary business of life, its position in the list was anomalous. The omissions are more interesting than the conclusions. Surgeons and apothecaries are not mentioned, and this is because they were not vocations "fit for gentlemen." At this time and throughout the eighteenth century, the professions were regarded first and foremost as gentlemen's occupations. Though they might not offer large material rewards, they did provide a safe niche in the social hierarchy. Teachers were omitted because such of them as could claim to be gentlemen were included in the Church.

This peculiar relationship of law, medicine and the higher learning to the Church does not apply to the "new vocations" added to the ranks of

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27 Ibid., pp. 420-21.

28 Farmer, op. cit., p. 4.

29 The Professions, pp. 294-95.
the professions in the eighteenth century.  

The retreat of Church and state from the center of social life to its periphery was not without impact upon the organization of the professions, and upon the ideality in which they participated. Tawney states that

in the eighteenth century both the State and the Church had abdicated that part of the sphere which had consisted in the maintenance of a common body of social ethics; what was left of it was repression of a class, not the discipline of a nation. Opinion ceased to regard social institutions and economic activity as amenable, like personal conduct, to moral criteria, because it was no longer influenced by the spectacle of institutions which... had been the outward symbol and expression of the subordination of life to purposes transcending private interests.

The period of social change witnessed the secularization of the traditional professions through their estrangement from the Church, their

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30 According to the authors, the flood of new professions was released by "the revolution brought about by the work of the engineers and thus indirectly to the coming of science." Ibid., p. 297.

31 The authors trace the desuetude into which professional associations had fallen: "The old bonds dissolved, and the medieval associations, for the most part, decayed; no place was found for them in the social and political philosophy of the time." Ibid., p. 299. The medical profession took on a form of association characterized by heavy negative sanctions: "Since it was thought necessary to 'curb the audacity of those wicked men who shall profess medicine more for the sake of their avarice than from the assurance of any good conscience' the Royal College of Physicians was incorporated. The College was to 'discourage the unskillfulness and temerity of the knavish men mentioned. The members were given certain privileges and in addition were to have the 'oversight and scrutiny, correction and government of all and singular physicians' of London, and 'also the oversight and scrutiny of all manner of medicine.'" Ibid.

formalized specialization, and the addition of new vocations to the ranks of professions. By the eighteenth century, those vocations which we now recognize as professions attained an independent status and organization, with the exception of university professors. Others were added by the Renaissance and the Industrial Revolution. Although historical changes obscure, they do not completely eradicate the early professional view of work as essentially a religious activity.

The history of the traditional professions is bound to the history of the university. Talcott Parsons states that

under modern conditions a group can hardly be accorded full professional status unless an important part of it, which is highly respected by the rest, can become specialized in the teaching and advancement of the professional tradition as an intellectual discipline on the same level as those within the central nucleus of the university. In this respect, then, the central university principle ramifies out into the practicing professional group, instead of there being a rigid line between that which is "academic" and that which is "practical."

It is precisely this "central university principle" which renders


34 Although in this dissertation the concept of "calling" is utilized to distinguish professional from commercial life, definitive analysis of the modern social order might indicate how the capitalistic system itself prevents full development of the view of work as a calling both in the professional and commercial spheres. In the post-war French novel, The Mandarins, Simone de Beauvoir has Henri bitterly remark on the demoralized nature of contemporary society in which work is thought of 'only as a career.'

professional knowledge more than a grasp of a specialized "technique."

Cogan affirms that:

Professional associations may assume much larger functions than those of utility in the everyday life of society. For some writers, they are the agents which have fostered the development of science and knowledge in the western world. The professional is the conservator and representative of the values that modern society seeks to preserve.

These great attributes of profession arise not from their specialism, but from the fact that the specialism is grounded in the liberal tradition.

Kotschnig also maintains that:

Truly professional training is neither utilitarian nor purely technical. A professional man who is more than a craftsman must be able to rise above mere technique. He must have an understanding of first principles and must be able to relate them to his own basic field of knowledge. Hence it is essential that he should be given the best possible general education—such as only the college or university can convey.

The traditional professions have been removed from subordination under the aegis of the Church to subordination under the state.

This transition, together with specialization not only within society but

36 Cogan, "Toward a Definition of Profession," p. 46.


38 "The new idea of the university as it developed in continental Europe during the nineteenth century may be summarized in these three propositions: (1) the university is properly subordinate to the state; (2) the university serves properly as the voice of the national spirit or the mind of the nation; and (3) the university is properly dedicated to the increase of knowledge as its principal task rather than to the mere perpetuation of an inherited store of knowledge." Farmer, loc. cit.
within their own ranks as well, constitutes a challenge to the preservation of both the unity of knowledge and of the traditional ethical ideality unique to their heritage. The several dimensions of this ideality are discussed in the remainder of this chapter.

ETHICAL OBLIGATIONS TO CLIENTELE

According to E. A. Ross, professions developed at a time when the general social interest was less clearly perceived than it is now in the modern period. Hence, he maintains, loyalty to a client was elevated to a position of higher ethical obligation than loyalty to the entire society. However, according to Lewis and Maude, the relationship between practitioner and client is the basis of professional morality, and the quintessence of the professional ethic. The authors contend that:

Just as standards of professional conduct were evolved historically by the relations between practitioners and clients, so it is difficult not to feel that the standards of any modern profession are ultimately maintained by the example set by private practice; hence the need to retain a proportion of fee-earning private practice in medicine, for example, and to

39"Only a comprehension of the whole condition of man can bring wisdom. The professional man, as a servant of society, is invaluable. Higher education is well equipped to train such servants. But the professional, taken as a type apart, is scarcely the ideal 'educated man.' He lacks fullness." Hofstadter and Hardy, op. cit., p. 186. The authors devote a large portion of their study to the problem of over-specialization in higher learning in America.


preserve (for education) the stimulus of the public schools. Where high standards are maintained in professions in which private practice is entirely absent, these are probably due to the standards already set by the other professions; but it does not follow that they will survive indefinitely. The quality of professional life is generalized, but each profession benefits from its own internal stimulus. Almost the first thing a new professional institution does is to draw up a code of conduct, even when it finds it hard to produce more than general exhortations to high-mindedness and common honesty.  

Cogan also bases professional morality in the practitioner-client relationship, in stating that a profession is a vocation whose practice is founded upon an understanding of the theoretical structure of some department of learning or science, and upon the abilities accompanying such understanding. This understanding and these abilities are applied to the vital practical affairs of man. The practices of the profession are modified by knowledge of a general nature and by the accumulated wisdom and experience of mankind, which serve to correct the errors of specialism. The profession, serving the vital needs of man, considers its first ethical imperative to be altruistic service to the client.  

Taeusch, too, identifies the immediate objective of professional service as the welfare of the client. Often, he maintains, the professional man "cannot consider the broader social or moral factors but like Socrates' navigator must confine himself to the immediate objective."  

The element of the sacred enters in many ways into the practitioner-client relationship. This is most apparent in the medical

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42 Ibid., pp. 63-64.

43 Morris Cogan, "Toward a Definition of Profession," pp. 48-49.

profession, and it is precisely this quality in the relationship which links it to the clergy, to which it is historically related. An introspective physician writes:

There are many things in the lives of most of us that cannot by any possibility ever be told. It is not that they might reflect discreditably upon us, or, much worse, injure others by divulging their secrets, but simply that these confidences lie in such depths within us that only in our quietest moments, alone with our inmost selves, are we able to lift them gently from their resting-places.

Perhaps this is more true in my profession than in any other, not excepting that of the clergy. Every doctor has been told secrets that never could be told to the patient's own mother, nor to her priest or parson.45

The norm of "keeping confidence" is very similar to the "seal of confession" of the Roman Catholic clergy. It is a mark of honor that the professional man observes this norm in his relationships with clientele. As such, "keeping confidence" is an ethical obligation to clientele. In turn, it is related to the problem of money. While the intimacy of the practitioner-client relationship is confined only to professional matters, it is often intense. It is precisely this intimacy which has been eulogized as antithetical to the commercial spirit. In essence, the distinction is drawn between the merchant's dictum of caveat emptor and the professional spirit in which services of invariant quality are rendered

to all clientele. Services are rendered, rather than sold. An element of primary, rather than secondary relations characterizes the practitioner's approach to the client. The client is viewed as an end in himself, rather than as a means to the practitioner's own ends. In discussing primary relations, Broom and Selznick state:

Because direct personal satisfactions are gained, the primary relation is not a utilitarian means to further ends, but is valued for itself. In the primary relation the individual is accepted for himself and not merely as a means for some impersonal objective.

Ideally, the practitioner approaches his clientele in a non-utilitarian manner, unlike the capable man of Gesellschaft who "conducts himself toward others as a merchant and toward himself as a hedonist, but dislikes to go about unmasked."

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46 Only in the contemporary period is the physician so unanimously termed an "entrepreneur," or an individual who sells his services as the merchant his wares; and a professional organization such as the American Medical Association characterized as "the trade association of the physician as a small businessman." C. Wright Mills, White Collar (New York: Oxford University Press, 1953), p. 119. As Cogan indicates, Mills' identification of both business and the professions as a single class of bureaucrats signifies that he "discards the altruism-egoism differentiation as no longer valid." Cogan, "Toward a Definition of Profession," p. 41. Lewis and Maude interpret the "partial or complete degradation of many professional organizations into wage-negotiating bodies" as one of three main influences of an augmented state control over professional development. Op. cit., p. 35.


Traditionally, the sense of responsibility to clientele in professional practice is one which stems from a pride in service given rather than of interest in opportunity to personal profit. The professional man who gave a lower standard of service in necessitous cases, where his remuneration was little or nothing, would be regarded as an unworthy colleague by his professional brethren.\(^4^9\)

In this statement, Carr-Saunders and Wilson relate the professional man's responsibility to his work itself (in the form of good craftsmanship) with his sense of responsibility toward the effect of this activity on the client, that is, with his concern for the client's welfare. In professional activity, the skills compounded from centuries of study and experimentation are particularized in their application to an individual. In this particularization, professional work is as much an art as it is a science. Imagination as well as a grasp of the intellectual foundations of the profession are as necessary to the practitioner as the precise application of the principles to an individual "case." This activity is common to a professor in preparing a lecture, to the lawyer in preparing his brief, to the physician in making a diagnosis, and to the cleric preparing his sermon. Ideally these individuals draw from a vast body of knowledge and technique in every instance of its particularization.

The element of "service" in professional life is highly intangible. Like all intangibles, it resists quantification. Hence the assessment of the

\(^{4^9}\) Carr-Saunders and Wilson, *The Professions*, p. 471.
value of this service in terms of "fees" or even "salaries" is always an expedient. As Taeusch emphasizes, "No particular professional services should be made dependent on the size of the fee or the certainty of obtaining it." This is an ethical obligation to the profession itself, as well as to individual recipients of the practitioner's services. It is this ethical obligation which distinguishes professional from commercial activity.

Taeusch maintains that the price-cutter, rather than the man who charges exorbitant fees, is a definite danger to the profession; the price-cutter, he points out, "forces competition to shift from that based on services--which is a socially defensible form of competition--to that based on fees--which destroys, by subordinating, the very spirit of professionalism." Stating that the method of assessing professional charges is an expression of the social philosophy of the professions, Taeusch refers to the traditionally salaried teaching profession:

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50 Carl F. Taeusch, Professional and Business Ethics (New York: Henry Holt and Company, 1926), p. 208. In discussing the realization of this obligation, Taeusch adds "Of course, the spirit of professionalism would prevent him (the professional man) from confusing the importance of this consideration with its priority. Furthermore, a successful professional career, in the sense of the performance of services, entitles a man to a relatively superior income. But this superior income is to be measured over a considerable period of time; the principle which justifies such an income does not apply to every particular professional service rendered." Ibid., p. 209.

51 Ibid., p. 216.
Probably as much harm has been done to professional life—and indirectly to social good—by the failure to assess sufficiently high fees and secure a large enough income to provide the necessities of professional dignity, as has been done by overcharging. This is conspicuously true of the teaching profession, in which there has been too little vigor in demanding decent salaries and in asserting a sufficient independence by resigning to secure that demand. Even the indirect methods of improving conditions, by insisting on rigorous standards of admission to the profession, have been lacking.\(^{52}\)

The question of whether or not the professional ideal in regard to clients can be realized at all by a professional salariat is pertinent not only to the teaching profession in the United States, but to the teaching and medical professions in European countries. Carr-Saunders and Wilson state that

practice which involves direct and personal relation to clients evokes a special feeling of responsibility, and on that account nurses and midwives make an advance inwards. In general the salaried status implies that there is no such direct relationship, and on that account it has been doubted whether any but fee-takers can be professionals. But that is to exaggerate one element, and not the most important element, in the complex of characteristics which mark out a profession. Again, the sense of responsibility is called forth when the practice involves personal judgment, and the degree to which judgment is needed does not vary directly with the degree to which there is

\(^{52}\)Ibid., pp. 240-41. Taeusch's argument is that the income of a professional man should, to be consistent with the professional ideal, be based on the value of services as rendered rather than as services received. The latter, he maintains, leads "to vicious situations. Such a basis assumes the ability of a professional man to measure the benefit derived by patient or client. By allowing the professional man to appropriate forces over which he has no control, it encourages hocus-pocus and the incantations of the medicine man, and makes a mystery of ignorance." Carl F. Taeusch, "Fees and Charges as an Index of Professionalism," International Journal of Ethics, XXXV (July, 1925), 371.
personal relation to clients. Thus journalism, in which judgment is called forth, is capable of evoking a feeling of responsibility out of proportion to the technique involved and in spite of the indirect relationship to clients.

This mention of responsibility calls to mind teaching and public administration. By common consent they are classed as professions, and nevertheless the technique is ill defined. The training, at least of the higher ranks, is intellectual, prolonged, and based on the exploration of recognized fields of study, but it is generalized. The circumstances, however, under which the practitioners render their services are such as to evoke a very marked sense of responsibility. 53

Lewis and Maude contend that "the preservation of personal responsibility to the client in the professions which set the tone for the others--primarily law and medicine" is essential for preservation of the ethical ideal of the professions, and that the problem is to determine how this preservation is possible within the framework of partially "socialized" administration and finance. 54 The practitioner-client relationship is so important to the historical and conventional conception of professional ethics, they maintain, that

it is sometimes suggested that only private practice confers professional status. At one time, of course, there was virtually nothing but private practice, whether of doctors, lawyers, surveyors, or architects, and even those in state service served by appointment to the king personally. But teachers have always been employed by corporate bodies, their profession consisting of the performance of duties to pupils and parents. It is certainly very difficult to exclude the professional


54 Lewis and Maude, op. cit., p. 266.
salariat from the professional classes—for one thing a man may, and often does, alternate between private practice and salaried employment. 55

For the artist of the medieval period, there was no clear conflict between duties toward employer and client, inasmuch as the patron was generally the client as well. The implication of socialization of the professions is somewhat similar: rendering services to the employer or "patron"—the state—is accomplished by rendering service to its citizens, the clientele. In the orthodox socialistic sense, these groups are not differentiated, nor is the service rendered to them. Lewis and Maude contend, on the other hand, that

either society is the employer—as with professional civil servants or army officers; or else society is served only through the punctilious discharge of duties owed to the individual client or patient. Indeed, the larger and more grandiloquent conception of service is dangerous. May the doctor conduct, unknown to the patient, an experiment—or at least an experiment involving risk—upon the patient for the good of society? . . . Difficult cases abound—but the answer which springs from professional tradition is No. Society has derived benefit, and been best served, through devotion to the client's interest. 56

Professional status connotes, the authors maintain, a high sense of duty to the employer, just as it connotes a high sense of duty toward the client. Nevertheless, they find that the extent to which a professional ethic can be said to prevail among employed professionals is limited:

55 Ibid., p. 61.
56 Ibid., p. 65.
The distinction between those who are practicing their profession, and professional people in state or private employment is very clear: one is bound by an often complex code, the other simply by a sense of high responsibility, engendered largely by the knowledge that he is a member of "an honourable and skilled profession, bound by the code if at any time it does affect (his) conduct."57

The code of the professional man, however, is itself often a source of moral difficulty for him. As Taeusch recognizes, personal ideals can and often do conflict with the ideals implicit in a code which governs professional activity,

And every professional man faces sooner or later, and often many times, this moral predicament which confronts all members of social groups: Shall I stay "in" and work out my purposes from within, slowly and perhaps not at all and most likely only in part; or shall I get "out" and become a free lance and fight the organization from without?58

Taeusch finds that the professional codes are a source of ambiguity in themselves, just as is the highly intangible sense of responsibility of professional salariat. This is due not only to the fact that no code can embrace all contingencies, but also to the fact that codes themselves, in elucidating principles of ethical obligation to different groups involved in professional activity, are often obscure and equivocal. Professional codes of ethics thus reflect the antinomies within the ethical ideal of obligation to the clientele and of obligation to the total society. Ethical dilemmas arise, as Taeusch points out, when the obligation

57 Ibid., p. 63.
58 Taeusch, Professional and Business Ethics, p. 325.
to the client

fails of attainment or when it is incompatible with the public interest, as in keeping inviolate confidential communications, or with the interests of the practitioner, as in subordinating fees to the proper performance of services. Professional men have also at times sacrificed the welfare of client or patient to the professional etiquette allegedly due one's colleagues, and have swallowed the camel of inefficient services while straining at the gnat of punctilious advertising standards.\(^\text{59}\)

The responsibilities of the professional man to his immediate clientele have been termed the basis of professional morality, and the foundation of the ethical ideal of the professions. According to this view, service to the individual client implies service to society itself, or to the total potential clientele of which he is a particularization. This service is rendered in a spirit of dedication to professional work which is antithetical to commercialism. It has been maintained that the priority of the claims of the immediate clientele is usurped by the intrusion of third parties into the practitioner-client relationship. Such "third parties" may be represented by the state itself, or by a social group.\(^\text{60}\) The anonymity of the professional man has been emphasized


\(^{60}\) Attention has been called to "the spread of the insurance principle to medicine, which has intruded a third party between the doctor and his patient and has imposed uniform fee scales in a notoriously nonuniform field." William T. Fitts, Jr. and Barbara Fitts, "Ethical Standards of the Medical Profession," *The Annals of the American Academy of Political and Social Science*, 297 (January, 1955), 17-18.
as essential for the preservation of the ethical ideal of the professions. On the other hand, it has been stated to be incompatible with realization of the ethical ideal of the professions. 61

Whether or not the professional man is economically independent and enjoys anonymity in his relationships with clientele, the tradition of ethical obligations to clientele is bestowed upon him. Ultimately, he is subordinated under an objective ideality. Simmel characterizes this form of subordination:

At a certain higher stage of morality, the motivation of action lies no longer in a real-human, even though super-individual power; at this stage, the spring of moral necessities flows beyond the contrast between individual and totality. For, as little as these necessities derive from society, as little do they derive from the singular reality of individual life. In the free conscience of the actor, in individual reason, they have only their bearer, the locus of their efficacy. Their power of obligation stems from these necessities themselves, from their inner, super-personal validity, from an objective ideality which we must recognize, whether or not we want to, in a manner similar to that in which the validity of a truth is entirely independent of whether or not the truth becomes real in any consciousness. The content, however, which fills these forms is (not necessarily but often) the societal requirement. But this requirement no longer operates by means of its social impetus, as it were, but rather as if it had undergone a metapsychosis into a norm which must be satisfied for its own sake, not for my sake nor for yours. 62

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61 Lewis and Maude contend that the practitioner-client relationship is the basis of professional morality. Op. cit., p. 59. Thus, they emphasize that "the larger and more grandiloquent conception of service is dangerous." Ibid., p. 65. Ross, on the other hand, contends that obligations to society are of a higher order than those to individual clients. Op. cit., p. 476.

Subordination under the "objective ideality" signifies subordination under an impersonal authority which transcends either the authority of the organization which employs the professional salariat, or the authority of professional confreres in the professional organization. The conflict between authorities is perhaps more immediately apparent in the case of the independent practitioner. The professional organization may itself make demands upon him which are often incompatible with his total obligations. Professional ethical codes embody not only the highest ethical principles of a traditional profession, but sources of potential conflict as well.

ETHICAL OBLIGATIONS TO PROFESSIONAL CONFRERES

In tracing the history of professions, Carr-Saunders and Wilson find "free association" to be a _sine qua non_ of the formation of a professional group. 63 The point is well taken that, as a function of their efforts to differentiate their professional group from society as a whole, professions "take on the traits of a community."64 The communal quality of work groups is a concept developed by Durkheim in his discussion of organic solidarity. 65 Durkheim's analysis is focused upon

63The Professions, p. 495.


65The Division of Labor in Society.
the occupational group as a vehicle of social control. It is this function of the professional group which is related to the ethical ideal of the professions. The literature which is concerned with obligations to the professional group suggests that through loyalty to the highest principles of the profession, the welfare of society is secured. Just as Durkheim envisaged the occupational group as the basis of organic solidarity, Kohn states that the professions "alone can lay the groundwork of a new society based on the idea of the distinctive functional contribution of each to the common good." 66

Conformity of professional men to the standards or codified ethical rules of their profession is often related to self-interest, rather than to an ethical ideal. Goode, in referring to the "apparent self-denial" of professionals, states:

they can, but typically do not, exploit. This is not to say that professionals are nobler than lay citizens. Instead, the professional community holds that exploitation would inevitably lower the prestige of the professional community and subject it to stricter lay controls. It is at least clear that if individual clients believed that their practitioners were seeking to exploit them, they would not trust them so far as they do. More fundamentally, as in any other community, the highest rewards of prestige and money are most likely to be granted to the practitioners who actually live up to the professional role obligations. 67

A practitioner who attempted to adopt the commercial principle of caveat

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66 Kohn, op. cit., p. 5.

67 Goode, op. cit., p. 196.
emptor, Goode maintains, might "find himself expelled from his commu-
nity either informally or formally." Similarly, in relating the
professional ideal of obligation to clients with an "institutional expecta-
tion that professionals will put the welfare of client or of society be-
fore their own personal interests," Huntington states that

clients as well as colleagues exert pressure on individual
practitioners to conform to the norm of placing the client's
interest above their own. Consequently the individual who
deviates is not likely to succeed in the long run, in furthering
his self-interests.

It is precisely in the emphasis of professional solidarity as an
expedient that the ethical ideal of the professions is challenged or
negated. Professions are accused of "tribal bias" or 'guild selfish-
ness.' Professional solidarity is often interpreted, in this manner, to
be antithetical to realization of the professional ethical ideal.

Caplow finds the very process of professional differentiation
from the total society to be an impediment to interprofessional co-
ordination:

68 Ibid.

69 Mary Jean Huntington, "Sociology of Professions, 1945-55,"
Sociology of the United States of America, a Trend Report, Hans L.

70 Ibid.

71 Charles R. Henderson, "Practical Sociology in the Service of
Social Ethics," The Decennial Publications (Chicago: University of
Each of the major professions tends to award itself a higher status than outsiders would be willing to concede, and to underestimate its relative rewards. Of course, disproportions between the relative prestige and the relative earnings of a professional group may exist, but the degree of disproportion is invariably exaggerated. This mild paranoia serves as a constant support for the militancy of professional organizations in promoting their economic interests.

A similar mechanism prevents the various professions from forming a single class. It is chiefly in comparison with other professions that each professional group exaggerates its own importance and deprecates its own rewards, so that inter-professional cooperation is sporadic at best. 72

Professional isolation from laymen as well as interprofessional isolation are both cause and effect of professional solidarity. Goode suggests that "there is probably a correlation between the degree of community of the profession and the extent of difference between the values of the practitioners and those of the larger society or of clients."73


73 Goode, op. cit., p. 197. Caplow points out, however, that the distinctiveness of folkways "depends on the size of the community. Only in metropolitan centers are the members of any one profession sufficiently numerous to form a closed community. In smaller communities, the standards of a professional group are replaced by certain norms which apply to the entire professional class, or to an even larger group of middle-class functionaries." Caplow, op. cit., pp. 124-25. The author adds that, "Especially among physicians and lawyers, isolation may be carried to the point where any serious extra-occupational interests are disapproved, and where sociable contacts with laymen are consciously held to a minimum." Ibid., p. 126. "Another circumstance," he adds, "which tends toward attitudinal isolation is the development of superordinate and specialized attitudes (bedside manner, judicial calm, etc.) toward patients and clients, which come to be inappropriately transferred to other situations involving laymen, so that social interaction with them is hampered." Ibid., p. 131.
"The profession," Hughes observes, "claims and aims to become a moral unit." Hughes states that "the more mobile and esoteric the professional type, the more completely are familial and local ties and mores left behind." and that cutting off of the person from his home base simultaneously with his entrance into an occupation, with his change from one occupation to another, is that characteristic phenomenon of the modern division of labor which carries with it personality change.

In his analysis of the division of labor, Durkheim explored the problem of how the individual can become at once more autonomous and more solidary. He "offered the hypothesis that occupational specialization served to free individuals from the 'standardization of personality' which resulted from 'collective action and hereditary influence.'"

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74 Everett C. Hughes, "Personality Types and the Division of Labor," American Journal of Sociology, XXXIII (March, 1928), 762.

75 Ibid., p. 754.

76 Ibid., p. 761. Describing the profession as composed of a culture and a technique, Hughes states that "the etiquette and skill of the profession, appear in the individual as personal traits. The objects become to the individual a constellation of sacred and secular objects and attitudes. In general, we may say that the longer and more rigorous the period of initiation into an occupation, the more culture and technique are associated with it, and the more deeply impressed are its attitudes upon the person." Ibid., p. 764.

Professional solidarity, however, is often interpreted as an impediment to realization of the ethical ideal, to interprofessional solidarity, and to the autonomy of the individual professional. The latter may, in this connection, be subjected to conflicting loyalties. His efforts must be directed not only toward differentiating his group from the total society, but toward preserving his own autonomy, i.e., toward differentiating himself from his professional group. This problem is further accentuated by intraprofessional specialization:

The evolution of the legal and medical professions was anything but smooth; and something more than has yet been said is required to account for so tangled a history. On reflection it appears that what happened in both cases was the early segregation of practitioners, advocates, and physicians, whose function at a later date was realized to be specialist. But the associations of these specialists, having attained great power and prestige, attempted to inhibit the development of general practitioners of law and medicine of whose services the public had need. When they could not prevent their appearance, they tried to keep them subservient, and the history of both professions is largely concerned with the problems so brought about.78

The professional man's conflicts, as a function of the division of labor as a whole, and of inter- and intra-professional specialization, reflect what Simmel terms "the dualism between the autonomous life of the individual and the life of society, a dualism which is often harmonized in experience, but which, in principle, is irreconcilable."79 Internally,
Simmel observes,

man stands under two, mutually alien norms; . . . our movement revolving around our own center (something totally different from egoism) claims to be as definitive as the movement around the social center; in fact, it claims to be the decisive meaning of life.  

This dualism is most apparent in the professional man's obligations to colleagues and to his profession. Membership within a profession is often interpreted as a commitment which precludes subordination under the objective ideality. Kohn feels that profession as well as society would benefit from interprofessional cooperation to test out the validity of their several standards in the light of the criticism of those who practice some other profession.

The weakness of professional influence in public life comes about through the fact that each profession in the past when trying to affect public affairs has spoken for itself alone, and hence its opinions were always suspected of being influenced by self-interest.

Kohn's view, however, is not shared by other students of the profession who emphasize the conservative quality of professional organizations.

Carr-Saunders and Wilson maintain that professions are "stabilizing elements in society" as they "engender modes of life, habits of thought and standards of judgment which render them centres of resistance to crude forces which threaten steady and peaceful evolution." While the authors acknowledge that the professions are

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80 Ibid., p. 248.

81 Kohn, op. cit., p. 4.

82 Carr-Saunders and Wilson, The Professions, p. 497.
unprogressive in their attitude toward larger problems of social organization, they interpret this to mean not, however, that professional men are innately reactionary or unprogressive, but that they lack vision. They do not grasp the essential features of the social and economic structure and the place of the profession in it. Moreover, in so far as they do interest themselves in matters outside the development of their own technique, they often fail lamentably to display the same standards of exactitude and judgement as they demand with rigour in their immediate spheres. The pity of it is that their opportunities are so great and that they have so large a part to play, if only they would open their eyes and summon up courage to act in the larger issues of contemporary life. 83

Another writer finds that resistance to change and innovation is the consistent pattern of the professional hierarchy. "Our most respected professional organizations constantly act as bulwarks of the status quo." 84 Rosenfield asserts that the "vested interests" of professions prevent them from accurately "assessing the forces of social progress" 85 and denies that the "cultural interest," as MacIver terms it 86, should be controlled by the profession itself: "Whether we have more TVA's is not an engineering problem, nor more atom bombs a military one. Nor

83 Ibid., p. 498.


85 Ibid.

is health insurance a medical inquiry." MacIver, on the other hand, maintains that "the cultural interest belongs to every profession and is in fact one of the criteria by which to determine whether or not a given occupation is to be classed as a profession."  

The principal objection to professional autonomy is based upon the view that professions should be organized for social welfare, rather than for securing the interests of the professional group. It is often maintained that professional solidarity precludes realization of the ethical obligations of professionals toward society as a whole. Nearly half a century ago, Langerock stated that "Professionalism is a sort of

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  \item \textit{87} Op. cit., p. 15. In defending his position, Rosenfield cites organized medicine's initial opposition to group practice, workmen's compensation, industrial medicine, voluntary health insurance, and group hospitalization insurance. \textit{Ibid.}, pp. 5-8. In Great Britain, he observes, the origin of public health developed under the stimulus of Jeremy Bentham. "Its immediate progenitor was Edwin Chadwick, a lawyer and student of social problems, and former secretary to Bentham." In the United States, Samuel Shattuck, "a teacher-historian-publisher-businessman-statistician-legislator" wrote a report for the Massachusetts Sanitary Commission in 1850, and twenty years later the report resulted in the organization of the first state board of health in this country. Rosenfield maintains that the public health "path is strewn with last-ditch fights by organized medicine." \textit{Ibid.}, p. 4. Similarly, the public school movement was a "people's reform movement," and while the teaching profession "may have figured in the movement, and certainly was later responsible for its technical effectuation... the organized educational profession was not a prime mover in the struggle to establish the principle of free public schools." \textit{Ibid.}, p. 12. The author concludes that although there are many technicians "whose judgments are indispensable for reaching wise decisions on public policy," the only expert is "an educated and articulate citizenry." \textit{Ibid.}, p. 15.
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introspective egoism. Insiders remain inside, looking out, instead of going occasionally outside to look in. Langerock's concept of professional deformation corresponds to the concept of trained incapacity. Continued performance of a profession or trade, he states, "creates in the individual a deformation of the reasoning processes and of the sane valuation of the importance of his activity in the social labor of the community to which he belongs." Professional deformation leads to esprit de corps which he equates with group clanishness. As an example of professional deformation Langerock cites military officers who consider themselves a superior class or caste in society, inaugurate their own ethics and traditions, and aim to exercise upon the destinies of nations an influence which is out of alignment with the original purpose of national defense which justifies their existence.

Self-regulation of professions is often questioned, particularly

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91 Langerock, op. cit., p. 30.

92 Ibid., pp. 32-33.
on political grounds, as a potential threat to social welfare. On the other hand, it has been stated that "the preservation of personal responsibility to the client" is the sole guarantee of preservation of professional morality. The recruitment of professional candidates has also been stipulated as an ethical concern of professionals, as has the exclusion of incompetents from the professional group. Many of these arguments are rooted in the belief that professions are obligated to preserve the knowledge accumulated through the centuries as their

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93 Key, for example, asks, "At what point does the expert become a layman whose views perhaps deserve no special weight on the sole ground that authority should be conceded to competence? It may not be questioned, for example, that the wisest policy is to permit organized medicine to determine the amount of time the prospective doctor shall spend in studying anatomy. Perhaps when it comes to the question of the method of payment for medical service... the attitudes of the profession may carry political weight but not the conclusiveness of expert opinion." V. O. Key, Politics, Parties, and Pressure Groups (Third edition, New York: Thomas Y. Crowell Company, 1955), p. 141.

94 Lewis and Maude, op. cit., p. 266.

95 "Until a man can freely encourage the very best types of manhood to enter his profession, he has not caught the nobler sense of professionalism." Taeusch, Professional and Business Ethics, p. 20.

96 Ibid., p. 16. The restriction of membership to competent professionals, Taeusch maintains, has the beneficial effect that, "Society secures more efficient services, while the professional and business man is protected against a flood of 'immigrant' competitors who would lower his income appreciably. Some professions, such as teaching and the ministry, have not yet discovered that the sentimental view of letting any one enter who feels the urge or hears 'a call' is wrecking the profession economically; while society suffers in that two of its most responsible functions are performed largely by persons who accept wages and salaries that would be spurned by ditch diggers and plumbers' apprentices." Ibid.
own unique heritage. "Too many people," Taeusch contends, "have the
idea that 'anybody can build a bridge':

To make of all engineering knowledge a fetish, however, is
just as absurd a mistake. Professional success in engineer-
ing will result from a skillful distinction between the kind of
knowledge which it is the public duty of the engineer to dis-
seminate and the kind which can be learned only by years of
painstaking labor. It is as much of a public duty for the engi-
neer to prevent the latter from becoming matters of opinion
or majority vote as to broadcast the former. 97

Huntington also maintains that

in order for professionals to fulfil the function of developing
and applying knowledge, they must be relatively free from
control by outsiders who by definition do not possess the
requisite knowledge to judge the work of professionals. One
of the principles of the professional role is that practitioners
should maintain control over their own work. 98

The problem of reconciliation of the profession's need for
autonomy and self-regulation, and the social need for professional re-
sponsibility is apparently the principal antinomy within the ethical ideal
of obligations to professional confreres and obligations to society. In
general, as Wardwell points out, professional roles resist bureaucratiza-
tion. The professional man does not need
delegated authority and the weight and sanction of an authori-
tarian organization to support his professional decisions.
The only social relationships which professional men need
with their professional colleagues are those that protect them
from the indiscretions of other professional men, particularly
in such matters as the maintenance of standards of competence
and ethics and the profession's reputation with the public. The

97 Ibid., p. 109.
98 Huntington, op. cit., p. 88.
appropriate basis of social organization for a profession is therefore the "group of equals" pattern of the professional association, rather than the bureaucratic type of organization.  

Thus Wardwell finds that the characteristic mode of association at least in the "free" professions, is the partnership, i.e., an egalitarian form of organization. Even where professions function in bureaucratic-type organizations there are indications that the group of equals pattern exists. In a hospital the physicians on any one service tend to be related to each other as equals, toward whom the "chief" of service is a primus inter pares rather than a superior. The faculty of a college or university is a "body of scholars" in spite of differences in academic rank (which correspond more to stages in a career than to levels of authority). Such democratic processes as rotating or elected department chairmanships... signalize the basic equality of status of the faculty.  

Although by opposite lines of reasoning, both Key and Lewis and Maude contend that professional codes of ethics are largely applicable only to independent practitioners. In defending continued


100 Ibid, p. 358. Wardwell recognizes that,"There are stronger pressures toward bureaucratization in colleges and universities than in law and medicine." Ibid, p. 359. However, he finds that the pattern among the "free" professions is increasingly one of large-scale impersonal organization "rather than that of the intimate personal relationship of free professional and client. Physicians more and more use hospitals and clinics with their large array of specialized services and technicians, as their base of operations. Frequently, the patient has not one doctor but many doctors, and when this is the case the independence of the individual physician is severely limited." Ibid, p. 358. Like Kohn, however, Wardwell suggests that professions "seem to offer the likeliest bases for societal integration." Ibid, p. 359.


independence of practitioners, the professional codification of ethical standards is often cited as material proof of the dedication of professionals to the preservation of the ethical ideal.

THE SIGNIFICANCE OF CODES OF ETHICS FOR THE PROFESSIONAL IDEAL

Professional ethics, Taeusch maintains, constitute the social philosophy of pluralistic pragmatism so characteristic of mediæval life. In keeping with this pluralistic implication the concept of professional ethics and the rules and practical behavior derived therefrom vary among the different countries and professions. ¹⁰³

Taeusch finds that in Germany and Austria,

the engineer, the teacher and the doctor are ... governed in large measure by statutory regulations, and the residual professional autonomy and behavior are by no means so explicitly formulated as they are in the United States. ¹⁰⁴

The codification of ethics, he states,

has served to formulate general principles which are themselves significant even though the codes have fallen into disuse or have functioned, as in the case of law and medicine, by virtue of certain carefully selected sanctions or of committees which were given jurisdiction over doubtful or obvious cases. Thus the codes represent merely a phase in the development of professional ethics. ¹⁰⁵

¹⁰⁴ Ibid.
¹⁰⁵ Ibid.
Professional ethics have, Taeusch maintains, "introduced two factors which have traditionally been too little emphasized: the fiduciary relationship of the professional man to his client and the relations of groups as groups to each other and to society."  

MacIver, in discussing the significance of professional codes of ethics, states that the professional's primary problem is the reconciliation of various interests. The "extrinsic" interest of the professions includes interest in economic and social status, reputation, authority, success, and those emoluments which attach to professional life and activity. The "technical" interest includes interest in the art and craft of the profession, the maintenance and improvement of standards of efficiency in practice, a quest for new methods and processes, and the definition and promotion of the training requisite for practice. "Cultural" interests are widely defined, and pertain to such objectives as beauty of professional workmanship. MacIver states that in the structure of the general professional interest we find a rich mine of ethical problems, still for the most part unworked but into which the growing ethical codes of the

\[106\text{\textsuperscript{nd}}, p. 475.\]
professions are commencing to delve. 107

Caplow summarizes three types of relationships embraced by professional codes of ethics, in stating that the general acceptance of codes "has the effect of establishing in advance a whole series of contractual relations between practitioners and clients, among practitioners themselves, and between practitioners and the state." 108 The preoccupation of professional codes of ethics with relationships among practitioners might be illustrated by a discussion of the code of ethics of the medical profession. It is this preoccupation which prompts many critics of the professions to cite professional solidarity as a major impediment to the realization of ethical obligations of independent practitioners.

In medical codes, first drawn up in 1848 and revised in 1903, 1912, 1922, 1940 and 1949, the relationships between practitioners have consistently received more attention than relationships of the physician

107MacIver, op. cit., p. 7. Elsewhere, MacIver classifies associations in terms of interests. Robert M. MacIver and Charles H. Page, Society: An Introductory Analysis (New York: Rinehart and Company, Inc., 1949), p. 447. The concept of "interest" as a basis of association has a gesellschaftliche or voluntaristic quality, in contrast to gemeinschaftliche solidarity based upon like-mindedness and the sharing of common usages. Like Taussch, MacIver emphasizes that the general ethical code "prescribes simply the duties of the members of a community towards one another" while the professional code "prescribes also the duties of the members of a whole group towards those outside the group." "The Social Significance of Professional Ethics," p. 8.

108The Sociology of Work, p. 113.
to any other group. In 1927, Landis (presumably speaking of the 1922 revised medical code) stated that:

A classification of the sections of the principles of medical ethics reveals that four of the principles deal with the duties of physicians to patients, 25 touch on the relation of physicians with their colleagues, eight are aimed at protecting the public, one concerns the protection of physicians, and one touches on relations of physicians and pharmacists. 109

In the 1955 code, Chapter I is devoted to "General Principles" which concern the character of the physician, the physician's responsibility, groups and clinics, advertising, the relationship of the physician to media of public information, payment for professional services, patents and copyrights, dispensing of drugs and appliances by physicians, rebates and commissions, secret remedies, and the evasion of legal restrictions. Chapter II, which concerns duties of physicians to their patients, contains four sections. Chapter III, which concerns duties of physicians to the profession at large, contains four sections. Chapter IV, concerning professional services of physicians to each other, contains three sections; Chapter V, devoted to duties of physicians in consultations, contains eight sections; Chapter VI, labeled "Duties of Physicians in Cases of Interference", contains nine sections; Chapter VII, discussing compensation, contains five sections, and Chapter VIII,

discussing duties of physicians to the public, is composed of three sections. Disregarding the diffuse Chapter I, four sections are devoted to the duties of physicians to their patients, twenty-nine sections are devoted to inter-professional relationships and duties, and three sections are concerned with the duties of physicians to the public. As Fitts points out, the principal revisions or additions to the medical code since 1922 have been concerned with groups and clinics, advertising, the dissemination of information to the public, rebates (feesplitting) and contract practice. Fitts also adds that "many of these changes reflect the intrusion of a third party or parties into the traditional doctor-patient relationship." 

It is precisely this emphasis upon inter-professional, or colleague relationships which has been cited as evidence of "guild selfishness," "professional self-interest," "tribal bias"—in short, the preoccupation of professions with obligations between professional members to the detriment of client and public welfare. E. A. Ross states that "in the etiquette governing the relations among men of the same profession, there are things which savor of a conspiracy against the public." 

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112 Ross, op. cit., p. 478.
Taeusch, on the other hand, contends that no layman can accurately assess professional principles of ethics:

The supreme purpose of a profession is to make available to society without any reservation as to quality or any question as to remuneration the very best of services needed. If in order to secure this purpose a certain amount of individual sacrifice must be made to observe the standards of the group the professional man secures within such limits that form of liberty which after all is most desirable to any one brought up in Western Civilization, the liberty of pursuing his vocation freely under the encouragement of men who proceed on professional presumptions like unto his own. If the resultant ethical principles appear to the layman at times to be a recurrence of medieval casuistry, he must remember that the interests of a profession are unique and can be understood fully only by its own members. 113

Everett Hughes takes the view that many rules which develop in work organization are concerned with mutual protection, since they pertain largely to "mistakes." 114

Both the unchanging character of professional ethics and the strength of control agencies 115 are often thought to preclude realization of the professional ideal of ethical obligations both to the client and to society. Benson Landis, in his study of types of professional codes of

113 Professional and Business Ethics, p. 361.


115 Caplow presents an excellent discussion of the control of occupational behavior in The Sociology of Work, op. cit., pp. 120-21, in which he refers to these and other aspects of rules.
ethics, classifies these documents as: (1) the code which is a collection of specific rules of conduct, such as that of the accountants; (2) one which is a collection both of specific rules of conduct and of general principles which set no standard; (3) the code which is a collection solely of principles which set no standards; and (4) one which consists of general principles constantly applied to particular situations by the ruling of a practice committee, such as the code of the American Association of Engineers. 116 Observing that in the medical profession the county medical society is the principal agency of education and control in that the governing board of that society administers the code of ethics, Landis states that:

The tendency of the county medical society is to become conventional, enforcing a few rules commonly observed, such as those against advertising, and to expel the heretic, thus opposing free speech and open discussion of unconventional ideas as to the reorganization of medicine for public service. 117

Landis maintains that if a code is to be meaningful, it must consist of specific rules which are constantly revised. 118 Significantly he found that "there is wide disagreement as to what a code is--whether it should consist of observable rules and standards or of remote ideals" and adds that

116 Landis, op. cit., p. ix.
117 Ibid., p. 44.
118 Ibid., p. xi.
Codes are still, to a great extent, even in the older organizations among lawyers and doctors, formulations of vague idealism, largely evidences of wishful thinking. The tasks of developing standards have not yet been approached with thoroughness and with regard for the factors that enter into group control. 119

Revisions of the medical code of ethics have principally concerned third parties as intruders in the doctor-patient relationship, rather than other types of ethical obligations of the physician. In these latter dimensions of the ethical ideal, the medical code may be said to be "uniform and unchanging." Cogan attributes the failure of the profession to meet public obligations to unified control of professional ethics by the in-group:

The dependent relations of clients to practitioners soon creates public recognition of the necessity of exercising some measure of control over professional activities. It is a matter of public interest to establish more or less well-defined standards of practice. On the other hand, such restrictions cause the professions to react with a demand for partial self-regulation.

Some observers have taken a very pessimistic view of the results of delegation of power to private associations. One critic at least views such organizations as incurably self-seeking and their activities as detrimental to the community. The modern guild apparently infiltrates the very agency set up to control it. Once the guild has seized the reins, it proceeds to cater to narrow associational interests at the expense of society. 120

Hayes interprets the problem of "guild selfishness" in an ethnological context:

119 Ibid., p. 93.

120 Cogan, "Toward a Definition of Profession," p. 45.
To the persons and property of outsiders, as already noted, early morality gives no protection. Morality groups are at first small clans. In time ethics become ethnic. At length barbarian as well as Greek, Gentile as well as Jew, Cythian, Parthian, bond and free, Bushman and Boer, Indian and settler, are more and more included in the widening circle of moral society.\textsuperscript{121}

Hayes finds that a moral code

instead of being a universal requirement, applicable to the treatment of all mankind, was first the requirement devised by a group, and inculcated and enforced by a group for the benefit of that group and its members. When it came to be regarded as expressing the will of God it was generally the will of a tribal God or Gods who, while demanding justice and mercy in the treatment of fellow clansmen, rejoiced in the utmost barbarities when they were inflicted outside the circle of group partisanship.\textsuperscript{122}

In-group solidarity in the occupational sphere, Small states, signifies that:

The doctor lives within the dictates of the medical code, the merchant of the commercial code, the preacher of the ministerial code, and so on. Each might be conspicuously helpless if obliged to solve the moral problems that occur in the spheres distant from his own.\textsuperscript{123}

Taeusch has suggested a corrective for ethical codes which "become


\textsuperscript{122} \textit{Ibid.}, p. 185. It is interesting to note that Hayes conceives of ethical codes as evolving from rudimentary forms to more rational types. \textit{Ibid.}, p. 217. This is a deduction from his conception of increasing rationality in the ethical as well as in the social sphere.

meaningless terms, indicative of a state of 'inocuous desuetude,' and bordering closely on to objectionable hypocrisy."\(^{124}\)

**Conflicts of the Independent and Salaried Professional**

The subordination under an ethical idealty is difficult both for the professional salariat and for the independent practitioner. In the case of the former, the ethical sense of responsibility is inarticulate. It is so generalized in the case of large-scale organization that ethical obligations to immediate clientele and to the colleague group are obscured. The latter become mere particularizations of a larger (state) personification of the entire clientele and colleague fraternity.\(^{125}\) Obligations to the large-scale organization, which is rarely other than bureaucratic in structure, enhance the conflicts of the professional man cognizant of an ideality beyond the organization. He is a "servant of two masters" if the claims of an individual client oppose the claims of the organization embracing both practitioner and client. Simmel, in analyzing subordination under opposed superordinates, states:

There is no differentiating compromise for Antigone between the religiously clothed claim of the family group, which entails the burial of Polyneikes, and the law of the State, which forbids it. After her death, the contrasts, in their inner

\(^{124}\)Methods should be applied "which approximate those that have made the law not only effective but acceptable: an impersonal, objective method of treatment, and the selection of suitable sanctions." *Professional and Business Ethics*, p. 99.

significance, face one another in exactly as harsh and unreconciled a manner as they did at the beginning of the tragedy. They demonstrate that no behavior or fate of the individual who is subject to them, can suspend the conflict which they project into him. And even where the collision does not occur between those forces themselves, but only within the subject which obeys both; where, therefore, it seems easier to settle the collision by dividing the subject's activities between them--even there, it is only the lucky accident following from the content of the situation which makes this solution possible. Here the type is: Render unto Caesar what is Caesar's, and unto God what is God's--but what, if one needs the coin claimed by Caesar for a deed in honor of God? The mere mutual strangeness and non-organization of the authorities on both of which an individual depends at the same time, is sufficient to make his situation basically contradictory. And this is all the more the case, the more the conflict is internalized in the subject itself, and grows out of the ideal claims which live in the individual consciousness of duties. 126

Conflicts of the professional employed in a large-scale, impersonal organization are experienced, of course, only if an objective ethical ideality exists for him. His problem is not only to reconcile opposing claims imposed by clientele and by the organization. He must also reconcile these with the claims of his profession, i.e., the claims that he distinguish his profession from other groups in order to preserve its knowledge and technique, and the integrity of confreres who employ them in professional activity. It is incumbent upon the professional who identifies himself as a carrier of the tradition of his profession, to preserve the distinctive character of that tradition. This obligation conflicts with obligations of the service principle in large-scale

organization. The academician in a state university, the physician who works within a system of socialized or industrial medicine, the lawyer employed by a corporation, the army chaplain are but four examples of professionals who might experience such a conflict.

On the other hand, independent practitioners—who have preserved their professional identity, and who exhibit professional solidarity, experience conflicts from an opposite direction. The profession itself, viewed as an association of colleagues, often imposes the same tyranny over him as does the organization over his salaried confrere. The ethical code itself emphasizes his obligations to colleagues, and is silent concerning the potential conflicts between these obligations and those to other groups. Neither autonomy nor specific dicta resolve these conflicts for the professional who is subordinated under principles which transcend them.

Durkheim once observed that the "only power which can serve to moderate individual egotism is the power of the group; the only power which can serve to moderate the egotism of groups is that of some other group which embraces them."\(^{127}\) State control has been suggested as a solution to the problem of "guild selfishness." Both writers who support and those who oppose state control over professions share a concern for the preservation and realization of the ethical ideal of the professions.

THE STATE AND THE ETHICAL IDEAL

State control over professional life and activity has been condemned as an encroachment upon an independence deemed necessary for the preservation of professional morality. On the other hand, it has been lauded as the sole possibility of preservation of the ethical ideal of the professions. The former view is based upon the premise that the practitioner-client relationship is the sole repository of professional acceptance of responsibility. The latter view is based upon the premise that the social purpose of the professions can be met only through the surrender of professional self-regulation to the governmental sphere.

Carr-Saunders and Wilson, among others, maintain that state intervention in forming those rules which govern admission to and expulsion from a profession seriously threatens professional independence:

The intervention of the State and the setting up of a register have had profound effects upon professional associations. Intervention implies that the rules governing admission to and expulsion from a profession are made by bodies with statutory authority. When a professional association is employed in the mechanism of regulation, it becomes an organ of the State, and however powerful it may be, it loses freedom. When the professional association is not employed, it can no longer take effective action in relation to admission to and expulsion from the profession, and therefore it cannot include among its aims the first two of the four objects which we have described as characteristic of professional associations. This does not necessarily mean that the profession as a whole can no longer control, or exert effective influence over, professional education and professional ethics, because the regulating body may consist in
part of members of the profession. But the effects upon the association are far reaching; it is limited to protective functions and to public activities.\(^{128}\)

Objections to professional subordination under statutory regulations are particularly pertinent in recent years due to the increase of governmental functions. In this country, Roscoe Pound recalls,

"The idea of a profession seemed repugnant to rising American democracy. The feeling was strong that all callings should be on the same footing, namely, the footing of a business--of a money-making calling. To dignify any calling by holding it a profession, and to prescribe high qualifications for and limit access to it, seemed undemocratic and un-American. Moreover, pioneer America distrusted specialists. Faith in versatility was pre-eminently an article in the pioneer's creed. In consequence, there was a general rejection of the idea of a learned, responsible, self-governing profession.\(^{129}\)"

Defining a profession as traditionally "an organized calling in which men pursue a learned art and are united in the pursuit of it as a public service--as I have said, no less a public service because they may make a livelihood thereby,"\(^{130}\) Pound speaks of the nineteenth-century tendency to de-professionalize the old professions, to reduce all callings to the level of individual business enterprise, and to think of medical societies or bar associations as like trade organizations. But the root purpose is different.\(^{131}\)

Thus, in the nineteenth century, Pound finds a tendency to obscure the


\(^{130}\) Ibid., p. 351.

\(^{131}\) Ibid.
professional tradition, and in the twentieth century he finds still another threat to the traditional concept of the profession. This threat is bureaucratization of the professions under a "service state." "Huge bureaus of graduates of medical schools and of law schools," he maintains, "brought up to seek public office and organized in the civil service as public employees, can be no effective substitute for the professions." Among the "sources of menace to the professional ideal in the society of today"--the exigencies of individual economic existence, the multiplication of detail in every branch of learning and notably in the learned arts, the pressure of business methods, "which easily become the methods of competitive acquisitive activity," Pound stresses the "advent of the service state and consequent growing tendency to rely on official rather than on individual private initiative and to commit all things to bureaus of politically organized society." Pound believes that

the idea of a profession is incompatible with performance of its functions or the exercise of its art, by or under the immediate supervision of a government bureau. A profession postulates individuals free to pursue a learned art so as to make for the highest development of human powers. Further, Pound states that while he is "not preaching against the service

\[132\text{Ibid.}, \ p. \ 352.\]

\[133\text{Ibid.}, \ p. \ 353.\]

\[134\text{Ibid.}, \ p. \ 354.\]
state in itself,"

What one must resist is not state performance of many public services but the idea that all services must and can only be performed by the government. The need is to maintain a balance between individual initiative and regimented cooperation. 135

Pound's emphasis upon preservation of individual initiative in the professional sphere is similar to Lewis and Maude's assertion that independence in professional organization and practice are sacrificed with the advent of state control over professions:

Because the foundation of professional life is moral behaviour, a measure of independence in professional organization, as well as in professional practice, seems an indispensable condition of professional life as we know it. Though some professions are state-organized, and some wholly state-employed, the general condition of professional association is that of freedom and self-government. And it is the free, rather than the controlled, professions which set the standard and justify professional prestige, just as it is the private practitioner, rather than the salaried man, who sets the individual moral standard--or, by letting it down, only proves its validity.

The moment that the state organizes, trains, and employs all the members of a profession, we can no longer speak of it as a profession. We can only speak of a body of expert officials. Such officials might, or might not, have high standards of conduct--but these standards would depend on the state of society, not the professional spirit; and any freedom they enjoyed would be in sufferance from those who held power. 136

Taeusch, too, maintains that the moral obligations of the professional man are incompatible with state legal enforcement. Terming professional

135 Ibid., p. 356.

136 Lewis and Maude, op. cit., p. 70.
ethics the "domain of the unenforceable," he maintains that professional ethics may be distinguished from law not only with reference to the different sanctions employed but also by the fact that legal sanctions apply to all people within a territorial district, whereas in professional ethics the incidence is on the members of particular functional groups.  

Taueusch states elsewhere that the province of professional ethics is distinct from that of legal jurisdiction, since law cannot encompass the entire field of human behavior and social relationships. Obedience of law, he states, is itself a moral act.  

Lyman Bryson relates state intervention in professional activity to the concern for public welfare:

138 Professional and Business Ethics, p. 74.
139 Ibid., p. 75. The pattern, Taueusch maintains, "of the moral act is determined by the relative importance of conscience as a sanction, together with the consciousness of such transcendent values as are represented by religious and superstitious ideas. The legal act, on the other hand, is governed largely by physical and economic sanctions, the absence of which is as characteristic of the moral act as is the absence of conscience and the transcendental factors an index of the legal situation.

"Professional and business ethics is sanctioned largely by public opinion or taboo. This public opinion or taboo is that of a functional group, and is not to be identified with the public opinion of a geographic district that is so powerful a sanction in law. The ethical taboo is therefore more likely to seize upon peculiar trade or professional practices rather than as in the legal or political field to enforce broad social practices. This explains why in ethics resort is had to official opinion and advice and to advisory committees; the weight of such opinion rests on the expert experience of the members rather than as in the law on objective principles." Ibid., p. 94.
as the social function of the professional group is more clearly
understood, and as the stake of the whole society in the practi-
tioner's skill is more clearly seen, the standards by which new
persons are admitted into the group become a matter of public
interest and an accepted concern of the state. The new man seek-
ing a license to practise must first prove his competence to some
examining body, made up in theory of already qualified practi-
tioners but appointed by the government. And since this is
necessary, it is logical that the licensing power should also set
up the standards for the schools in which he learned his skill.\textsuperscript{140}

Licensing power, however, as Key points out, is often more the profes-
sion's than the state's:

\textit{In the administration of licensing laws, the organized profes-
sion usually has a strong voice. The governor will give heed
to its recommendations in the appointment of members of the
examining board. Not infrequently the statutes require the
governor to appoint from the nominees of the professional
society, and sometimes the law even delegates the power of
appointment to the association.}\textsuperscript{141}

Caplow discusses organizational control over these matters as charac-
teristic of the independent professions, wherein

the entire recruiting process, from the initial choice of candi-
dates for training to the bestowal of honors at retirement, is
under the close control of the professional group itself. Al-
though the right to practice is generally conferred by a govern-
mental board, this agency normally represents the profession
and has usually been kept free from 'political interference,' i.e.,
the intervention of laymen. In the case of the independent
professions, the violation of the occupational monopoly is punish-
able as a crime. These circumstances comprise the essential
strength of professional organization, and explain the yearning

\textsuperscript{140}Lyman Bryson, "The Arts, the Professions, and the State,"
\textit{Yale Review}, XXXVI (June, 1947), 634.

\textsuperscript{141}Key, \textit{op. cit.}, p. 139.
for professionalization which besets almost all technical, service, and business occupations.\(^2\)

As Key points out,

A characteristic of the politics of the professional associations is the tendency toward the establishment of a guild system—that is, control over entrance to the profession by the profession itself. In practice, a sort of pluralism has arisen in which the profession controls the standards of the profession in the name of the state. When legislative action is needed, the well-established professional societies can usually bring about its passage.\(^3\)

The growth of professional control has been interpreted as imical to professional acceptance of its responsibility to society as a whole. E. A. Ross contends that only through employment can the ethical ideal of the professions be realized:

The good in each of the professions ought to be organized in order to pursue and harry the bad. Resistance to such organization comes not only from those who want a free hand in earning fees but as well from the individualistic tradition that nobody is concerned but practitioner and patron. And, in sooth, while the doctor gets his living from his patients, the lawyer from his clients and the editor from his advertisers, it is asking a good deal to insist that he shall behave as if he were a salaried civil servant. Nothing but strong discipline can induce such professions to become virtually branches of social service.

The opening up of non-private employment—such as that of government, of the philanthropies, and of the universities—removes a deflecting pressure from the consciences of many professional men and promotes the growth of the spirit of service. . . . The sale of instruction for profit is so nearly

\(^2\)Caplow, \textit{op. cit.}, p. 102.

\(^3\)Key, \textit{loc. cit.}
extinct that teachers as a body have developed a strong sense of the social aspect of their work. Earnest doctors feel that the salvation of their profession lies in its being absorbed out of the private illness service into the public health service. . . .

Lewis and Maude, however, believe that participation in governmental activities is a denial of the acceptance of professional responsibility:

the dangers into which professional education is drifting, dangers of over-specialization, and inadequacies in the supply of the right type of talent and character, are the responsibility of professional people themselves, as members of learned institutions and universities. They are not likely to solve them without some personal sacrifice. They will never solve them by sitting on government committees, for even to accept membership on one of these is implicitly to deny ultimate responsibility for action. 145

Private practice alone, they maintain, can sustain the professional ethic:

The body of private practitioners and consultants (whether medical, commercial, legal, scientific, or technological) sets the tone for professional life; and its profound reality as a living moral code has an invisible but potent effect upon the bearing and conduct of professional people in salaried employ. To the extent that they feel that they belong to their profession, rather than merely do skilled work for pay, they belong to a profession created and upheld by the tradition of private practice. 146

144 Ross, op. cit., p. 480. Ross's view is in direct opposition to the evolutionary concept that morals eventually become law. Bryson says that the practitioner is "subject to two dominions, the minimal control of the state and the ethical code of his own group. In the normal course of institutional development, we should expect more and more of the code to get into the statutes. . . ." Bryson, op. cit., p. 635.

145 Lewis and Maude, op. cit., p. 229.

146 Ibid., p. 262.
Professions as a distinct group in society, they maintain, must work much harder to strengthen an influence that is already waning; they need to protect themselves and defend their ideals; they need to face the fact that they are an aristocracy, of a sort, and to understand and uphold their personal attainments, as well as the exercise of power, which is implied in that word. They certainly need the humility which self-knowledge demands, and should discard the dangerous false modesty of pretending to be "ordinary people--only an expert this or that." On the contrary, it is important that their differences from other people should be emphasized. . . . If so many activities must be "professionalized"--and there is no escape from that conclusion--let professional people emphasize the hierarchy of professions, of education, of esteem. 147

The preservation of the professional tradition, the authors maintain, is possible only within the existing sphere of professions, and not through extension of that sphere to include all occupational groups. Remarking ironically that "many functions with only very little more intellectual

147 Ibid., pp. 273-74. The authors write with particular urgency since they feel that professional people have inherited the leadership of their country today. Their analysis of the impact of state control in the professional sphere often approaches the form of a protest against secularization: "If professional people are to seek the causes of their frustrations, or plan to redress what they may conceive to be injustices in the scales of their rewards, they will do well to consider the present position of Britain's overstrained economy and its effects on the demand for professional services. We have seen that while state action has changed the professions, it has generally increased their markets, besides creating some professions for its own purposes. The welfare state heavily subsidizes professional services, for the same reason that it subsidizes bread, or rents--to protect consumers from their steadily rising real cost. Their real cost has steadily risen; not only because world shortages of materials prolong a general inflation of costs, but because the welfare state aims at freeing the nation 'once for all of the scandal of physical want, for which there is no economic or moral justification,' in the words of the Beveridge Report." Ibid., p. 75.
content do pass themselves off as professional," the authors state that "in the fullness of time, may Jno. Smith, Chimney Sweep, become John Smith, A.I.D.D.," the latter initials representing "Associate of the Institution of Domestic Decarbonizers."\footnote{148} Taking note of the increasing demand of various groups for professional status, they question

whether the growth of the outward forms of professionalism has been accompanied by the cultivation of the professional spirit; whether the trend towards replacement of independent practitioners by salaried employees or expert civil servants has not weakened the influence for good which the professions can exert in national life; whether a narrow vocational specialization has not usurped the true nature of a "learned profession," and lowered the respect accorded to professional men, besides cheapening the word profession itself; whether nationalization of industry has promoted, and not retarded, professional interests in the several callings which nationalized industries now engross or largely control; whether, as state power grows, it is not rather the professional trade union than the professional institution which becomes the more important organ of collective opinion--the emphasis having shifted decisively from what we give to what we get.\footnote{149}

The problem of whether or not the professional ethical ideal can be preserved within a system of state control of professional services pervades Lewis' and Maude's entire study of professional people in England. Their suggestion that the professional man keep his sphere distinct from that of the entire world of work is tempered by their realization that the clamor for professional status is increasing. Thus,

\footnote{148}Ibid., p. 8.

\footnote{149}Ibid., pp. 8-9.
the unique heritage of professional men might be altered in admission
of the multifarious aspirants to their ranks.

Aspirations to Professional Status and the Ethical Ideal

"The social revolution of the twentieth century," Lewis and
Maude observe, "brought a sudden change to professional status":

Hitherto, it had taken time—even hundreds of years—to es-
stablish a profession as fit for a gentleman; the newer profes-
sions—such as accountants or estate agents—could merely
hope to establish respectable middle-class status. 150

It is of deep significance that movements toward "professionalization"
are prompted by "extrinsic" professional interests. 151 Hughes' analysis

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150 Ibid., p. 48. The authors feel that in Great Britain, in the
post-war period, "the cult of Bigness has been superimposed on the age
of the Common Man" and that such a large measure of effort "goes into
the business of making the organization of society more complex (partly
because of the cult of 'Bigness' in industry and government, and partly
because more and more services to the community are provided on an
organized communal basis), that there are fewer and fewer people left
with the time and the intellectual equipment needed to enable them to
stand back from the organization and to examine it dispassionately with
a view to influencing or guiding the whole direction of its development.
Thus the immense complication of society proceeds virtually unchanged.
Churches, universities, politicians, newspapers, and reviews are alike
preoccupied with immediate and specific problems. There is always a
crisis, demanding an ad hoc solution and obscuring the possibility of a
long view ahead." Ibid., p. 6.

151 "The ethical problem of the profession, then, is to reconcile
the two 'arts,' or, more generally, to fulfill as completely as possible
the primary service for which it stands while securing the legitimate
economic interest of its members. It is the attempt to... find the due
place of the intrinsic and of the extrinsic interest, which gives a pro-
found social significance to professional codes of ethics." MacIver,
"The Social Significance of Professional Ethics," p. 120.
of this movement is that it represents collective mobility of some among the people in an occupation. One aim of the movement is to rid the occupation of people who are not mobile enough to go along with the changes. There are two possible kinds of occupational mobility. One is individual. The individual makes the several choices, and achieves the skills which allow him to move to a certain position in the occupational, and thus—he hopes—in the social and economic hierarchy. His choice is limited by several conditions, among which is the social knowledge available to him at the time of crucial decision, a time which varies for the several kinds of work.

The other kind of occupational mobility is that of a group of people in an occupation, i.e., of the occupation itself.\(^{152}\)

If socio-economic mobility characterizes the movement toward "professionalization," the method for realization of professional status is marked by an explicit sequence of "steps" in the professionalization "process."\(^{153}\) Carr-Saunders differentiates the claimants to professional status into three groups: (1) new professions, whose "members undertake fundamental studies upon which their respective arts are founded" and whose field of study is generally new; (2) semi-professions, a group which "replaces theoretical study by the acquisition of technical skill," such as auxiliaries to the medical profession, and (3) "would-be professions," a group which "requires neither theoretical study nor the acquisition of exact techniques, but rather a familiarity with business

\(^{152}\)Hughes, "Work and the Self," p. 315.

\(^{153}\)Caplow, op. cit., pp. 139-40.
structure, administrative practices, and current conventions." An example of this group are individuals in the managerial fields. 154

Carr-Saunders regretfully notes that where people formerly spoke of the "learned professions," and regarded professionals as possessing a broad culture, a general grasp of affairs and a wide special competence, professional men are today regarded as experts who are highly competent in restricted spheres. "The change," he says, "is not so much a transformation as a disintegration of the traditional professional concept." 155 However, the author's differentiation of aspirants to professional status is based upon the "professional technique" which he emphasizes as the decisive characteristic of a profession. Thus when he states that the concept of a profession is diluted insofar as certain professions succeed in realizing their claim to professional status, he is referring only to the "would-be professions" which lack this vital "technique." 156

The problem, however, is not so easily solved. There remains to be explored one further dimension of the professional ideal which is unanimously incorporated into the definitions of profession afforded by


155 Ibid., pp. 286-87.

156 Ibid., p. 281.
the literature reviewed in this chapter. That dimension of the professional ethical ideal constitutes a decisive criterion in evaluation of both the possibility of preservation of the ideal, and the evaluation of the demands of aspirants for professional status.

SERVICE VERSUS ACQUISITION IN PROFESSIONAL LIFE

The aloofness from pecuniary recompense for "professional services rendered" undoubtedly has deep roots in the professional tradition. Indeed, many medieval medical practitioners and incumbents to the higher faculties in early European universities were often members of the clergy as well. Their services were performed without any consideration of fee, since the Roman Church was the source of their livelihood. E. A. Ross states that in the early history of the professions,

\[\text{the practitioner was so loath to seem to sell his advice or skill that he named no fee but left his compensation to his patron's sense of honor, as does now the clergyman who officiates in a marriage or funeral. Even to-day professional men are reluctant to collect a just fee by resort to a law suit.}\]

In the modern world, professions are still differentiated from other occupations and from the commercial groups by virtue of the service principle. In observing that the lawyer and the doctor, professionals par excellence since the Industrial Revolution, enjoy with the clergy

\[157\text{Ross, op. cit., p. 474.}\]
"a special social pre-eminence in our civilization," Laski states that:

Inherent in this recognition has been the sense that they exist to perform a public service in a way not open to business men . . . . They are debarred from habits which the world accepts from business men because it assumes that personal gain is their primary objective.  

The dichotomy between service and acquisition, however, is not accepted by Parsons, who challenges it on the basis of the motivational egoistic-altruistic dichotomy which it implies:

there has been the tendency to identify this classification with the concrete motives of different spheres of activity: the business man has been thought of as egoistically pursuing his own self-interest regardless of the interests of others, while the professional man was altruistically serving the interests of others regardless of his own. Seen in this context the professions appear not only as empirically somewhat different from business, but the two fields would seem to exemplify the most radical cleavage conceivable in the field of human behavior.

Parsons suggests that the difference between egoism and altruism in the two spheres may not be so much a difference of typical motivation as it may reflect a situational difference:

The fact that the professions have reached a uniquely high level of development in the same society which is also characterized by a business economy suggests that the contrast between business and the professions which has been mainly stated in terms of the problem of self-interest, is not the whole story.


\[160\] Ibid., p. 35.
Turning to elements in the common institutional pattern of occupations, Parsons finds that professions share the elements of rationality, functional specificity, and universalism "with the business pattern, and with other parts of our occupational structure, such as government and other administration," and that this "calls attention to the possibility that the dominant importance of the problem of self-interest itself has been exaggerated." 161

Parsons' discussion is based upon a functional frame of reference, through which he attempts to establish the similarity of the institutional patterns of certain groups within the social system:

Comparison of the professional and business structure in their relations to the problem of individual motivation is furthermore a very promising avenue of approach to certain more general problems of the relations of individual motivation to institutional structures with particular reference to the problem of egoism and altruism. Finally, the often rather unstable relation of the institutional structures of the occupational sphere, including the professions, to other structurally different patterns, can throw much light on important strains and instabilities of the social system, and through them on certain of its possibilities of dynamic change. 162

The approach of the present writer is ontological rather than functional. In seeking to isolate and analyze the ethical ideal of the professions, a distinction between professions and non-professions is of primary importance. The ontological and functional approaches are not entirely

161 Ibid., p. 43.
162 Ibid., pp. 48-49.
incompatible, as the study of professions and business might unearth many points of contiguity. The tendency toward commercialization of the professions is coterminous with the claim of many occupations, if not of the business world itself, for professional status. Palmer, while recognizing a "professional spirit," emphasizes its pervasiveness:

There is no fixed number of professions. One may be found anywhere, for professionalism is an attitude of mind. Wherever, outrunning the desire for personal profit, we find joy in work, eagerness for service, and a readiness for cooperative progress, there trade has been left behind and a profession entered.

Controversies about the meaning of the term profession are perhaps nowhere more marked than in the area of service versus acquisition. As Cogan well notes,

So many advantages have accrued to profession, so many claims to it are made by so many people, that the cutting edge of a definition--be it ever so blunt--is almost sure to draw cries of protest from many aspirants to the title. If the definer is prepared to accept these risks, then he must in addition be prepared to see his work result in failure or at best seemingly insignificant accomplishment, for the concept with which he is dealing is extremely difficult to identify and describe. The man who addresses himself to the problem of defining a profession should be able to say with equanimity:

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"It is better to light a little lantern than to curse the darkness."\textsuperscript{165}

A consideration of the traditional professions themselves would seem to indicate that there are, in addition to such features as association and a specialized "technique," dimensions of ethical obligation peculiar to these groups and no others. Discussing the historical definition of profession, Cogan states:

If a specific profession is to be defined, and if such a definition is not to be purely arbitrary, that is, not to be divorced from the rich historical and traditional associations clustering about the term, then the definition must be related to the general concept of profession.\textsuperscript{166}

The focus of the present dissertation is upon the ethical ideal of the professions, as it is imputed to and interpreted by professional men. That ideal, rooted in an obscure tradition, includes an abstinence from commercial activity in the exercise of professional work. Carr-Saunders and Wilson maintain that in medical ethics,

It is clear that we have here the expression of an ideal which passes beyond the mere prohibition of specific forms of indirect remuneration such as might result in a conflict between interest and duty. The whole commercial attitude is condemned. Something of the same sort is discernible in the ethics of other professions. We draw attention elsewhere to the strong feeling which exists against the turning of professional practices into limiting companies. This feeling does not extend to partnerships, because the partnership does not facilitate in the same way the divorce of financial interest from professional responsibility, and the advantages are held

\textsuperscript{165}Cogan, "The Problem of Defining a Profession," p. 105.

\textsuperscript{166}Ibid., p. 106.
to outweigh the disadvantages. Nevertheless, to barristers and fellows of the Royal College of Physicians, whose skill is peculiarly personal, even partnership is forbidden. 167

Were a professional asked to explain the reasons for his objection to commercial activity, the authors suggest, "it is not unlikely that he would be unable to formulate them with any definiteness. At bottom they would appear to be the same as those which render it improper for a civil servant to speculate in foreign currency." 168 For the professional man,

Specific forms of indirect remuneration are forbidden because they might lead to a conflict between duty and self-interest, while commercial activities outside his own profession, though not actually banned, are looked upon with disapproval. When the position of trust is regarded as extending to a profession as a whole, it is seen that certain common commercial practices are incompatible with the rendering of professional services; and from these practices the professional man is required to abstain. In particular professional men may only compete with one another in reputation for ability, which implies that advertisement, price-cutting, and other methods familiar to the business world are ruled out. 169

Ross relates the subordination of the pursuit of gain to the aim of service to responsibility toward the professional man's client: "the practitioner will have but one grade of work, namely, his best." 170 In stressing the

167 Carr-Saunders and Wilson, The Professions, p. 430.
168 Ibid., p. 431.
169 Ibid., p. 432.
170 Ross, op. cit., p. 474. Ross adds that elevating service above gain-getting "implies a willingness to serve under certain circumstances without fee. The good physician stands ready to treat indigent sufferers . . . . Every successful member of an honorable profession ought to be willing to do some free work." Ibid., p. 475.
independence of professional men of evaluation of their services by their clients, Ross maintains that since the patient "cannot pronounce upon his doctor's treatment," nor the student "plumb his teacher's learning," "There is need... that callings of this confidential character be restricted to men of honor acting with reference to a high standard. The means of bringing this to pass is to elevate the calling into a profession."\textsuperscript{171} It is precisely in his suggestion that these callings be restricted to "men of honor," that Ross denies the possibility of pervasiveness of the professional spirit in the total society:

Now that the social welfare has come to be considered, as well as the claims of the individual, there is a marked tendency to expect too much from the diffusion of the professional spirit. Seeing that this spirit affords a means of mitigating and refining the workings of private interest without resort to the more or less uncertain and risky method of regulation by law or administrative board, some want to foster the professional spirit in occupations in which it is quite incapable of producing the hoped-for benefits. It is too much to expect one to put quality of service above gain when one is the employee of a man who prefers gain to service.\textsuperscript{172}

Little is to be done, he asserts

by attempting to foster the professional spirit in the officers and managers of business corporations. It may just as well be recognized first as last that the structure of such entities

\textsuperscript{171}\textit{Ibid.}, p. 472. Further, Ross adds, "In consideration of the protection, recognition and rights enjoyed by the members of the professions, they generally acknowledge their obligation to practice with due regard to the interests of society. The scholar recognizes his obligation to proclaim truth at whatever cost to himself... the physician his duty to stay out a pestilence even at the risk of his life."\textit{Ibid.}, p. 475.

\textsuperscript{172}\textit{Ibid.}, p. 482.
furnishes a poor soil for disinterested motives, just as alkali furnishes a poor soil for orange trees. Regularly the corporation will follow the line of what appears to be maximum profits for the long run unless it is constrained by an outside force. While in the true profession the practitioner is made into a faithful servant of society by control from within, the business corporation requires control from without by means of law, railroad commission, public utilities commission, labor organization, shippers' association or other outside agency. 173

Ross' contention that, obligations toward social welfare, which he imputes to the professions, are incompatible with the commercial spirit bears a marked similarity to Tawney's discussion of industry in the "acquisitive society" as antithetical to professional goals. 174 To apply the principle of social purpose to industry, Tawney maintains, is to turn it into a profession. Tawney defines a profession as "a body of men who carry on their work in accordance with rules designed to enforce certain standards both for the better protection of its members and for the better service of the public." Its essence, he states,
is that it assumes certain responsibilities for the competence of its members or the quality of its wares, and that it deliberately prohibits certain kinds of conduct on the ground that, though they be profitable to the individual, they are calculated to bring into disrepute the organization to which he belongs. 175

173 Ibid., p. 484.

174 Tawney, op. cit. Tawney defines the acquisitive society as a society whose whole tendency, interest and preoccupation is to promote the acquisition of wealth. Ibid., p. 29.

175 Ibid., p. 93.
Tawney finds it significant that although the professional classes
defined free competition as the arbiter of commerce and indus-
try, they did not dream of applying it to the occupations
in which they themselves were primarily interested, but
maintained, and indeed, elaborated machinery through which
a professional conscience might find expression. 176

If industry, he maintains, would achieve professional status,
two changes are requisite, one negative and one positive. The
first, is that it should cease to be conducted by the agents of
property-owners for the advantage of property-owners, and
should be carried on, instead, for the service of the public.
The second, is that, subject to rigorous public supervision,
the responsibility for the maintenance of the service should
rest upon the shoulders of those, from organizer and scientist
to laborer, by whom, in effect, the work is conducted. 177

According to Tawney, granting of professional status to any as-
pirant is justifiable only if the latter adopts the traditional subordination
of gain to service:

For to admit that the criterion of commerce and industry is
its success in discharging a social purpose is at once to turn
property and economic activity from rights which are absolute
into rights which are contingent and derivative, because it is to
affirm that they are relative to functions and that they may justly
be revoked when the functions are not performed. It is, in
short, to imply that property and economic activity exist to
promote the ends of society, whereas hitherto society has been
regarded in the world of business as existing to promote them.
To those who hold their position, not as functionaries, but by

176 Ibid.
177 Ibid., pp. 96-97. "It is foolish," he states, "to have the
direction of industry in the hands of servants of private property-owners
who themselves know nothing about it but its balance sheets, because
this is to divert it from the performance of service to the acquisition
of gain. . . ." Ibid., pp. 84-85.
virtue of their success in making industry contribute to their own wealth and social influence, such a reversal of means and ends appears little less than a revolution.\textsuperscript{178}

Tawney's view is that attributing professional status is justifiable only if aspirants to such status direct their economic activity toward a social, rather than an individual, purpose:

what gives meaning to economic activity... is... the purpose to which it is directed. But the faith upon which our economic civilization reposes, the faith that riches are not a means but an end, implies that all economic activity is equally estimable, whether it is subordinated to a social purpose or not. Hence it divorces gain from service, and justifies rewards for which no function is performed, or which are out of all proportion to it.\textsuperscript{179}

Tawney's position, analagous to that of Ross, Hayes\textsuperscript{180} and Taeusch, imputes a social purpose to professional work which presumably transcends individual and group purposes. This position is committed to an endorsement of the social purpose of the professions. The adoption of this position would imply that the struggle to achieve professional status is more than a contest for the rewards of that status, since the position itself endows ethical obligations upon the professions which cannot be fulfilled through acquisitive activity. Insofar as the ethical ideal is either not acknowledged or taken to be defunct, the term

\textsuperscript{178}Ibid., p. 26.

\textsuperscript{179}Ibid., p. 33.

\textsuperscript{180}Hayes, op. cit., Chapter 7.
"profession" must be re-defined without regard to this connotation.
On the other hand, if the ethical ideal is acknowledged, the term may
be maintained as applicable only to those groups which have accepted
it. So long as the status of profession involves more than association,
a specialized "technique," a formal code of ethics, or political agita-
tion to secure public recognition, it cannot be conferred merely through
the fulfillment of these conditions. However, as Tawney explicitly
states, acknowledgement of the ethical ideal of the professions by
traditionally commercial work groups would signify a radical change
in social and economic organization.\footnote{Tawney, \textit{op. cit.}, p. 26.}

The imputation of various dimensions of the ethical ideal to pro-
fessions themselves has vast implications, as well. The more remote
this ideal is from professional activity, the more will professions lose
their unique character. This is sometimes referred to as "deprofes-
sionalization." Laski contends that the ethical ideal of the professions
cannot be sustained in the 'acquisitive society.' "The professions," he
maintains, "are operating in what Veblen has so happily termed a pre-
datory culture in which the incentive to work is... precuniary gain
rather than social service ability":

In this type of civilization the ethic of any profession is almost
compelled to dualism. On the one hand it is almost bound,
like the priesthood of old, to a certain disdain for the sordid
struggle for gain, and thus to develop, unlike the business man, a code of conduct which is not merely the minimum standard below which a man may not fall without the penalties of the law.\(^{182}\)

Laski further suggests that:

Any effort at the social improvement of professional standards depends upon the recognition that the members of a profession are important not by reason of what they have, but by reason of what they do. That functional criterion is largely destroyed in any civilization whose cultural habits are permeated by the business man's way of life.\(^{183}\)

In the United States, Laski states,

The tradition of the need for effort, the attitude to all work as a "calling," the consequent suspicion of the leisured life, have all been a vital part of the heritage of American civilization, and they have made it difficult for the values implied in the concept of the gentleman to have any influence comparable to their authority in Europe.\(^{184}\)

Essentially, Laski and Tawney are here maintaining that the ethical ideal of the professions cannot flourish in an "acquisitive society," and that the professional spirit in such a society becomes permeated with the commercial spirit, hence losing its unique character. In a profit economy, as Harding states,


\(^{183}\)Ibid., p. 613.

\(^{184}\)Ibid., p. 569. Laski finds it "notable that an American rarely has special standing by reason of the profession he pursues; there must be something notable about the performance of a lawyer or a doctor to make his status different from that of a business man of about the same level of income." Ibid.
The difficulty of the alertly intelligent professional man... is to adjust himself to a social organization which flagrantly denies at every turn the rigidly ethical principles he is compelled to follow in his daily work if he is to emerge a scientific success. No matter how great a chemist he is, the temptation always lures him to sacrifice his professional integrity for increased emolument. No matter how competent and humane a physician he is, the necessity is always there for him to indulge in quasi-devious procedures in order to make his fees support his family at that standard of comfort his neighbors and colleagues think obligatory. 185

The professional man, dedicated to the spirit of service rather than that of acquisition, cannot interpret his services as wares without conflict.

SUMMARY

The traditional professions of law, medicine, teaching and the ministry are rooted in the medieval period, and creatures of the knowledge which, under the aegis of the Church-related university, fostered their unique development. According to students of the professions, they participate in an ethical ideality of many dimensions, the most clearly defined of which include ethical obligations to clientele, to professional confreres both past and present, and to society, as this is variously interpreted in the literature. In the articulation of the ethical ideal, the literature lacks consensus; hence a review of these materials would suggest antinomies within the ethical ideal itself. It has been

stated that professional morality rests within the practitioner-client relationship, and that any intrusion of third parties threatens the practitioner's acceptance of responsibility for the client. On the other hand, it has been suggested that the dedication of the professional to service of humanity is meaningful only through public control of professional activity. The attempt of professionals to maintain their unique character has been interpreted both as evidence of "guild selfishness" to the detriment of society, and as a necessary pre-requisite to the preservation of that knowledge of which all men are ultimate beneficiaries. As Laski observes, "there is no doubt a subtle alchemy in historic tradition which communicates at least to some of those who inherit it a special sense of public obligation." 186 This "subtle alchemy" doubtless also communicates other dimensions of the ethical ideal to professionals. And, as Laski notes, a profession should be evaluated not

by the achievement of its men of genius. Rather we must inquire into the predominant characteristic of the contribution it writes into our daily life. And we must seek to relate that characteristic to the end which a profession is supposed to serve. 187

The following chapters are devoted to this task.

186 "The Decline of the Professions," loc. cit.

187 Ibid.
CHAPTER IV

THE ETHICAL IDEAL OF THE ACADEMICIAN

Prior to an analysis of the ethical ideal of the academician, it is necessary to present a brief reconstruction of the historical changes in his milieu, the university.

THE UNIVERSITY: TRADITION AND CHANGE

For the medieval student, Haskins states, "as for us, intellectual achievement meant membership in that city of letters not made with hands, 'the ancient and universal company of scholars.'"¹ Universities, like cathedrals and parliaments, are a product of the Middle Ages. The Greeks and the Romans, strange as it may seem, had no universities in the sense in which the word has been used for the past seven or eight centuries. They had higher education, but the terms are not synonymous. Much of their instruction in law, rhetoric, and philosophy it would be hard to surpass, but it was not organized into the form of permanent institutions of learning. A great teacher like Socrates gave no diplomas; if a modern student sat at his feet for three months, he would demand a certificate, something tangible and external to show for it—an excellent theme, by the way, for a Socratic dialogue. Only in the twelfth and thirteenth centuries do there emerge in the world those features of organized education with which we are most familiar, all that machinery of instruction represented by faculties and colleges and courses of study, examinations and commencements and academic degrees. In all these matters we are the heirs and successors, not of Athens and Alexandria, but of Paris and Bologna.

The contrast between these earliest universities and those of today is of course broad and striking. Throughout the period of its origins the mediaeval university had no libraries, laboratories, or museums, no endowment of buildings of its own; it could not possibly have met the requirements of the Carnegie Foundation!²

Haskins traces the rise of universities to a revival of learning now termed the renaissance of the twelfth century. This knowledge, he states, was brought into Western Europe primarily through Arab scholars. It included "the works of Aristotle, Euclid, Ptolemy, and the Greek physicians, the new arithmetic, and those texts of the Roman law which had lain hidden through the Dark Ages."³

Following the example of the guilds characteristic of Italian cities, a group of Transmontane students in Bologna united into an organization which was, Haskins states, the beginning of the university.⁴ As professors were excluded from the "universities" of students, they also formed a gild or "college," requiring for admission thereto certain qualifications which were ascertained by examination, so that no student could enter save by the gild's consent. And, inasmuch as ability to teach a subject is a good test of knowing it, the student came to seek the professor's license as a certificate of attainment, regardless of his future career. This certificate, the license to teach (licentia docendi), thus became the earliest form of academic degree. Our higher degrees still preserve this tradition in the words master (magister) and doctor, originally synonymous, while the French even have a

²Ibid., pp. 3-4.
³Ibid., pp. 7-8.
⁴Ibid., pp. 13-14. The word university, Haskins finds, "means originally such a group or corporation in general, and only in time did it come to be limited to gilds of masters and students, universitas societas magistorum discipulorumque." Ibid.
license. A Master of Arts was one qualified to teach the liberal arts; a Doctor of Laws; a certified teacher of law. And the ambitious student sought the degree and gave an inaugural lecture, even when he expressly disclaimed all intention of continuing in the teaching profession. Already we recognize at Bologna the standard academic degrees as well as the university organization and well-known officials like the rector.5

In summarizing the tradition of the university, Haskins finds that it contains

first, the very name university, as an association of masters and scholars leading the common life of learning. Characteristic of the Middle Ages as such a corporation is, the individualistic modern world has found nothing to take its place. Next, the notion of a curriculum of study, definitely laid down as regards time and subjects, tested by an examination and leading to a degree, as well as many of the degrees themselves—bachelor, as a stage toward the mastership, master, doctor, in arts, law, medicine, and theology. Then the faculties, four or more, with their deans, and the higher officers such as chancellors and rectors, not to mention the college, wherever the residential college still survives. The essentials of university organization are clear and unmistakable, and they have been handed down in unbroken continuity. They have lasted more than seven hundred years—what form of government has lasted so long?6

In the Middle Ages, the university was an autonomous institution which "recruited its own members, both students and professors, set its own tasks, made its own regulations, and awarded degrees in its own name"; its autonomous status was due to "a corporate charter granted by authority of some secular or religious ruler."7 Noting that the modern

5Ibid., pp. 16-17.

6Ibid., pp. 34-35.

university is as much an heir to the eighteenth and nineteenth centuries as it is to the medieval period, Farmer states that:

The new idea of the university as it developed in continental Europe during the nineteenth century may be summarized in these three propositions: (1) the university is properly subordinate to the state; (2) the university serves properly as the voice of the national spirit or the mind of the nation; and (3) the university is properly dedicated to the increase of knowledge as its principal task rather than to the mere perpetuation of an inherited store of knowledge.  

It has been claimed that academicians were more self-regulating in university affairs in the medieval period than in any subsequent era. With the growth of state control, Farmer finds that

the government assumed the right to appoint the permanent members of the university and provided indispensable subsidies to help meet its expenses. No longer did the professors award degrees simply as testaments of their judgment but rather now as licenses of the government, providing the sole legal access to the practice of a profession or to higher levels in the civil service. No longer did the university set its tasks simply according to its view of the requirements of knowledge but rather according to the needs and interests of the state.

Academicians in the medieval period were linked with the church,

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8 Ibid., p. 4.

9 "If, as some reformers maintain, the social position and self-respect of professors involve their management of university affairs, the Middle Ages were the great age of professorial control." Haskins, op. cit., p. 68.

10 Farmer, op. cit., p. 6.
as were the medical and legal professions. Through the centuries, the locus of their work has not only become highly secularized, but subjected to increasing control as well. In American universities, in particular,
support has been too intimately connected with contingent upon control. The church, the state, and businessmen have all been, by their lights, quite generous in providing support for higher education, but the prevailing lack of respect in America for culture as an end in itself has given them license for looking to education for a quid pro quo. That ultimate generosity which gives support without expecting the right to govern in return has not been common enough. The result has been one of the

11 Haskins finds that the "social position of mediaeval professors must be seen against the background of the social system of a different age from ours. We come perhaps nearest to modern conditions in the cities of Italy, where there is evidence in the Middle Ages as now of the distinguished position of many professors of medicine and civil law. Many theologians and teachers of canon law reached high places in the church such as bishoprics and cardinalates. Among the theologians and philosophers those of highest distinction were regularly university professors: Thomas Aquinas, Albertus Magnus, Bonaventure, all the great array of doctors angelic, invincible, irrefragable, seraphic, subtle, and universal. That these were also Dominicans or Franciscans withdrew them only partially from the world." Haskins, op. cit., p. 68.

12 Haskins aptly comments that in the Middle Ages, "Accepting the principle of authority as their starting-point, men did not feel its limitations as we should feel them now. A fence is no obstacle to those who do not desire to go outside, and many barriers that would seem intolerable to a more sceptical age were not felt as barriers by the schoolmen. He is free who feels himself free." Ibid., pp. 76-77. Further, "for those accustomed to the wide diversities of the modern world, it is easy to form a false impression of the uniformity and sameness of mediaeval thought. Scholasticism was not one thing but many, as its historians constantly remind us, and the contests between different schools and shades of opinion were as keen as among the Greeks or in our own day." Ibid., p. 77.
oddities in the history of higher education: a system in which the academic institution is subjected to the governance of bodies of laymen who are not educators. Although in fact the greater part of the work of administering colleges and universities lies in the hands of teachers and academic administrative officers, this measure of self-control exists for the most part on sufferance and does not embrace the right to determine fundamental policy.

The youth and comparative modernity of American higher education may account in some measure for its vulnerability to external control. While universities in Europe have developed over a period of some 800 years, those of the United States have emerged for the most part within the past 150 years. Only nine American colleges were founded before 1770; the overwhelming majority of the existing colleges and universities were founded in the nineteenth century. 13

While colleges in the United States were based upon British conceptions, American universities were fashioned after the German universities which, with their stress on research, their ideal of academic freedom, and their concept of service to the state, had taken the leading position among the universities of Europe. All the great architects of the American . . . university had been profoundly influenced by direct observation of the universities of Germany. 14

However, as Pierson comments, "120 years of effort had as yet produced no typical university, no single American type." 15

In the United States, universities and colleges were marked by a

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14 Ibid., pp. 61-62.

process of secularization similar to that experienced by their European counterparts. Taking the curriculum as "a barometer by which we may measure the cultural pressures that operate upon the school" Hofstadter and Hardy find that the pre-Civil war American college curriculum "consisted chiefly of studies in Latin, Greek, mathematics, logic, and moral philosophy, with occasional smatterings of Hebrew and rather elementary physics and astronomy."\(^{16}\) Nor were the colleges "organically knit into the fabric of economic life."\(^{17}\) The tradition of the "ivory tower"\(^{11}\) prevailed for some time in the United States, and:

The rising university remedied many of the defects of the old college, only to create new ones of its own. The old-time college, with its intimate linkage with the church, had doubtless been limited by its sectarianism and its outworn dogmas. But it had been based upon the notion that a man's education and his intellectual life were fundamental parts of his character and his spiritual being; now, in all too many institutions, education was to be neither intellectual nor spiritual but practical, accumulative, and indeed acquisitive. The old college education had been tradition-centered, and no doubt tradition often weighed upon it too heavily, as a dead hand. The new university education was dynamic and community-centered; but the "community" too often meant nothing more than business and technology. The feeling that the life of the mind should have an independent weight of its own in affairs was stifled rather than encouraged.\(^{18}\)

Thus a medieval philosophy of higher education was gradually abandoned.

Farmer characterizes the medieval view that the university

\(^{16}\)Hofstadter and Hardy, op. cit., p. 11.

\(^{17}\)Ibid., p. 21.

\(^{18}\)Ibid., p. 36.
ought to embrace the whole of knowledge other than traditional handicraft skills, that is, the esoteric learning necessary to human social life and necessary also to the highest development of man as a person. Thus in the medieval university the faculty of theology nurtured the sacred knowledge necessary to the care of the soul; the faculty of medicine attended to the learned knowledge necessary to the care of the body; the faculty of law took as its province the principled knowledge necessary to the management of organized social relations among men; and the faculty of arts provided the general knowledge prerequisite to these other specialized branches of the higher studies.  

The growth of American universities was coextensive with that of American industry, the settlement of the continent, and the emergence of great fortunes. Industry was dynamic; its growth facilitated, along with the expansion of the nation and the acquisition of money, the expansion of science and the acquisition of knowledge. Industry created an almost insatiable demand for technicians, which the older educational system was unable to produce in sufficient numbers. It called not simply for the preservation and transmission of knowledge but for research to enlarge it. Above all, it financed education with a lavishness previously unheard-of. Characteristically, the American college before the Civil War--certainly before the 1850's--had been financed on a relatively modest scale and by means of very small or moderate contributions.

Gradually, secularization increased in momentum as the clergy on the boards of university trustees were replaced by bankers, merchants, and industrialists. Speaking of changes in the colleges and universities, Kotschnig maintains that

\[19\text{Farmer, op. cit., pp. 3-4.}\]
\[20\text{Hofstadter and Hardy, op. cit., p. 31.}\]
\[21\text{Ibid.}\]
we share the concern of those who see the universities threatened by the promiscuous adding of ever new subjects and courses, designed to provide a purely vocational training for students whose general education or intellectual acumen renders them unfit to share in any higher form of intellectual endeavour. 22

The impact of vocationalism is characterized by Hofstadter and Hardy:

By the end of the first decade of the twentieth century, when the elective system reached its apogee, its benefits were widely agreed upon. It had blown through the American college like a gust of fresh air, and had swept out innumerable features of the old regime that could hardly be justified—its rigidity, its archaic content, its emphasis on discipline and memory rather than inquiry and criticism, its tendency to constrict the lives of faculty members as well as students by limiting their opportunities to deepen themselves in a special field of learning. The elective principle facilitated the growth of the college into a university, and helped to raise American scholarship in many fields to a par with European scholarship. In the course of time, however, it became apparent to many critics that the educational pendulum had swung from one extreme to the other. The elective system had created in the college curriculum a chaos which innumerable reorganizations failed to remedy. It had opened the door to excessive vocationalism, a lowering of standards, an unmistakable trivialization of education. It became interwoven with the mass character of American education in such a way as to compound undesirable characteristics: students who came to college for other than serious educational purposes were free to load their curricula with easy courses containing a minimum of conceptual material.

More important, perhaps, than all those things was a certain loss of seriousness and spiritual tone in the entire fabric of higher education. The old prescribed curriculum had been excessively dedicated, no doubt, to archaic content, and was inspired by a religious conservatism that could hardly have been expected to survive the age of Darwin and Spencer. But the old college had also been formed upon the assumption that knowledge was not a mere utility, that it was somehow a part of the innermost character of man. It had given to the educated portion of

the community some common core of knowledge and concern
that made of it a community.23

In abandoning an earlier tradition with the college which was its develop-
mental base, the university's conception of the social role of higher edu-
cation was augmented:

The university's essential contribution can be summed up in a
word: research. Both the college and the university existed
to teach, to treasure, and transmit knowledge; but for the uni-
versity the task of adding to knowledge was primary.

Since the emergence of the university coincided with the
period of industrialism, corporate business, urbanism, growing
social complexity, and the advancement and heightening prestige
of science, the new graduate and professional schools that prolif-
erated in the university revolution were naturally molded by
these developments. The intensified division of intellectual labor
reflected an enlarged functional complexity of society outside the
academic walls. The most urgent demand of this society was for
specialized skills, and the definition of skills fell increasingly
under the influence of the natural sciences. Immense progress
had been made in these fields; not only was their technical service
to economic life imposing, but their intellectual achievements
during the last half of the century were one of the most exciting
developments in the realm of the mind and spirit. The attempt
to be "scientific" therefore spread from the sciences themselves
into every sphere of intellectual life.24

23 Hofstadter and Hardy, op. cit., pp. 53-54. The authors point
out that "in promoting social mobility, offering a wide variety of services,
and educating exceptionally large numbers, our colleges and universities
have fallen into many practices that can be questioned. It is hard to con-
duct a system of mass higher education—and that is what we have--
without losing something qualitatively. It is hard to serve the community
in a great variety of ways without losses to intellectualism. It has proved
hard to serve science and technology in a practical society without some
cost to intellectual and spiritual values. It has been hard to serve the
American community loyally and effectively without succumbing to some
of the failings of that community." Ibid., p. 102.

24 Ibid., p. 57.
Lay control of American higher education is not a late development, but coincides with the beginnings of American higher education itself. Possibly the founders of Harvard intended to reproduce the self-governing academic corporation that they were familiar with through the Paris-Oxford-Cambridge tradition. But the self-governing university of masters, as it began at Paris and was carried on at Oxford and Cambridge, was based upon certain realities of medieval life that were absent from the American colonial scene. Medieval universities arose when formal corporate organization became necessary or desirable for the large bodies of masters and students that had already gathered at centers of learning. The masters, and many of the students, were beneficed clergymen; the properties of the universities, and hence its management, were simple; the prestige of learning was immense. It was fairly easy for the university to become a self-governing corporate body in the fashion of the medieval guilds. The early universities received sweeping powers and privileges in their early papal charters, and those founded later on royal charters followed the established pattern.

While European universities and university government thus evolved from the need to organize an already well-established learned class, the institution of learning in early seventeenth-century Massachusetts was created from outside by a community with very slender means. While there was an extraordinarily high proportion of university-educated men in the Puritan community, there was no such thing as a professional class of teachers engaged in higher education; thus it was not possible, by corporate organization and recognition, to establish a university or college. On the contrary, the learned man was more in demand in this growing community as a minister or public servant than as a teacher. 25

The specialization and secularization of the university in the transition from the medieval to the modern period constitute a challenge to the ethical ideal of the contemporary academician. The milieu of mass education cannot contain the traditional master-disciple relationship. Emphasis upon extensive scholarship conflicts with the academician's obligations to the task of teaching and to his clientele. Intrusion of the

25 Ibid., pp. 124-125.
lay world upon the university obscures the value of dedication to knowledge for its own sake. By the imposition of extra-professional values, specialization has defined colleagueship as a bond uniting those within rather than between intellectual disciplines. Further, specialization

26 Tension between academicians and businessmen is attributed to "not the fact that scholarly inquiry occasionally challenges some aspect of traditional capitalism, but the fact that, with the decline of the great individual fortunes, the business community has, at least for the moment, lost its will or capacity to sustain education in the style to which education feels it has a right to be accustomed. One of the things that makes the task of the American college president so difficult is this quality in our scale of values. Potential donors can well understand why a university needs funds for cancer research or a cyclotron, but the task of translating the still more urgent needs of the humanities into terms that they can understand and feel is one of the greatest delicacy and difficulty. Typically the college president begins by reaching for something really intelligible that education is 'good' for, and such an approach is better than none at all. But to explain convincingly why, even in such crass instrumental terms, the study of the classics may help to make good citizens or good lawyers, it is necessary to have had direct experience with the value of the classics, especially if one's hearers have not." Ibid., pp. 105-106. Overtures from the lay world to academicians affect concord between academicians as a community of scholars. Subsidized research is, of course, less feasible for philosophy than for engineering. In general, for many reasons the humanities have maintained the ideal of disinterested scholarship, and the tension between the humanities and other branches of learning within the university is explicable in terms of the polemic on the philosophy of the "ivory tower." Whyte finds "That engineers should seize on the humanities as the villain of their piece reveals something more deep-seated than current exigency. While it is another subdivision of technocratic education that is currently the actual rival, engineers are right in sensing that the humanities are the core of the opposing tradition. The conflict has always been there, but so long as shortages of men weren't pressing, few people felt impelled to say anything mean about the humanities. But the live and let live era is over, and some seem to sense that the climate is now propitious for coming right out and naming the humanities as an enemy." William H. Whyte, Jr., The Organization Man (New York: Simon and Schuster, 1956), pp. 89-90. Further, Whyte states that "It is not entirely facetious to suggest that the only way any reform could be effected would be through a subversive movement by the humanities. In what would be poetic justice to the vocationalists, humanists in disguise could appropriate their terminology and smuggle education into the curriculum, by pretending to specialize it further. Who would dare cavil at the humanities were they presented as 'Mercantile Influence in the Renaissance, ' 'Market Patterns in Pre-Industrial England, ' or 'Communication Techniques in Elizabethan Drama' ?" Ibid., p. 88.
has had a divisive effect upon the ideally unitary obligation to the preservation and transmission of, and contribution to knowledge. It has been said that "the ultimate criterion of the place of higher learning in America will be the extent to which it is esteemed not as a necessary instrument of external ends, but as an end in itself."  

Sharing in the fate of the university as an institution, academicians invariably reflect its tradition through their interpretations of the ethical ideal of professional life.

**INTERVIEWEES: COMPOSITION AND RESPONSES**

The "academician," as it appears in this dissertation, is a term denoting individuals who hold the Doctor of Philosophy degree, and who hold teaching positions in institutions of higher learning. Hence the term denotes individuals who are trained and engaged in or retired from professional activity. Twenty-five academicians were interviewed from the period May - October, 1957, selected from the following disciplines: English (2), History, Romance Languages, Philosophy, Astronomy, Chemistry, Biology, Botany, Mathematics, Zoology, Economics, Geography, Government, Psychology, Speech, Sociology, Agricultural Economics, Accounting, Dairy Science, Education, Engineering Mechanics, Chemical Engineering, Library

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Science, and Music. Of these individuals, two are Instructors, four hold the rank of Assistant Professor, seven of Associate Professor, and nine of Full Professor at a state university in a southern city. In addition, two interviewees were retired at the rank of Full Professor, and the twenty-fifth interviewee is a Full Professor at a Negro university. Two interviewees are women, six are heads of their respective departments, and two are deans with teaching duties.

In the selection of interviewees, emphasis was placed upon representation of a wide range of disciplines. Although no statistical device was utilized in selecting potential interviewees, care was taken to obtain respondents from different disciplines and in various positions of rank. Due to the scarcity of the Ph.D. degree in certain disciplines, it was necessary to select more respondents of Associate and Full Professor rank than was initially intended. This is also true of department heads. The lack of uniformity in university standards pertaining to the hiring and promotion of academicians in the different colleges and departments within the university obfuscates any attempt to correlate rank with age, or years of professional activity. For example, one academician interviewed is a full professor and has held the Ph.D degree for five years, while another interviewee, who received his Ph.D degree sixteen years ago, is an Assistant Professor.

Of the twenty-five interviewees originally selected, there were
no rejections of the request for an interview. One individual, however, indicated that he could grant no more than a half-hour to the interview; two academicians were difficult to reach but willing to cooperate, one was suspicious of "people who go around prying into others' affairs" and another academician scheduled an interview immediately upon request, frankly stating that he wished to "get it over with." Other than these cases, cooperation was excellent. Indeed, cooperation was often enthusiastic, many interviewees appearing more than eager to discuss their professional preoccupations. Interviews varied in length from one-half to three hours, with the majority of the interviews between one and two hours in length.

The academicians whose statements are reproduced in this chapter have in common a life work undertaken in a university milieu, and a degree which symbolizes common training. They are scattered throughout the range of rank and scholarly disciplines. Their socialization process is uniform only to the extent that they have all completed a sequence of steps in formal academic training. An historian, for

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28 Interviewees were approached through a letter, which is reproduced in the Appendix. Subsequent to the letter, they were telephoned individually and requested to make an appointment for an interview.

29 Becker and Carper, studying graduate students in Philosophy, Mechanical Engineering, and Physiology, found striking differences in the socialization process of the three groups in regard to "the informal peer group or student clique, the apprentice relationship with professors, and the formal academic structure of the university, involving courses, grades, credits, and degrees." Howard S. Becker and James W. Carper, "The Development of Identification With an Occupation," American Journal of Sociology, LXI (January, 1956), 296.
example, shares little more than this training and common locus with an entomologist, while a radiologist and an obstetrician, although their professional work vastly differentiates one from the other, are usually subsumed without question under the title "doctor"—a term which encompasses all the medical specialties. The attempt is made in this study to subordinate considerations of these differences in order to focus upon the academician as a professional person. In certain cases, of course, it would be possible to generalize only through a casuistical device of reasoning. However, academicians share with one another an orientation toward the ethical ideal of their profession. The primary purpose of this study is to elucidate their interpretations of the ethical ideal of the academician. Hence, similarities between interviewees will be stressed, wherever this is permitted by the data.

A serious attempt has been made to preserve the anonymity of interviewees, in order to protect their positions and to maintain the confidence ensured them in the treatment of their responses. Hence in reporting the source of responses, alterations have been made wherever it was thought necessary. The preservation of anonymity is further facilitated by a discussion of responses in terms of the various dimensions of the ethical ideal, rather than on the basis of typologies of respondents. A schedule of interview questions is presented in the Appendix.
The central theme of the dissertation demands that analysis be undertaken in terms of the various dimensions of the ethical ideal of the professions. In the academic world, those dimensions which appear to be crucial to the preservation of this ideal are considered in separate sections. The interpretations of these dimensions are directly dependent upon the problem of professional identification, a problem perhaps unique to the academician. Hence, the following section is concerned with the implications of the bifurcation of the academician's professional status. Subsequent sections are devoted to teaching versus scholarship, ethical obligations to students both as individuals and as a group, the problem of professional autonomy, colleagueship in the academic world, and the ethical code of the academician. Analysis of these problems is based upon both the literature in which the ethical ideal of professional life is discussed, and the interviews conducted in the search for its interpretation by professionals. This chapter concludes with a description of the ideal academician as he is characterized by a consensus of interviewees.

THE PROBLEM OF PROFESSIONAL IDENTIFICATION

Unlike doctors, lawyers and ministers, the academician's claim to professional status is often bifurcated. In the Dictionary of Occupational Titles, a professor of engineering or a sociologist is designated as a member of two professions, namely, as a college
professor and as an engineer or a sociologist respectively. Because of this bifurcation, academicians are victims of specialization par excellence. Their professional allegiance is divided. The bifurcation of professional identification is reflected in the form of conflicts imposed by obligations to teaching and obligations to scholarship. Often interviewees emphasized the priority of one dimension of the ethical ideal over other dimensions. For example, a professor who consistently maintains that he is a physiologist more than he is a professor, stresses his dedication to his intellectual discipline as such. On the other hand, professors who emphatically state that they are professional men by virtue of their status as academicians place a premium on their relationships with students and with the university. Their perspective of their colleague group also differs from that of the physiologist. The latter reads international journals in his discipline. His colleagues are universal both in space and in time. He esteems leading figures in the intellectual heritage of Physiology. His reference group is the group of physiologists throughout the scientific world. He relates his own work to theirs, often excluding members of his own department who lack his dedication to Physiology. His confere in the humanities, on the other hand, includes members of departments other

than his own in the colleague group. His definition of profession en-
compasses all academicians who teach both in the university in which
he is located, and in all institutions of higher learning. He feels an
obligation to preserve a corporate group quality in the academic
world, irrespective of the myriad disciplines which his colleagues
represent. Often his emphasis upon teaching is greater than his em-
phasis upon the pursuit of scholarship.

Interviews with twenty-five academicians, unfortunately, do
not disclose such concise and distinct professional perspectives as
those briefly depicted above. Often the academician feels himself to
be a servant of two, if not of more than two, masters. Several inter-
viewees interpreted the words "your profession" to mean their particular
disciplines, rather than the academic profession. On the other hand,
only one individual of the twenty-five interviewed did not interpret the
question of professional sacrifices and rewards in terms of his status
as an academician. Even those individuals who consistently contended
that they regarded themselves only as students of their particular
disciplines and as members of these "professions" spoke as academic
professionals in discussing obligations to clientele, and in discussing
the sacrifices and rewards of professional life. On some occasions,
interviewees offered two responses to questions, one as members of
their disciplines and one as academicians.
Traditional Elements in the Academician’s Perspective

An interviewee resonated the word "calling" when asked whether he thought his profession is a vocation or a calling. "The word calling is meaningless," he stated, "unless it has a noun in front of it. Who's doing the calling?" Other interviewees assented that the academic profession constitutes a calling, in that it contains an element of service, involves advanced training, and involves teaching and influencing others. One academician asserted that "a teacher is born, not made" while another stated "I'm not saying that teachers are born, not made. But they should be a little bit born, despite what the educators say."

This interviewee stated that university teaching requires special interests. A person won't go into it without certain interests. Ideally there should be certain elements of personality that the person should have. The person that gets into teaching ought not to feel that it's really work. He is also fulfilling an obligation which may be to anyone—to himself, or to society.

Several traditional elements of the academic heritage were combined in one interviewee's characterization of the academic profession as a vocation:

I would define it so not semantically. It is a matter of outlook. Given a demonstrated competence in his field, the person must have a certain outlook in his work. He must be in some sense a scholar and an intellectual. Furthermore, there is the matter of public service. Teachers, ministers, physicians and public

31 From an interview. Henceforth statements obtained from interviews are, although quoted, not documented in footnotes.
servants are professional people. They have a dedication which is more than commercial. They must have a sense of public service, and I don't mean that semantically or vaguely. They must consciously devote themselves to consultation—in the case of the academic person, advising students, in the case of the doctor, charity work. In the field of medicine, one sees less and less of that sense of service. In the academic field, in the past, the academic and ministerial fields were one. And they had a sense of disinterested social service for which they expected no remuneration. Owing to the success of the fee system, there is now a certain touchiness and jealousy on the part of the academician. A teacher of a certain language is more and more reluctant to translate a letter without being paid for it. Because we look enviously to the other professions, we see less reason to devote our time to meetings for high school teachers, panel discussions, and so on. That does tend to break down this service ingredient of professions. The sense of dedication is involved with that.

In defining a profession, those academicians who regarded their profession as the academic profession stressed intellectual capacity, training, and competence as characteristic of a profession in contrast to a trade. One interviewee stated, "I think for me there is a sense of tradition in the kind of work one is doing. That ought to be present in the professional field. And further, there should be ideally only a personal compulsion in professional life." Another interviewee distinguished a profession from a trade using several criteria:

One is that a person enters a profession for a life calling and would change his type of work very reluctantly. In business a person wouldn't have as much difficulty in bringing himself to change types of work. There's a distinction in primary motivation. It was originally between service motive and profit motive. A man became a doctor in order to use his ability to heal people. Originally a man went into law to help people who are in trouble. And the extent to which young men now become interested in medicine to make themselves rich, they are losing their professional touch.
These academicians, who interpret university teaching as a profession in itself and as the source of their professional identification, compared the academic profession with the ministry, high governmental officials, and the military. Comparisons with the ministry were drawn in terms of relationships with clientele, although one academician commented, "When I think of some of my colleagues, I throw up my hands in horror. Perhaps the ministry would resent the comparison." Comparison with the civil service was justified by the fact that "there is a great deal of interchange there. And they, too, have this spirit of dedication and high training and competence." An analogy was drawn between the academic profession and the military in that "in both professions, you have a group under your control, and you do not depend upon them financially." One interviewee, who elaborated at length on the historical tradition of the professions, stated that the army and the clergy may be compared with university teaching "because people in those professions deal with people. And the army, clergy, medicine, law and teaching are the same in that they have the freedom of disposition of their time as they will. And they can choose their clients, more or less."

The academic profession was compared with journalism by only one interviewee, who stated that both groups are responsible for work in research. This individual, like several of his confreres, reflected a conflict in his concept of the academician as a professional.
Responses often wavered between interviewees' self-concepts as professional men by virtue of their status as teachers and as scholars. A professor of social sciences stated in the same breath that "university professors are a profession, because they have functions in common. The university is not the profession they are in, but rather the field. You have an association of professional people." One interviewee frankly acknowledged a conflict in stating, "I subconsciously identify myself with teaching. That's one of our problems. In a university, often the professors in specialized fields don't think of themselves as teachers." Another interviewee reflected that, "I think of myself more as an artist, because you've got to have God-given talent in the field. But that's also true of teaching. A teacher is born, not made." A professor of physical sciences was unable to distinguish the learning of his discipline from the teaching of it: "I don't really know what moved me in the beginning. When I ran into this field, I just went crazy over it. All that time I wanted to teach--I don't know why." One professor of biological sciences, who had previously been engaged in commercial work in his discipline, stated that

in commercial work like to think of themselves as professional people. Personally I don't think they are. Even in the university they don't think of us as professional. The pay scale for professional people is higher than that for professorial people. Even the administration here doesn't think of us as professional people, although I think we are.

Academicians who expressed conflicts in professional identification frequently referred to their relationships with students as an advantage of
academic life in contrast to the commercial world. A profession involves, one interviewee stated, "the amount of service one can render to others rather than to himself, and you get much enjoyment out of it, too. I'm glad to be paid for what I like to do." Two interviewees of this group compared the academic profession with the clergy, one of them commenting, "You have to preach a sermon to your class sometimes. Sometimes you have to baby a student. A professor has to be a little of the prophet, priest and king." A professor of physical science stated that other scientists might be compared with individuals of his status, but that "there are many high school teachers who have the same feeling about professions and sacrificing to them and contributing to them that we have." Two interviewees compared the academic profession with medicine and law, one of them stating "They also do work without the consideration of economic reward," and emphasizing the concept of service to humanity in these three professions. In extending his analogy, this interviewee stated that medicine is concerned with the life of the body, law with justice, and the academic profession ultimately with truth. Academicians of this group, who wavered between dedication to their discipline and to purely academic considerations of colleague and clientele, represent marginal types. They are bordered on the one hand by the academically-oriented professor, and on the other by individuals who discussed their primary obligations in terms of contributions to their intellectual disciplines.
Academics who maintained that scholarship in their chosen specialty constitutes their primary ethical obligation stated that their intellectual disciplines are a calling in themselves. "It is apart from everything else," one interviewee stated, "in a world all its own." Another interviewee frankly stated, "I consider the teaching the money-making part of it. I am interested in research more." Another denied that he thinks of himself as a teacher at all, while a fourth interviewee stated, "From the matter of good teaching, I like to think of myself as a __________; as a matter of pride, I like to think of myself as a professor." One interviewee, a professor of social sciences, stated:

I think of myself primarily as a social scientist, not as a professor. I would call social science a profession. The word "calling" is only used for ministers and missionaries, but I would say that social science would never have challenged me if it didn't give me some opportunity to improve the world and society. I belong to the school that thinks that better social scientific theory should be used, and better social policy.

This interviewee called attention to his former teachers both at the undergraduate and graduate levels. He emphasized the intellectual heritage of his discipline, and stated that "the field grips me, challenges me." One interviewee, an instructor, stated that his first allegiance is to his discipline, adding that "the explanation for this may be my junior rank. I have to admit that when a layman asks me what I do, I say I'm a professor. But that's an act of convenience." Three interviewees, who had initially contended that their identification as professionals was a function of their status as academicians, discussed
their research work as a calling. One interviewee of this group stated, "I thoroughly enjoy it, or I wouldn't work sixty to seventy hours a week. It's work, but not in the sense of drudgery."

Academicians oriented toward scholarship rather than teaching varied in their interpretations of the essential characteristics of a profession. These characterizations, however, were not without traditional elements which distinguish the professional from the non-professional world. An interviewee stated:

I suppose in business you'd say your main objective is to make money. Far be it from me to say that professors are not interested in money. But God pity us when the only reason for being a professor would be to get rich quick! I would say that about the doctor, too. I don't want him as my physician if he were solely out to make money. My primary interest is teaching students, and as a citizen to help the community operate on more scientific lines.

Many interviewees oriented toward their disciplines mentally compared their research performed at the university with that conducted in industry. A science professor commented:

In a trade--depending on the level of skill--one is concerned secondarily with the trade, and primarily with the financial aspect. Working conditions become primary. In a profession one is interested in the activities in which one is engaged. I would justify the auto mechanic for being interested in a four-day week, but not a professor.

In a profession, another interviewee stated, "You don't quit at 5 o'clock. You continue to think of the problems involved. You're more wrapped up in them than in your salary. You put it above a routine job." The distinguishing mark of a profession, one academician maintained, is
"the ability to interpret. In this type of work the question is always 'Why?'" Another interviewee stated that in professional life, "you aren't paid by the hour. A little knowledge is worth a lot. There's no piece rate." A professor of science stated that a profession requires considerable intelligence, and a great deal of preparation. Particularly in the profession I'm involved in. You must continually study to keep up. In a business you can rock along with the skills and knowledge you've acquired for the rest of your life. In the teaching of this field, I am faced with the continual need for further study. I derive much of my income from consultation. I don't depend on my teaching salary for a livelihood. But I like to teach because I have to keep up. It's a real challenge in that respect.

Certain academicians oriented toward scholarship rather than toward teaching attempted to combine both into a single profession. For a dedicated man, one interviewee stated, a profession is "close to being a religion" in that the scholar is dedicated to the spirit of truth. The academic profession was also compared with the medical and legal professions and with the ministry, on the basis of clientele relationships and on the basis of the principle of service to society. Of this group, one interviewee was frankly at a loss:

I can't think of any profession like this one. It's very unique. The students are all located in one place; the professor comes and goes at odd hours. And the university professor is more free in a way, I think. The doctor has to depend on his patients for his fees. The professor's time isn't restricted. He doesn't have to be there. And the ones who get to the top are paid to think, or just to write a few lines.

Of those interviewees whose work includes administrative duties, only two adopted an administrative view of these matters. "I am a
university professor with administrative responsibilities," one of 
these academicians stated, "and definitely it's a vocation." This 
interviewee stressed the professional man's responsibilities "to the 
community and the public at large--that doesn't exist with a trade. 
However, a bricklayer might think of those things, too." In stating 
that the medical profession closely approximates the academic pro-
profession, however, this individual compared the two on the basis of 
the practitioner-client relationship. The second administration-
oriented academician stated:

It would be unfair to say I'm entirely a professor. Your 
point of view is, shall we say, warped by the fact that you're 
partly an administrator. I like teaching because it gives me 
the faculty point of view--the point of view of the man in the 
classroom. And secondly, I like it because I get the student 
mind.

This professor stated that he often feels "torn between" the perspec-
tive of an administrator and that of an academician, phrasing his con-
flict in terms of ethics: "My ethics aren't always the ethics of admin-
istration. Sometimes I have to take an institutional point of view and 
I find myself not believing myself, and yet I am part of administration, 
too." He stressed that a profession

has a sense of obligation to society; a recognition that what is 
best for you is not necessarily what is best for society; a 
standard of procedures that represent group conceptions of 
right and wrong. A trade is interested in the profit motive, 
interested in self-advancement. Sometimes the professional 
man has to do something that will not enhance his own position, 
because he believes this is the best thing for society. I also 
feel that I belong to the teaching profession. I feel I must set
an example. I must teach the truth. I am working with minds that are flexible and pliable.

This interviewee compared the academic profession with the ministry. His interpretation of the ethical responsibilities of the professional man included obligations to students and colleagues on the faculty, as well as to the community and society in which the university has its locus.

In summary, all interviewees indicated an appreciation of the traditional ethical obligations of the professional man, although they emphasized different dimensions of the ethical ideal. The concept of the profession as a "calling" was interpreted as a characteristic both of teaching and of scholarly activities. Many interviewees stressed the professional subordination of gain or profit to service. Certain interviewees were more articulate than others concerning the professor's ethical obligations to university students. Concepts of responsibility toward the colleague group were vague. Ethical obligations were not denied by any interviewee, although several emphasized only one or two dimensions of the ethical ideal of the professions.

Only one of the twenty-five interviewees presented a perspective of ethical obligation which was consistent throughout the interview. The remaining interviewees may be roughly categorized as (1) teaching-oriented, (2) research-oriented, and (3) academicians who acknowledge a conflict existing between obligations to teaching and to scholarship.

In such a small sample, generalization is hardly warranted. It is
interesting to note, however, that no correlation can be established between these categories and the rank or age of the interviewee. Full professors were divided in views as to whether or not the academician is more obligated toward students than toward scholarship, as were their confreres in junior ranks. The sole generalization at this point in the analysis is that all but one of the interviewees who emphasized obligations to teaching and to students are in the humanities.

The identification with the academic profession, rather than with the intellectual discipline, is more marked in the humanities. Thus, chemists are listed in the Dictionary of Occupational Titles, whereas experts in belles lettres are not. Psychology is often thought to constitute a "profession" whereas Philosophy is not. These generalizations, however, must be qualified. Aside from the fact that the data in the present dissertation do not constitute an adequate sample of academicians, it is further to be noted that the only interviewee who consistently maintained that the sole obligation of the professional man is to his intellectual discipline, is in the humanities. His perspective is unique in that he maintained this consistency throughout the interview.

This document, stressing absolute dedication to scholarship, constitutes a challenge to the facile classification of professional perspectives.

Scholarship: An Ultimate Ethical Obligation

Referring to university professors as a professional group,
one interviewee in the humanities stated, "One of my colleagues once argued that this is not a profession, and I am unable to refute his argument." Stating that "a certain esprit de corps among its members, and a guild quality" are essential characteristics of a profession, he contended that academicians are not professionals, in that they lack this corporate quality. His view of professions included only independent practitioners. "University teaching is not a profession," he maintained, "Law and medicine are professions." This interviewee elaborated upon professional characteristics as including dignity, a special skill, a guild quality without a hierarchy, and "being a free agent." Stressing pure dedication to the intellectual knowledge of his discipline, he stated, "I probably spend less time on teaching than most teachers do, because teaching is incidental to my scholarship. Teaching is more of a relaxation; it takes no effort."

Contributions to the profession, this academician maintained, "are based on individual excellence, a kind of thing which only allows for individual excellence. It's not a corporate competence."

The ideal academician was characterized by this interviewee as "a good scholar; it's not important whether he's a good teacher." "I think of the man as a scholar," he stated, "Anything he gives to his students is a bonus. There's no obligation to give anything to a student. He is primarily a scholar." Similarly, this interviewee maintained that the student owes "courtesy and respect" to his professor, but
that the relationship between professor and student involves no personal obligations.

This professor expressed indifference to the university structure. Although he stated that if he had the power to change the university, he "would do what Hutchins did at Chicago," he denied that the faculty can or should be conceived of as a unit: "You have things like teaching athletics and commercial subjects, and I think of the university as the College of Arts and Sciences only." When asked what obligations the professor has to the university, this interviewee stated that professorial obligations are "to scholarship. If he fulfills that, he fulfills all his obligations--to colleagues, students, the university and everything."

To this interviewee, "colleagues" denotes other scholars who "have certain qualities. They are very proud; they tend to be reserved and impractical." He states also that obligations to colleagues can only be personal: "Scholarship is the only thing." Although this interviewee recognized the possibility that a professor might be unethical, such as "when a man caters to students or to the administration, or waters down his course to get students in his class," he again interpreted academic obligations as personal and intangible: "The kinds of corruption possible here are so subtle they would not fall under a code."

This academician apparently perceived no conflict in the
academician's life. Basing ethical obligations upon those to scholarship, he maintained that if these are fulfilled, all others are automatically realized as well. In no other interview was the ethical ideal of the professions so succinctly depicted in terms of one dimension, nor presented with so little explicit conflict.

OBLIGATIONS TO KNOWLEDGE: TEACHING VERSUS SCHOLARSHIP

The problem of assigning professional status to teaching in general arises by virtue of the fact that the technique is ill-defined, but the training highly specialized. In the academician's work, however, basic functions are said to include "the conservation, dissemination, and innovation of knowledge." The professional technique of the academician, then, consists of more than a pedagogical competence. The academician, more than any other type of teacher, conserves, disseminates and contributes to universal knowledge. His task is ideally unitary, and so immense that Parsons finds it imperative that on the faculty of the university should be many men who, though permeated through and through with the liberal spirit which is alone appropriate to a university, are, at the same time, in the closest everyday touch with the practical life of the world in which that university exists.


The academician is eminently the "man of thought rather than the man of action." What links him with other academicians is not only the professional technique, but the purpose of professional activity:

In one sense, a college is an institution which provides for intellectual anarchy. The basis of the unity of scholars is the belief in intellectual freedom--the freedom to seek the truth and to teach the truth as the individual scholar sees it.

Noting the change "from the idea of education as a private affair to the concept of public responsibility for education" in the United States, Jones finds that the unfavorable aspect of this fundamental revolution has been to make teaching rather than research the primary occupation of the scholar; its favorable aspect has been to compel the humanist to fulfill a social function rather than to exist like beauty as his own excuse for being.

As Wilson points out, the rewards for competence in teaching hardly approximate those for achievements in scholarship:

There is seldom any systematic basis for recognizing good teaching, and even the individual who is quite conscientious in the performance of his teaching function may be loath to exert a great deal of effort toward maximum improvement when such effort often goes unrewarded in leading universities.

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35 Wilson, op. cit., p. 22.


Research activity, on the other hand, is bound to be noted, if not rewarded. Publication in book form, in scholarly journals and scientific periodicals, election to learned societies, and numerous other forms of recognition exist for the researcher.38

Wilson emphasizes that "there is no completely objective basis for judging the qualitative achievement of the academician."39 The university community supports both workers and drones, and in this respect is like every other community. For the professor who uses routine classroom procedures and is under no pressure to do research or to perform other major functions, employment in the higher learning is one of the easiest of all sinecures. For the diligent, however, the academic profession can become the most strenuous of all the intellectualized occupations. A principal difference between the university professor and other employees is that he enjoys a greater freedom in the planning of his work, and is subjected to a less constant appraisal from above.40

In assessing his obligations to his discipline and to the dissemination of the knowledge of that discipline, the academician enjoys a certain freedom in the choices he makes and in the relative absence of surveillance of the results of those choices.41 The latter are generally reflected

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38 Wilson, op. cit., p. 191.
39 Ibid., p. 110.
40 Ibid., p. 106.
41 Caplow distinguishes between salaried professionals who perform technical functions for nonprofessional superiors, and those who, under professional leadership, form part of a bureaucracy, such as university professors and hospital resident physicians. Theodore Caplow, The Sociology of Work (Minneapolis: University of Minnesota Press, 1954), p. 170.
in allocation of time. The jealousy with which the academician guards his time, and the rigor with which he demands observance of his office hours by students do not necessarily reflect a concern with the rewards of research. The scholarship of the academician can be (and often is) an end in itself. This is what gives learning a disinterested quality. 42 The tension between fulfilling obligations of teaching and of scholarship often stems from the fact that, as Weber points out, the competence of the scholar and that of the teacher do not coincide. 43

The university professor, just as the physician and the lawyer, shares in a sacred tradition. Znaniecki finds that scholarly learning in China included inculcation of ethical and political norms which the school regarded as binding for state functionaries; and a scholar who became a functionary knew that his activities would be subjected to evaluative criticism by other schools. In other countries, whenever leaders of

42 "Professional ideology supports the tradition of a body of equals, making corporate decisions... and being judged in terms of individual competence. The relative non-interference on the part of society presupposes, in turn, self-imposed as well as professionally enforced duties and obligations. Though not isolated, the academic man is insulated—the assumption being that he will do his work disinterestedly or objectively. As men have known since the time of Francis Bacon, however, objectivity in scholarly enterprise is not simply a matter of writing in the third person singular. Higher education is ideally organized to minimize bias, careerism, and other factors injurious to the disinterestedness necessary for best professional performance, but the academic ethic is a result of the combination of certain positive factors and of the negation of others. Thus the scholar-scientist is not a person with no values, but one with disciplined values, and objectivity is a term that is always relative to wider values." Wilson, op. cit., p. 115.

religious congregations, physicians, judges, and royal councilors and secretaries received their preparation in sacred schools, not by private apprenticeship, those schools standardized their roles not only intellectually, but ethically, took care that none were admitted to perform them but men whom the school had tested and declared to be worthy, made candidates bind themselves by solemn oaths that they would faithfully conform with their standards, and sometimes even officially expressed disapproval of individuals who later failed to fulfill their promise. 44

The progressive secularization of special branches of scholarly knowledge is apparently a universal phenomenon:

Either special schools appear, unconnected with any sacred school, or else specialized divisions of an originally all-inclusive sacred school become relatively independent and carry on their studies without regard for, though not in defiance of, religious tradition. Already in antiquity we find separate lay schools of medicine, of mathematics and astronomy, of philology, of law. In modern times such separate schools have been rapidly developing in various fields of technological knowledge: military art, engineering, agriculture, commerce, and so on. The second process is especially marked in the evolution of Western universities: originally dominated altogether by religious scholars, they became progressively secularized when medicine, law, and finally various departments of "philosophy" were liberated from religious control and functioned as so many distinct secular schools within the formal university structure, until the only remnant of sacred scholarship is the "faculty of theology," on a par with the other faculties; in some older universities even this has been abolished, whereas many new universities never had it. 45

Znaniecki, having traced the struggle of secular against sacred scholars


for establishing the autonomy of knowledge, characterizes a secular university as

an association of mature persons in which professors have positions of authority. Although, like every social group, it exercises some control over the conduct of its members, yet it does not try to educate them physically or morally, to guide their personal evolution so as to make them fit for social participation, since it presumes that this has already been done during their childhood and early youth. What binds this group of professors and students together is knowledge as such—the scholarly type of theoretic, systematically ordered, absolutely true knowledge. Its cultivation and perpetuation is the primary task of the group and the chief reason of its existence; if it ceased to perform this task, it would also cease to be a center of higher intellectual education. No matter what psychological motives induce particular individuals to seek admission to the group, so long as they are its members they are bound to accept its appreciation of knowledge as the highest common value.

In other words, the school of higher learning performs the specifically social function of an educational institution only because its main activities are not social but scientific, do not aim to contribute to the maintenance of the social order but to the maintenance of knowledge as a supersocial domain of culture supremely valuable in itself.46

According to Znaniecki's characterization—which is itself a statement of an ideal—academicians' professional activities are unitary rather than divisive. Students and professors are engaged in a common task; they share a common value: the cultivation and perpetuation of knowledge. Were this the actual case, there would be no tension between the academician's obligations to his own specialty, to his students, to

46 Ibid., pp. 154-55.
his colleagues, and to the university. The high degree of academic specialization, according to many, has destroyed the essential unity of these activities, and has threatened the professional status of the academician. Although Znaniecki, among others, finds that teaching is relatively more emphasized in American than in European universities,\textsuperscript{47} it has been suggested that the "professor considers himself first of all a student of his chosen field of learning, and then a teacher. This order must be reversed if the profession is to regain its lost position and advance."\textsuperscript{48}

How do academicians interpret specialization? Do they welcome their increasing remoteness from an ideal of the common pursuit and preservation of knowledge? Is their dedication to their own specialty so strong that they feel their academic status to be largely irrelevant? When they think of contributions to their "profession" can they only interpret this to mean contributions to their own particular disciplines? Are "achievements" interpreted only to mean those in their chosen disciplines? Are they relatively indifferent to the educational problems of modern society? Do they manifest a concern only for those educational recruits interested in their particular disciplines? These

\textsuperscript{47}Ibid., pp. 133-34.

questions must be considered in the framework of the specialization of knowledge.

It is significant that interviewees, in response to the question: "What is your view of specialization in institutions of higher learning?" were overwhelmingly verbose and that their condemnation of specialization was nearly unanimous: "It's overdone"; "Specialization is all bad"; "It's a necessary evil"; "I regret it, but pragmatically speaking, I guess it's necessary"; "I think there is too much of it." Interviewees stated that specialization should be confined to very advanced levels of training. One professor recommended interdepartmental cooperation, stating that "in some cases, you find too narrow a base of generalization. I think there's too much attempt at specialization in the undergraduate program, and at the M.A. level, too. We should show the relatedness of various fields." A physical science professor stated, "in principle I am not against it, but I am opposed to people who specialize in the very beginning." Another interviewee stated that "on the most advanced levels, education should be very specialized. The further down on the educational scale you go, the more general it should be." Other interviewees confirmed this view, stating, "you can be a specialist only after you're a good fundamentalist"; "I do not believe in it for undergraduates, but a certain degree of it is necessary in advanced work, and I think even the Ph.D needs to be broadly educated"; "I regret the cost to fundamental and broad education"; and
"specialization is narrowing; it may be necessary, but it's culturally unfortunate." One academician stated:

I believe that there's a place for the generalist and the specialist. I am not for compartmentalization in the institutions of higher learning. I am for establishing inter-departmental lines. My ideals would lead me to believe that this is one of the finest things that could happen. I think we'll always have both the generalist and the specialist.

Only two interviewees, representing the biological and physical sciences, stated that specialization is desirable as well as inevitable. One of this group stated, "Science is complex enough that it probably is necessary. I myself am specialized." The other stated:

When I first came here, it wouldn't have done any good to have a specialty because I began at the bottom. In the course of that time, a good deal of creative energy was lost. People who enter a university should get some little loophole to do research—either on their own or by teaching advanced courses.

Only three interviewees directly related specialization to the loss of unity in academic endeavor. These three individuals stressed the traditional catholicity of knowledge. One suggested:

The humanities, in general, I think are more conducive to the preparation for leading a full life. They should and often do develop a series of individual resources which ought never leave the individual. I can't conceive of ever being really bored, because of the nature of the kind of work I do and what it offers.

In discussing over-specialization, the second of these three stated:

I recognize the scientist's claim. I realize that science has accumulated a vast amount of material which is new. Yet that is probably an error. Science isn't as accumulative as it thinks it is. They dismiss the history of science in a chapter, if they discuss it at all. I would also say the same thing about the humanities--there is a feeling that there is so much
History. The tendency is to state maximums and minimums. In the humanities you don't get a specialist in History; you get "Russian History in the 19th Century." And I think that's ridiculous. A person who does not specialize is called a maverick. There's something peculiar about him. I don't think that's true. He ought to know things about other things. Doctors, lawyers, everyone--they don't know enough about other things. People's feeling is that they have so much to impart, and that is because they didn't select out what is important. The real reason for specialization is a failure to discriminate in the material learned.

The third academician directly placed academic specialization in an historical setting:

Even though it's necessary to be narrow, a person must be aware of the purpose to which his efforts are put. Without the broad sense of purpose one is merely a technician. Without specialization, the result usually is chaotic. There is no position from which one can get his bearings. In my area, I can extend my problems to other disciplines. I should be aware that the problems in Physics and Sociology require the same intellectual skills as mine. As the university became secularized, it was almost inevitable that the feeling of a community of scholars declined.

Although the majority of the academicians interviewed regretted specialization in the academic world, they stressed its impact on the individual rather than upon the academic profession. In response to the probe to this question, "Where would you say your discipline stands in relation to others in the academic world?" nearly half the academicians in the group discussed their discipline in terms of prestige and material rewards and recognition. The remainder of the group interpreted the question as related to specialization itself. They stated that their departments are not as specialized as others or they indicated a recognition of tensions between the sub-specializations of their disciplines. Of
the latter group, one professor stated that even though his discipline
is elected by students in pre-professional training, he is gratified that
there are always some "who take it for the love of it."

Most of the academicians interviewed, although they generally
interpreted specialization in a negative way, did not relate that
specialization to its impact upon the academic world. Only a few were
articulate concerning the effect of specialization upon the unity of
academic activity. Ethical obligations to professional activity were
generally interpreted to mean obligations to scholarship, in connection
with the question of specialization.

Although interviewees appeared preoccupied with scholarship
rather than with teaching in certain of their responses, only five con­
tended that there is little difference between then and other Ph.D's in
their discipline who do not hold academic positions. One stated that
"there is no fundamental shift from the one to the other." Another
stated, "I am only doing research part-time in the university. They
are doing it full-time." A professor of a physical science contended
that people are

just as professional in research as in the university. But I
knew someone who hated working in industry, because he
hated to punch time clocks. Professionals are willing to work
at their subject without too much quarrel about how much time
and energy was spent on it. Sometimes we work until one
o'clock a.m. and it doesn't net us anything but inner satisfac-
tion. The further you go in industry the less scientific work
you do and the more administrative work you do, so that auto-
matically you are blocked for professional advancement.
Industries are shoving professional people from division to
division, and professionally trained people are being demoted. In a sense we do that at the university, too. My classes were cut out because student enrollment was smaller. The only way I could get them back was to compete with my colleagues. So my advanced classes got knocked out.

These academicians perceived little difference between themselves and professionals in government or industrial positions, beyond the amount of time allotted to research. A professor in a biological science commented:

The difference between those people and me is that they're probably better at research than I am. Some people like to work all the time at research. And there are others who prefer to be about half and half, and they gain a lot from the academic atmosphere. As for me, I would prefer less teaching.

Four interviewees stressed that the ultimate difference between academic and non-academic professionals is that the latter are denied the professor-student relationship. Referring to work with students, one such interviewee stated, "we have too many professors who consider their job finished at five o'clock in the afternoon."

Other interviewees compared their position with that of non-academic professionals in terms of freedom for creativity offered by the university milieu, and the disadvantages of university teaching in terms of remuneration. One academician stated that at General Motors, there is no longer a chance to be creative. A person becomes a highly glorified technician. There are three or four things coming up in my mind already about what research I'll go into next. In industry the job is assigned to you. And it's so damned applied there. Here it is really pure, pure science.
Other academicians who discussed the freedom of university professors made such comments as "the professor can decide when he will do his work," and "the professor can keep up with the developments in his specialty more than an industrial or government employee."

A professor of a social science stressed that the employed "brain-truster" can be "bought" at a certain price, remarking that "a lot of them would like to get back into the teaching game, but can't afford it."

One interviewee, while stating that professorial research is "tailored to fit the demands of the course you're teaching," added that some professors "will always have to be in an ivory tower. Otherwise we'd still be wearing leopard skins."

The majority of interviewees did not interpret their academic positions as conducive to the dissemination of knowledge so much as to its cultivation, and to the contributions they might make to knowledge in a university. (Three interviewees, however, were unable to conceive of a position other than an academic one for individuals with a Ph.D in their disciplines. 49) In keeping with an emphasis upon their obligation

49"That philosophers should be professors is an accident, and almost an anomaly," Santayana once said, adding "If philosophers must earn their living and not beg (which some of them have thought more consonant with their vocation), it would be safer to them to polish lenses like Spinoza, or to sit in a black skull-cap and white beard at the door of some unfrequented museum, selling the catalogues and taking in the umbrellas; these innocent ways of earning their bread-card in the future republic would not prejudice their meditations and would keep their eyes fixed, without undue affection, on a characteristic bit of that real world which it is their business to understand. Or if, being mild and bookish, it is thought they ought to be teachers, they might teach something else than philosophy. . . ." George Santayana, Character and Opinion in the United States (New York: George Braziller, 1955), pp. 24-25.
to scholarship, academicians generally interpreted the achievements of their "profession" in terms of contributions to the knowledge encompassed by their disciplines. Names from Einstein to Boas were mentioned in discussing achievements; one interviewee enumerated his own publications. Many academicians stressed that only geniuses can contribute to knowledge. Hence the question concerning what contributions could be made to the profession by the average person was interpreted as relating to teaching and to the university, rather than to scholarship. Interviewees discussed improvements in the university structure and in curricula as contributions of "average" professionals. One professor asked, "Contributions? Who was ever a success in teaching?" Another interviewee discussed the status of his profession in the following manner:

I am in the field of liberal arts, broadly speaking. The frame of reference is a humanistic tradition, and that goes back to the Greeks. And then there is the Renaissance. To distinguish the liberal arts from the sciences in terms of progress, our development is marked by a continuous conservation and protection of the liberal arts. The liberal arts have declined in the last fifty years. There has been no "progress."

In discussing possible contributions that could be made to the profession by average individuals, interviewees no longer interpreted their role as that of a scholar. In most cases, the word "profession" was interpreted as the academic profession. One interviewee, who had consistently emphasized the scholar's role in the university, stated that the average person can contribute "very little in research, because
the average person, the person with average intelligence, can't ac-
complish much more than that. But in teaching he could make a con-
tribution." A professor of a physical science stated: "In my field,
it's difficult to make a contribution to knowledge. There are great
brains that have done the work. We're not all Einsteins."

Other dimensions of the ethical ideal of the academician were
also mentioned in connection with the average person's contributions
to the profession. Obligation to students was emphasized by one inter-
viewee who stated that the average professor

could certainly be a lively teacher, a teacher who makes a
real effort to keep the subject vitalized and appealing. He
should establish a friendly relationship with students and do
his share cheerfully of committee work, to average it with the
burden of all the faculty. Almost anyone worthy of being a
faculty member should be able to do this much.

A professor of a social science stated that the average academician
could make a contribution in teaching. He can make the student
a little bit aware of current events. He can make the students
begin to understand the social sciences and their significance,
and perhaps open their eyes to questions.

Similarly, another interviewee stated:

From the research side, the average professor can get a few
graduate students wondering about things. His chief contribu-
tion will be an academic one. The trouble is, we put all our
stress on developing students for research and not enough
stress on developing interest in beginning students. The crying
need at the present time is for the development of beginning
courses to the point where they will appeal to students suffi-
ciently to entice them into this field.

Thus, several academicians stressed the academician's potential for
contributing to knowledge through teaching. Some of the interviewees
did not stress their own disciplines, but simply discussed the professor's opportunity to arouse the student's curiosity, and to stimulate students intellectually. One interviewee mentioned eminent figures in public life who were former students in his department at another university.

The academician's obligations to the community were also discussed in connection with the question of possible contributions. One professor suggested the academician's opportunity to offer his services as a consultant (also stating that a consultant should expect payment only if finances are provided for such by the recipient of these services). Other interviewees mentioned possibilities of contributing to adult teaching, discussion groups in the community, and study group work. Some referred to the ultimate beneficial consequences of academic work for the welfare of the consumer, while others discussed the articulation of their disciplines to "remote communities" and to the public at large.

Three interviewees stated that the average academician can contribute toward colleagueship, one of them adding "for your immediate colleagues--not those in Europe, but the ones you can see--it's a matter of stimulating them, and broadening their information, and doing this by irritation or any other means." One interviewee stated that the average academician should "maintain the fight for academic freedom. Through faculty meetings he could also influence the philosophy of the administration, and he should also make sure that
the department's course offerings are re-examined periodically."

Less than a third of the academicians interviewed stated that
the average person can contribute to this profession through scholarship
in his particular discipline. The meaning of specialization and of ac-
hievement was discussed by interviewees largely in relation to their
obligations to knowledge as scholars. The impact of specialization
upon the university as a community of scholars received scant allusion.
However, the possibility of contributing to knowledge was generally
interpreted as a personal question. In responding to this question,
interviewees referred to several dimensions of the ethical ideal, among
them the professorial obligation to university students.

ETHICAL OBLIGATIONS TO STUDENTS

Professorial obligation to students can partially be discerned
by determining the amount of time devoted to activities directly in-
volving students, such as preparing lectures or keeping office hours
for consultation. In this sense, the professor's division of time be-
tween research and teaching is revealing. However, certain profes-
sors allocate time in accordance with a formal contract with the univer-
sity. In these cases, responses to the question, "Would you say that one
of these activities impinges upon the other(s) at any time?" were par-
ticularly pertinent. One professor, who stated that his time is precisely
divided into 1/3 teaching, 1/3 research and 1/3 administration, stated
that the administrative duties always impinge upon the other activities, adding, "the more a man can keep out of administration in this profession, the better. But there's better money in it, and we've got to live."

An interviewee with an identical allocation of time stated that administrative duties always interfere with other activities, commenting, "I thoroughly detest administrative work." Other interviewees who were hired with an understanding that their work-week would be precisely divided between these activities, acknowledged that teaching 'often suffers.' One professor commented, "I always have the feeling that I'm not doing an adequate job in the classroom."

The majority of interviewees, however, were hired to teach full-time at the university. Hence, time allocations depend upon personal choice in most cases. One academician stated that the highest possible percentage of time must be devoted to research "for survival purposes," observing that evaluations of faculty members are made on the basis of publications. He spoke of time allocated to teaching as a matter of "satisfying your conscience," after which major time should be devoted to research. As one interviewee pointed out, there is a distinction between pressure to "do research" and interest in scholarship for its own sake. Most interviewees responded to the question of time allocation in terms of the latter orientation. These interviewees stressed that the university does not allow time for scholarship, but that this is a matter of individual choice. A professor of a biological
science stated: "I have no research time. None of us do. We steal it. There are studies I began, but never had time to finish. Research of a serious sort requires uninterrupted time, but you never get that here." Another interviewee flatly commented, "At this university, there is no time for research," while another stated:

I arrange my teaching schedule. It's all planned. I'm on full-time teaching. But 70% of the day hours I give to teaching, and at night I do research. I very seldom let students see me at night; of course I do, if a graduate student comes to me with some problem.

As these remarks indicate, devotion to scholarship and to teaching duties often coincide for those interviewees whose teaching is generally at the graduate level. A professor of a physical science pointed out:

The time I give depends on the number of graduate students at hand. Teaching full loads, you have little time to spend in the laboratory dabbling on your own. With research students you can get your laughing hare-brained ideas and turn them over to them, and see how they come out. The research student is very helpful to the teacher. It makes him feel like he is still actually doing research, whereas it is mostly library work that he does.

One professor in the humanities commented:

The advanced courses require preparation and thought. Teaching loads are conceived of in terms of the hours, rather than in terms of the work put into them. And also, no recognition seems to be taken of the things that normally should be expected from teaching advanced work, such as theses, consultation with graduate students, etc.

A few interviewees discussed departmental infringement upon the professor's time. "We're all involved in building up good public
relations in this department, and not much time is left for anything else," one interviewee commented, while another stated that "administrators encourage research by word, but not by deed." Other interviewees stated that time devoted to research depends upon the granting of leaves by the university, the time consumed by "the minute things such as record-keeping," and the duties involved in renovating courses. One professor, whose time was precisely apportioned, stated, "I have never been able to get my division of time to work out with what the university stipulates. Students' needs are the Number One requirement, and secondly we devote our time to research." Only one interviewee candidly stated that students represent an interruption from his research activities. Few academicians denied that a relationship between teaching and scholarship exists, while one of them frankly acknowledged: "I spend as little time as possible in preparing lessons. After a while you get in a certain routine. I don't think you can pour knowledge into the student, anyway. It must be his own work."

Only one academician of the entire group interviewed stressed the unitary activities of teaching and scholarship, adding further that "research usually means publication on the theory that if you don't publish, you've wasted your time, and that is false. Publication doesn't mean anything if the professor and his class are not enriched. Unfortunately the by-product has become the main product." Another interviewee stated that the allocation of time
depends on the personality and abilities of the person. Some people should not be allowed in the classroom, but they should be allowed in the university. They are excellent research people, but poor teachers. Perhaps 100% of these people's time should be spent in research. We have people who are good at organizing courses, and we have the showmen who perform in the classroom. There's a place for all these types. They're all necessary. I think a person should be about 25% to 75% either way. It should be up to the individual to develop his forte to the fullest extent.

The failure of interviewees to recognize the essentially unitary character of teaching and scholarship is due to situational factors in many cases. Certain professors, for instance, stated that the types of students in their classes and the nature of the classes themselves account for the distance between the level of the material used in the classroom and their own personal research. It is significant that twenty-one of the interviewees stated that the quality of students in the university is the major educational problem in the country today. Thus, interviewees spoke of the "failure to separate the sheep from the goats," "the lack of attention given to training for gifted students," and the "non-appreciation of the student about why he comes to college." Several interviewees expressed a feeling of impotence about changing the educational system. As Wilson points out,

Although the Ph.D. degree grants a form of monopoly to do college or university teaching, this is a privilege not exclusively in the control of the academic profession to the same extent that monopolization of standards for the medical diploma is in the hands of the American Medical Association.\(^50\)

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\(^{50}\) Wilson, op. cit., p. 28.
Extra-academic control of the qualifications of university students, as well as of recruits for specific disciplines, has often been referred to by interviewees as the rationale for the remoteness of teaching from research duties. When asked, "What kinds of young people are entering your profession today?" less than one-third of the interviewees discussed academic recruits in terms of the academic profession. However, they shared with those who discussed recruits to their own disciplines a concern about the qualifications of students. One professor emphasized the loss of the traditional ethical commitment to service, stating:

I think professors and doctors are all more money-minded than they used to be. There was a time when the teaching profession was about on a par with the ministry. You went into it because you thought you had a call. Now we've got a lot of teachers who are pretty mercenary.

Several academicians appeared to be preoccupied with the poor qualifications of university students in general, and with the quantity of students entering higher educational institutions. However, only one interviewee suggested that academicians might attempt to control standards of higher education for future recruits to the academic profession.

Those interviewees who discussed university students in their respective disciplines characterized them as everything from the "la la type" and "misfits" to "extremes who are either inferior or dedicated," and "pseudo-intellectuals." One interviewee, however, stated: "I tend to look at the bright side. There are good people going in. They're
the only ones who are important, anyway--the intelligent, serious people." Another interviewee commented: "We get people who have a great curiosity about the world. We do get people who just like the academic life, and we try to find those who want it for their own sake."

In general, professors who discussed only those students majoring in their own disciplines, stated that industry and business are luring students away from the campus upon their graduation. Thus, one interviewee commented that "a boy who wants to help the youth of this city will get hired for $2700, and a boy who works putting gasoline into automobiles is hired at $4400. It's a screwball value system." Another professor reflected:

When I graduated it was difficult to get jobs. If teaching was available, you took it. If a research job was available, you took that. Now a person can select what he wants, and almost invariably he'll take the commercial work because it pays better.

Concern over the material advantages of certain disciplines prompted one interviewee to remark:

We don't get enough students. We do get some that can't find a place anywhere else! I don't think we're getting the best people. I think the physical sciences are. We do get some good people and some people who are rather dedicated. They won't admit it, though.

Both interviewees who discussed future academicians in general and those who referred to recruits to their own disciplines indicated their interest in the qualifications of students, competing demands for them, and the types of future positions professional recruits can
anticipate. No interviewees were indifferent to these problems. At the same time, however, they stated the problem without offering possibilities for its solution.

The expropriation of control over future academic professionals from academicians, while it accounts for the moods of anger and dejection which accompanied their remarks on the subject, has not apparently resulted in indifference to the problem. While the sense of obligation to the profession exists (whether this is construed to mean the academic profession or some discipline of knowledge) most interviewees did not express any means of fulfilling that obligation in terms of control over membership in the academic profession. As Cogan has indicated,

the fact that most teachers are employees of a municipality may have inhibited their professional growth, since the conditions of teaching tend to obscure the locus of responsibility to the client (Is it to each child? to the class? to the local community? to the whole society?) and also tend to limit associational solidarity and self-regulation. 51

This obfuscation of responsibility to the client is also existent among teachers in institutions of higher learning.

When academicians were asked to enumerate the characteristics of a situation ideal for good university teaching, they referred not only to the necessity of well-trained, intelligent students, but also to conditions conducive to the ideal performance of all academic activity. This

fact again reflects the multidimensional obligations of the professional man. In order to perform his professional activities adequately, the academician feels the need for conditions which have to do not only with clientele, but with the total milieu in which professional work is conducted. Some of these conditions are only superficially not related to clientele. For example, one professor stated that freedom is a sine qua non of good university teaching, and added that the necessity is for an "optimum amount of freedom for the individual to pursue his teaching in his own way." Another interviewee added, "If the instructor is told what and how to instruct, you no longer have a real university situation. The professor can't stimulate the students adequately."

Certain features of the interviewees' immediate environment prompted them to mention needs peculiar to personal situations. Thus, one academician stated a need for "physical work conditions which provide the opportunity for a man to be alone for certain periods of time uninterrupted, so he can concentrate." Such needs, of course, varied from department to department.

For the most part, interviewees stressed the professor's need for a responsive, intelligent student body, for small classes through which they felt teaching could be more ideally performed, for the freedom to plan their own classes, and for, as one interviewee phrased it, "sufficient time for office hours to contact students." Demands for academic freedom were also mentioned by several interviewees, one
of whom stated that the community around the university should not "put too much stress on conformity." One-third of the group interviewed mentioned the need for adequate financial remuneration.

Referring to administration, interviewees stated that a "reasonable" or a "decent" teaching load was necessary for adequate performance of their work. One-third of the interviewees emphatically stated that the professor must have freedom from administrative control. A professor of a physical science maintained, "I think the whole policy of the department should be in the hands of professors and not influenced by bureaucrats." A few interviewees stated that the academician needs 'sympathetic encouragement from administration,' expressed through a reduced teaching load and the granting of adequate time for scholarship. Many professors stated that university facilities are inadequate for both teaching and research purposes, one interviewee commenting, "You can't cast pearls before swine, nor carry concrete in a teacup." Other necessities enumerated were stimulating colleagues, and intra- and interdepartmental cooperation in tasks which one interviewee commented ruefully, "European universities somehow get along without."

Interviewees, of course, were not in unison concerning whether or not these "ideal" conditions exist. One professor, stating that the academician needs "a certain amount of freedom to work as he pleases," added; "Of course, he's fortunate here. We've been able to do just about what we please." Another interviewee expressed the need for
situations that don't exist here--freedom. Freedom of time; freedom to express opinions; students who are mature and interested, and well-prepared enough to arouse the professor's interest; and stimulating colleagues.

Although the question concerning the ideal conditions conducive to good university teaching was phrased in terms of teaching, responses were by no means confined to this activity. Interviewees appeared to consider all the dimensions of professional obligations in discussing conditions necessary for their fulfillment. The need for good library facilities was directly related to the need for well-prepared students, and the need for academic freedom was linked with the need for freedom in planning courses. Hence, in framing their thoughts concerning the situation conducive to good university teaching, interviewees appeared to perceive the unitary character of their myriad professional activities.

Obligations to Students As a Group

The practitioner-client relationship within the traditional professions of the ministry, medicine and law perhaps lacks the ambiguity of that within teaching. Physicians working within a system of socialized or industrial medicine devote professional services to many clients, but always on an individual basis. Perhaps only unenlightening analogies may be drawn between the clinician who moves from room to room treating a variety of patients, and the professor teaching various classes in a large university. In the latter case, each class may be said to possess
what two interviewees called "a character all its own," just as do individual students seen during office hours. Perhaps, also, the minister or priest who delivers a sermon to a large congregation, yet counsels laymen only individually and in the utmost confidence, approaches the professor's relationship to his clientele. Yet sermons are generally delivered only of a Sunday, whereas a lecture or discussion class is a daily affair. Betz, in a very lucid discussion of the professor-student relationship, resurrects those traditional elements which still exist in the contemporary large university:

There's a divinity doth hedge a professor—or at least a good professor—even today. To be sure, large groups of students no longer follow a single professor from university to university, as once they did Abelard; yet whenever a student deliberately and seriously signs up for a course because of an instructor's name, or even chooses a college or university because of the reputation of its faculty, a ghost of the old relationship springs up.

What do professors expect of their students as a group? Many interviewees characterized the ideal class as one sufficiently small in order that the professor can "know the students," in order that informality may be sustained, and in order that each individual can be treated as an individual. One interviewee stated:

It's a pleasure to teach a class like that! We've experimented with sifting out the honor students, and it was wonderful. It

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52 S. Arthur E. Betz, "The Student-Teacher Relationship At the College Level," American Association of University Professors Bulletin, 28 (December, 1942), 636.
kept you on your toes. They asked questions which you couldn't answer, which was good. They looked them up and you looked them up. Of course, it caused too much pain to those who had to teach the lower ones. But we do still segregate them somewhat.

A desire to learn, interest in the subject matter (one interviewee enthusiastically stated that interested students are "marvelous to teach"), native intelligence and sufficient educational preparation were regarded by interviewees as prime requisites of an ideal class. Often these characteristics were related to the student's ability to challenge the professor intellectually. Discussion classes were regarded as the most promising possibility in this regard. Thus one interviewee commented:

Probably the worst part of mass education with the necessary lecture system is that the student gets his education from the professor. Students should realize that they have to learn a lot from books on their own initiative. Most of the students have spectator bleacheritis.

Emphasis was placed by many interviewees on students' willingness to argue, to raise questions, and to offer conjectures. The ideal was to individualize the class and to erase uniformities. One professor stated that the class approaches an ideal "when it develops a kind of group consciousness, an eagerness to learn, and when individuals take an interest in each other and in seeing the others improve." Another professor emphasized the importance of a few select students who could "pull the whole class" through their own initiative and stimulation. The interviewees expressed a desire for active participation, an alertness and
responsiveness on the part of the class which would challenge them.

As one professor phrased it:

One of the things I despise is professors who will not tolerate a student who disagrees with them. If the student can argue with you reasonably, then you don't just obliterate that fact. The professor should encourage the student to express opinions. Students are going to have them anyway. And they may get in the habit of not expressing them.

It is significant that in their discussions of the ideal class, interviewees mentioned personal obligations to students. One professor stated that a necessary component of the ideal class is an ideal teacher. Another stated, "A terrific amount depends upon the instructor's ability to put the material across," while a third interviewee stated that an instructor who is tolerant and not dogmatic is indispensable to the ideal class. Still another interviewee stated:

The ideal class is one with intellectual curiosity, and you have to stimulate and generate it. We ought to strive to be creative teachers, to stimulate interest. The opposite of that would be the sponge attitude of "I'll soak up what you have to offer." The student who wants to learn is the best student. The second best student is one who, through the teacher's efforts, develops an interest in the subject.

The majority of interviewees recognized the element of reciprocity in teaching. Hence they formulated the ideal class in terms of professorial and student obligations. A few mentioned discipline problems and the necessity for respect on the part of students. In the main, the interviewees expressed a desire for personalizing the professor-class relationship, although only one of them categorically stated, "I don't think of the class as a unit except in a social way."
The desirability of discussion classes, as stressed by those who stated that discussion classes approach the ideal, reflects the interviewees' preference for informality. It is indeed significant that only three professors of the twenty-five interviewed stated that they tend to think of students as a group rather than as individuals. This conceptualization of students is intimately related to the size of the class. Interviewees stated, "I approve of small classes—-I know everyone, and I feel I can approach them directly"; "They definitely become individuals to us very rapidly, and I like to know something about their background and their problems as individuals." One professor stated that

the only ethical way to see students is as individuals. The resistance I feel to education T-V is that it's like the difference between the movie and the theatre. You have an audience there, and there's no physical barrier between them and you.

One interviewee summarized the sentiments of many of his colleagues in stating that "the ideal relationship is the kind that would be established

53 Merton recalls that "In the intellectual intimacy afforded by the small graduate department of sociology at Harvard in the early 1930's, it was possible for a graduate student, like myself, to have close and continued working relations with an instructor, like Dr. Parsons. It was indeed a collegium, today not easily found in departments numbering many score of graduate students and a small, hard-driven group of professors." Robert K. Merton, Social Theory and Social Structure (Glencoe, Illinois: The Free Press, 1957), p. x.
in a conference, and seldom in a lecture."\(^{54}\) Betz finds that

the substitution of discussion classes for the paternalism of lectures has not led to the collapse of education or intellectual discipline; the new "presiding professor" is but old "lecturer" writ large, and his relationship to his students is a democratic form for the old paternalistic substance. Actually the teacher remains high priest and superior workman. He is still not quite one of the boys; but the lie which says he is serves well.\(^{55}\)

In characterizing the ideal class, mutual obligations of professor and student were stressed, as well as the difficulty of fulfilling these in an age of mass education.\(^{56}\)

\(^{54}\)"Heterogeneity and sheer size break down elasticity of structure and informality of relations as the social system becomes more formalized. A corps of secretaries insulates the president from faculty contacts; many of his lesser functions are delegated to deans, who in turn have assistant deans. Even professors themselves take on the pattern and surround their desks with dictaphones, office assistants, and metal file cases. The click of the typewriter and the whir of the Hollerith machine become a substitute for leisurely talk and the 'personal touch.' Promptly at hour intervals, myriad students bustle from one carefully timed lecture to another, and professors hastily fasten their portfolios to return to research projects and to minor administrative tasks." Wilson, op. cit., p. 81.

\(^{55}\) Betz, op. cit., pp. 637-38.

\(^{56}\) The application of the philosophy of equality of opportunity to higher education has been said to be responsible for "the Berechtigungswesen, the fetish of diplomas, which leads the barber and the hotel manager to seek a college degree. It... has led to the flooding of the universities with students ill fitted for higher education." Walter M. Kotschnig, Unemployment in the Learned Professions (London: Oxford University Press, 1937), p. 99. Kotschnig also states that it is responsible for a distance between professor and student which renders the traditional master-disciple relationship impossible to maintain. Ibid., p. 100.
Obligations To Students As Individuals

In referring to students as individuals, one interviewee remarked, "I think of them as individuals in terms of the subject matter that I'm teaching, and not in terms of if they're getting a divorce, or anything like that!" As Barzun suggests,

The great virtue of the teacher is that he is not a psychiatrist, does not want to find out anything, and though aiming at general improvement, is not bent on reforming, curing, or "adjusting." He is only trying to get his subject matter taught, and he takes up personal trouble as an accident that happens to interfere with the main course of the student life.\(^\text{57}\)

However, the professor-student relationship still contains elements of its traditional basis,

the ancient disciple-master bond. Here the teacher is a sage, a mystically revered purveyor of wisdom. The assumption is that the teacher has not only an abundant store of fact, but also a specialized and unique intuition. To the student's question he has an answer unobtainable elsewhere. Instruction is inseparable from the communication of personality, according to this assumption, and the tradition of learning is an apostolic succession of teachers.\(^\text{58}\)

In depicting the professor-student relationship, interviewees drew parallels between it and a "godfather-godson relationship," or a "father and son or father and daughter relationship," one interviewee stating "it is a big brother-little brother relationship. You're older


\(^{58}\)Betz, \textit{op. cit.}, p. 636.
and more experienced, but you're leading him to greater achievements
than you yourself have been able to attain." Only one interviewee
stated that his approach to students is impersonal and objective: "I
kid my students, and I tell them they have as much rights as a private
in the army. It is an employer-employee relationship, I would say.
But they do have freedom--they can always quit, whereas they can't
in the army."

The majority of interviewees stated their preference for 'as
little gulf as possible' between professor and student, a sense of free-
dom on the part of the student to come to the professor's office and
discuss problems with him, and a continuity in the relationship. One
professor of a physical science stated, "I don't think the student should
hold the professor in awe. He should be able to joke with, and even be
slightly sassy with him. They should respect each other." Another
interviewee commented, "There ought always to be that feeling of the
open door." Citing a professor of his acquaintance to whom students
came with religious, economic and matrimonial problems, the latter
stated that "not many professors can be like that, but they should strive
to be." The grading system and large classes were cited by several
interviewees as impediments to cultivating the ideal professor-student
relationship.

A few interviewees distinguished between undergraduate and
graduate students, acknowledging that the latter receive more attention,
and justly so. One academician stated that in the case of graduate students, the relationship is one of "intimacy." However, most interviewees did not distinguish between the statuses of students in characterizing their relationship with them.

Impersonality and friendliness were qualified by interviewees' desire for respect on the part of the student for the professor and for the course in which he is enrolled. One academician stated that the relationship "can't be on a comrade basis. There has to be a respect for the professor, and a recognition that the discipline has something to offer you." Another interviewee commented, "Certainly the professor doesn't try to get the students to love him like the first-grade teacher does. There is the relationship where the professor accepts the student as he is and doesn't condemn him."

Betz distinguishes between professors of science and humanities professors in observing that:

The shift in interest from philosophy and literature to science... has given rise to a new tradition of the student-teacher relationship at the college level. Science is non-mystical, impersonal; and the science instructor easily becomes not so much a priestly master as an elder workman, whose apprentice the student is. The relationship is still personal, but the teacher's leadership is more limited in character.\(^59\)

Such distinctions are not warranted by the present data. Nor can any correlation be established between age of the professor and the close

\(^59\)Ibid., pp. 636-37.
relationship with students which he advocates. Rather, the distinction in interviewees' approach to students appears to depend upon the level of course taught by the academician and to what extent enrollees have chosen the course (as an elective). Many science courses appear to be conducive to a close professor-student relationship. On the other hand, the secularization of knowledge undeniably injects a note of impersonality into the relationship. The distance between professor and student, as a result of mass education, the bureaucratization of universities, and the multiple obligations of the academician is but one manifestation of the growing cleavage in the practitioner-client relationship characteristic of modern professional life.

In characterizing the desirable student, interviewees discussed native intelligence, initiative for independent study, intellectual curiosity, objectivity, interest in (and in some cases, enthusiasm for) the course, and adequate preparation for performance of university work. Three academicians emphasized the student's appreciation of the specific discipline which they teach, one of them stating that the ideal student

60 Parsons, op. cit., p. 367.

61 Weber, op. cit., p. 142. Weber eloquently states that "It is not accidental that our greatest art is intimate and not monumental, nor is it accidental that today only within the smallest and most intimate circles, in personal human situations, in pianissimo, that something is pulsating that corresponds to the prophetic pneuma, which in former times swept through the great communities like a firebrand, welding them together." Ibid.
"must put his whole life into it." A colorful characterization of the desirable student is this interviewee's preference for one that talks back; one that is developing his own opinions, but who is tractable enough to see that the young sprouts don't have the whole story. There's nothing that irks me more than the people who follow all the rules. I think that the medical profession is having trouble because they learn all the facts and then are told what to do. They acquire, but do not assimilate. A student should be willing to take what you tell him and chew it and spit it out, for heaven's sake, if it doesn't conform to his intellectual demands!

While two interviewees maintained that the desirable student is one who has sufficient financial means to be able to devote his full time to study, one interviewee stated that the desirable student is the student who knows what he wants to do and who is sufficiently conditioned to realize the results of good work, and sufficiently starved to want those results. I always say I like students with the long, lean and hungry look.

Interviewees were nearly unanimous in their depiction of the undesirable student as one who is unintelligent or "stupid," who lacks interest in the course, who is indifferent or apathetic in class, who is obnoxious in that he "feels the instructor has nothing to offer him and that he has all the answers," and who lacks aptitude for the specific discipline. Consequently, in discussing the student's obligations to the professor, respect, courtesy and tolerance of the professor were emphasized. One professor stated that students should be tolerant enough of their professor to "wait until the end of the semester to see if he knows what he's talking about." Others asked for a recognition
of professorial dignity, integrity and sincerity, and as one interviewee stated it, "giving the professor a chance to demonstrate whether or not he has anything to offer his students. They should be highly alive to a teacher's abilities."

Fourteen of the twenty-five interviewees, however, could not stipulate any tangible obligations which are due the professor. These interviewees stated that the student is obligated to "society," to taxpayers, to the state, to his parents, to his generation, and to himself. Only one of this group stated that teaching is a type of merchandise: "The student is buying the services of the professor. The professor owes the student." In contrast to this viewpoint, another interviewee stated, "Technically the professor's being paid to do this, but I think professors are more dedicated than this. I feel grateful when I see student appreciation."

Many interviewees viewed the ideal professor-student relationship as a common endeavor in the pursuit of knowledge, whether of a general or specific nature. While they stipulated certain components of the situation which they regarded as indispensable to this pursuit, such as intelligence, courtesy in the classroom, and sometimes dedication on the part of the student, many of them objected to phrasing the problem in terms of obligation on the part of the students. As one professor in the humanities put it,

I don't really feel the professor owes his students very much or the student his professor. Some of my colleagues went to
the height of passion because the student was reading a newspaper in their class. I don't think it's good manners, but I don't think the student has to listen to me. The professor owes him how much he thinks his mind could be improved. At the college level, no one makes anyone go to school.

Obligations imputed to students by their professors can be ascertained in an indirect way, by questioning whether or not students expect too much of their professors. It is significant that no academician stereotyped the student in responding to this question. Responses were always qualified by "some students" or "sometimes," rather than containing generalizations about the entire student body. Students were said to expect too much on occasions when they do not accept the responsibility of learning for themselves, when they are indifferent in the classroom, when they personalize the grading system, and when they "expect the work to be done for them," as one professor phrased it, or expect that "there's a mysterious way that knowledge is transferred from one person to another," as a professor of social sciences stated the problem. Emphasis was placed upon the student's misconception of higher learning as "a neat symmetrical package of notes handed to them" or "the sponge theory of education" or expecting "to go to college on a shoe-string." Many academicians stated that these misconceptions applied mainly to undergraduates. One academician stated that the superior student expects more in terms of time and effort, stating that students usually "take what's put out and don't question it." Five academicians denied altogether that students expect too much of the
professor in any way. Two academicians stated that over-expectations of students have to do with monopolization of the professor's time, one of them adding, "But I never refuse a student, either. I want them to feel that the door is open. I don't believe in the officer-enlisted man relationship."

The ethical obligations to clientele were interpreted by interviewees as functions of professional competence and knowledge, that is, of an intellectual grasp of the materials taught individually and in the classroom. Command of the specific discipline was related to pride in professional work. Hence, along with emphasis upon knowledge, interviewees stressed intellectual honesty of academicians. One professor of a physical science stated that the academician shouldn't be under false colors. It's almost impossible to bluff here. Our men never go into a lecture with notes. You can't fool the alert students. The news gets around, too. There are classes one has to petition to teach.

A professor of a social science stated that the academician owes his students the best he's got. He needs to live up to his possibilities. The professor who plays golf instead of studying, and who teaches off the cuff, and who teaches the same course in the same way as he did last year is short-changing his students.

Professors are "supposed to give the right answer," one academician stated, adding "The classroom isn't a church. The professor must have intellectual honesty."

While certain academicians stated that professors are more
obligated to graduate than to undergraduate students, unanimity in the kinds of obligations due students characterizes this portion of the interview. Much emphasis was placed upon the professor's inspiring and stimulating students, and in his personal enthusiasm for the material which he teaches. Several interviewees added to these qualities the professor's duty to develop the potential of students as individuals. Certain academicians stated that the professorial obligation involves imparting concepts and an approach to knowledge itself, rather than merely disseminating factual material. One interviewee stated that the professor is obligated to tell students "when he doesn't know the answer, and he must help him find the answer. He must help the student think logically and respond to challenge and give him hell when he fails to do what he can do."

In the academic world, practitioner obligations to clientele are not confined to contractual obligations. The intangibles of teaching were emphasized in these interviews. They included command of the knowledge to be imparted, stimulating and inspiring students, the cultivation of individual potentialities, and the transmission of knowledge in a consciously cultivated style. It is notable that interviewees who expressed identification with their particular disciplines rather than with the academic profession were no less cogent or verbose in their statements concerning ethical obligations to students than were their more university-oriented confreres. Pride in professional activity was thus
not confined to work as a scholar. Indeed, the practitioner-client relationship was unique as an articulate dimension of the ethical ideal of academicians. This was not altered by the fact that academicians deal with clientele on a group basis. Where obligations to students as a group were discussed, even the group was said to possess an individual character.

ETHICAL OBLIGATIONS TO COMMUNITY AND UNIVERSITY

It has often been assumed that autonomy as a group, and freedom as an individual are essential for the maintenance of professional responsibility. Ideally, professional ethical obligations to the community are dual. In order to render service to the community, the professional technique must be preserved and exercised only by those adjudged competent to do so by professional confreres. In the case of academicians, as in the case of any other professional group, the sense of obligation to render service to the community should be directly related to a desire to preserve the professional technique from misuse and abuse by unqualified individuals. In academic parlance, this means that a desire to serve the community should be accompanied with a desire to maintain the traditional aloofness of the "ivory tower," to prevent the promiscuous "sale" or "purchase" of knowledge. Obligations to the community and those to the university are thus examined within one section, along with the problem of academicians' desire for faculty
control of that institution.

The "Ivory Tower" and the Community

Few interviewees are active members of community organizations, many of them stating that their time is circumscribed by academic activities. Only four academicians openly stated that they 'see no point to these things,' or that participation in community affairs is inimical to the academician's work. Two general viewpoints toward community participation may be discerned, apart from the advocacy of remoteness of the university from the community: 62 (1) The professor's relationship with the community should be the same as that of any other citizen. Interviewees often elaborated upon their reasons for taking this position. One professor objected to over-use of the title "Doctor." Another stated that professors should not engage in political activities "in the narrow sense" because they are "employed by the public." Still another interviewee stated that no professor should be on any particular pinnacle. I don't think the faculty should become involved in speech-making on political issues or trying to influence public opinion in that way, because the efforts would be misunderstood and it would do more harm to the school than good. Anything the professor does indirectly reflects on the university. But I don't think I should get respect because I am a professor. I should get it because I earned it.

62 Two interviewees were ambiguous in discussing community participation. One of these interviewees stated, "I don't believe in ivory towers. But I don't believe in struggling for an application of everything you do, either."
(2) The professor's relationship to the community should be one in which he transfers his professional status, rather than one in which he abandons it. Seven academicians of this opinion stressed the professor's relationship with the community as one of service. Taking the view that professors have definite obligations to the immediate community, they stated that he should be accessible to community members.

Two interviewees of this group added that the academician should participate as an expert, one of them stating:

The professor shouldn't be divorced from the community, and yet he can't take too active a part in it or he will find that that's taking all his time. This is, after all, not really a part of the community, except as it relates to a special section of the community. The lawyer is concerned with the entire community. So is a doctor. The army officer, just as the professor, deals with special segments of the community. If the professor gets involved in a vast array of community activities, he will dilute his activities with that special segment.

Contending that "we have isolated ourselves by preference," a professor of the humanities stated that "the profession would benefit if professors had the time and inclination to mix more with the business world." This view that community participation would benefit the profession was also expressed by three other interviewees, one of whom stated:

I think it's the professor's job to associate with the non-educators, to impress them with the fact that a teacher is an individual of capabilities and high moral standards and that you are a leader of their boys and girls. Also, we should try to raise the opinion of our profession in the minds of the public.

Another interviewee maintained that a professor
should be a model citizen. Otherwise he's not practicing what he's preaching. If he is eccentric, it's in spite of that, not because of it. There should be nothing in his bearing when he goes into the supermarket that marks him as a professor.

In general, most interviewees endorsed participation in community activities as an academician, although they differed in their reasons for advocating this participation. Several stressed the academician's role as one of obligation to the community to render service in an academic capacity. Only a few stressed the benefits which would accrue to the profession if it were articulated to the general community surrounding the university.

The sense of obligation to serve the community was not related to advocacy of maintaining an "ivory tower." Very few interviewees supported the notion of the "ivory tower," and the interpretation of the university as an "ivory tower" cut across disciplinary lines. Most interviewees expressed the notion that academicians are distinct from the lay community, but few contended that the academic profession as a whole should bear a distinctive relationship with the community. Responsibility to the community was discussed on an individual more than on a professional basis.

This does not mean, however, that academicians feel they are accurately appraised by community members. In the eyes of the community, they stated, academicians are regarded as "people on a pension," individuals whose job is "a cinch," people who "have a ball because they can come home at ten o'clock in the morning," or "people
who are sitting somewhere comfortably drawing a big paycheck for doing nothing. " These attitudes, interviewees stated, reflect a lack of respect for the professor accompanied with the impression that he is eccentric, impractical, and as one interviewee stated the problem, "they have a feeling that if you don't get out in the competitive world, it means you haven't the courage to do so." Many interviewees compared themselves unfavorably with physicians, lawyers and ministers, one of them stating, "There is a tendency to rate us lower than the medical profession which has the same training, and the legal profession which has less training." He attributed this tendency to "a feeling that we are not quite necessary. People need a doctor or lawyer." Most interviewees generalized about the public stereotype of the professor, although one academician stated that in other parts of the country "the dignity is much greater. In this part of the country a professor doesn't carry much weight. At Harvard they'll take their hats off to the professor, and it isn't just a case of money, either."

Very few interviewees stated that the public view of the academician is one of tolerance or of increasing respect. A tradition of distrust of knowledge for its own sake, a lack of comprehension of the academician's work, and a resentment toward paying taxes for public support of the profession were cited as the bases of public misinterpretation. One academician stated, "They are afraid we might be teaching evolution." In general, interviewees stated that the public view of their
profession is stereotyped and distorted. Correctives were not suggested by interviewees. Although they did not, for the most part, discuss the stereotype of the academician in a bantering tone, neither did they seem to feel that any definite measures would or could be taken to change the public's stereotype of them.

Nearly one-half of the interviewees discussed the public view of their profession in terms of their specific disciplines. Individuals engaged in research in their specific disciplines were characterized as "men who need a haircut," "goofballs," "long-haired squares mixing up some potion," "a bunch of reformers always making studies and never getting anything done," and as "odd fellows." When requested to discuss the academician's public status, the responses of these interviewees coincided with those of their academically-oriented confreres, as did their failure to suggest correctives for misconceptions.

The interviewer posed the question of correctives: "Is there anything the public should know or appreciate about your profession that it does not?" Many interviewees again conceived of "your profession" as connoting their specific disciplines, and suggested that the public be educated concerning the nature of the discipline, the amount of training required, the kind of work undertaken in levels of higher research, etc. One professor stated that his own profession probably "is itself at fault in that they have not emphasized their contributions. And I don't care if the public knows them or not, myself. It doesn't
matters to me."

Of the group that conceived of "your profession" as meaning the academic profession, improvement of professorial salaries was suggested as a corrective of public misconceptions, although two professors stated that the public should also be educated about the nature of the higher educational process and of the academic curiosity. One professor of a social science stated:

The only reason I care is for economic reasons. I'm not sure that I'm interested that the "mass" has a full comprehension of what we're about, although theoretically in a democracy they're entitled to this because we are public servants. In terms of my own discipline, I would like them to have a better understanding because maybe there's something we can offer them.

One interviewee discussed the possibility of correctives both in terms of his own discipline and in terms of the academic profession:

I think as far as my field is concerned, they should have some basic knowledge of it so they can know just what a person in my field is. That doesn't require any technical knowledge, but just a balanced diet of information. They could get it just from reading. As far as the teacher is concerned, the public should realize you can't make a teacher out of just anyone. The profession needs to be better paid to get better men. We've had too much of this idea that those who can, do, and those who can't, teach.

The weakness of professional identification among interviewees was particularly notable in their discussion of relationships with the lay world. Only two interviewees expressed a concern for public understanding of the academic profession. One of these interviewees stated that he feared an over-emphasis on raising salaries would threaten the dignity of the profession and "attract people because of the money."

The other interviewee stated:

Any profession has a problem of interpretation. The great prestige of the doctors didn't come about by doctors' increasing their professional competence. They learned how to join hands in the A.M.A., and they saw to it they were presented in a favorable light to the public.

In discussing obligations of academicians to students, a keen sense of responsibility was apparent both among academically-oriented interviewees and among their research-oriented conferees. The bifurcation of professional identification did not substantially affect this dimension of the ethical ideal of professional life. However, ethical responsibilities to the lay community, if acknowledged, were diffusely portrayed. These responsibilities were not related to a necessity for professional solidarity in order to preserve the unique character of academic service. Academicians who stated that their scholarship was subsidized did not invariably interpret "your profession" to mean their own disciplines, nor did they uniformly stress the service functions of the university. Academicians who hold positions in certain departments obviously not courted by lay interest groups did not consistently emphasize the remoteness of the university from the community, nor did they discuss the socio-economic position of the academic profession with any clarity or precision. Hence, material rewards for professional scholarship and the bifurcation of professional identification do not completely explain the ambiguity in the academican's sense of obligation to the community. Nor do they explain the lack of
professional consciousness among interviewees. A sense of professional solidarity could hardly be deduced from the responses of interviewees. The desire to differentiate themselves as a group from the occupational and professional world was not expressed. On the other hand, only one professor discussed academic distinction in the framework of an "each man for himself" approach. Interestingly enough, this interviewee imputed his personal objectives to all academicians:

You can't keep good personnel without giving them a good salary. The ordinary professor only wants academic freedom and enough money to do his work. Otherwise he doesn't give a damn. It's a case of dollars and cents. Think of all the publicity I was given for my work. It was brought to the public. That's what every professor hopes for.

As is evident from the interviewees' discussion of their relationship with the lay community, academicians do not lack a sense of ethical obligation to the lay world. However, this sense of obligation is not correlated with a desire to preserve professional autonomy. Inasmuch as interviewees did not speak with one voice in these respects, no "academic policy" toward the university community is discernible. The view of the university as an "ivory tower," a portion of the landscape remote from the world of affairs, was supported as an ideal only by a small number of interviewees, who themselves did not consistently adhere to this view. The notion that service to truth and to learning is pari passu service to the community was not expressed.
Secularization and the University

According to the medieval conception of the university, obligations to this institution ideally are expressed through obligations to disinterested learning and ultimately to truth itself, since "university" connoted an association of masters and disciples leading the common life of learning. However, as Farmer indicates, the university of the modern period is part of the administrative structure of the state. The impact of secularization upon the university is perhaps nowhere more apparent than in the United States where the "community of scholars" conducts its activities in an administrative framework of increasing bureaucratization. Many academicians interviewed discussed their obligations to the university in formal, contractual terms. The academician, it was stated, owes the university "what any working man owes his employer: an honest day's work." As one professor said, "The academician is supposed to do the best teaching and research he can. He's getting paid for that." Many interviewees characterized their relationship with the university as a working man's relationship

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63 Haskins, op. cit., p. 34.
64 Farmer, op. cit., p. 6.
65 Academic typologies have been constructed in wholly secular terms, as the "producer," the "consumer," and the "comprehender of books" by Mills, who believes that the bureaucratization of business and the professions turns "both into bureaucrats, professionalized occupants of specified offices and specialized tasks." C. Wright Mills, White Collar (New York: Oxford University Press, 1953), p. 138.
with the organization in which he is employed. Thus, they stated that a certain amount of time and the application of skills are due the university in return for a stipulated salary. One interviewee compared professorial obligations to the university with a carpenter's obligations to his employer. Two academicians placed professorial obligations to the university on a quid pro quo basis, stating that the professor's obligations depend largely upon the benefits and "backing" rendered him by the university. To these academicians, the term "university" does not connote a community of scholars, but rather an administrative hierarchy complete with a contract file and a payroll office. Although loyalty to the institution was stated to be a professorial obligation, it was compared with the loyalty of any dutiful employee to the organization in which he is employed. Hence, professional obligations were not discerned.

In contrast to the above interviewees, certain academicians discussed professional obligations to scholarship and to students, conceiving of the "university" as an organization of professors and students rather than as an administrative hierarchy. The extreme of this conception is illustrated by one professor's claim that the academician should feel only a personal compulsion in performing professional duties. One of his confreres stated that the professor owes the university much more than an ordinary employee does. Whether or not he gets a decent salary doesn't enter into it. Of course,
eventually it has to. But he chose teaching and he chose research. In an off-hour you can do research or get a haircut or play golf. He owes the university just about everything.

Ethical obligation to the university as a community of scholars was clearly acknowledged by two interviewees, who stated that the ultimate academic obligation consists of maintaining academic integrity, raising the standards of institutions of higher learning, and maintaining professional dignity. Further, one interviewee stated that beyond obligations to the scholars of which the university is composed, professors owe the university "an open mind and a lack of bias. We haven't much business being politicians and propagandists. We should be seekers after truth."

Several interviewees maintained that the professor owes a measure of allegiance to the university in protecting the status of the institution and in conforming to general university policy. Colleagues who chronically gripe about the university, they stated, are contemptible. Displeasure with the university should be expressed by resignation rather than by carrying tales outside university walls.

Dual conceptions of the university as an administrative hierarchy in which academic work is conducted on an employer-employee basis, on the one hand, and as a community of professors and students engaged in the pursuit of learning on the other, are illustrative of disagreement among academicians as to the nature and purpose of professional activity. Further, they illustrate the relative lack of identification with a
profession pursuing common activities in a common milieu. Although all interviewees did not categorically dismiss any but a formal, contractual obligation to the university, the ethical obligation to learning was discussed by only a minority of interviewees as an obligation incumbent upon the university professor. Many interviewees felt that the university structure is incompatible with or remote from the pursuit of learning. This view was variously based upon personal situations in departments, or it was stated as a problem universal in the academic world. In contrast to this view, certain interviewees' concept of the university more closely approximated the traditional guild of masters and disciples, wherein obligations to teaching and scholarship (as well as to truth itself) were said to be the means through which obligations to the university are fulfilled. These interviewees defended a concept of the university as a professional group rather than as a discrete number of employed personnel. Among the majority of interviewees, however, the former view prevailed. Hence it is necessary to ascertain whether or not the absence of the sense of professional responsibility to the university may be attributed to the expropriation of control over university affairs from academicians.

Professional Autonomy Within the University

"Unless teachers," Taeusch states, "exert the necessary medicum
of self-government, they cannot claim to be members of a profession." 66

However, as Wilson aptly points out:

faculty indifference, lassitude, or impotence in matters of control are more often the result of gradually changed conditions than they are of administrative Machiavellism. The necessity for fund raising, for keeping a growing but loosely integrated structure from falling apart, and the deficiencies of scholars in collectively administering a complex organization have led to a semi-bureaucratic framework where most types of authority filter down from above. Funds, investments, and their general allotment are usually handled by trustees. Educational policy, standards of scholarship, and direction of research are still determined by the faculty in most leading institutions. The modern university with its multifarious activities is far removed from its medieval counterpart. 67

Nearly every academician interviewed imputed control of the university to a different person or position, from officials of the state legislature and administrative officials to the Athletic Council. Unanimity concerning the actual locus of university control was completely absent, although it is notable that only one interviewee suggested that faculty control is often excessive. One interviewee maintained that "most college professors don't care who controls the university, just so they can go on and do their work." Five interviewees were completely unable to generalize concerning university control, stating that this varies from institution to institution, and expressing an understandable unwillingness to discuss the locus of control in the university

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67 Wilson, op. cit., p. 79.
in which they presently hold a position. Critical remarks about university control were generally made by individuals not involved with administrative duties. 68

Many interviewees expressed the feeling that non-academic offices are most remote from the faculty perspective, one of them commenting that personnel in these offices "think that the university exists for them alone." Barzun has commented:

Nothing so strikes the foreign observer with surprise as the size and power of American collegiate administration. The best offices in the best building, the rows and rows of filing cabinets, the serried ranks of secretaries and stenographers, make the European feel that he has wandered by mistake into some annex of a large business concern. The thick carpets, the hush and polish of the surroundings, cannot form part of an academy. The foreigner is used to a distinctive shabbiness, to hollowed steps and an inky smell, without which no school, college, or university seems genuine, be the place England, Germany, Italy, or France.

On the continent, at least, the whole of university administration is embodied in a superior janitor who gives out information, enters names, and in some cases collects fees against a receipt. Beyond sits a Rector in a handsome room, but--if I

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68 Barzun comments that "if the dean is drawn from the faculty, he comes to feel like a deserter and guilty about it, for he has ceased to teach, to keep up with his subject, and to remember what those things were like. He has become an over-worked harassed arbitrator, housekeeper, public orator, and employer of men.

"This last function also has its share in separating him from his faculty--either he has power to hire and fire, or his recommendation to the President and Trustees has the same effect, or possessing no real power (it being lodged in autonomous departments) he has to pretend that his faculty is his faculty. In all these cases, he is plagued by awkward personal relations. Contrast these with the continental practice of licensing all teachers, with appointments guaranteed by the state, independent tenure, and promotion by seniority, and you see at once why to the foreign observer the atmosphere of the American university suggests a business concern." Barzun, op. cit., pp. 178-179.
may make an Irish bull--he is never there. In short, continental universities run themselves. Their constituent faculties make the few necessary decisions.

A repulsion for non-academic tasks was expressed by many interviewees who felt that the faculty perspective is grasped more by individuals who hold positions of an academic nature, such as deans. However, interviewees qualified this by stating that deans are ideally rather than actually close to the faculty perspective. Whyte aptly states:

The administrators are necessary men, sometimes wise ones, but there is nonetheless an antithesis between the virtues dear to the administrator's heart and the conditions of discovery. Order, clearly outlined direction, precise reporting, tidiness—all these things that are so important in housekeeping and organization are the very things which can make one bridle at the aimless, messy, out-of-program, trivial curiosity that is so wonderfully practical.

Although academicians expressed indecisive notions concerning the role of the faculty in establishing and maintaining university policy, many of them stated that the faculty ideally should control policies on academic matters, and not on purely administrative matters. One professor, however, added that "there is no such animal as pure administrative policies." Complete indifference to the problem of faculty control was expressed by only one interviewee, and even in this case, it was added, "I'm sure I have the wrong attitude."

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69 Ibid., p. 177.

70 Whyte, op. cit., p. 224.
Only three interviewees stated that the faculty should ideally control the entire university organization. One professor stated that where faculties ideally control decisions of every nature through committees and representatives, there is always the danger that factions will develop and that individuals will "get entrenched." Another professor, upholding faculty control as an ideal, stated, "I'd like to see a very experienced and well-educated group of the faculty controlling the university. Havoc is undesirable, and a strike never got anyone anywhere." Only one interviewee suggested that faculty control of the university might be augmented through the strength of the local chapter of the American Association of University Professors.

An individualistic viewpoint concerning faculty control was taken by one interviewee who stated:

The faculty should speak up strongly and honestly when they think an injustice is being done. The faculty owes the students—and not the state—their stand on important issues. Whatever field they're teaching, they're cheating their own students when they don't tell them what they really think.

The fact that this interviewee's unequivocal remarks were unique indicates the interviewee's keen sense of the complexity of modern university organization. Their discussion of the role of the faculty in this organization was uniformly hesitant. As one professor stated, "There was a time when the faculty ruled the universities, but today things have become too unwieldy." Wilson suggests that, "Academics like to think of themselves as free agents, and are inclined to underestimate
the place of administrative functions in directing and holding together the complex social organization of higher learning." The majority of interviewees did not express any strong feeling of restriction of academic freedom. A few comments, however, were made with reference to restrictions on personal behavior. For example, one professor stated:

In many institutions professors are expected to be a priest or a rabbi, --a priest away from home. The responsibility is too great. They assume he should instill morals into students. The doctor could tell jokes in his classes that I would never dare tell. There's no freedom at the moral end of it. If you took students into your house and served them mixed drinks, you could easily lose your job.

Only two remarks were made concerning the restriction of faculty members in freedom of voting in faculty meetings and other restrictions on faculty members imposed by administrative officials and boards of trustees.

In discussing changes they would introduce into university organization, interviewees were more articulate concerning their desire for professional autonomy. Several interviewees suggested more than

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71 Wilson, op. cit., p. 71.

72 Three interviewees denied that changes should be contemplated. All three are partially engaged in administrative tasks. The general conservatism of university administrative officials is analyzed in T. H. Chen, "Occupational Attitudes and Values of the College Dean," Sociology and Social Research, 23 (November-December, 1938), 116.
one alteration of the present system. Four academicians stated that greater financial and administrative support should be given research, and nine interviewees individually proposed the following: administrative emphasis on academic rather than on financial growth; rotating chairmanships subject to dean veto; faculty membership on boards of trustees; reorganization or the university on the basis of Hutchins' changes at the University of Chicago; de-compartmentalization of the departments of learning; establishment of a board of advisers for critical selection of the faculty; modification of tenure laws "so the deadwood wouldn't hide behind them," and the removal of technical training programs from the university. The following statement was also made by one interviewee:

I would see to it that the pure forms of learning--the fields that don't have the obvious practical results--got a fair crack at things and got good standing. My discipline doesn't help the state in any tangible way. I would see to it that these fields got what they needed to have very high status.

Proposed changes in reference to students were more numerous than any others. Fifteen interviewees suggested alterations of the university system regarding students. One such change pertained to the separation of superior from mediocre students, seven pertained to raising admission standards, three to improvement of curricula, two to smaller classes and a closer professor-student relationship, and it was also suggested that scholarships be awarded outstanding students, and a two-year course be established "for those who could finish in that length of
time. " Lieberman contends;

To the extent that teachers are subject to the orders of an administrator whom they have not chosen, who is not responsible to them, and over whom they have no control, the teachers have the status of hired hands rather than professional workers. In law and medicine, the practitioners cannot plead that they were subject to higher administrative authority if they have acted in a way that was detrimental to the welfare of their clients. The responsibility of the professional worker to the client is direct and personal. 73

Does the university structure represent an impediment to fulfillment of ethical obligations to students? The strains felt by interviewees as imposed by university organization are more numerous and intense in relationships with clientele than in any other area. A desire for a voice in policies regarding students is stronger than that for policies regarding colleagues, the university community, and even scholarship. This reflects not only the highly developed ethical obligations of professor to student, but also the lack of solidarity among faculty members. Although working in a common locus, academicians manifest a perception of university structure which varies not only within different departments and disciplines, but from individual to individual as well. Interpretations of which group actually controls the university varied, as well as interpretations of which group should exercise this control. The only unanimity in this wealth of opinion pertains to the recruitment and training of university students.

It will be recalled that one faculty member discussed the necessity for rendering more recognition and prestige to "fields that don't have the obvious practical results" including among them not only his own discipline but others normally considered to be very remote from it. Only two other interviewees stated that departments other than their own are discriminated against in the university. A few interviewees contended that departments whose functions are poorly understood by the public are discriminated against, while those of obvious social utility are rewarded. One professor stated:

Those departments whose functions are poorly understood by the public are discriminated against. The Agriculture Department would not be discriminated against, because the people understand very well what a weed-killer means. But if a person in Sociology comes up with a penetrating analysis of social problems, the public would not understand. The public calls for practical results. They understand those things they are involved in. But it may not be as bad as all that, after all, because they do have some mystical faith in educational institutions.

Another interviewee attributed discrimination against certain departments to personality conflicts between department members and administrative officials. For the most part, interviewees did not express any strong feeling that their individual departments or other departments are discriminated against. Several interviewees, however, regarded this question as highly sensitive, while one professor suggested that the question be dropped from the interview schedule.

Antagonism between different departments in the university was much more apparent in these interviews than cooperative, defensive
sentiments. A professor in the humanities stated that any department outside the College of Arts and Sciences does not belong in the university. Two professors in more technical disciplines indicated an equal disdain for those in the humanities. One of these interviewees stated, "I don't give a darn what happens outside this department," while the other stated his contempt for the "arts group," who affect university policies more than the science people. They have less to do, and they spend more time talking about these things. And also they are more interested in purely academic pursuits and have less opportunity for outside work.

Logan Wilson has stated that the "university faculty, according to the ideal type, appears as a body of equals."74 Traditionally the faculty also represents a community of scholars. The sense of ethical responsibility to the university, however, is largely interpreted by interviewees in a mundane and formal fashion. Agreement among interviewees as to both the actual and ideal university organization was perceptible only in relation to professorial obligations to students. The desire for faculty control over university matters was nowhere more apparent than in the interviewees' discussion of admission standards and other matters pertaining to university students. Interviewees were much more articulate about barriers between faculty members than about the possibility or beneficial consequences of the removal of those

74 Wilson, op. cit., p. 73.
barriers. Where a sense of ethical responsibility to the university was expressed, it was generally stated in terms of formal and contractual obligations, rather than in terms of obligations to the pursuit of learning imputed to a community of scholars. The carriers of the academic tradition, the "community of scholars," are studied in the following section.

COLLEAGUESHIP AMONG ACADEMICIANS

Ideally, university professors are united in the pursuit of common professional activity within the university. In reality, however, their interests and objectives are often disparate, if not contradictory. In attempting to gauge professional identification and solidarity, membership within the American Association of University Professors is not a decisive index. Logan Wilson finds that:

Aside from the fact that the employee status of professors places definite limits upon the powers of their professional organization to clarify issues in its own way, there is the additional complication of widely divergent interests. The average academician's time and energy are divided among a number of scholarly and scientific societies, and these often have a priority of interest for him which lessens the amount of attention he can or does give to a strictly professional association, so that the A.A.U.P. labors under heavier odds than does the American Medical Association or the American Bar Association.75

The frailities of the A.A.U.P., Lieberman states, render it

75 Ibid., pp. 132-33.
hardly a model of professional organization. The A.A.U.P. imposes no qualitative standards for membership. It has no code of ethics and exerts practically no professional discipline among its members. Its impact upon certification and accreditation are at best negligible. In 1955, dues in the A.A.U.P. were raised from $5.00 to $7.50, a figure which is still much too low to accomplish more than a few limited objectives. Local dues are usually much less; as might be expected, local branches of the A.A.U.P. are typically weak and ineffective. If there is greater freedom and more professional autonomy at the college level, it is not because the professors have a more effective organization (as some naive professors believe), but because the public is more tolerant of what goes on in college classes. 76

Lieberman further points out that the real income before taxes of physicians, lawyers and industrial workers rose during the period from 1940 to 1954, while that of college professors declined five per cent. In attempting to "make both ends meet" through outside employment, he adds, the college professor is gradually becoming indistinguishable from the business world. Lieberman maintains that:

The reasons for the decline of college teaching are not much different from the reasons for the decline of teaching in the lower grades. They include: the inability to restrict the supply to qualified personnel; an unrealistic attitude toward the power structure of the educational system; a snobbish avoidance of techniques, merely because they have been associated historically with organized labor; a striking inability to avoid intra-occupational disputes which weaken the group as a whole; the lack of any clear-cut demarcation between the boundaries of professors and administrators; toleration of trivialization of functions; a growing emphasis on personality and social attainments, rather than upon the command of professional

76 Lieberman, op. cit., p. 506.
disciplines--one could extend this list indefinitely. 77

Lieberman also asserts that:

Professional unity requires much more than membership in a common organization. It requires a common body of professional subject matter, a unity of interest, a diffusion of power among the membership, and the absence of divisive distinctions between the members of the professional group. 78

Many characteristics of professions, such as a professional organization which controls membership in and exclusion from the profession and a uniformly adopted code of professional ethics, cannot be attributed to academicians. Hence, avenues for the cultivation and expression of in-group solidarity have never been opened. As a consequence, the development of professional solidarity among academicians is left to such chance factors as location in a faculty-centered university and strong personal inclination toward identification with the academic world. The absence of those characteristics assumed to be typical of professions has a peculiar impact upon the sense of ethical obligations to colleagues and to the professional group which they theoretically represent: (1) Interviewees appear to interpret the term "colleagues" to mean individuals of intellectual interests identical with

77Ibid., p. 507. It is interesting to note that of the twenty-five interviewees, only nine are present members, and four are past members of the A.A.U.P. A review of these academician's interviews indicates no appreciable difference between their professional identification and that of non-A.A.U.P. members.

78Ibid., p. 504.
or similar to their own. For the most part, they cannot conceive of an academician's obligations to all members of the academic world;

(2) The interviewees endorse their individuality as a laudable characteristic of university professors; (3) The self-image of the academician is gradually merging into the lay world. The "professional type" is disappearing; (4) Due to the material disadvantages of academic life, the concept of "calling" is gradually eroded. The feeling of dedication is often weighed against cognizance of the heavy material sacrifices incumbent upon academicians; (5) Academicians apparently share similar but not common economic fates. Extra-academic support to some extent offers a reprieve for the material plight of academicians whose disciplines lend themselves to lay interest groups. On the other hand, those disciplines (mainly in the humanities) which do not lend themselves to utilization by lay interest groups may contain the core of professional solidarity. This possibility, however, is defeated by personal reluctance to unite, and rivalry within this segment of the university population.

Interviewees, with three exceptions, stated that academicians are individualistic rather than solidarity. This characterization of academicians was generally expressed without regret. Indeed, for a few interviewees, individuality was stated to be a very high value. For example, one interviewee stated:

I think that it is a common American feeling that we like people to be like other people. We want someone who is enough of a
type that he wouldn't stand out too much. I think that tends to flatten us out and render us types. I think of professional life as one of the few places that you can afford to be different without making your cause suffer. Originality should be an asset, and not a liability!

Ideally, the professional man develops a sense of obligation to colleagues through which interest in preserving the profession and promulgating its interests is expressed. However, the bifurcation of the academician's professional identification militates against professional solidarity, and obscures the nature of colleague obligations. Individual disciplines virtually act as a centrifugal force drawing academicians away from the common pursuit of knowledge to the various sectors of which knowledge is composed.

In discussing their ethical obligations to colleagues, the majority of interviewees conceived of "colleagues" as a term denoting individuals within the confines of their departments and scholars of their disciplines and related disciplines only. Thus, "colleague obligations" included cooperation in departmental tasks, exchange of knowledge and information, non-interference in individual goals, a consideration of different viewpoints in matters of departmental policy, assistance to new instructors within the department and, as one interviewee put it, "recognition of merit of the fellow below you in the hierarchy." Discretion, keeping colleague confidences, loyalty, and the tolerance of individual thought were mentioned, as well as "keeping abreast of advancement in the field" for the sake of stimulating colleagues. One professor of a
social science stated; "Since you are in the field and have a desire to see the field well represented, you owe your colleague in that regard" (in maintaining the dignity of the discipline.) In some cases the term "colleague" was extended to include all members of the individual's discipline. In these cases, colleague obligations included the communication of research activity and results.

Few academicians included the entire faculty within the term "colleague." Those who interpreted the term in this fashion emphasized the academician's obligation to constantly improve his mind in order to contribute to discussions conducted on an interdisciplinary basis. In addition, the necessity for maintaining the esteem of the academic profession as a unit was mentioned. One professor commented, "It's very essential that you put up a united front for the students, because they will have a distrust of professors where there are obvious factions."

A few interviewees stated that no obligations of any specialized nature are due colleagues. The "golden rule" or obligations which any individual owes to his fellow-man were stated by these interviewees as sole colleague obligations within the academic profession.

Their social associates, interviewees stated, are generally drawn from the university, but from either their own department or departments closely related to it. Interestingly enough, however, six academicians stated that they do not associate socially with other
academicians, one of them adding that he avoids these associations:
"I see them all the time, and I have a curiosity about the rest of the world, so I associate with the people on the outside. I have lawyer and doctor friends. My closest friends, I suppose, are in the academic world." Those academicians who draw social companions from the university group did not stress "shop talk" as meaning anything other than discussions about issues within their particular disciplines. Issues of importance to the academic profession in general, and the need for isolation of professors from the general community, were not mentioned. A professor of social sciences reflected upon the ivory tower concept:

They used to be able to spot the educated man, the professor, two blocks away--the academic stoop, the hollow chest, the absent-mindedness. But you could walk down Third Street and meet ten professors and ten merchants and you couldn't tell which are which. We have had Rotarian presidents from the faculty. The modern professor is pretty hard to distinguish from others.

Uniformly, interviewees stated that their departments are most closely allied with those in the same college or general division. They stated that their departments are most remote from those in which the subject matter is far removed from their own. Thus, a professor of Agriculture stated that his department is remote from the Arts, and a professor of Mathematics expressed the remoteness of his department from Home Economics. A measure of antagonism between the humanities and engineering, business and agriculture was perceptible in these
Of the total interviewee group, no academician deplored the distance between different divisions of the university nor stressed the ideal unity of higher learning. This is all the more indicative of the lack of solidarity within the academic profession, in view of the fact that only two interviewees interpreted the problem of remoteness between disciplines in terms of prestige and competition for the recruitment of students. Intellectual remoteness between disciplines was emphasized. Although conducting their professional activity in a common locus, often within sight and sound of one another daily, interviewees were more articulate concerning the divisive rather than the unitary characteristics of academic life.

In keeping with their varied interpretations of the term "colleagues" interviewees were equally divided in their view of what criteria are utilized to evaluate colleagues within the academic profession. One group stressed general academic criteria, and another emphasized competence in the specialized field of knowledge. One professor stated that a colleague is judged, at the undergraduate level, in terms of the quality of his teaching:

Is he a department builder? To what extent does he stimulate students to major and minor in the field? And you have got to do some reading and writing to be a good teacher, so for a graduate professor, research would come first because it's a prerequisite to good teaching. He must be able to get along with his colleagues and his students, too.

This interviewee subordinated excellence in scholarship to academic
excellence, although he apparently perceived no incompatibility between the two activities. A group of professors stated that the criteria for colleague evaluation include excellence in teaching, departmental cooperation, and general intellectual capacity.

On the other hand, many interviewees stated that colleague evaluation is based upon distinction in scholarship. Wilson has noted that while the "prestige of the educator is primarily dependent on his students that of the scholar is independent of his students." Many interviewees were aware that material rewards and prestige are awarded on the basis of research achievement. The role of publications in personal advancement was mentioned by more than one interviewee. A professor of a physical science observed:

Sometimes a person largely on the teaching side feels that much of the advancement goes to those who don't do much teaching. I don't know that that feeling is justified, although the person who puts a good deal of time into teaching has little opportunity to do much research.

Worth as a teacher, one department head stated, is "well down on the list."

Discrimination against colleagues was said to be based on personal qualities, and only in two cases was discrimination related to chance for material advancement. Personal experience was apparently the determining factor in gauging the awareness of discrimination, since

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79 Wilson, op. cit., p. 194.
one interviewee stated that discrimination is "less likely to be on race, creed or color lines than in any other profession I know of," whereas a confrere stated that

it won't be admitted, but yes--religious and racial. That's why you've got to be honest. I think you find that prevalent among the old-timers. We younger ones--if a person is well-trained, well that's it. The older group tends to have those prejudices.

Becker has maintained that in order to preserve the professional status of academics, "college and university teachers must think of themselves first as teachers and second as students of the various fields of knowledge." However, interviewees conceive of an academic type with difficulty; furthermore, those who profess the existence of an "academic type" comment upon his gradual disappearance as the academic and the lay world merge. It has been observed that

there is a high degree of self-alienation among American professors. It is difficult to know where to draw the line between healthy self-criticism and corrosive self-disdain, but there is reason to believe that the American academic profession frequently crosses well beyond the line, to the detriment of its own working morale. A student who traced comment on the college professor through twenty magazines over a period of forty years has found a predominantly unfavourable stereotype of the professor; he notes that many of the most critical articles were written by academicians.

80 Becker, op. cit., p. 94.

81 Hofstadter and Hardy, op. cit., pp. 121-22. In a footnote, the authors aptly point out that, "Of course, there are formal and informal professional sanctions that prevent members of, say, the legal and medical professions from publishing comparable criticisms of their own colleagues, while professors are free to be articulate." Ibid., p. 122.
In discussing their self-image, interviewees varied in their characterization of the professor from an individual more conservative than the layman to a liberal and less conventionally prejudiced individual. Professors were said to be loquacious and enamored of a captive audience, more informed than the layman on contemporary affairs, and "bossy" both in academic and extra-professional relationships. One interviewee maintained that only good scholars can be distinguished from laymen in that they are generally "proud, reserved, and impractical."

Certain romanticized conceptions of the "absent-minded professor" were developed by interviewees. One academician suggested that professors have "a bit more benign look than other people. They don't seem to have that predatory look. They have a more tolerant air." Shabby clothing, "beat-up cars," a distinctive manner of speech, poor grooming, argumentativeness, love for debate and the desire to teach both within and without the classroom situation were attributed to the academician. One professor stated that academicians' homes "are filled with books, typewriters, and all the other accoutrements of the profession."

An interviewee nostalgically recalled that at one of the Ivy-league universities, you "could tell your academic fathers because of the beards and moustaches which are more prevalent there." Where he was recognized to exist, the academic type was rarely ascribed aristocratic qualities. Pointing out that there is much less social inheritance of occupation and much more recruitment
from below middle-class ranks in the academic than in any other profession, Wilson states:

The social composition of the academic group, together with its economic status... makes for strongly democratic-minded faculties, typically plebian cultural interests outside the field of specialization, and a generally philistine style of life. If one were looking for comparisons in other societies, American academicians would have more points in common socially with the new quasi-proletarian intelligentsia of the U.S.S.R. than with the aristocratically inclined university staffs of pre-Nazi Germany.82

Certain intellectual qualities were stated to be peculiar to the academician, among them freedom from bias, prejudice and irrational thought. Interest in humanity was stated by many interviewees to be an ideal trait of the professorial group.

Eleven academicians, however, contended either that the distinction between the professor and the lay world is diminishing, or that it no longer exists. A professor of a physical science stated that "in Europe the professor's whole way of living is different, but not here. Dress them in the same clothes and put them in the same restaurant and you can't tell which are professors." This remark is in accord with Wilson's contention:

82 Wilson, op. cit., p. 19. Wilson adds that, "In making the ascent from lower class origins, academic recruits are more likely to acquire the intellectual than the social graces. Except in the humanities, the regimen of becoming a professor may indeed so groove the social personality that it is left undeveloped culturally and artistically outside the field of specialization." Ibid.
A few professionals retain the pince-nez, frock coat, beard or goatee, and other outward symbols of their group, but in the hotel lobby or lounge car it is difficult at a glance to distinguish the professor, doctor, lawyer, clerk, merchant, manufacturer, or salesman. 83

Wilson, however, maintains that a "closer acquaintance" will reveal "the indelible stamp of the occupation upon personality." 84 Subtle characteristics of the academician as a type have eluded several interviewees. On the other hand, those who maintained that distinctive features still pertain to university professors almost invariably included impecuniousness as an emblem of professorial status. The interviewees' awareness of the relative plight of the academician as compared with the material situation of other professions and occupations was even more pronounced in their discussion of the sacrifices necessarily made by academicians. Even those interviewees who denied that academicians are distinguishable from the lay world discussed economic deprivation as a sine qua non of academic life.

Hofstadter and Hardy point out:

The mandarin among the Chinese, the Talmudic scholar among the Jews, the Academy member among the English, the professor among the Germans and in other continental countries—all these men of knowledge have been shown great deference, equal or superior to that given the richest businessmen, high political officials, and high-ranking military officers. In the United States a severely attenuated form of this respect

83 Ibid., p. 152.
84 Ibid.
is perhaps granted to a few eminent professors at a few great centers of learning; but even among them it is a dilute affair, and the status gratifications of the stereotyped assistant professor of English at Podunk College are negligible.  

Compared with other professions in the United States, the authors state, a member of the academic profession is "in a singularly difficult position" with regard to salary and legal and social status, and of many aspects of his situation which determine his independence. During the pre-Civil War period the American professor held a position in the common law which, although ambiguous and undetermined, suggested that he was more than a hired employee of the academic corporation.

Although their comments concerning the plight of the academician lack Barzun's somewhat bitter edge, nearly every interviewee discussed the material problems of the academic profession in at least one context. "In choosing the academic profession," one professor in the humanities stated, "you almost have to take the vow of poverty."

It might be suggested that, because of their relative agreement concerning the need for improving the economic situation of the profession, academicians would find a raison d'être for increasing solidarity.

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85 Hofstadter and Hardy, op. cit., p. 121.
86 Ibid., pp. 119-20.
87 Barzun comments that, "Society expects that teachers shall dress well, live in a suitable district, and frequent good company—all on the salary of a policeman. Some colleges have recognized this quasi impossibility by refusing to appoint young men as instructors unless they have at least a small independent income. Another way would be to have promising young men in the profession advertise for wives with dowries; or perhaps one of the foundations could subsidize campus eugenics; the academic couple would submit the baby as evidence of good faith, and meanwhile a member of the profession would have benefited from the one freedom it most needs—the freedom from care." Barzun, op. cit., pp. 290-91.
Further, the issue is particularly aggravated in certain departments where the possibility of supplementing incomes through consultation is relatively non-existent. "If the chips were down," one professor said of his conferees in the humanities, "they wouldn't be individualistic, because most of them are dependent on their positions. Few can go out into industry or research so easily." Another interviewee stated that malaise is readily expressed by individuals in the humanities:

In the humanities they tend to be more individualistic than in engineering. The engineering mind is born of routine thought processes; they tend to hold together more. The agriculture people tend to think of themselves as representing the farmer and of the farmer as a frustrated person in society. So they think they represent the frustrated farmer. They hold together. In the humanities--well, the most outspoken member of the faculty is likely to be in the Art Department, or the English Department, or in Foreign Languages.

A professor in a technical department attributed the facility for "rocking the boat" to individuals in the humanities. This interviewee stated that individuals in the humanities have less opportunity for supplementing their academic salaries, while he added, "I derive a lot of my income from consultation, and I don't depend on my teaching salary for a livelihood."

The desire for organization of academicians for the purpose of enhancing their socio-economic status, however, was barely acknowledged by interviewees in the humanities. The fear of loss of professorial dignity through over-emphasis on money was expressed by one
interviewee. An European professor commented, "I think there's a kind of ethics present here which seems to be against organizing the faculty. They feel like it would mean they are imitating laborers or something." Discontent with their material situation, interviewees stated, is often expressed in personal relationships with colleagues.

One professor in the humanities commented;

There are many people in the academic profession who've got themselves into a shell. They have no interest in anything unless it is individual or personal. I suppose all those people get together in their shells and mutter at each other.

The development of professional solidarity was openly advocated by only one interviewee, a professor of a social science, who stated that solidarity should be cultivated only for improving the professor's "pecuniary" lot.

On the basis of twenty-five interviews, no generalization about either existent or incipient academic professional solidarity can be made. The reasons for the divisiveness of academic life may be listed as the bifurcation of professional identification, the specialization of knowledge, a strong defense of the "virtue" of individuality, a gradual disappearance of the academician as a type, and a merging of the academic and lay worlds. Certain characteristics of the academic career, such as nomadism and the ephemerality of colleague relationships particularly among the younger faculty members, augment the barriers to professional solidarity. Concern for their socio-economic plight apparently further divides academicians, rather than serving as a
basis of solidarity. A sense of the commonness of professional fate appears to depend solely upon personal factors. A full professor, incredulous at his colleagues' statements that they are unable to afford even the books necessary for personal libraries, stated, "Of course, I've always had an independent income, and I came out of school when the salaries were good."

Although the majority of interviewees had maintained that the academic profession is a "calling," only a few suggested that individuals who leave the profession do so out of some professional inadequacy such as the lack of academic curiosity, a dislike of teaching, or an over-emphasis on "material things." Only one professor stated that individuals who leave the academic profession are "people that really didn't belong in the first place because they weren't dedicated enough." The majority of interviewees stated that the ex-professor abandoned the profession because of financial temptations. There was little condemnation of this action; one professor even suggested that ex-professors "are smarter than us."

Academicians, it will be recalled, were also in virtually unanimous agreement concerning the need for raising standards of university admissions. However, no united front for a solution to this problem was suggested. Concerned with the problem of "professionalization" of university professors, Becker has suggested that measures should be taken toward the passage of state laws which would permit only qualified
persons to teach in colleges and universities, and the abolition of the ranking practice or the vesting of exclusive ranking authority either in the A.A.U.P. or the N.E.A. Department of Higher Education. At present, he observes, no uniformity is to be found in ranking from university to university, nor of standards for correlating professional achievement with the various ranks. 88 This type of concern over the problems of the academic profession as such and suggestions for the solution of the problems through a strengthening of academic solidarity was almost totally lacking among interviewees. Only one professor expressly noted the absence of uniform regulations for the admission of individuals to the academic profession, stating, "There are too many housewives teaching part-time, and things like that. How can it be a profession?"

Many situational factors militate against the formulation of solidarity within academic ranks. Traditionally, American academicians have never, to the extent of their European counterparts, represented a community of incorporated scholars. Thus their desire to isolate the academic profession from the world of professions and occupations, and to enhance its socio-economic status, is largely a function of individual inclination. The sense of colleagueship, of membership in a professional fraternity, is cultivated on a personal

88 Becker, op. cit., pp. 89-90.
rather than on a professional basis. Perhaps the most explicit state-
ment of the awareness of sharing a common professional life was that
of one academician who reflected that university professors

once. . . were really or could more justly be caricatured as
living in an ivory tower. That's no longer true. One of the
things that still sets them apart—and that's probably true of
doctors, lawyers, and the clergy—is an international com-
munity of interest and personal knowledge. This isn't found
in other walks of life. People know each other because of what
they have done, and without even having ever seen each other.

Academicians apparently are bound separately through the communica-
tion of scholarly interests, rather than organically united on the basis
of common professional status.

THE CODIFICATION OF ACADEMIC ETHICS

Attempts to Establish a Formal Code of Ethics

Among the outstanding traits of a profession is a codification of
its ethical standards, which is a symbol of group solidarity as well as
an expression of group morality. No code of ethics has been uniformly
developed and universally adopted by the academic profession, although
attempts at codification have been made by the American Association of
University Professors through Committee I, the Committee on Univer-
sity Ethics. In 1916, the following statement appeared in the A.A.U.P.
Bulletin concerning the activities of this Committee:

This Committee may look forward to doing for the profession
of university teachers what the committees on professional ethics
have done for the medical profession and the legal profession.
Within every profession there arise typical problems of conduct,
for which neither law nor ordinary morality provides either
guide or control. The best opinion should be formulated as
a guide and standard—a standard to strengthen the conscience
of the weak and a guide to inform the youthful. Of course, the
subject of academic freedom is here a part of the field, but the
restraints which a governing board should put upon itself raise
a distinct question from that of the restraints which professors
should put upon themselves regardless of the interference of
boards. Moreover, there is a large field of morality and
propriety in the relations between professors themselves,
between professors and students, and between students.89

Chairmanships of Committee I were held by such well-known
philosophers as John Dewey and J. H. Tufts, and Committee member-
ships included two distinguished sociologists, E. A. Ross and U. G.
Weatherly. The President's report later in 1916 included a statement
to the effect that "communal life in a single encampment—an element
shared with the military profession, but lacking in the medical and
legal profession—adds to the need and possibility" of a codification of
academic ethics.90 The A.A.U.P. was said to be "an organ of expres-
sion and a means of sanction for its professional ethical consensus."91
The President added that

the effective and feasible method of building up a system of
practical ethics, in this state of our professional organization,
is by casuistry. Casuistry, of course, in its best and original

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89 "Committees of the Association," American Association of

90 "Report of the President," American Association of Univer-


91 Ibid.
sense, is the building up of a system of principles of conduct by the authoritative decision of specific cases presented from time to time. Though the name acquired a reprobate meaning in the degeneration of its use by ecclesiastics, nevertheless the identical system has also served, in the right hands and under right conditions, to build up some of the most useful and enduring systems of law. Roman law for four centuries under the Jurisprudents, Jewish law for several centuries of the Gemara of the Rabbis, English law for six centuries under the Judges, and Japanese law for at least two centuries under the Tokugawa officials, were all developed by case-law. . . . In our own situation, therefore, I look to case-judgments as the most promising method for building up a system of professional ethics. And I note that the Committee, in its original message to the Association, announced its intention to employ this method.92

Accordingly, matters of ethical concern submitted to the Committee were published in the Bulletin "in the hope that members of the Association may be moved to send to the chairman of the Committee their opinions on any of the topics brought up."93 These problems, of no mean relevance to the contemporary academic world, included questions as to what types of "outside" occupations are allowable to the university professor, whether or not a university professor should charge the government for his services, matters of patenting, and "to what extent is a professor in the other professional faculties justified in earning money by doing work for individuals or corporations which may conceivably influence his views on topics which he is called upon to teach?"94 It was recognized by

92 Ibid., pp. 32-33.
93 "Notes from Committees," American Association of University Professors Bulletin, 3 (December, 1917), 11.
94 Ibid.
Committee I that many matters suggested for its consideration were closely related to those of Committee A, then termed the Committee on Academic Freedom. In addition to the matters submitted in 1917, questions directly related to colleague and institutional responsibility were raised, including: "Bidding for patronage by an instructor or department at the expense of other instructors or departments in the same institution," the propriety of using university stationary when writing about public affairs, and "the etiquette to be followed on receipt of an offer from another institution and the propriety of resignations which embarrass departments or institutions.  

In a subsequent issue of the Bulletin, Committee I reported a paucity of cases submitted for publication and consideration by academicians:

We have proceeded step by step by a sort of case method and the result has been that we have not had many cases. It may be that the time will soon come... when the Committee might wisely attempt some other answer upon general problems, such as those, for example, which two or three of the local chapters have raised this past year.  

Among these were the treatment of dishonesty in examinations, the encroachment of large business interests upon curricula planning, and  


the domination of professors by administrators. Chairman Tufts, in this report, stated: "I think it is quite possible that there are now coming to be more general questions that the Committee might investigate with the endeavor of formulating certain principles."97

From time to time, cases were submitted to Committee I, and published in the Bulletin with comments by the Committee. In 1937, the University of Michigan Chapter drafted a code of ethics "with a view to submission for publication in the Bulletin of our Association, not as a finished code for which we would ask adoption, but as a means to elicit nation-wide criticism."98 This code dealt with the relations of the university professor to his profession,99 to his students, his colleagues, his institution and its administrators and to the non-academic world.

The activities of Committee I waned to a point where committee reports no longer appear in the Bulletin. Individual articles concerned with academic ethics are to be found in the Bulletin, among them

97 Ibid., p. 74.


99 This includes rules relevant to the academic profession and to the individual discipline. However, the Michigan code stipulates (I, C) that the "first duty of the teacher in all circumstances is the discovery and exposition of the truth in his own field of study to the best of his ability." Wilson, op. cit., p. 231.
Klapper's article dealing largely with the relationship between the professor and the university administration, and Suzzalo's discussion of the importance of academic professional autonomy. In 1935, Ruthven introduced and advocated the adoption of a comprehensive code of ethics by the Association, and an extension of this code to all university professors through the respective chapters. Perhaps the most idealistic and least particularized statement of the ethical ideal of academic life was made by E. C. Kirkland, in an address of the retiring President of the Association in 1948. Professor Kirkland stated:

Whatever the age and its obsessions, the attainment of responsibility in the teaching profession is admittedly a task more difficult than in most occupations. This is inherent in the nature of our calling. The teacher does not turn out a product whose worth can be accurately measured. His influence upon the mind and spirit is usually intangible; it is often unsuspected and unrecognized by the student himself; and it is always delayed.

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Professor Kirkland designates professorial responsibility to acquire and constantly enlarge a knowledge of their subject matter, and to transmit their knowledge to students and scholars. Their responsibility is to devise effective and honest procedures of self-education, of research, and of teaching. While in the nature of the case the response to this responsibility must be largely an individual achievement, professors as a group have the duty of advancing suggestions and specifications for the manner in which these responsibilities can be met. 104

Kirkland recommends faculty responsibility for the selection of its own members, for the determination of fitness for promotion, and for establishing curriculum and methods of teaching. He re-affirms the traditional ideal of academic obligation to "disinterestedness in looking for truth, integrity and independence of mind in reaching conclusions, and poise and tolerance in the statement of opinion." 105

From this brief resume, it is apparent that, although incipient in the establishment of the A.A.U.P. itself as a professional organization, a code of ethics for academicians was given sparse individual and group attention. As a consequence of neglect, no uniformly adopted code is present to this day. Logan Wilson observes:

The professor's independence is limited by his institutional connection, and especially so if he cannot distinguish between freedom and license, yet there are in most universities few positive hindrances upon his intellectual initiative. (That this is true may be due in large part to the prevailing factual situation that his political and social views seldom go beyond the preconceptions of the middle class to which he belongs.) There is no

104 Ibid., p. 21.
universal acceptance in the academic profession of any explicit statement analogous to the Hippocratic oath, and for many members there is merely a vague understanding of those ideals or norms of conduct that overreach the satisfaction of individual desires. Be they explicit or implicit, however, institutional codes help to define situations for individual members; they set up rules that insist upon something more than "a merely economic logic of production," and the fact that many verbalized codes are nothing more than empty ideologies in no way negates the importance of having them. For a group to maintain itself, special conditions of success must be formulated, error penalized, and deliberate deviation punished. 106

The absence of an ethical code for academicians has, as previously been indicated, been used as evidence of the lack of professionalism among the academic group. Bryson maintains that teachers do not "completely" constitute a professional group "because, for one thing, they do not enforce rigorously a standard of group ethics on the members of their own group to the same extent as do lawyers... or physicians." 107

Lewis and Maude, noting that sometimes employment may conflict with a professional code, suggest that "a moral code is the basis of professionalism, though it may not always prove easy to stretch even this to such professions as journalism or the arts." 108 Lieberman notes that:

In the United States, development of educational codes of ethics has lagged behind the development of codes of ethics in

106 Wilson, op. cit., pp. 116-17.

107 Lyman Bryson, "The Arts, the Professions, and the State," Yale Review, 36 (June, 1947), 634.

the professions. The American Bar Association adopted a code of ethics in 1908 and the American Medical Association adopted a code in 1912, but high ethical standards in these professions go back many centuries. The Hippocratic oath has been recognized as the guide of the doctor for over 2,000 years. The first state association of teachers to adopt a code of ethics was in Georgia in 1896. . . . In 1924, the National Education Association appointed a committee on professional ethics. 109

Individual disciplines--often regarded as professions themselves--have codified rules of ethics for practitioners. Among these are engineering, accountancy, forestry, and anthropology. 110 Even in the humanities, the articulation of the responsibility of scholars of the belles lettres to various groups has been recently stated to be an urgent necessity. 111 In Sociology, Alfred McClung Lee states, "In the oldest human tradition, sociologists are trying to have their ethical cake and to eat it commercially as well." 112 However, in identifying the sociologist's chief problem as "professionals" to be "the commercial

109 Lieberman, op. cit., p. 419.

110 The codification of professional ethics such as that attempted by the American Psychological Society and the Group for Applied Anthropology "is not merely a matter of long discussion toward agreement on some verbal formula; such as ethic is only effective where it is based on publicly recognised and accepted standards of professional behaviour." A. T. N. Wilson, "A Note on the Social Sanctions of Social Research," The Sociological Review, 3 (July, 1955), 116.

111 Howard Mumford Jones, op. cit., p. 42.

erosion of their academic segment." Lee's outline of responsibilities touches upon the academic as well as the sociological sphere. The development of ethical codes for disciplines within the academic profession perhaps functions as an influence deflecting professional responsibility from a general academic level to various specialized levels. It would be erroneous to mark this tendency as the sole causal factor in the absence of an academic code of ethics, although its significance in this respect is indisputable.

A Discussion of an Academic Code of Ethics by Academicians

Interviewees were asked to discuss the meaning of a code of ethics for professional life, and the effects a codification of ethics might have had upon the academic profession. Statements affirming the need for and the effectual nature of such a code were rare. One professor stated that a code might have enhanced the dignity of the academic profession and "perhaps protected it from undesirables."

A professor of a social science stated:

Perhaps a code might have made a difference. There are some informal codes that have been transferred from an institution to its students. That depends on ethics in research, and in total activities. But doctors are dealing much more directly with human beings than we are. I think we adhere to a higher ethical standard than doctors as a group. I think the kinds of people attracted to the academic profession are going to be more ethical.

\[113^*\] Ibid., p. 369.
Several interviewees stated that by its very nature, the academic profession attracts "ethical" individuals. The reasons cited for this included the unexciting economic prospects of the academic profession. Those interviewees who stated that the absence of pecuniary temptations precluded the need for a code of ethics in the academic profession interpreted an ethical code as having a disciplinary function. A code of ethics was also stated to be a medium for public relations.

"Don't write this down," one professor cautioned, "but you wonder how much the doctor's code is for public consumption and how much of it is for themselves to follow."

Many interviewees denied the need for an academic code of ethics, stating that such a code would be superfluous, and citing the growing tendency of disciplines within the university to formulate codes pertaining to practitioners as well as to academicians within each discipline. One interviewee maintained that within a profession "with the tremendous variety that we have, such a code is almost impossible. Actually, each professor should act according to the code of ethics of his own profession." Only one interviewee affirmed the need for an academic code of ethics. Academicians need, he stated, "something to live up to, rather than just being a bunch of people thrown together without any direction or mission." In contrast to the latter statement, the majority of interviewees did not interpret a code of ethics as a symbol of academic solidarity. The academic profession,
one interviewee pointed out, "isn't the close-knit group as those in
law and medicine are." A professor in the humanities stated that
ethics are "related to the outside group, not to the colleague group."
One academician maintained, "I think of a group consciousness for
us only for pecuniary reasons."

A few interviewees maintained that an "informal" or an "un-
written" code of ethics exists for academicians, although their notions
about the contents of this code were vague. Two professors stated
that the A.A.U.P. committees furnish some concept of what is ex-
pected of the educator, castigating academicians for their emphasis
on academic freedom rather than academic responsibility.

Certain interviewees stated that the professional man is sub-
ordinated under a set of principles which, written or unwritten, are
"understood." Although diverse interpretations were given it, an ob-
jective ideality was recognized. A few interviewees perceived their
ethical obligations to be personal, and stressed individual interpreta-
tion of professional ideals and personal compulsion in attempting to
realize these ideals. "Every academic man is his own best critic," one interviewee stated, while a professor of a physical science main-
tained, "I don't think a doctor changes his beliefs one iota by taking his
oath. It all boils down to personal integrity."

One interviewee emphatically stated that he would "dreadfully
hate to see" codification of academic ethics, adding, "I hope I don't need
that, and that academicians don't need it. I hope we've already learned those things by the time we are academicians. That's part of our training!" This interviewee stated that professional solidarity is totally undesirable in the academic world. He expressed a keen delight in learning of the variations of academic responses to interview questions, and affirmed his admiration for individuality in academic activity.

Although interviewees, for varying reasons, were almost unanimous in their agreement that the academic profession needs no code of ethics, few denied that the academician experiences ethical conflicts. One interviewee stated that individual ideals might conflict with those embodied in an ethical code "which might violate your own conscience." Three interviewees suggested that ethical conflicts might arise in connection with a division of time between obligations to the university and obligations to oneself as a scholar. Ethical conflicts concerning colleagues were discussed by only three interviewees. These conflicts included answering F.B.I. investigatory questions about colleagues, the "stealing" of research ideas, and the "building up" of a class at a colleague's expense.

In contrast, there was a plethora of conflicts suggested by interviewees in relation to students. These conflicts pertained to the arbitrariness of the grading system, the extent and quality of personal help that should be given the student, and methods of dealing with student
dishonesty. "It seems," one professor commented, "you can't divorce the group of students from the teacher nor the doctor from the patient."

As is evident from their discussion of possible ethical conflicts, interviewees did not regard the academic profession as one blessed with freedom from the necessity of making decisions about ethical problems. However, they did not state that a code of ethics would mitigate the conflicts experienced by academicians, nor did they recognize the function of a code of ethics as a symbol of solidarity and a method of strengthening group cohesion. In keeping with their highly articulated sense of obligation to clientele, most of the conflicts mentioned by interviewees pertain to the professor-student relationship. This may be interpreted as evidence that the professor is most uncertain about his obligations to clientele. On the other hand, it may well signify his interpretation of "ethics" in the professional realm as referring only to this dimension of the ethical ideal of the professions. Nearly half the group of interviewees discussed some form of failure to meet obligations to students (such as failure to teach the truth, "stealing" ideas, dishonesty in grading) as the pinnacle of unethical activity in the academic profession. On the other hand, nine academicians stressed intellectual dishonesty and plagiarism, anti-intellectualism, and falsification of research results as the most unethical activity of which an academician could be guilty. Types of unethical activity in
relation to colleagues, such as the criticism of colleagues before clientele and the laity (often deemed the *bête noire* of professional men) were censored by only four academicians, one of whom stated, "As a group you stand together against others." Failure to fulfill obligations to the university was cited by only one professor as the pinnacle of unethical activity.

THE IDEAL ACADEMICIAN: A PROFILE

The consensus of opinion, such as it is, among interviewees yields a portrait of the ideal academician which includes a host of qualities. The ideal academician, interviewees stated, has integrity, intellectual curiosity, imagination, extraordinary native intelligence, 'perpetual drive,' and perseverance. He is unprejudiced, tolerant, has a love of truth for its own sake and is dedicated to learning. In addition, he has a broad knowledge and mastery of his own discipline, and yet is able to focus on particular problems. He is an avid reader, he is productive in scholarship, and active in honorary and professional societies.

In addition to these qualities, the ideal academician is committed to the service of people, and has humanitarian ideals which transcend

114 Stating that the ideal academician must have a "tremendous devotion to his own field," one professor added that "a man with a Ph.D ought to be castrated."
the academic milieu both spatially and temporally. He is also a crusader for higher academic standards, and for academic freedom.

Most emphasized is the ideal academician as a teacher. He must be able to awaken intellectual curiosity of his students, and he must personally enjoy teaching. He inspires students, and eager to communicate his course material, he is a creative teacher—one who "refrains from repeating the same bromides every year." He devotes time and thought to improving teaching methods. He is tolerant of and patient with students, and treats each of them as an individual. He has tact as well as a sense of humor and maturity of judgment. He has a sense of the dramatic, since "every man in teaching has to be somewhat of a ham to keep the attention of his students."

According to these interviewees, the ideal academician is innately equipped with intelligence and intellectual curiosity, but acquires and cultivates most of those qualities which make him ideal. The traits which render him ideal have little to do with his immediate location, his colleague relationships, or his obligations to a particular state or institution. Rather, they are an admixture of personal characteristics achieved by every man dedicated to learning and to students. One interviewee summarized these traits eloquently:

You have to have read Goethe's Faust to understand my answer of what the ideal academician is like. He would be a one-to-one combination of Faust and his servant. He has to know rules and principles and have a respect for tradition, but also he has to have the courage to try and change it if tradition is
wrong. And he should be able to read through the dust and see
the humanity that created the manuscript. In order to fire
your students with enthusiasm, material has to be presented
as something that is alive.

SUMMARY

Traditionally the university is an association of masters and
students leading the common life of learning, and academicians are a
community of scholars working within its province. Engaged in a com-
mon task which constitutes a calling with all the sacred connotations of
the term, academicians are dedicated to truth. All activity incumbent
upon the pursuit of learning is ideally complementary, whether the
cultivation and transmission of knowledge or contributions to knowledge
are involved. Because of the specialization of knowledge, however,
the pursuit of one of its forms, such as law, would not automatically
lead the scholar to extend his inquiry into other forms related to it,
such as literature or ethnography. Indeed, certain forms of knowledge
are often assumed to be foreign to others, notwithstanding their common
origins.

In discussing specialization, interviewees approached the problem
on a personal rather than on a professional basis. With few exceptions,
they did not perceive its impact upon the unitary character of academic
activity and purpose. It may perhaps be said that many academicians are
in the university but not of it. They did not defend the remoteness of the
"ivory tower" from community or society, in order to preserve their
unique heritage. While they recognized obligations to the community, in keeping with the service ideal of professional life, they did not acknowledge obligations to the university except on a formal, contractual (secularized) basis.

The bureaucratization of the university has obscured the tradition of that institution. Perhaps the "community of scholars" has lost its meaning in this milieu. It was not with an air of cynicism that one interviewee asked, "Is there a faculty perspective? If you find it, I hope you will capture it."

For many interviewees, however, the academic profession constitutes a calling. This is largely true because of their recognition of a dedication not only to learning but to university students. Of all the dimensions of the ethical ideal, obligations to clientele were most articulate. This fragment of the total tradition of the academic profession has apparently survived specialization, although, because of mass education, interviewees feel that its realization is tenuous.

The socio-economic status of the academician appears to enhance the demoralization of academicians, rather than serving as a basis for professional unification. The bifurcation of professional identification is both cause and effect of the distance between university departments and their constituents.

Despite the conflicts experienced by academicians in attempting to cultivate, transmit and contribute to knowledge, the ideal academician
is capable of fulfilling the obligations attaching to each of these activities. The antinomies within the academic ethical ideal are perhaps the product of historical events. On the basis of this analysis, however, the dimension of ethical obligations to clientele is least affected by these changes.
CHAPTER V

THE ETHICAL IDEAL OF THE PHYSICIAN

The ethical ideal of the physician is a composite of many centuries, expressed by professional members through their allegiance to an ancient Oath and to lengthier codes. These codes are a crystallization of the moral tradition and historical exigencies of professional experience. Ethical obligations commensurate with his grave responsibilities have been ascribed to the physician, who is perhaps the prototype of the professional man. In order to assess the meaning of the ethical ideal of the physician, it is necessary to briefly review the significant historical changes in the philosophy and organization of medicine.

SECULARIZATION AND SPECIALIZATION OF THE MEDICAL PROFESSION

That medicine "kept an important root in clerical soil" has been recognized by many historians of the profession. One physician recalls that, "The doctor was governed by time-honored rules of conduct which discouraged the seeking of riches. Ideals and standards were of primary concern."¹ Pequignot states:

¹Norman S. Moore, "The Doctor, the Hospital and the Community," New York State Journal of Medicine, 51 (July 1951), 1616. Moore contends that "the prestige in which medicine was held at the turn of the century was largely a consequence of its clerical derivation in combination with intense positive feelings patients have for their doctors." Ibid.
During more than ten centuries of Christianity, medicine was almost entirely of the priestly type, and doctors--apart from a few adventurers--were either monks attached to some charitable body, or servants of great lords. The secularization of medicine dates only from the Renaissance, and in the classical period three types of doctor existed--the social doctor, paid by the community for hospital service; the society doctor, servant of kings and lords; and, finally, a kind of doctor gradually maintained by the emerging bourgeoisie, whose status heralded, and served as a basis for, the liberal status of the nineteenth-century practitioner.

This cavalier treatment of history applies, of course, only to the West; but such knowledge as we have of the great historical cycles does not seem materially to increase the real historical importance of a form of medicine that is traditional only in name. In any case, this type of medicine, even when it flourished, never penetrated beyond a limited sector of the population--the free men of the Greek cities and, in the West, the middle classes of the eighteenth and nineteenth centuries.\(^2\)

Only a few decades ago, Cabot maintained that medical students and theological students are "astonishingly alike." In each group, the majority want to be of use to their kind, in man-to-man personal relations. A smaller number like to deal with crowds and to give them the healing truth (public health physicians, preaching ministers) while a few in every hundred are the born teachers and research men who become connected with medical or theological schools.\(^3\)

The bond between medicine and the church has led to many analogies drawn between the professional activities of the priest or minister and the physician. Perhaps the most suggestive of these is Cabot's


comparison of the medical visit with the parish call. Theological schools assume, he finds, that the skill and ability to help people in trouble could not be learned by practice in the seminary—it could not be taught:

Against this assumption I put the experience of medical students and medical practitioners, most of whom can testify that during their medical course they learned this unlearnable art. . . . Medical students assisting in a hospital ward or in an Out Patient Clinic, listen to their "chiefs" as they encourage, explain, console or rebuke their patients. They observe the steps by which a shy person, a reticent person is drawn out. 4

The growth of medicine, however, has often been attributed to an abandonment of its relationship with the church, indeed with the sphere of magic and religion. Farmer states:

Through the ages man's attempts at combating disease reflect the prevailing intellectual climate. At the dawn of our racial history when spirits and demons were held responsible for man's fate, incantations, exhortations and prayers were the appropriate means of treatment. The judicious use of other measures, with more tangible effects, a splint applied to a fractured leg, concoctions from berries or leaves, would be, on occasion, helpful adjuncts to the psychosomatic practices of the tribal medicine man.

From the realm of magic the art of healing moved into the sphere of religion and thence into that of philosophical speculation. Medical practice remained a strange mixture of mysticism and superstition tempered by small doses of rationalism and empiricism. Gradually there accumulated, over the millennia, a body of knowledge based on the observation of healthy and sick persons which provided the Egyptian, Greek and Roman physicians of Antiquity with methods of treatment differing greatly from those of the medicine man. But still, medicine was very imperfect

4 Ibid., pp. 2-3.
since it had no clear insight into the functioning of the body. Whatever degree of refinement the art of healing attained at this period was destroyed when, in the wake of the invasions of the Germanic barbarians, darkness descended on the Western World. Ignorance, superstition and mysticism again dominated the practice of medicine.

With the revival of learning in Europe during the Renaissance a more rational approach again came to the fore. But the art of healing long remained very primitive. For diagnosis physicians relied largely on gazing at the urine, for therapy on bleeding, purging and sweating and the use of medicinal agents which ran the gamut from herbs and other plants through cockroaches and worms to all kinds of animal excrements. A fifteenth-century prescription recommended a potion of goat droppings in red wine for the treatment of bloody urine, and another earthworms with yellow knots, ground with saffron, for jaundice. When Lorenzo the Magnificent lay on his deathbed at Florence, in 1492, a famous physician was called in on consultation who prescribed an elixir of ground pearls. Naturally the patient was one of the wealthiest men of his day. Less affluent people had to be satisfied with more modest medicines. And many a man still subscribed to Roger Bacon's view that "... a physician who knows not to take into account the positions and aspects of the planets can effect nothing in the healing arts except by chance and good fortune." Little wonder that the great satirist Rabelais, himself a physician, should have spoken of the practice of medicine as "but a farce played by three actors: the physician; the patient and the disease."

Not that progress was not being made. The anatomical studies of Andreas Vesalius in the sixteenth century, the discovery of the circulation of the blood by William Harvey in the seventeenth, the invention of the microscope and its application to medical studies by van Leeuwenhoek and others were great steps forward. By the middle of the eighteenth century astrology and the therapeutic use of cockroaches and the ground bones of hanged criminals had been abandoned, at least by reputable practitioners, but medicine was still crude and ineffectual. 5

Similarly, Farmer finds that surgery,

restricted mainly to amputations, was a dreadful ordeal which terminated more often in the death of the patient than in his recovery. Childbirth was fraught with the danger of infection and infant mortality was appallingly high. Contagious and infectious diseases still were among the greatest killers of man. Their nature and origin were not understood and there was no treatment for their victims. Some of these diseases, like cholera and typhus fever, were ever-present, especially in prisons and slums; occasionally they would take on epidemic proportions and run a devastating course. The outcome of Napoleon's fateful campaign in 1812 was decided more by the ravages of typhus fever among his troops than by the strategy of the Russians. Others, like plague, appeared suddenly and mysteriously, seemingly from nowhere, decimating whole populations. In Pericles' times this scourge, the "Black Death," decided the fate of Athens; in the Middle Ages it spread like wildfire through all of Europe, striking even the staunchest with terror and despair. It was, truly, the "Wrath of God." Smallpox perennially killed and disfigured high and low by the tens of thousands, tuberculosis was widespread, so was syphilis, and diphtheria took its heavy toll of small children.

Not able to overcome the difficulties arising from the paucity of faculty knowledge medical men had long been given to speculation. These speculations had taken on elaborate dimensions. New "schools" and "systems" were being constantly evolved and their adherents engaged in heated and often acrimonious controversies. Animists, vitalists, iatrochemists, homeopaths were all convinced of the infallibility of their special theory and had the greatest contempt for one another and for everyone else. Many physicians and educated laymen were greatly concerned about this state of affairs.\(^6\)

Although Farmer has lucidly traced the "liberation" of medicine from speculation and superstition in these passages, in editing a letter written by a twentieth-century medical practitioner, he takes the point of view that:

\(^6\)Ibid., pp. 3-4.
With the great technical advances made in the natural and applied sciences through the introduction of experimental methods there has been an ever-growing inordinate admiration for the practical and an almost disdainful rejection of theory and philosophy. Medicine did not escape this trend. After centuries of comparative stagnation and ineffectualness it saw discovery following discovery in rapid succession and experienced its evolution into a highly efficient science. Little wonder that it too turned to the worship of the new god, Pragmatism, with the concomitant danger of becoming a soulless craft.

Iago Galdston, compiling a history of the foundations of modern medicine, criticizes the generalization "that advancement of biological and medical science has depended upon collateral improvements in physical and chemical procedures and has nothing to do with theological dogmas or metaphysical speculation." Galdston traces this theory to the French Encyclopaedist Littré, and finds that it was endorsed by Garrison in the latter's History of Medicine. Galdston comments:

Despite the eminence of its propounder and the scholarship of its endorser, it can readily be disproved. Theological dogma, as history demonstrates, has profoundly affected man in the past. And metaphysics is at the foundation of all thinking.

How profoundly theological dogmas affect science may be

7Ibid., p. 238. Farmer quotes a letter written by Saul Jarcho, born in 1906, who writes to a physician, "It is in the undergraduate years that many young men experience that permanent narrowing of the mental field which is so characteristic of today's physician. It is in the undergraduate period that the student begins his lifelong imprisonment by the natural sciences, especially chemistry. Most men ultimately forget the chemistry and so are left in total intellectual impoverishment. They attempt to solace their declining years with golf, bridge, opera, and blindfold trips to Europe." Ibid., p. 241.

witnessed in the fundamental problem of the origin of evil in general and of sickness in particular. In the first book of the Iliad we find the Greeks afflicted by Phoebus Apollo with a plague that "first did go upon the mules, and swift dogs, but then affected the camp proper," so that "frequent funeral piles of dead bodies always were burning." And all because Agamemnon, son of Arteus, dishonoured Bhryses, the priest, and would not restore unto him his daughter. 9

Galdston points out that advance in early medicine is due to the refinement of Greek theological thought at the hands of the Greek poets and philosophers. For, although the Greeks had no prophets as did the Hebrews, they had poetic dramatists and philosophers who, no less than the prophets, were concerned with the nature of God and the origin of evil. 10

The rejection of the theory of deistic or demoniac origin of disease in favor of a naturalistic theory may be traced to the fifth century B.C. in Greece:

The Hippocratic physician studied man in his environment during health and illness. He noted those factors in diet, environment (airs, waters, and places), rest, and exercise which in health favoured well-being and in illness promoted recovery. He was a teacher to his patients, a practitioner of preventive medicine, a conservative therapist. He employed few drugs and depended for cure on the self-righting powers of the body, confining his own functions to assisting nature through the instrumentalities of fresh air, good diet, salubrious climate, exercise, massage, and hydrotherapy. The Hippocratic physician was also a good surgeon and was competent in treating wounds, dislocations, and fractures. 11

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9 Ibid., pp. 7-8.
10 Ibid., pp. 8-9.
11 Ibid., pp. 10-11.
In the Periclean Age, Galdston states,

at a time when Athens was at its cultural zenith, when Sophocles and Euripides were writing their immortal plays, Aristophanes his satires, Pindar his odes, when Socrates plagued and goaded his fellow Athenians in the agora, and when Herodotus and Thucydides wrote history, the time was ripe for the fruition of the idea of the natural origin of disease. We witness this in the school of Hippocrates of Cos.

It is said that Hippocrates gave to Greek medicine its scientific spirit and its ethical ideals. More approximate to the truth is the statement that Hippocrates applied to medicine the scientific spirit and ethical ideals of his age. Oddly enough, we know but little concerning this man to whom we credit so much. Scholars have advanced the opinion that Hippocrates is the name of several physicians, including in the number perhaps the most celebrated of ancient times, whose fame is due to the writings of all physicians of the same time. That there was at least one by the name of Hippocrates of Cos, and that he was, indeed, a great physician, is established beyond doubt. How much of what are labelled the works of Hippocrates of Cos was composed by him and is the fruit of his singular genius is a moot question. It is agreed, however, that the Hippocratic Canon embraces four classes of compositions: those presumably genuine, those palpably spurious, the works of his predecessors, and those of his contemporaries and followers. 12

The naturalism which may be traced to the Hippocratic school has been lauded as the foundation of modern medicine:

When one reflects that Greek civilization, which gave us the scientific method in medicine, was shot through with exotic religions, with belief in demonic possession, with sacrificial rites to appease angry spirits, it is indeed to their glory and to our good that they produced physicians who were naturalists. These Greek physicians were the first to look upon disease as phenomena of nature—to be observed, to be studied and to be recorded. They have left us, in the writings of Hippocrates and his pupils, besides

12 Ibid., pp. 9-10.
the famous Oath and Precepts, numerous case reports that testify to their extraordinary powers of observation and of inductive logic.\(^{13}\)

The dispute between historians of medicine as to whether or not the close bondage between religion and medicine has been a felicitous one largely stems from opposing interpretations of medicine. Those who uphold the profession's basis in sanctity generally interpret medicine as an art. In turn, the dissociation of medicine from religion is largely justified by the belief that medicine is a science. In contending that "one hundred years ago medical science was just beginning to lay the firm groundwork for its future spectacular achievements,"\(^{14}\) Bernhard Stern constructs a history of modern medicine upon the basis of scientific discoveries.\(^{15}\) Enumerating the medical cults of the nineteenth century in the United States,\(^{16}\) Stern maintains:


\(^{15}\)Ibid., pp. 30 ff.

\(^{16}\)"During the last century many medical cults vied with one another and with the 'regular' physicians. The Boston Medical and Surgical Journal listed the sects in the United States in 1836, other than Regulars, as Irregulars, Broussaisians, Sangradorians, Morrisonians, Brandethians, Beechitarians, Botanics, Regular Botanics, Thomsonians, Reformed Thomsonians, Theoretical, Practical, Experimental, Dogmatical, Emblematical, Electrical, Magnetical, Diplomatical Homeopathians, Rootists, Herbists, Florists, and Quacks.\(^1\) The phrenologists and the mesmerizers, and later the chronothermalists and hydropaths, might have been added. All these sects had one feature in common—they underscored the disparity between the claims and the achievements of the 'Regulars' and denounced the established routine of strong drugs and blood-letting that was practiced. . . ." Ibíd., pp. 22-23.
Fashions in medical theory followed one another in rapidly changing profusion, each of them possessing sufficient plausibility to command a following among physicians because techniques of validation were wanting.\textsuperscript{17}

Urban living, Stern finds, "has furnished fruitful soil for the growth of secularism and has helped to dissipate the fatalism hostile to medical progress."\textsuperscript{18} In accounts of public antagonism toward the medical profession, Stern finds that tensions between that religious tradition in which disease was interpreted as a manifestation of the wrath of God, and health and recovery as evidence of the good will of the deity, were partially responsible for the public disfavor into which the profession had fallen.\textsuperscript{19} As late as the 1890's Stern recalls,

the most advanced practice was usually carried on in an office which had as its equipment a medicine cabinet, a sofa or an examining table, and a table which could be used as a laboratory. The technical equipment consisted of a thermometer, a stethoscope, an ophthalmoscope, a laryngoscope, a sphygmomanometer, a prescription pad, and a sufficient amount of chemicals to determine the presence of albumin and sugar in the urine. A few advanced practitioners had a microscope and a few more were able to examine a specimen of blood to determine the leucocyte count and the presence of malarial parasites.\textsuperscript{20}

\textsuperscript{17}Ibid., p. 21.
\textsuperscript{18}Ibid., p. 7.
\textsuperscript{19}In the early part of the century, there "also developed... as a reflection of dissatisfaction with the medical profession, popular health reform movements advocating personal hygiene. These movements were based on the underlying premise that all men could stay well if they would but stay away from doctors." Ibid., p. 26. Stern also discusses the incredulity of the public as to smallpox vaccination. Ibid., p. 28.
\textsuperscript{20}Ibid., p. 20.
The revolution within medicine as a profession and within the practice of medicine is generally attributed to scientific discoveries of the last century, and the progress of science is cited as the sine qua non of medical progress. Indeed, members of the medical profession are often reminded of the extra-professional source of the knowledge so vital to contemporary practitioners. The utilization of this knowledge is construed as a rejection of the former classification of medical practice as an "art." Thus, Dr. Bernheim maintains

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"When doctors feel arrogant it might be well for them to consider the original source of their knowledge. Thus, the first recorded Caesarian operation was performed on a sow by a German sow-gelder of the 16th century; savages prevented smallpox by inoculation, and Jenner learned from shepherds; a Shropshire peasant woman discovered digitalis; folklore demonstrated the value of faith healing; a Jesuit priest first imitated savages and used quinine, yet Cromwell died of malaria because his physician would not use such newfangled remedies; Dutch fishermen early used cod liver oil for rickets; a French soldier stationed in Algeria got colchicum from the natives for the treatment of gout; sailors discovered how to cure scurvy; Franklin invented bifocal glasses; a postmaster first used a catheter in treating ears; a Spanish singing master produced the laryngoscope, and a dentist, ether; Galileo invented the thermometer, and Kepler first recorded the pulse rate—150 years before doctors thought of using the idea; Davy discovered laughing gas; the Chinese have used ephedrin for centuries; liver soup is an old Ceylon native remedy for sprue, and most modern drugs were common in ancient Egypt." T. Swann Harding, *Fads, Frauds and Physicians* (New York: The Dial Press, 1930), pp. 118-19. Galdston recalls that Oliver Wendell Holmes, "who delighted in twitting his medical colleagues, in parading before them the debts which medicine owes to the lay empiricist, wrote: "It (medicine) learned from a monk how to use antimony, from a Jesuit how to cure agues, from a friar how to cut for stone, from a soldier how to treat gout, from a sailor how to keep off scurvy, from a postmaster how to sound the eustachian tube, from a dairy maid how to prevent smallpox, and from an old market woman how to catch the itch insect." Galdston, op. cit., pp. 56-57.
Osler and the rest trained great doctors, drilling their men in the art of observation and examination until no minor detail escaped them and they had learned to correlate facts and findings in an almost uncanny way. We still try to be as meticulous as before in the history and the examination, and we still drill our students in the art of observation; but these things are not nearly so important as they were—and they will grow less important as the years roll by. Suppose a man does deny that he had a chancre... the routine Wassermann will tell the story. Suppose the young woman does deny the possibility of a pregnancy—the present-day urine test will reveal the truth. And the abdominal examination and the chest examination with the palpation and percussion and auscultation: do we lay so much stress on them nowadays? By no means. Laboratory tests of stomach contents, blood studies, urinalyses, are far more important; while frequently the X-ray reveals a tuberculosis earlier than even the best of clinicians.22

Harding, similarly, objects that "physicians are rather too fond of describing medicine as an art rather than a science" and that,

in a sense this is camouflage; in a sense, rationalization. To cover the deficiencies of medical practice with the cloak of art is both disingenuous and atavistic. For the word "art" is not used correctly; it really signifies superstition in this case. The physician says that medicine can never be scientific because individuals differ so; the physician must, therefore, have the "art" of "guessing" his patients and must cultivate the habit of making lucky shots at remedying their condition.23

The view of medicine as an art, however, is often supported


because of the necessity for humanitarianism in medical practice. This humanitarianism is perhaps the strongest link in the chain of the religious tradition in modern medical practice. Thus, a physician writes:

In medicine's struggle with ignorance and superstition, magic gives way to religion and religion to the method of science. But always the cry from the afflicted is the same. "Help us! Heal us! Cure us! Our suffering is greater than we can bear." And the doctor is forced into the role of god-man: of Imhotep who through sacrifices restores the waters to the parched valley of the Nile, to whom the sick repair for cures; or again of Aesculapius migrating from his deep subterranean cleft in Thessaly, with his companion the Serpent, to the island of Cos, where altars were established in his honor; or even of a Christlike figure who says: "Come unto me, all ye that labor and are heavy laden."  

And Dr. Bernheim, a professor of Surgery, says: "I must iterate and reiterate that medicine is different from every other activity in the

24. The meaning of medicine as an "art" is something given as clinical insight or as creative imagination. As an example of the former interpretation, one physician writes: "There is a great difference between the Science of Medicine and the Art of Medicine, and though a man may attain a certain measure of success with either, the patient needs both. The Science is taught in every medical school and the student is compelled to learn its principles; the Art in relatively few, and then chiefly by the student's almost unconscious absorption of the better way to do things." F. Loomis, Consultation Room (New York: Alfred A. Knopf, 1939), p. 11. Bryson, on the other hand, in discussing the physician as an artist, states: "The young physician is professional, properly subject to group ethics and minimal state control when he is serving the group by putting into practice the established medicine of his time and place. But he, the same worker, is also artist in certain phases of his work whenever he serves the group by doing something which is new, something inventive, something creative of new social values." Lyman Bryson, "The Arts, the Professions, and the State," Yale Review, XXXVI (June, 1947), 640.

world because its primary concerns are human suffering and human life—not property, not money, not business.  

Binger depicts the changes which have taken place within the medical profession:

It is only a few years since doctors came out from behind the ambush of their beards; not so many since they laid aside their frock coats and toppers, their peaked Merlin caps and robes, their priest's vestments, their barber's aprons, their horrendous masks and drums. Today it is only taxi drivers who recognize us by the cut of our jibs. We move among laymen, stamped by no hallmarks, followed by no wake of disinfectant. No longer are we extolled as the flower of society, or ridiculed as quacks and charlatans. We are pretty much accepted for what we are.

... We have, in truth, helped to unfrock ourselves. As we have forfeited our "props" and even our bedside manner, so, at the same time, have we tried to share our knowledge with others. It is now no uncommon experience for a doctor to read of an important medical discovery in the columns of his morning paper, or to learn about the use of some new drug from a "detail man" representing one of the big pharmaceutical houses. How different this from the day when we were the sole possessors of an esoteric cult, from the day when we were elite among the literati, when our title implied that we were eminently learned men and not chiropodists or chiropractors.

The interpretation of medicine as a science has had a profound impact

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26 Bernheim, op. cit., p. 141.

27 Binger, op. cit., p. 225.
upon the nature of the doctor-patient relationship. But, as Pequignot observes, the minor revolution in medical organization and practice was caused not only by the adoption of scientific knowledge by the medical profession, but also by the notion of "health for all." The physician is no longer visualized as, perhaps a cleric himself, giving mysterious but significant signs to attendants of an ailing lord, nor bending over the bed of a dying pauper in some crowded charity ward of a "hotel Dieu" somewhere in Europe. Rather, he serves mankind in a universal fashion, and the ethical ideal of obligation to the clientele must be studied in the light of this historical change.

Perhaps the most significant intruder into the practitioner-client relationship in medicine is the state. Pequignot observes that:

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28 Binger, in stating that "the doctor's job is changing," comments: "He is becoming more of a teacher--in conformity with the archaic meaning of the title--and less of the wizard who compounds the serpent's wisdom and the dove's harmlessness... He is sharply aware of his own ignorance, in the face of many unsolved mysteries... As he sees humankind in its nakedness, in its fear and weakness, in its suffering and despair, he is forced into a uniquely personal relationship." *Ibid.*, p. 226. Similarly, Galdston comments: "The clinician and the general practitioner may have but slight knowledge of 'psychosomatic' writings, but they cannot long remain unaffected by the idea expressed by Socrates: 'Just as you ought not to attempt to cure eyes without head or head without body, so you should not treat body without soul. '" *Galdston, op. cit.*, p. 274.

29 "The rise of medical science in the nineteenth century was only possible thanks to a fundamental change in scientific outlook, to the previous progress made in physics, chemistry and natural sciences, and above all to the creation of a new market for medicine." *Pequignot, op. cit.*, p. 225.
The nineteenth century was the era of two great upheavals: the industrial revolution, which is far from complete, and which daily increases its adverse effect on health, and the demographic revolution which, by its dual process of considerably increasing both population and urban concentration (the latter has, in some regions, developed more quickly than the former) has multiplied human contacts and, as a result, increased the danger of infectious diseases. The virus of most infectious diseases from which human beings suffer finds its main breeding ground in man himself. Moreover, as is well known, the increased speed and frequency in circulation, both of men and of goods, have been an influence in the same direction. The result has been that pathology can no longer be confined to one given geographical area, and that almost every disease can be found all over the world.

The measures required by all these changes have made state intervention inevitable in its most classic form—the state as the guardian of public order, the state as a policeman.\(^{30}\)

State intervention, Pequignot finds, is due to

the cost of medical care, the financial burden imposed by the treatment of patients; this is a new phenomenon, directly connected with technical progress. By becoming scientific and efficient, medicine has grown very costly and has, in consequence, become a social responsibility.\(^{31}\)

The philosophy of public or social welfare has brought about the situation in which,

once hunger is banished, it is difficult to root out from man's heart the desire to be made well; and it is easy to discern the social tensions which arise, or might arise, from the fact (and its consequences) that one sick person was able to pay for medical treatment while another was not.\(^{32}\)

\(^{30}\)Ibid., pp. 216-17.

\(^{31}\)Ibid., p. 218.

\(^{32}\)Ibid., p. 227.
In discussing intrusion into the doctor-patient relationship, Pequignot states:

The purely private colloquy between the patient and the medical practitioner to whom he turns for help has ceased to be a close and secret dialogue, since a series of "screens" have been placed, to an ever-increasing extent, between doctor and patient—scientific and technical screens in diagnosis and treatment, or screens created by administrative, insurance, assistance or other bodies, which to an ever-greater degree are shouldering the cost of illness—hitherto borne by the patient himself. \(^\text{33}\)

The medical consultation, the author observes, "for long a private dialogue, has now become a play with many characters—the doctor or doctors, the patient, and society as represented legally by the authorities and sociologically by public opinion. Maladjustment affects each of these three groups." \(^\text{34}\) Because he has become an object of impersonal study, the patient's attitude toward the physician is one of distrust rather than of the time-honored confidence deemed so essential to the relationship. Pequignot describes the confusion of the patient as a function of the fact that medicine, in becoming a science, has been transformed... into something which can only be understood from within, and

\(^{33}\)Ibid., p. 203. In tracing the revisions of the medical code of ethics, a physician finds that principal changes since 1922 have "concerned groups and clinics, advertising and the giving out of information to the public, rebates (fee-splitting), and contract practice. Many of these changes reflect the intrusion of a third party or parties into the traditional doctor-patient relationship." William T. Fitts, Jr. and Barbara Fitts, "Ethical Standards of the Medical Profession," The Annals of the American Academy of Political and Social Science, 297 (January, 1955), 19-20.

\(^{34}\)Pequignot, op. cit., p. 234.
after long studies. There is of course nothing esoteric about it, and its general principles can be encompassed by a normal intellectual effort. . . . It is even possible to acquire certain practical medical knowledge, in the same way as a difficult theorem may be learnt while its proof remains a mystery. But it is impossible to explain medicine to a sick man, for what cannot be transmitted except by a long personal effort consists precisely of the essentials--the inductive, concrete method which proceeds from fact to fact, the wealth of experiment by which each statement is backed, and medical language itself . . . . The patient is not easily resigned to others knowing him better than he does himself, to seeing the slightest secrets of his life indifferently guessed at by a stranger, and to finding that the latter discounts certain peculiarities or incidents to which he himself attaches great importance. 35

Referring to the contrast between the medical consultation of the nineteenth and twentieth centuries, Pequignot points out that:

A century ago, a person in easy circumstances suffering from certain functional disturbances would go to consult a doctor of his own choice. He would be received in the doctor's consulting room (equipped and furnished in much the same way as a barrister's chambers) by a man in formal dress who would listen patiently to his explanations and sound his chest. He would come out with a diagnosis that was somewhat "approximate"--but that he would not know, and the doctor himself would not always realize it; he would be given some general advice and a few simple medicines; however, the doctor might well, when left to himself, make a very serious prognosis in the absence of any kind of efficient treatment. The patient would, of course, be unaware of this pessimism, but little by little he would come to share it, as he realized that he was getting worse. . . . 36

At the present time, however,

everything may be very different. A robust person, complaining of nothing, may undergo some routine examination by a


36 Ibid., p. 212.
doctor whom he neither knows nor has chosen; yet this may mark the beginning of a long medical journey for this person. The doctor in question will, say, have sounded his heart, examined an X-ray photograph and advised him to consult a specialist. The specialist will naturally not be imposed on the patient, but the latter and his family, who know no specialists, are in practice bound by the doctor's advice. Moreover, in many areas no choice is possible, there being only one specialist for certain complex cases. The specialist will interview the patient in the almost "industrial" setting of a laboratory, surrounded by assistants and technical staff. He will listen awhile to the patient, out of politeness or condescension, and in any case the latter will often hesitate to waste the obviously precious time of so important a personage; he quickly realizes that what he has to say is of no interest to anyone.37

The intimate, but affectively neutral38 doctor-patient relationship according to the above analysis, is incompatible with the growth of scientific knowledge as it applies to the work of the practitioner.39

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37 Ibid., p. 213.

38 This terminology is adopted from Talcott Parsons, The Social System (Glencoe, Illinois: The Free Press, 1951), p. 434. In an address to a Harvard Medical School, over two decades ago, a physician suggested that conferees "should see to it that the patient's sentiments do not act upon his sentiments and, above all, do not thereby modify his behavior, and he should endeavor to act upon the patient's sentiments according to a well-considered plan." L. J. Henderson, "Physician and Patient as a Social System," New England Journal of Medicine, 212 (May, 1935), 821.

39 One physician questions whether or not the relationship itself is "over-rated":

"With regard to the much-talked-of beautiful personal relationship that exists between doctor and patient--or, putting it another way, to the patient's right to choose his own doctor--isn't that much overrated and aren't we a bit sentimental about it? Granted that the relationship is beautiful, who is it that is enjoying it; and who is it that is choosing his own doctor, unless it be the patient who has the money? It all comes back to the same old thing. The very ones who need the guidance and counsel and sympathy of their own doctor most are the ones who don't have it, never have had it, and never will. And I, for one, think it's time to stop talking so much about it and get on to more important things. Look at the tens of thousands of dispensary and ward cases. Mightily little of the personal do they get in their medical service. Yet they manage to get along and, in the well-organized and well-conducted hospital, to get along surprisingly satisfactorily. Rarely does one hear them complain of the impersonal relationship." Bernheim, op. cit., p. 62.
Other physicians, per contra, stress the necessity of the interrogation of the physician as to the patient's complaints—a procedure which Pequignot finds to be essentially irrelevant.\(^40\) For example, one physician contends:

If the illness is to be understood fully, what must be learned is the kind of defenses the patient has had at his disposal, how they were developed, how strong they were, and where and why they broke down; all this in addition to learning what currently harmful events have happened to the patient and what infectious or noxious agents have invaded him.

To learn only the latter—the immediate causes of illness—is to learn only the final steps in the history of disease... in most illnesses it is no more than elaborate first aid and is not of lasting importance.\(^41\)

Carr-Saunders and Wilson, in contrasting professional practitioner-client relationships, note that:

It is not quite true to say that to a lawyer or an architect his client is merely X or Y. It is desirable for any professional man to study his client, but the study need not go far below the surface. The doctor, on the other hand, can be much helped in making his diagnosis, if he knows the whole man—habits, foibles, past and present surroundings, and so on. It is a counsel of perfection, no doubt, that everyone should have a medical adviser, but it is not an ideal lightly to be dropped.\(^42\)

\(^{40}\)Pequignot, op. cit., p. 208. Stern finds that, "The specialist, equipped with his diagnostic instruments and laboratory aids, is no longer as dependent upon the patient's recital of his complaints as he once was. He tends therefore to be abrupt and indifferent as the patient relates what the physician feels to be irrelevancies." Stern, op. cit., p. 57.


In this passage, the authors point out the uniqueness of the practitioner-client relationship in the medical profession. The impact of scientific advance and of the growth and pervasiveness of medical service has undeniably been profound both upon the practitioner-client relationship and on other aspects of professional life. Coextensive with these changes, specialization within the profession further renders the ethical obligations of the relationship a complex problem:

The traditional attitude of the professional man is characterized by a sense of responsibility towards his client, and a feeling of pride in service rendered rather than in opportunity for personal profit. . . . The rise of specialists has brought about a subtle change in the traditional relation of practitioner to client. In medicine, the interest in, and the responsibility for, the patient is now restricted.  

Dr. Fitts finds:

The essence of the doctor-patient relationship is the promise of the doctor to take complete responsibility for a patient once he has accepted his care, and the freedom of the patient in the choice of his physician. Once the physician's responsibility is divided between consultants, other specialists, and laboratory physicians, the strength of the doctor-patient relationship is weakened. Multiple practice is effecting a virtual revolution in medicine because of the fragmentation in responsibility that goes with it.

Again tracing specialization to scientific discoveries, Stern points out that "the medical exigencies in frontier United States with its scattered

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44 Fitts, op. cit., pp. 26-27.
population required every doctor to do everything, and the cleavages and distinctions, especially between physicians and surgeons, did not prevail as in Europe.\(^45\) However, Stern traces the alteration in the traditional doctor-patient relationship to specialization within the profession\(^46\) and the concentration of medical services in urban areas.\(^47\)

He finds it one of the disparities of modern medicine that while developments in the field of the deficiency diseases, endocrinology, psychiatry, and psychosomatic medicine have led to the consideration of the patient in the context of his life history, the trend of diagnostic specialties is to ignore as irrelevant anything but the particular matter under scrutiny. The criticism that specialists tend to develop a more impersonal physician-patient relationship than in the days of the family doctor is often grounded in fact, and this is to the detriment of medical practice.\(^48\)

\(^45\)Stern, op. cit., p. 45.

\(^46\)"Patient-doctor relationships have... changed because the physical background of the professional relationship has changed. The doctor formerly met his patients in a room set aside in his home, and the neighbors when ill, came to see him and were received somewhat in the manner of guests. When his office is removed from the neighborhood to the center of town, the contact is more impersonal and it is further formalized when receptionists and nurses take records." Ibid., pp. 56-57.

\(^47\)Noting that, "In earlier periods of American history, when people lived for so many years in one place, when neighborhoods were social units, and when personal contacts were more intimate, the family doctor had a better social situation in which to operate," Stern observes that "today, irrespective of the effects of medical specialization, the impersonal human relations of urban life have made the family-doctor relationship, however ideal it may be as an institution, less possible in practice." Ibid., p. 60.

\(^48\)Ibid., p. 55.
Much of the burden for alleviation of these difficulties is placed upon the shoulders of the general practitioner. Although earlier in the development of medicine in the United States specialization was combated within professional ranks, its movement is now

49 Stern cautiously adds that the "recognition of the great importance of the general practitioner in modern medical practice does not imply a glorification of the older type of family physician." Ibid., p. 59.

50 Professional "opposition to specialization was frequently justified on the ground that since medical science is unique and indivisible, the practice of medicine should be the same." George Rosen, "Changing Attitudes of the Medical Profession to Specialization," Bulletin of the History of Medicine, 12 (July 1942), 346. Rosen also mentions economic competition as a factor in forming the general practitioner's hostility to specialists. The general practitioners "felt that the specialist's activities tended to degrade him in public opinion, and by narrowing his sphere of action to injure him pecuniarily." Ibid., p. 348. In 1869, the American Medical Association finally resolved to recognize specialties as proper and legitimate fields of practice. Ibid., p. 352.
regarded as inexorable both in this country and abroad. In their

Pequignot summarizes the specialization process: "Although the conditions of medical practice have been radically altered in Great Britain by the NHS while only very slightly affected in France by the Sécurité sociale, medical practitioners in both countries are confronted with analogous problems: the change-over from individual practice to a system based on 'group practice'; the moral and financial status of general practitioners, specialists and consultants; relations with para-medical professions; and the respective positions of practitioners dealing with preventive medicine, medical care, and actual treatment." Pequignot, op. cit., p. 206. In England, two social scientists find that medicine, "still concerned with the human engine, remained formally united as a profession, but year by year it was more deeply split by specialization and the hospitals. The modern hospital was made possible by the nursing profession, which not only operated it in accordance with sanitary science, but, by means of the probationer system in training, provided a cheap domestic staff. Welfare and democracy made the well-run hospital a social necessity, for only by the aid of the hospitals could the poor be treated speedily and cheaply with reasonable care--and in 1886 the working man got the vote; in 1918 and 1928 the women got it. But it was science which made the hospital the centre of health and medicine in the fifty years following 1900; only in large organizations could science, with its array of specialists and costly equipment be effectively focused upon the individual 'case,' passing through in a directed stream of cases." Roy Lewis and Angus Maude, Professional People (London: Phoenix House Ltd., 1952), p. 39. The authors concede that it "may have been true" that the dawn of the civic conscience may be found in the contemporary medical profession, "but with it went the eclipse of the general practitioner. Before Poor Law Medicine, he was the only doctor; and even when he had to share the profession with specialists, at least he had much to do with the recommendation of specialist to patient. The boom in specialization created, in the inter-war years, the 'specialoid'--a man not quite good enough to hold a hospital appointment, but who had capital enough to maintain a Harley Street brass plate, and bedside manner enough to fill his consulting room with indiscriminating rich patients. But state medicine became important to the G.P. By the 'thirties, nearly forty per cent of the average G.P. 's income came from the Panel. His prestige declined; his social function appeared increasingly to be to act as a clearing-house for hospital cases, and his medical concern only with the less serious common diseases. As for the kindly family doctor, he was sometimes the hero of a sentimental film; but the great doctor-scientist usually stalked off with the real glory. It awaited only the National Health Service Act to complete the G.P. 's dethronement." Ibid., p. 40.
study of medical public relations, Schuler, Mowitz and Mayer quote the statement of a physician regarding the status of the general practitioner within the profession today, and one physician's recommendation that every man that wants to go into a specialty should be required to have five years of G.P. first. These young kids don't really know what they want. Nowadays they start right away studying for their national Boards, which require four to five years post-graduate in training, right after graduation. That doesn't give 'em a well-rounded, basic understanding of the practice of medicine, the problems of the general practitioner. . . . We see the individual patient as a whole, know their family background, their peculiarities, and not just look at them in the light of one special part of anatomy.

Specialization has had a divisive effect upon the medical profession, as well as upon the practitioner-client relationship. Fitts observes that

the splintering of medical knowledge has led to the development of nineteen separately organized specialties and the formation of many subspecialties, each with its trained experts and special tools. The Specialty Boards have had tremendous influence on the practice of medicine because many hospitals and other institutions have made appointments to their staffs contingent on board certification. The requirements for certification are usually three or four years of specialty training following an approved internship, plus an oral and written examination to determine the candidate's proficiency in his specialty. The peculiar problems of each specialty have tended to unite the physicians of that group so that the American

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52 "'At AMA meetings, at Ohio, and at local Academy meetings, there was no section of G.P.'s. If a G.P. read a paper, there was a lot of talking, shuffling of feet, and so on, going on. If a G.P. asked a silly question, he was laughed at." Quoted in Edgar A. Schuler, Robert J. Mowitz, and Albert J. Mayer, Medical Public Relations (Ann Arbor: Edwards Brothers, Inc., 1952), p. 60.

53 Ibid., p. 67.
medical profession, which was formerly a collection of individual physicians joined by one powerful association (the AMA), now shows a tendency to separate into specialty points of view. 54

The problem of the bifurcation of professional identification within the medical profession has been noted in a recent study of the anesthesiologist. Lortie, in analyzing the career pattern of the anesthesiologist, refers to the problem of "double adjustment" to the organization of his specialty and the actions of those outside the specialty group. 55 On the other hand, the solidarity of the medical profession is recognized as common knowledge. In comparing the latter with the three traditional professions, Sperry cogently states:

Lawyers are accustomed to attack each other hammer and tongs. Professors read each other out of court as ignoramuses. Theologians spar with each other in the open, not hesitating to call names. Not so with the doctors. They stand together before the patient in a phalanx with an unbroken front. 56

In the history of the medical profession in the United States, individual practitioners have gained notoriety through outspoken criticism of both the national society formed in 1847 which has been identified as the symbol of solidarity, 57 and of professional

54Fitts, op. cit., pp. 20-21.


colleagues. These physicians have also made suggestions, often radical, regarding the reorganization of medical services. However,

58 Farmer states that the famous physician Benjamin Rush was, during his lifetime, "involved in many professional controversies. Undoubtedly he was often subjected to bitter attacks by his colleagues but he certainly did not hesitate to express his sentiments of them. As an old man he wrote to Dr. David Hosack, the prominent New York physician:

To David Hosack, M.D.
Philadelphia, August 15, 1810

"... I thank you for the liberal manner in which you have dissented from my opinions upon the subject of your present inquiries. In the laudable attempts which we are now making to improve the condition of mankind, I wish a society could be formed to humanize physicians. General Lee once said, 'Oh! that I were a dog, that I might not call man a brother!' With how much more reason might I say, 'Oh! that I were a member of any other profession than that of medicine, that I might not call physicians my brethren!'" Farmer, op. cit., pp. 63-64.

59 Bernheim terms medical organization in the United States "a hodgepodge" rather than "an all-embracing modern structure that would answer all purposes—if, indeed, the advisability of it has ever been appreciated." op. cit., p. 26. The author also says of the members of the profession who dominate the A.M.A.: "If not actually, openly and belligerently opposing all new schemes, they view them with suspicion; and by the very weight of their position, secure in the knowledge that most doctors are at heart conservative and easily led, they crush the spirit of all but the daring few. Nor is that all. Having control of The Journal of the American Medical Association, these gentlemen are in an excellent position to publicize their suspicions and to give their reasons for the reactionary stand they take. Since no other medical periodical but the Journal carries editorial comment of any moment, what more natural than that the doctor should fall into line?" Ibid., p. 68. Bernheim, a surgeon himself, devotes an entire chapter of his book to "Cutting Out the Surgeon," contending that "Of all men in the universe who should be protected from anything personal in their decisions, those men who wield the knife should come first. They have far more power over life and death than the jurist, and they make many more pronouncements than do the gentlemen of the bench. From their decisions there is no appeal." Ibid., p. 211.
dissenters are apparently in the minority. In accordance with their strong tradition of self-regulation, physicians tend to reject extra-professional solutions for the problem of mass medical care. As Pequignot points out, "The doctor's general attitude reveals his immense distrust of social initiatives, and indicates his preference for solutions emanating from within the medical profession." The social myopia ascribed to physicians stems from a belief in the ethical obligation of the individual practitioner to society itself. Carr-Saunders and Wilson suggest that the 'apathy of the legal and medical professions towards the problem of providing for the needs of those with whom they are not personally confronted is characteristic of the free-lance professions." Bernheim, however, recalls social conditions in the United States during the depression which necessitated action on the part of the medical profession:

If we had been wise we'd have gone to the people long ago and told them that we needed help, that the problem was getting beyond us. That is heresy, of course, but in the light of all that has happened, wouldn't it have been the best course to pursue? Take the question of the indigent sick. In the good old days they weren't a problem--at least not too much of a problem--and, having started out to give them medical service gratis, we continued the custom. . . . But when the depression came and twelve million men found themselves out of work, it

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60 Pequignot, op. cit., p. 237.

61 The Professions, p. 473.
just was not possible for us to do a satisfactory job. 62

Pequignot, terming the nineteenth century the "golden age of the liberal medical profession" in Western countries, states that the physician tends to take refuge in the dream of a golden age which has recently come to a close, and reconstructs the immediate past to extol the period when medicine was no more than a dialogue between two human beings, the one contributing his confidence and the other his conscience and competence. 63

Much of the responsibility for organizing medical care, Pequignot maintains,

lies with the medical profession. The latter, in almost all countries of the world, has followed Malthusian policy. It has obstructed the training of new doctors, for fear of a glut; it has ignored the constant increase in the desire for medical treatment; it refuses to recognize that hundreds of millions of people (probably more than half the world's population) have no doctors... 64

It has been noted that:

The absorption of the average physician in his own demanding practice has made him peculiarly blind to the inadvertant gaps in medical care that have arisen through social and

62 Bernheim, op. cit., p. 27. As Oswald Hall points out, the thirties marked a period in which there was "considerable soul-searching on the part of doctors. During this period there appeared in the New England Journal of Medicine (to an outsider the most ably edited of the medical journals) articles dealing with many of the social, as opposed to technical, problems of medicine." Oswald Hall, "The Informal Organization of Medical Practice in an American City," (unpublished doctoral dissertation, University of Chicago, Chicago, 1944), p. 9.

63 Pequignot, loc. cit.

64 Ibid., p. 240.
economic forces outside his immediate acquaintance. This passive attitude toward the public in general, as opposed to his patient in particular, may be deeply rooted in the nature and history of medical care. In a world where it was impossible to cure more than a few of the sick and the dying, the physician unconsciously and in self-protection closed his ears to all but the few he could help.  

The preoccupation of the physician with his immediate work, the origins of physicians in terms of their socio-economic class, and the lack of training in "social history" have been discussed as possible reasons for the physician's lack of social awareness. Perhaps the most significant link between the obligation of physician to patient and the obligation to society in general is preventive medicine. One physician comments that

it is truly astonishing that in this enlightened age the United States of America is the only senior nation of the world which has no Minister or Secretary of Health but in which the Postmaster General is a member of the Cabinet! Not only must the work of the many governmental and private organizations concerned with public health be carefully and wisely integrated, but this complex and unwieldy instrument must be fitted to the preventive and therapeutic activities of that essential, but too often ignored, link in the chain of health, the private practitioner. . . . There exists a dangerous and limiting attitude to the effect that preventive medicine is a domain reserved exclusively for public health organizations.  

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65 Fitts, op. cit., p. 27.
66 Bernheim, op. cit., p. 15.
Stieglitz contends that,

physicians and surgeons alike have been too long and too intensely concerned with the treatment of disease to grasp readily the significance of preventive or constructive medicine or, in other words, the importance of treating the patient before and after illness as well as when actually disabled. 70

The lag in the development of preventive medicine is attributed by Stieglitz to, among other factors, the "time-hallowed ethics of the medical profession" which "have forbidden physicians to guide unless their aid was sought. Bitter experience teaches that volunteered advice is almost never followed and gratuitous suggestions usually are ignored." 71 Elsewhere, however, the author contrasts diffuse efforts at personal preventive measures with the fact, "that the military forces have been able to prevent insect-borne tropical diseases as well as they have, and the record is a brilliant one, is due in part to the absolute control of personnel possible only in a military or penal organization." 72

Intimately related to the problem of the social responsibility of the profession is the need imputed to practitioners for independence in professional activity. In this connection, Laski observes:

There are few doctors who do not give a considerable portion of their time and effort to public service of a medical kind; it may be the free treatment of poor patients, the acceptance of a consulting post in a hospital, or, at a higher level, the free

70 Ibid., p. 44.
71 Ibid., p. 8.
72 Ibid., p. 41.
gift to the community of some new treatment or new surgical method the value of which is beyond all price. The ordinary doctor is inclined to the conviction that, in return for what he thus brings to the community, he has at least the right to be left alone. He has a traditional dislike of a fixed routine built without regard to his individual way of doing things. . . . . .

. . . he is afraid that his rise in his profession may then become less the outcome of his own skill and effort than of a judgment pronounced upon him by an authority which can rarely estimate in any really intimate way the thought he puts into his work or the skill with which he threads his way to the solution of his problems. He feels a kinship between himself and the artist; neither can yield his essential personality to an official discipline imposed from without. He does his best work when he is most his own master. Constrained to the obedience of rules, he loses the secret of his individuality. 73

It has been suggested that the ethical obligations of physicians are realizable only to the degree of the practitioners' independence. Adding that, "It would seem, at first sight, that this independence is best protected by the liberal status," Pequignot contends that the liberal status may be regarded as an ideal. 74 On the other hand, he finds it better to defend this independence itself, rather than any particular status, and to endeavour to find, whatever the status of the profession may be, a practical way of safeguarding what, in any circumstances, must be protected first and foremost: the doctor's scientific independence, a reasonable possibility for the patient to choose his doctor (and for the doctor to choose his patient) and, finally, a real guarantee of professional secrecy—a particularly important factor in inspiring the confidence which each party must place in the other. 75

The need for professional secrecy is often said to be particularly crucial


75 Ibid.
among medical practitioners. Briggs suggests that in contrast to lawyers, "Doctors practice their profession in secrecy" and "gain little from observation of each other." The function of secrecy is variously interpreted as a guarantee of safety from reprisal, and a support of solidarity and group identity. Furthermore, secrecy is interpreted as a duty to the profession itself:

The professional man is... constantly faced with the possibility of sharing with others knowledge and skill which he himself acquired only with great difficulty. Hence the secrecy and mystery attending many professional activities, in order to preserve what after all are valuable property rights. The most flagrant example is the use of Latin terms and anachronistic symbols in doctors' prescriptions. Although the motive is declared to be the safeguarding of the public against the amateur's dabbling, the underlying reason is that certain ineffable but easily transferred possessions of a profession are valuable so long as they are not publicly disseminated.

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77 Sperry states that "ninety-nine times out of a hundred, the doctor's diagnosis and prognosis will be right. But it will be the tenth of the hundredth time that will get publicity, and for this reason the doctor would seem to be warranted in stopping short of dogmatic finality in giving an opinion. He has a personal right and perhaps a professional duty to safeguard both himself and his profession from the come-back of some 'doomed man.'" Sperry, op. cit., p. 117.

78 In his study of secrecy as a norm, Westley concludes that, "Secrecy maintains group identity, and supports solidarity since it gives something in common to those who belong and differentiates those who do not. A breech of secrecy is thus a threat to the group." William A. Westley, "Secrecy and the Police," Social Forces, 34 (March, 1956), 254.

The ethical obligation to refrain from colleague criticism purportedly has the same function as that of professional secrecy, i.e., maintaining group solidarity, in order to fulfill professional obligations to society. Goode observes that colleague criticism is rarely permitted before laymen, and the professions justify the rule by asserting that such criticism would lower the standing of the profession in the larger society. A closely related sociological proposition is also offered as a justification—that such criticisms, and presumably public rankings would weaken the ties of the professional community, while it is the strength of these ties that makes possible any achievements of this community.  

Professional secrecy and the avoidance of colleague criticism, however, are often interpreted as conspiratorial, and thus threatening to clientele and to society. As Lieberman notes, the medical codes of ethics fail

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81 In a penetrating analysis of "mistakes at work," Everett C. Hughes states: "In some occupations it is assumed that any one on the inside will know by subtle gestures when his colleagues believe a mistake has been made. Full membership in the colleague-group is not attained until these gestures and their meaning are known. When they are known, there need not be conscious and overt discussion of certain errors even within the colleague-group. And when some incident makes an alleged failure or mistake a matter of public discussion, it is perhaps the feeling that outsiders will never understand the full context of risk and contingency that makes colleagues so tight-lipped." Everett C. Hughes, "Mistakes at Work," Canadian Journal of Economics and Political Science, 17 (August, 1951), 323-24. Thus Hughes concludes that defining him "functionally and not in evaluative terms" the quack "is the man who continues through time to please his customers but not his colleagues. On the contrary, a man may be considered by his colleagues to have done a piece of work properly and without error, even when the client may accuse him of error, mistake or failure," ibid., p. 325.
to indicate clearly where the ethical obligation of the physician actually lies, when a conflict arises between duty to clientele and duty to the public. 82

The literature on the subject of the professional ideal is replete with suggestions as to how the apparent conflicting demands upon the physician may be resolved. Thus Sperry, in contending that the "case for the worth of the individual, whether in theory or in practice, is best made or most patently lost in the field of medical ethics and practice," 83 states that, "Once a doctor subordinates the claims of an individual patient under his care to the abstract claims of society in general, or to the hypothetical claims of some possible alternate patient, he has sold the pass." 84 Pequignot maintains that the responsibility of practitioner to client can only be realized under conditions of "technical independence" of the practitioner:

In the process whereby a patient, who is really defenceless (even if he thinks he is not) meets his doctor, there can hardly be any effective defence of the rights of the patient's person other than that guaranteed by the technical competence and professional conscience of the doctor in whose hands he has placed himself. The best safeguard surely springs from the fact that in treating a patient, the doctor knowingly engages his whole responsibility as a person. This responsibility is bound to decrease once the practitioner loses his real technical independence.


84 Ibid., p. 106.
The consultation between the doctor and the patient, wherever it may take place (in a town consulting-room or in a large hospital), cannot in practice be supervised or controlled.

It has been said of the archaeologist who discovers historic remains that he reads a book of which there is only one copy and whose pages he tears up as he reads them. In fact, when excavation is carried out, all scientific demonstrations are based upon the relationship between the objects found. By disarranging the objects in the course of the excavation, the archaeologist destroys this relationship; his account will have to be trusted, and nothing he has not observed can ever be observed by anyone else.

Similarly, the doctor who examines and treats a patient modifies the patient's state and, by his very intervention, often removes the reasons for which the patient called him in. After his intervention any verdict on the patient's original state, even the verdict of a medical inspector, will depend solely upon the doctor's account.85

In contrast to this emphasis upon the enormous ethical obligations of practitioner to client, Laski emphasizes the dimension of responsibility to the total society and contends that only through surrendering self-regulation to the state can this responsibility (upon which all others are deemed contingent) be realized.86

Summary

Although medicine has traditionally been linked with religion, the "progress" of medicine has often been attributed to an abandonment of this relationship. A naturalistic theory of disease, however, has been

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85 Pequignot, op. cit., p. 254.

traced to the fifth century B.C., and lauded as the foundation of modern medical practice. While naturalism, and eventually science, have secularized the approach to disease, the interpretation of medicine as an art or as a science is as yet an unresolved issue. This is due to the intimate relationship between practitioner and client in medical practice, and those who adhere to the interpretation of medicine as an art uphold the humanitarian nuances of the profession. Hence, the secularization of medicine is an incomplete process, inasmuch as the "artistic" medical practitioner might support his approach by referring to its religious foundations.

The secularization of medicine, however, has also resulted in professional specialization. This has caused deep cleavages between practitioner and client, and between professionals themselves. The eighteenth and nineteenth centuries introduced the ideal of universal health, thus rendering medicine a social as well as a professional responsibility. The intrusion of the state into medical practice affects not only the practitioner's obligation to clientele, but his autonomy, which is often deemed a sine qua non of professional excellence.

Historical changes have affected both the function and the purpose of medical practice. Apparently, the ethical ideal of obligation to each dimension of professional service is filled with antinomies. For example, service to immediate clientele contradicts fulfillment of the ethical obligation to society, in that curative medicine is given
priority over preventive medicine. Again the fulfillment of ethical obligations to colleagues threatens both the welfare of the client and of society. In the following pages, each dimension of the ethical ideal is analyzed, on the basis of interviews with twenty-five physicians, in order to determine the conflicts in daily professional life which reflect these apparent antinomies, and the locus of express professional responsibility.

INTERVIEWEES: COMPOSITION AND RESPONSES

The "physician," as the term appears in the subsequent discussions, denotes individuals who hold the Doctor of Medicine degree and who are engaged in the practice of medicine either as general practitioners or as practitioners serving on hospital staffs in industrial medicine, in a teaching capacity at medical schools, or as public health officials. Of the twenty-five physicians interviewed, ten are private practitioners, thirteen specialists, and two professors of medicine. The specialties represented, excluding general practice, are: Internal Medicine (2), Gynecology and Obstetrics (2), Pediatrics (2), Anesthesiology, Dermatology, Neuro-Surgery, Surgery (2), Pathology and Genito-Urinary. Seven interviewees are not independent practitioners. One interviewee works in industrial medicine, three serve on hospital staffs, one is a public health official, and two are professors of medicine. With the exception of the medical school professors, all
interviewees are located in the same southern city. One interviewee is a woman, and one a Negro.

Three interviewees were not members of the American Medical Association, at the time the interviews were conducted. Four interviewees are graduates of northern medical schools. Fourteen interviewees were licensed in the same year in which they graduated from medical school. The mean year of graduation from medical school is 1938; twelve interviewees graduated from medical school in the years 1930-1939, and nine graduated in the years 1940-1949. Ages of the physicians ranged from 31 to 73, although the median and average age was 47 at the time of interviewing. Years of service during the second world war affects the total number of years in which an interviewee practiced as an active member of the profession. Furthermore, the careers of interviewees varied, from uninterrupted private practice to private practice interspersed with work in industrial medicine, in the U. S. Public Health Service, and in rural health, to name but a few variations. Two physicians had served as hospital administrators, and two had acquired the Master's degree in the biological sciences previous to their entrance into medical school. About one-third of the group interned at the same hospital.

The attempt is made in this chapter to subordinate differences between interviewees in terms of the conditions of practice and types of specialties, in order to study the physician as a professional person.
While every effort is made to discuss significant differences between the perspectives of interviewees, generalization of the professional medical perspective is the primary objective of this research.

The interviews, conducted between January and May of 1957, varied in length from one-half hour to two and one-half hours. Only four interviews, however, were less than one hour in length, and eight were longer than one hour.

Of thirty-six requests for interviews, eleven rejections were made for a variety of reasons. Where consent to an interview was grudging, cooperation, on the whole, was secured during the interview situation.

THE IDEAL MILIEU AND THE IDEAL PHYSICIAN

The objective conditions necessary for ideal medical practice, most interviewees agreed, include accessible, adequate diagnostic and treatment facilities, and an acceptable system of consultation referrals. In discussing these conditions, interviewees placed emphasis upon the technical aspects of medical practice, with four exceptions: one interviewee placed a premium upon "solo" or independent practice, while three were unable to separate the physician from the conditions in which he practices.

Of the latter group, one interviewee suggested that rural practice is perhaps superior to urban in that the physician is able to establish
closer relationships with his patients in rural areas. Another interviewee stated that, in addition to implying a competent physician, the ideal medical practice is "universal" in that the physician is enabled to treat patients of varied economic status. "I sometimes detest the rich," he stated, indicating an aversion to the notion that medical services may be purchased by demanding and pecunious patients.

A predominant emphasis upon the technical aspects of medical practice was marked only in the interviewees' characterization of the ideal situation for good medical practice. In discussing the ideal physician, technical training was often mentioned, but only as subordinate to other, less tangible attributes. The ethical ideal of service to humanity was considered by the majority of interviewees to be essential to the ideal physician. This ideal was stated in terms of the spirit of humanitarianism and, in the majority of cases, the avenue for fulfillment of this ideal was stated to be immediate clientele. Many interviewees would have concurred with Dr. Loomis' statement, "I cannot think of a more unhappy life than that of a doctor, unless a man wants that career more than anything else in the world; I can imagine nothing that brings more satisfaction if he has the longing for it."\(^7\)

The ideal physician, one interviewee stated, is an individual who "is not in it primarily for monetary gain, and has some feeling for

\(^7\)Loomis, op. cit., p. 3.
people. And he would see anyone who was ill, regardless of the status in life.\textsuperscript{88}

Qualities attributed to the ideal physician by interviewees include kindness, sympathy, interest in people and empathy with the suffering. Qualities facilitating rapport with individual patients, such as affability, were mentioned in connection with the humanitarian spirit. For example, one interviewee stated:

A doctor is good in the sense that he develops a rapport with his patients. He gives the individual the impression that he is interested in his problem and how to solve it. He is distinctly a humanist. He devotes himself to trying to get someone well who is ill.

A general practitioner stated that physicians are

ideal in one way--in their relation to patients. The ideal physician knows medicine and psychology. He cannot only allay fears, but do a good medical job plus a good job in psychology. I believe the ideal doctor is the one who pleases his patients the most. As long as the patient goes away from his office satisfied--that's the main thing.

No allusions were made to the reciprocal obligations of clientele to physician, although two interviewees contended that confidence placed in the doctor is dependent upon the dignity and competence of that physician.

Two physicians discussed the disillusionment experienced by the young doctor in early years of practice, suggesting that the ideal

\textsuperscript{88}From an interview. Henceforth statements from interviews, although quoted, are not documented in footnotes.
of "healing everyone" is gradually transformed into an attitude of humility toward personal competence. One of these interviewees spoke of the medical graduate who emerges "from the mecca filled with good intentions." The other stated:

The average medical student strives for the moon—to be able to heal everyone. He sees himself playing a large part in the healing art as an outstanding contributor; he feels that he will be able to do so much more than anyone else has. After about the third year, you get on the wards and start meeting patients, and you're confronted with their problems. You realize your inadequacies—fortunately. You become more humble.

Certain interviewees who stressed technical competence and intellectual acumen as indispensable characteristics of the ideal physician related these to a dedication to medical knowledge, rather than to the fruits of its application.

No precise typology may be constructed on the basis of these concepts of the ideal physician. The majority of interviewees discussed both native gifts of intelligence and of sympathy. For the most part, technical competence was not mentioned apart from the ability to establish rapport with the clientele.

In discussing the ideal physician, emphasis was placed upon dedication to medical knowledge and practice as a calling, the subordination of pecuniary interests to an ideal of service, and competent, sympathetic treatment of individual patients. Dedication to the colleague group was not mentioned in this context. On the contrary, concern was expressed by certain interviewees over the worthiness of
professional colleagues. One physician stated:

There are a great many people practicing who have no business practicing. They're not interested in the patient, but in the patient's dollar. But, what can you do about it? A man has passed the postulated pre-requisites, and obtained his license. He thinks he is somebody that dispenses magical results on the patient's premium.

Another interviewee recalled:

I asked one boy what his ideal doctor was like, and he said the doctor who makes a lot of money. What we have to do is to get a hypothetical ideal, because we know there are a lot of people who would go into the medical profession with a lucrative ideal.

In discussing the character of the average contemporary medical student, several interviewees stated that basically the same type of recruit enters medicine as was true of earlier generations, characterizing him as dedicated to medicine, and deeply interested in it. Only one of this group stressed that the recruit also generally possess above-average intelligence. Similarly, only one interviewee contended that contemporary medical students differ from those of earlier generations in that their education is far superior to that of their forefathers. Four interviewees discussed attributes of contemporary medical students in a critical manner. Of this group, three are engaged in either full- or part-time teaching in medical schools. Thus, one interviewee stated that the "social status" of medical recruits is lower than it had formerly been, one interviewee stated that post World War II students were superior to the contemporary medical student group intellectually and
in terms of maturity, one interviewee suggested that medical students
now "reflect a tendency toward security orientation," and the fourth
interviewee of this group stated:

50% of them are excellent people. They like people, they're
kind, and they have sufficient gray matter. But there's a
group who are power-hungry. This may take the aspect of
becoming a political doctor, or seeing how many bucks you
can make. I'd like to find out how to get 'em. Once they're
in practice it's too late.

Three interviewees indicated a concern over the lack of idealization in
contemporary medical students, stating that the humanitarian aspect of
medicine attracts students less than the lucrative one. One interviewee
of this group stated:

It's the same old story as 20, 30 years ago. Some go in for
the love of medicine, some for that M.D. after their name,
some for a monetary value. I think the monetary value is in­
creasing. Not a damn thing can be done about it, except try
to hammer something in their heads that there's something
else to medicine besides the dollar.

Of the total group of interviewees, only five neglected to discuss
the ethical or idealistic aspects of medicine in connection with con­
temporary recruits to the profession.

Only one interviewee was unable to characterize the ideal physi­
cian. The facility with which interviewees discussed various attributes
of the ideal physician indicates their awareness of certain dimensions of
the ethical ideal of professional life. The most pronounced of these are
dedication to medical knowledge and practice, a humanitarian spirit in
dealing with clientele, and a subordination of profit to service.
ETHICAL OBLIGATIONS TO THE MEDICAL PROFESSION

The Concept of Medicine as a "Calling"

In discussing medicine as a calling, one interviewee stated, "I have told my wife I would divorce her if it ever meant leaving medicine. And I would. I love it. And she knows it. And she resents it."

Although only four physicians of the total group interviewed questioned or denied that medicine is a calling, the interpretation of "calling" was by no means uniform. In general, the meaning of "calling" was linked with the humanitarian spirit and the approach to clientele, rather than with a dedication to medical knowledge. One physician, enumerating the four traditional professions, stated that the ministry and medicine are closely related owing to their common origin in magic, and to their preoccupations with clientele: "We think medicine should exist solely for the security of the patient. There isn't any other excuse for its being. The ministry, teachers and lawyers have somewhat the same viewpoint about their clients."

More than two-thirds of the interviewee group found medicine to be closely related to the ministry, due to tradition and to the nature of professional work. Of the remaining group, the physician was

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89 The relationship of the medical profession to the realm of the sacred may be traced to the inception of both religion and medicine. Parsons states that "dissection is not only an instrumental means to the learning of anatomy, but is a symbolic act, highly charged with affective significance. It is in a sense the initiatory rite of the physician-to-be into his intimate association with death and the dead." Parsons, op. cit., p. 445.
compared variously with the lawyer, the life insurance salesman, the
scientist and the automobile mechanic. The comparison of medicine
with law was drawn on the basis of the humanitarian spirit imputed to
members of both professions. The life insurance salesman was com-
pared with the physician because of their relationships with suffering
and death. On the other hand, analogies drawn between the physician
and the scientist and automobile mechanic were based upon an objec-
tive, clinical approach to disease itself rather than to the patient who
manifests its symptoms. A distinction may thus be drawn on the basis
of the data between the interpretation of medicine as an art, and as a
science. While individual interviewees were sometimes inconsistent
in adhering to one or the other interpretation, the two distinct per-
spectives are illuminating. One interviewee denied that professional
competence may be related at all to the notion of medicine as a calling,
and added that "a man, no matter how competent he is, who sells in
the market-place is not a good doctor."

The interpretation of medicine as an art or as a science appears
to be a pivotal point in determining the nature of ethical obligations to
the profession itself and to the clientele. Physicians who claimed that
medicine is primarily an art, stated that an average physician may con-
tribute to the profession through the competent execution of day-to-day
practice. The clientele, according to this view, is the vehicle for re-
alization of obligation to the profession itself. On the other hand,
physicians who maintained that medicine is or should be a science, suggested that personal research must be undertaken by the individual practitioner if he wishes to contribute to the profession. Private practice was viewed as a living laboratory in which the physician might uncover curative and preventive insights; on the other hand, doubt was expressed as to the average physician's ability to exploit this potential. One physician stated, "All that the average can do is try to keep in touch with the newer things and deliver them to his patients. Actually he doesn't contribute to research." A specialist indicated that experimentation is not at all feasible in private practice, but maintained:

All doctors are teachers. Some of them write a lot of these articles here without remuneration. So, all doctors are contributors there. From word of mouth--well, in the old day of Dr. X going to one church and Dr. Z to another and never the twain shall meet, and Dr. X picking up something and holding that from Dr. Y--you don't see that any more. It's not fair to do research on the private patient, of course. But we see so few charity patients, as compared with Hospital. They have more of an "in" with research institutions, too.

Although the interpretation of medicine as an art may not be perfectly correlated with the interviewee's status as a general practitioner, many interviewees in general practice supported this notion.

The necessity for imagination in diagnosis was emphasized by these physicians. One general practitioner stated:

There's a branch of medicine coming to the fore called psychosomatic medicine. We have to use a lot of imagination in that field. Whenever a patient comes in and there is
a multiplicity of complaint from the subjective viewpoint and a scarcity of findings from the objective viewpoint, we begin to suspect psychosomatic causes.

On the other hand, a specialist stated that imagination is less necessary for the physician since the discovery of "wonder drugs," whereas another specialist stated that medical imagination is totally unnecessary because of the scientific orientation of the contemporary doctor: "He has so many means to arrive at a diagnosis. We have all kinds of tests and instruments to use for looking into the body, and we don't have to imagine too much at all." One specialist clarified the distinction between the treatment of disease (which he termed the "science" of medicine) and the treatment of the patient, or the "art" of medicine. In recent years, he added, medicine tends toward emphasis upon the scientific treatment of disease. Many interviewees, both general practitioners and specialists, confirmed this tendency.

Several interviewees, both general practitioners and specialists, related the "artistic" aspect of medicine to native gifts such as the ability to establish rapport with and instill confidence in the patient. One specialist stated, "Many times you can be progressing nicely in treating the disease, but if your personality doesn't appeal to the patient it's difficult." Another specialist recalled the opinion of an elderly physician that medicine is 90% an art. I don't believe it's as much as 90%. Since the drugs, practice is easy. In the old days we had to get out and find out what was wrong with the patient. We really had
look. But then, old Dr. was an artist. He could convince a patient he would live, whether he would or not. No one can tell you when a man's going to die, of course. You can say he won't live long, but you can't say how long. That's up to God.

Extreme positions were taken by certain interviewees with regard to the utility of scientific tests for diagnosis. A specialist stated:

I think the art idea is over-rated. The popular trend now in your nonmedical periodicals deals with how doctors are looking at the art of medical practice and dropping the bedside manner in favor of a cardiogram. To lament this would be the same thing as bemoaning the passing of the Model-T Ford. The scientific part of medicine so outweighs the art that people are exposed to 9/10 science and 1/10 art. People that think the art is more important usually become general practitioners.

A general practitioner emphatically stated:

I believe in the art side of medicine. These people coming out of medical school now are all scientists. Tests, tests, tests! They don't realize a woman might have a headache because her husband drinks and she can't make ends meet. To them a headache is a brain tumor right away. That's another thing. In medical school, they always teach you how to treat the big things, and the rare things. A doctor can't cure the common cold or the ordinary headache. It's always a big thing. They scream about the high cost of medical care. The doctors are bringing that on themselves. Tests, tests, tests. If they would take the time to sit down and take a personal history, they would learn a lot more about the person. So many of these things are psychosomatic. These new stratospheric scientist doctors don't give a damn if Mrs. X is having emotional difficulties. All they care about is the result of the test. If a gastro-intestinal series doesn't show anything, they order a blood test. If that doesn't show anything, they test the brain. A man has to take time, to know his patient, and to know his personal history. The medical schools don't treat that often enough.
Many ambiguities are perceptible in the interviewees' approach to the interpretation of medicine. For example, certain specialists maintained that diagnostic imagination is a perennial requirement of the competent physician, whether or not tests are administered. Again, one specialist who compared "bedside manner" with the "Model-T Ford" maintained that the medical profession resembles the ministry more than any other profession. The latter physician compared the medical with the religious consultation, stressing the need to instill confidence in the patient with regard to his physician's knowledge and ability.

Despite these ambiguities, however, interviewees manifested two distinct approaches to medical practice. Those who stressed that medicine is essentially an art supported this view by referring to the doctor-patient relationship. On the other hand, those who stated that medicine is or should be primarily a science, discussed knowledge of pathological conditions of the organism and technical competence in treatment of the disease, rather than of the patient.

When queried as to the achievements of the medical profession, interviewees responded in terms of scientific discoveries. Advances in both curative and preventive medicine were cited. Developments in psychosomatic medicine were virtually absent in the recital of recent accomplishments. The reference to treatment of disease rather than of the patient might indicate an inability to conceive of progress in medicine as an art, i.e., inability to conceive of progress in treatment
of the patient rather than of an isolated part of the organism. On the other hand, the impact of specialization upon medicine and the co-development of specialization with scientific achievement was sometimes disparaged by interviewees. Growing distance between practitioner and client was attributed to specialization in the dispensing of medical services. Certain interviewees recognized the relationship between secularization of the doctor-patient relationship and specialization within the profession. One physician remarked that fifty years ago, "the family doctor was next to the preacher, but that's all changed now because of specialization." One general practitioner discussed the anomaly of more competent service for patients and the remoteness of the practitioner from them:

Specialization has tended to break up the old family doctor-patient relationship. It's done something to medicine. I don't think people generally regard doctors in the same manner they used to. On the other hand, I think medicine's doing a better job.

Suggestions were made by some general practitioners for a desirable numerical distribution of physicians in general practice and in specialties. Many general practitioners held that specialization within the medical profession is a regrettable necessity. This view was shared with several specialists interviewed. Two specialists actually suggested that medical school graduates be required to do general practice for a period of time before specializing in some particular branch of medicine, one of them adding:
From the standpoint of medical care in individual cases, specialization is a fine thing. But from the standpoint of the public and day-by-day practice, specialization has gone a little too far. I think that the profession in this country is giving the best medical care in the world today. The results of that and the prestige the profession has have been built up by the general practitioners in the past decades.

Another specialist dryly commented on the general social trend toward specialization in all vocations: "This is the age of the homogenized man. Certain people who stand in line come out and they use this as a flag--'I'm Sir Galahad. I'm trained.'"

A few interviewees who are specialists stated that the branch of medicine which they chose represented a "calling" in itself. On the other hand, certain interviewees stated that they had no preconceived notion concerning the type of specialty they would choose after receiving the M.D. degree. One physician commented, "It came out of the hopper this way." Those specialists who appeared to regard the specialty itself as a "calling" could not divorce medical discoveries in recent decades from their applicability to the branch of medicine in which they specialized. Two interviewees discussed the history of the specialty itself, citing the relationship of scientific discoveries to these branches of medicine. Likewise, there was a tendency for specialists to cite journals devoted to their particular branches of medicine as basic reading sources.

In contrast to the dedicated specialist, one physician termed his specialty a form of general practice, stating:
I liked general practice--but you know, I had to make calls forty miles down the river (when I was a g.p.) and all my OB was outside OB. It was so far to travel, you had to stay there until the woman did have her baby. And I've gone on calls where you had to change transportation four times! And I had my own life, and my family. I'd have been as happy to stay in general practice. A man should want the specialty he's in as much as he wants to become a doctor. Money shouldn't enter into it at all.

This professed dedication to medicine itself as a calling was vividly expressed by another specialist:

I should be happy doing anything in medicine except perhaps Psychiatry. When I got out of school I didn't have any idea of doing ____. I was led into it by an OB friend of mine. He said he had a young son and he never got to see him. He used to complain he never had a home life. I'd thought about general practice. You go through phases in medical school. When you study ear, nose and throat, you are fascinated by that; you have all these phases you like. Well, this friend arranged for me to be exposed to _____. Some time ago Dr. ____ said, "Gee! I wish I knew someone who'd go into OB with me." I said, "If you'd asked me three years ago, I might have done it," I would even do OB--even with the hours. I'd be happy doing anything in medicine.

In their discussion of specialization within the medical profession, a few physicians deplored the narrowing influence not only of a particular branch of medicine, but of a vocation itself. The problem of the differentiation of the self from the professional group and of preserving individual autonomy, accentuated by the growth of specialization, is lucidly discussed by Sperry:

A recent writer in my own field says that this depersonalization of human life is the major tragedy of our time. The vocation swallows up the man. Somewhere between the cradle and the grave he loses his essential and precious humanity. In medicine the pressures are so great upon a man's time and
strength that he runs the risk, unless he fights against it consciously, of writing his own epitaph in advance, "Here lies the body of Hiram Smythe, who was born a man and died a gastroenterologist." 90

Professional Awareness and the Clientele

Only one interviewee bluntly declared that "there isn't a hell of a lot of difference" between a profession and a trade. Again, only four physicians stated that the sole distinction between a profession and a trade is the amount of training involved in preparation for professional work. One physician, intent on giving a democratic view of the division of labor, emphasized, "I don't have any false ideas about a profession being better than a trade!"

Of the remaining twenty interviewees, three stressed the advantage of the liberal profession in which the individual is free to select his employer and is independent in his practice. All other interviewees stated that the profession, in contrast to the trade, enables its members to render service to people, and contains the ideal of service and ethical standards superior to those of the general society, as well as a dedication to work. As one specialist stated, the professional man is distinguished by the attitude with which he approaches his work: "It's a kind of love. The trade is a means of livelihood. Now, this is a livelihood too, but you enjoy it."

90Sperry, op. cit., p. 41.
The humanitarian spirit and the emotional gratifications derived from giving assistance to people were also cited by several interviewees as characteristic of professional life. One physician referred to the four traditional professions, in discussing medicine:

We largely think that the professions have to do with human beings and their reactions to each other and their environment. Of course, classically the ministry, law and medicine are the older professions, and I think the teachers belong in there, too. One thing that sets them apart is that they should be well educated—far more so than other people. We think medicine should exist solely for the security of the patient. There isn't any other excuse for its being. Ministers, teachers and lawyers have somewhat the same viewpoint. Unfortunately, commercialism has crept into everything.

The majority of interviewees were unable to separate the relationship with clientele from the concept of profession. One general practitioner, working within the context of organization, stated:

The principal distinction between a profession and a trade is ideology and ethics. A profession is dealing with the intangibles of life, entirely. A trade limits itself to a production schedule. In the legal profession, you are dealing with ethics and the rights of the individuals or a community. You have to deal with the human equation.

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91 A medical student, in an article which won the Ernst P. Boas prize essay in a contest conducted by the New York Physician's Forum, writes: "with the growing impact of psychiatric knowledge on pediatrics and internal medicine, thoughtful physicians who were concerned with the quality of medical care turned away from medicine's expanding scientific periphery and rediscovered its core, the relationship between doctor and patient. Emphasis was placed on viewing the patient as a total organism, a whole man, something more than a diseased liver or a fractured limb." H. Jack Geiger, "Social Responsibility of the Physician," The Scientific Monthly, 85 (August, 1957), 90.
A specialist combined the views of many of his confreres in discussing medicine as a profession:

A doctor who does any surgery is a mechanic, in a way. The main difference there—between a surgeon as a mechanic and a craftsman as a mechanic—would be if he's really got his heart in it and the feeling of his patients, from the physical and the emotional standpoint. I love to relieve pain, it's true. But I suppose it gives me as much a feeling to help that patient, as to know he's feeling better. You do see some fine craftsmen who also have a dignity in their feeling toward life in general, but that's not universal. You find in the medical profession that the only thing doctors are interested in is the profession. They have no outside interests along cultural lines.

In comparing the medical profession with business, one interviewee contrasted the relative freedom from restrictions of the businessman's personal life with the physician's duty to conform to community expectations of social behavior. Three interviewees discussed the difference in training and the irregularities of the physician's hours and income, and remarked that the physician is a notoriously poor businessman. One interviewee compared the clientele of the medical profession with the average consumer, stating that the physician has a greater ability to select his "customers" than does the businessman.

With the exceptions noted above, interviewees contrasted the physician with the businessman by (1) emphasizing the physician's dedication to his work, and the "pure joy" derived from medical practice. As one physician stated, "A doctor's avocation is frequently something to do with medicine, too." Interviewees also emphasized (2) the subordination of the desire for pecuniary gain to the ideal of service, and
(3) Interviewees contrasted the "cold" and "calculated business fact" with the personal elements in the doctor-patient relationship. This distinction between business and the professions, just as that between professions and trades, was drawn by the majority of interviewees.

One physician stated:

I wish there was more of a difference! A physician should put his economic status second to his professional status, and should have a basic feeling that his patient comes first, over everything else. I think far and large he does, but there are exceptions. And I think a lawyer should think about his client before his fee, too!

An emphasis upon ethical obligations to the clientele was marked throughout the discussion of the ideal physician, the orientation to medical knowledge and practice, and the distinction between professional and non-professional work.

THE PHYSICIAN'S OBLIGATION TO PATIENTS

The ultimate ethical obligation of physicians to clientele is unequivocal as stated by interviewees: establishing and maintaining mutual trust in the doctor-patient relationship. One physician stated that the trust which the patient places in his physician is "personal and sacred," and compared it with "a sacred trust like when the Roman Catholics go to confession. Because we hear a lot of things in these offices that we wouldn't tell anyone." Another interviewee, in characterizing the doctor-patient relationship as "close," stated:
You come to learn the patient's problems, rather than his specific illness. The patient will tell the doctors more intimate problems than they'll tell their pastor. They feel the pastor is there to censor them. They go in a feeling of sin. They don't think that we look down on them because they're sinful. They see their pastors with a feeling of guilt.  

Only two interviewees expressed the view that the doctor-patient relationship is undergoing major change. One physician of this group stated that the relationship has happily lost its earlier formality, and that the physician is no longer "pseudo-dignified," while the other stated that the relationship lacks the cordiality which it possessed in earlier decades. For the most part, interviewees stated that the ethical obligation of the physician to clientele is realized through the doctor-patient relationship, and that the impediments to fulfillment of these obligations are perennial.

Even though physicians unanimously agreed upon the desirability

92 Hagstrom points out that the clergyman's role is increasingly secularized, since individuals now bring moral problems to "secular" practitioners, such as physicians. Warren Hagstrom, "The Protestant Clergy as a Profession: Status and Prospects," Berkeley Publications in Society and Institutions, III (Spring, 1957), 61. The points of contiguity between medicine and religion are not only buried in tradition, but exist in contemporary society, and richly suggestive as they are, deserve separate and intensive analysis. For example, Hagstrom notes that the clergyman's "major functions will include administration and 'selling' themselves, their church, and their religion, and these still depend more upon 'art' than upon 'science.'" Ibid., p. 65. This statement indicates that the ethical ideal of all the traditional professions—not excluding the ministry—must be studied in the light of secularization as well as of specialization of functions.
of mutual trust in the doctor-patient relationship, there was vast disagreement as to the type of patient most likely to develop confidence in his physician. However, many interviewees stated a preference for the acutely ill patient who lacks psychosomatic complications. The pneumonia case, one general practitioner stated, is always preferable to the ulcer case. Thus, despite interviewees' characterization of the physician's role as that of a father-confessor, the general consensus was that the aims of medical practice could best be realized with the patient who is genuinely ill. One general practitioner commented that the ministers "are interested in saving your soul, and we're interested in keeping the soul here for a while."

Disparities in the interviewees' views of the nature of the desirable patient reflect differential experiences, which are a function of the types of clientele served by the physician and the nature of his individual practice. Thus, a gynecologist's philosophy of mutual trust will differ radically from a pediatrician's. Again, the anesthesiologist's approach to the patient, who is usually seen by him only in pre- and post-operative treatment procedures, will contrast strikingly with that of the general practitioner, who confronts a variety of patients complaining of a wide range of pathological symptoms. However, despite personal and situational differences, a number of general statements can be made concerning impediments to realization of the ethical obligation to clientele, as these were attested by interviewees.
Over-Expectations of the Patient

Only two interviewees stated that the patient does not expect too much of his or her physician. The remaining informants contended that patients expect "fast cures," 100% accurate diagnosis, and "miracles" from their physicians, and that these over-expectations threaten the confidence which physicians wish to establish in their relationship with clientele. One general practitioner stated:

We're supposed to be in the age where we have the magic capsule for everything. If you don't cure things instantly, it's difficult for you. People can't understand why fat just doesn't melt away. What they should understand is that if they would quit feeding their fat faces, they might lose a little weight!93

A specialist complained that many patients

think they can present themselves to your office and say "I'm sick." You ask, "What's wrong?" and they expect 100% accurate diagnosis. But medicine is still an art, and it is not that much of a science that you can have 100% accuracy.

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93 As Hughes points out, the term "profession" implies "the contention that there is no conflict of interest or perspective between professional and client--or at least the contention that there is none between the good professional and the good client. Consequently, doctors, professors, schoolteachers, and their like conceal in various degrees from laymen... from naive investigators..., and from themselves their feelings of antagonism and resistance toward their dear but troublesome patients and students..." Everett C. Hughes, "The Sociological Study of Work," American Journal of Sociology, LVII (March, 1952), 425. Data from these interviews contain a wealth of illustrations of these "feelings of antagonism and resistance" which physicians feel impede realization of their ethical obligations to clientele.
The Problem of Mutual Trust

One physician stated that the ideal doctor-patient relationship is one of mutual trust and respect. Probably it's a bit one-sided in favor of the doctor, but it should be mutual. There has to be a friendly approach to it. Sometimes you have the problem that a patient comes in who rubs you the wrong way, and you have to watch yourself so you won't get mad.

Another interviewee affirmed that the relationship should be "reciprocal and informal and on equal levels. I don't want people to think that the doctor is talking down to his patients. He should talk to and with them." 94

On the other hand, the majority of interviewees discussed the effect of high or low intelligence upon the possibility of inspiring confidence of the patient in his physician. One physician stated that the most desirable patient is the blackest and most ignorant nigger. Those patients accept whatever we say at face-value. Whatever the doctor says, that patient firmly believes that's it. I never once thought of having to explain why a complication occurred.

Only one interviewee took the position that the mutual trust of the doctor-patient relationship is "oversold today," stating that the "main point of establishing a good relationship is that you trust the patient not to get out of here and seek an attorney to sue you. And the patient trusts you to give the best medical care." This physician, however, added that the most important component of the doctor-patient relationship is "mutual trust. You can just feel it growing in a case. When they first come in to see you, either you have to prove yourself or they have to go outside and see someone you've treated to be happy with you."
That is the biggest cause of coronary thrombosis in medical practice. I don't know if there's a correlation between education and difficulty in handling, but I spend much more time with the educated patients explaining why, and the complete picture, of every statement I make. It's hard for a patient to go along with you and let you work a diagnosis out. A patient wants to pay $5, get a diagnosis and leave. Not always that they are impatient, but they have the ingrained idea that that is due them.

Many interviewees would perhaps concur with one general practitioner's statement: "If a patient is capable of understanding, you talk to him at his level. You can get much more cooperation. The more he knows of his condition, the quicker a patient will get better."

The difficulty of communicating the significance and details of "doctor's orders," however, is enhanced by the factor of intelligence. Bird writes that:

"the patient's understanding of words may be remarkably different from the doctor's meaning of them, and in the final analysis it is not what the doctor says that is important—it is what the patient thinks he says that counts. For example, to tell a patient he should drink a lot of fluid is a real gamble. One patient, in response to this advice to "drink a lot of fluid," will completely flood himself; another will take no more than a second cup of coffee; another will not know what the word fluid means. The same gamble is taken if a patient is told to lose a lot of weight, or not to work too hard, or to take it easy, or to get more rest, or to come back soon."

An interviewee discussed at length the difficulty of adjusting to individual differences in patients:

95 Bird, op. cit., p. 15.
Maybe this month I'll sit here and go into extreme detail with every patient I see--tell him what he has, what caused it, etc. It fluctuates. You realize that you've been doing more talking to the patient, or that you haven't been telling them anything. The reason that the cycle fluctuates is the fact that there's probably a happy medium and you can't quite realize it. Many patients are content when you don't tell them anything. And for certain diseases, I'll say "let's pull out the book," and I can go through the whole thing with them. It's easier in the diseases I treat to go through it with them. One patient was in the other day. It was obvious that she had improved a great deal, but she said, "It's no better. It's worse. I wish I could remember the name of that ointment that doctor in Indiana gave me. It worked so well."

The problem of communicating with patients of unexceptional intelligence is often augmented by the popularization of medical knowledge, which tactless clientele mention in the medical consultation.

One physician indicated his aversion to patients who "read Dr. Alvarez's column and know all about cortisone." Another interviewee stated that most articles on popularized medicine are "trash. They give misconceptions, and they scare people, and confuse them." A general practitioner maintained that "the limit should be placed at the level of understanding of that social group. You can't mystify the public. The public establishes its own limitations on the basis of its ability to understand." One interviewee expressed concern that through educational programs, laymen "learn mostly about cancer and polio and heart disease, but very little about child care and mental health."

Another physician stated:

Patients that irritate me are the ones who tell me how they should be treated. A man is more difficult than a woman,
because he wants a cure faster. Women have more patience.
Did you ever realize how difficult the situation is when a
patient first comes in? What do you say to him? "How do
you feel?" And then they say, "I feel like hell. Why else
do you think I'm here?" The first time that happened to me,
I really got mad. But it's a hard thing to figure out--how to
talk to a patient.

An interviewee attempted to reconcile the patient's superficial grasp
of medical information with his desire to tell clientele "as much as
they can understand":

I think people are more understanding in this day. They have
the radio, the T-V, books--and they can read too much. I
had this patient come in with an article about a drug for al-
coholics. She wanted me to prescribe this for her brother,
and I said I couldn't. And she said, "It says in the article
that it's harmless." I said, "Wait a minute; let's look at
that article again," and I pointed out to her that it said you
can only prescribe it after a physical and mental knowledge
of the patient. Finally I told her, "You will take a recipe
and make a better cake that I will with the same recipe.";
They don't have the minds to interpret what they read! But
I think they should know about their case. They should know
all that they can understand.

In contrast to interviewees who discussed the disadvantages of
limited intelligence on the part of patients, several physicians stated
that individuals of superior intelligence seldom develop confidence in
their physician. One interviewee referred to "characters out at the
university" who present special problems to the practitioner. Another
physician stated that the desirable patient is one whose

educational qualifications are not high. Some of these pro-
fessors have read a little of this and a little of that, and
they're aggravated. People who drive trucks say, "Doctor,
I have a pain in the stomach." Or they say, "I don't feel
well." But these geniuses, these Ph.D's will question you,
and question your questions!
A term which one physician applied to hypochondriacs who are acquainted with medical parlance, but lack the physician's intensive training, is the "sidewalk diagnostician":

I think the general public is grossly lacking in some respects. Some people have no sense of taste at all. A person will see a half-dozen doctors and have no qualms about telling the seventh that all the others are quacks. Then we have the sidewalk diagnostician. He has read everything to be read, he has thought about all these problems, and the only difference between him and me is that he hasn't got a license. But practice is something more than just spending years absorbing book information. Any jackass can read books and regurgitate the contents. After all, we're no different from the preacher. 70% of the individuals we deal with have emotional difficulties. The neighbor can't be wrong all the time, and neither can the wife. The boss can't be wrong all the time. Maybe he is a bastard, but that's why he's the boss. You can always quit! A person needs the help of the physician to make a better adjustment to his own environment.

In attempting to explain the problem of instilling confidence in the patient, one physician discussed both the intelligent and the retarded patient:

The patient who is smart— I mean intelligent—is hard to handle: individuals as typified in a chemist from one of these plants. When they walk into your office, they're not sure they have confidence in you, and they question everything you do. They want to know the scientific reason for everything. When you write down a prescription with chemical compounds, they ask why such and such is in it. Then there's the patient who doesn't have faith in the doctor. The patient with a low I.Q. is difficult too, because he doesn't understand what you're doing and frequently he doesn't carry out instructions. But they aren't as bad as the intelligent ones. The whole thing boils down to how much faith the patient puts in you. If I convince him on his first visit that I'll do all in my power to help him and that I have the background to do that, that builds up his respect and confidence, and I can accomplish a great deal more.
Another impediment to establishing and maintaining mutual trust was stated to be lack of honesty on the part of the patient. One interviewee stated, "Some patients will come in and fill you full of bull and tell all sorts of lies, women particularly. It takes you months to catch up with them. Your basic problem is getting people to be honest." Another physician stated that patients sometimes claim to be afflicted with a particular disease and in need of drugs, when they are actually addicts. In stressing the importance of the patient's honesty, one general practitioner recalled that

a patient can leave out a very important factor in his history. I had a patient that died on me a year ago. The family "forgot to tell me" he had been through ____ Clinic, and been diagnosed as inoperable cancer! The biggest thing is complete honesty between both doctor and patient.

One interviewee stated that the difficult situation occurs "when some old crock comes in and you have to separate the social narrative from the physical one."

A few interviewees discussed difficulties in establishing mutual trust with patients who had unfortunate experiences with colleagues. One interviewee stated that the most difficult patient is one "stiff with resentment, filled with self-pity, and already holding the doctor accountable for being sick. Sometimes these people are really sick. Life has been too much for them."

Two interviewees placed the burden of establishing mutual trust directly upon the physician's shoulders. A specialist stated
that the doctor could be in a hurry with them—not listen to them, and
give the impression

of rushing through, and being unsympathetic. And the common fault is that a lot of doctors don’t tell them what they think their trouble is, what to expect and what the treatment is. They should understand what’s wrong with them. You’d be surprised how many people are not told what they’re being treated for. And it’s the doctor’s fault.

Another interviewee concluded that

in dealing with patients you can alarm them unduly by little things you say; frequently by not telling them enough, and particularly—a lot of us are guilty of this, and I try not to be but sometimes I am—we don’t explain things to the patient enough and usually because we don’t have time to.

Factors extraneous to the relationship were also held accountable for difficulties in establishing the desired mutual trust. One physician stated that

a doctor can maybe overlook something that is very important not because you don’t want to do the right thing, but because you want to save the patient money. Sometimes you have to do the best you can with your clinical judgment. You feel that the patient can’t afford any more bills.

Two interviewees referred to the intrusion of the family upon the doctor-patient relationship, one of them commenting that the difficult patient is the one who has so damn many family components interrupting and wanting to know, "What’s going on with Grandma?" and poor Gram is doing the best she can. People who should have better sense sometimes are unwilling to accept a doctor’s working diagnosis because of some smattering of information they got someplace.

One interviewee explained how certain factors preclude complete honesty on the part of the physician: "This person is upset because she was
operated on by a doctor and feels that the doctor removed something he shouldn't have. But we knew she had a cancer there, and we can't tell her that." In many statements from interviewees, the problem of maintaining secrecy about medical knowledge is mentioned. Often, this is in connection with a concern for the uneducated victim of a pathological condition who under-rates the complexity of medical lore. Certain interviewees also discussed the problem in relation to the dispensing of "free information" under extra-professional conditions. One interviewee commented: "People like to go to parties and get some free consultation. 'What should I do about Auntie's hives?' You're constantly giving free advice, and you're a stinker if you don't." Another physician stated that certain patients impose on him in attempting to obtain medical information for friends. A third stated that after a particularly demanding patient had completed her list of complaints, "and I'm all through examining her and writing out a prescription, she'll tell me her son's not feeling well, and all about her ingrown toenail!"

Professional monopoly on medical knowledge is interpreted by physicians in various ways. Only two interviewees stated that they were not averse to consulting medical texts in the patient's presence. The majority of interviewees indicated a concern for the preservation and dissemination of professional knowledge only by the licensed physician.
The Realm of the Sacred

One physician, discussing the terminal case, writes:

Because the need for help is so strong, because the suffering patient wants to be relieved, he creates from this drive the concept of a person who in reality does not exist at all, a person endowed with exceptional powers and a knowledge which, in his healthy days, the patient would normally deny to any other individual.

This statement may seem exaggerated but any physician who has ever attended a patient who is going to die, knows that this attitude exists, even in the most sophisticated and most skeptical patient, and even while he may try to preserve a healthy doubt against his impulsive drive and may draw his resistance from deep knowledge of the limits and imperfections of human achievement.

Sometimes, . . . we find patients who project their need for help not into a single physician but into a general, vague and just as irrational overestimation of science, . . . or into a special drug. . . . However, what I want to stress here. . . . is that there exists a very peculiar and rather unique psychological pattern of patient-physician relationship, which on the average is unilateral and not accepted or even recognized by the average modern physician. 96

The majority of interviewees agreed that close relatives and friends of the terminal case should be notified, but that such knowledge would only harm the patient involved. One interviewee stated that the "custom" in medical practice is to refrain from informing the patient of his imminent death. In speaking of the terminal cancer case, a general

practitioner stated that the physician should include everything pertinent that is not detrimental to his emotional outlook. Refer to the "tumor" instead of cancer. They have to be individualized. The terminal patient sooner or later becomes cognizant of the severity of his illness. You can temporize with him until he gets the idea. Sometimes they're better off not knowing. Their last days are happier.

Another physician concurred with this in stating:

If I thought a person had TB or cancer or a serious heart problem, I would tell his close relatives his true diagnosis, and I would tell him enough that he knew he was seriously ill, but not take away his hope.

One interviewee maintained that "patients that are seriously ill should know to some degree. I don't think you should slam death's door in their face. Even when a man has a malignancy, he should know, but you shouldn't deprive them of hope." Two interviewees stated that the patient "paves the way himself" to knowledge of the gravity of his condition, one stating:

I have had the experience of seeing patients told by another doctor that they are going to die. The average person can't cope with it. Generally you must tell the patient the truth. You have to tell the family. But in cases of cancer, I tell them in such a way that it dawns on them over a period of weeks. In that way, it's not nearly so much of a shock. I tell every patient with cancer that they have cancer. Women in general tend to be pessimistic--to think the worst. They are liable to take the most extreme possibility. I always paint the optimistic side.

Only two interviewees found that certain patients "are mature enough" to accept their illnesses, and felt that such patients should be informed of their imminent death. The majority of physicians attempted to find
some other manner in which this could be communicated to the patient. Many interviewees indicated a highly emotional reaction to the problem of the terminal case. Only one interviewee, however, maintained:

"I firmly believe the Lord can cure anyone at any time if he wants to, if the person does what he should and if he prays. I see it happening in my practice time and again."

As one physician states, no one can really have an accurate concept of his own death. The reality of one's own death is not possible to grasp. Thus the doctor need not feel awkward about being evasive; he is only supporting what is a natural defense in the patient.

Occasionally persons who are dying have a very remarkable understanding and acceptance of their fate. They are brave and strong beyond comprehension; they are philosophical, even cheerful. Or perhaps they are stoical and cynical. Such cases are rather rare, however. For the ordinary person death is something beyond comprehension, it is something to be denied, it is something to be avoided by a conspiracy of silence. And the doctor need not feel he must tell the patient how wrong he is. 97

Few interviewees stated that they had developed a "foolproof principle" to apply in terminal cases. One interviewee stated,

When I have to tell someone they're going to die, I wish I'd stuck to a plow at those times. This is one of the disadvantages of the profession. You see some cardiac patient that's doing well, and you raise him up to have something to eat and he just falls over dead.

Another physician stated that he never tells patients

97 Bird, op. cit., p. 46.
how long they have to live. I'd like to know how long I have
to live. I'm middle-aged already. Is that why we want to
know--to put our affairs in order? I guess I'd put my
spiritual affairs in order, too. Of course, there are some
doctors who are out-and-out atheists.

Affective neutrality is difficult for many physicians to maintain in the
doctor-patient relationship, particularly in connection with death.98

As one interviewee stated, "The doctor-patient relationship is very
close sometimes, and kind of like love and hate. The whole situation
is charged with considerable emotion."

The Rewards and Sacrifices of Medical Practice

Only two interviewees stated that the rewards of professional
dife are monetary, and this contention was made in both cases only as
secondary to the "satisfaction of getting people well." Two interviewees
stated that the independence of the medical practitioner is a continuing
reward of professional life.

The majority of interviewees stated that the rewards of medical
practice are rooted in the physician's relationship with clientele. One
physician stated that "the greatest reward is the satisfaction of knowing
we bring people into life and we are instrumental in keeping them here,
in restoring their health with the help of the Lord." A general practi-
tioner stated that rewards stem "from walking into a room where

98Parsons discusses the "breakdown of the controls insuring
affective neutrality" in op. cit., pp. 458 ff.
someone is seriously ill, and when he sees you he feels better—knowing you have accomplished something with the grace of God’s help." In comparing his with other medical specialties, one interviewee stated, "In this profession, we don’t get happy people. People who come to us are in trouble. The OB-GYN men get happier people."

A general practitioner commented, "Your work is your reward. If a patient says, 'I feel wonderful since I've been here,' I smile like a Cheshire cat and say to myself, 'Gee, you did a good job for a change.'"

The interviewees’ discussion of sacrifices was also directly related to clientele. However, one interviewee stated, "I don't think physicians have any sacrifices. If they think they are sacrificing, they had better get out of the profession." A specialist bluntly responded, "I don't think physicians go around with any idea of sacrifice. If I were to talk to doctors, I would talk about sacrifices, but not to somebody with a pencil in her hand!"99

Sacrifices of time and money in obtaining a license for medical practice were mentioned by three interviewees. The remainder contended that the sacrifice of free time and the impingement of professional duties upon personal and family life is a predominant problem in the medical profession. This

99 This candid reference to the interviewing situation was particularly significant, inasmuch as the interviewee quoted was unique in making this statement, and also in view of the question, i.e., that of sacrifices, which evoked this statement.
sacrifice was related to demands of clientele. One specialist stated:

I think the most annoying thing is listening to loquacious
people at odd hours. If it wasn't for that thing (the telephone)!
Some even tell you what they had for breakfast that morning!
It isn't exactly a sacrifice; it's a nuisance!

In general, interviewees who stated that the absence of free time is a
sacrifice required of all medical practitioners, related this problem
to immediate clientele.

The Problem of Fees

The ethical obligation to clientele was expressed often with a
religious motif and in the humanitarian spirit. Little was mentioned
of either a positive or negative nature, regarding the pecuniary aspects
of medical practice. The subject of physicians' fees did not appear to
be particularly sensitive, inasmuch as interviewees stated that the
physician charges the patient according to standards of fee-charging
in the locality. Little was said of the "sliding scale" of fees, although
one physician commented:

Take a woman who has a chronic illness. You've got to see
her every day. And take a contractor. I believe in charging
the same thing to both, but the bricklayer has to give me a
check for all of it when he pays. Another man pays it in six
months. In a way, if I charge him the same thing he feels
better. Otherwise he'd think it was inferior penicillin I gave
his wife. All people have this proud streak in them. But if
they never pay, it's all right with me. And sometimes they
get lucky. I had a man to send me $5 from Seattle that he
owed me for years. The sliding scale is really a very danger-
ous thing. It can be looked on as fee-splitting.

A discussion of the patients' financial status was not volunteered in the
interviews. In referring to the problem of patients' ability to pay medical expenses in the hospital, the majority of interviewees defended hospital charges as over against the complaints of the clientele. Two interviewees stated that they had no concept of whether or not hospitals over-charge their patients, whereas two stated that they could not give a definite opinion about this question, because they understood the perspectives of both the hospital and the patient. Only one interviewee stated,

I always have that feeling, but when I hear about the cost of everything—well, I'm confused. I am not a hospital man. I've always felt that they charge too much. I get appalled at the bills I see for my patients.

While the majority of interviewees denied that hospitals over-charge their patients, one general practitioner stated that hospital charges are "the public's fault. We do a world of stuff for the patients that there's no sense in it at all! They come in and have to take urine tests and X-rays, and they don't need them." Most physicians indicated that they were acquainted with the financial problems of hospital administration, and felt that hospital charges are justified. One specialist, in attempting to reconcile his ambiguous feelings on the subject, stated:

"When a man comes in dying and comes out well, no price could be put on his salvation."

In discussing the complaints of the public against the medical profession as a whole, many interviewees stated that the clientele of
the profession probably think physicians over-charge them. However, physicians in this context described the **general** clientele of the profession, rarely individualizing the problem. Certain complaints which physicians denied are justified, and which were attributed to individual clientele, include taking advantage of the physician when a case is not an emergency, inability to evaluate physicians properly on the basis of training when selecting them, a lack of appreciation of the amount of training undertaken by medical practitioners, improper understanding of the physician's denunciation of quackery, and resentment against the condition of physical illness itself. One physician stated, "People buy automobiles and expect them to wear out. And getting sick is expensive. People who haven't set that up in their budget find that out."

In discussing the doctor-patient relationship, interviewees articulated not only their obligations to clientele, but impediments to the fulfillment of these obligations. Clientele were, for the most part, individualized. Obligations to the generalized community and society, including the physician's potential clientele, are studied in the subsequent section.

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100 "They should realize," a general practitioner commented, "that we are in favor of the best scientific knowledge for the good of mankind. Therefore we oppose chiropracty and the misuse of human beings. They think we want to keep the dollars and cents for us."
THE PHYSICIAN'S OBLIGATIONS TO COMMUNITY AND SOCIETY

Preoccupation with the public view toward their profession was intense among all interviewees. Uniformity of views concerning the nature of the public image of the profession was marked. Only two interviewees stated that the public maintains a positive view toward the profession, one of them attributing this to the profession's traditional dedication to service.

The majority of interviewees stated that public estimation of the medical profession has decreased in recent decades. This was attributed to such various factors as remoteness of the profession from the lay world since the disappearance of the family doctor, jealousy or "veiled hostility and envy" of the prestige and material rewards of medical practice, unfortunate experiences with physicians, excessive fees, regimented office-hours, poor public relations of organized medicine, and political propaganda to socialize the profession. In general, these concepts of the public view toward the profession may be categorized in terms of those directed toward the profession itself, and those attributed to extra-professional pressures.

The Loss of Traditional Professional Characteristics

Many interviewees stated that physicians are responsible for the profession's loss of public esteem. A general practitioner commented that
the people do not have the respect for doctors they should have. And some of that is the fault of the profession. In the rural areas, a doctor is so busy that sometimes after he sees so many patients he doesn't feel like going out at 3:00 in the morning, and he might prescribe over the phone. And in larger areas, doctors are more exacting in collecting their fees now.

Several interviewees referred to the physician's refusal to assume the role of the family doctor whose time with individual patients was unlimited. One specialist stated:

I'm afraid more and more people have come to look at us as a business. At the same time, I think that the changes that have come along, compared with a generation ago, are advances from the standpoint of treatment. It doesn't give you time to sit down and know everyone in the family and all their inner thoughts anymore.

Another physician phrased the problem as one of the public's view that the doctor's hours are too stereotyped. It makes the doctor's office look like a factory or a store, --you open at 9 and close at 5. And they say the doctors don't take enough time with them, and doctors don't like to come out at night. Doctors like to call in consultants for the slightest thing without trying to find out something for himself. So the patient might end up with a bill of $500!

The latter physician, like several interviewees, traced the problem of loss of public esteem to changes in the physician's responsibility to clientele. A specialist stated that in order to avert this problem, "Doctors should be careful to pay a great deal of attention to a patient and not make them feel they're just another case in the file." One specialist wryly commented that laymen "think a doctor is too much of a scientist. They think they're arrogant and look down on their
The relationship between retention of traditional professional characteristics and recognition of obligation to clientele was expressed by one specialist:

"It's a great responsibility to take someone's life in your hands. And, of course, it's a great honor. Also, they should try to call a plumber for a leak in the middle of the night! But it's no problem to call a doctor in the middle of the night! There's no 40-hour week here."

The average physician, one interviewee contended, is probably at fault for not taking time to explain to the patient what he thinks is wrong with him. That is nothing new. It seems to me that the average doctor is losing more and more personal contact with the patient because they don't take the time or have the time to have an informal chat with them. I think the doctor is slipping too, for this lack of time or egotism or whatever it is—not taking the time to create a liaison with his patient. This is largely responsible for the chiropractors and other inroads made into the profession. They do take time to give psychotherapy.

In addition to the remoteness between practitioner and clientele, one physician stated that the fear of his confreres to report malpractice is responsible for loss in public esteem:

"Doctors know that someone is doing the wrong thing, and they say, "Why should I worry about it?" "I've got my own practice to worry about. Time will catch up with him." But they forget that, in the meantime, a lot of people suffer from that."

Another interviewee stated that many physicians "accept too many calls," thus rendering their services in terms of a criterion of quantity rather than competence. Two interviewees expressed particular concern that the physician's pecuniary success and display tends to detract from the
traditional subordination of gain to service. One stated:

The patient sees the doctor riding around in a nice car; he has a nice house; he ties it in with treating the sick as an altruistic thing which it should be, forgetting that the doctor has to live and eat, too.

A general practitioner suggested that "the people should be educated that the doctor, even though he is dealing with human life, has to have a business side to it as well—even though they don't want to be sick they have to pay for it." One interviewee was particularly concerned about public opinion of the physician's decorum:

A professional man has an obligation as far as ethics and morals are concerned. Many of his contacts are extremely personal. You learn to lead a life that will broach no miscues, so to speak. A businessman can get in altercations and his business won't suffer. But let a doctor go on a binge or get in a brawl! They should know that a man devotes his time. You have to have eight years of training for a profession, which is probably the highest wage-earning period of his career if he's a working man. Then he has to conduct himself next to God. He can't put himself in a situation where he gets censured. You let a doctor get taken in for drunken driving and his reputation falls off like petals from a dead rose. People expect a doctor to be like a preacher or priest.

This interviewee's discussion of traditional characteristics of the profession in connection with maintaining professional dignity is also notable in connection with responses to the question, "What kinds of contributions can the average physician make to his profession?"

Public behavior such as not to "degrade" the profession was emphasized by four physicians in the same breath with the physician's duty to participate in community affairs. For example, one interviewee stated:
The main contribution is to maintain the respect and integrity and confidence in the community in which the doctor practices. He shouldn't do anything to dirty his name with colleagues or with patients. Talking to an organization is all right, but I'd rather show what we stand for. We must have doctors interested in the general welfare, and not in building up their bank accounts.

In addition to these references to traditional characteristics of the medical profession, many interviewees contended that professions should remain distinct from the lay world. One general practitioner stated:

I think any profession should be on a pedestal. A professional man should be honored because he has put in his time in training for it. But I think there should be facts on the thing, rather than a hazy idea of it. Your professors there-- they are absent-minded. They go down the hall with one tan shoe and one black shoe and an overcoat in July. But I think if a man does the work he wants it's wonderful.

A specialist commented:

Probably most people don't realize the background of the doctor--the education he's had and the hard work and the struggle in his earlier years of practice. They might not put the medical profession in the same grouping with some of the other occupations. It seems to me, these days everything is a profession. It used to be that only medicine, law and the ministry were.

A medical professor commented that laymen do not appreciate the research activity that goes on in this country or the salary scale. The Russians are sifting out the brains and incubating them and treating them tenderly. I have nightmares about that. They don't have to war with us. In this country, the idea is "I'm my mother's tomato sauce. I'm as good as you."

Two physicians contended that the public view of the profession is confused, due to the specialized knowledge of members of the profession.
Referring to the historical background of the physician, one interviewee laughingly commented that the public has

very mixed feelings. They are still looking for magic and we still enjoy the role of the shaman. Individually they cast a mystical pall on us. We have a mass communications media now that points out the misdeeds of everyone. And the child has to learn the parent is fallible, to make the analogy.

Public Relations and Politics

In contrast to the above remarks concerning the loss of public esteem and its etiology, certain interviewees contended that the tension between the public and the profession is due to envy. One specialist stated:

Some people just think wonderful things about the profession and others think we're a bunch of highbrows interested in getting them in and getting them out and getting their money and building pretty homes and drifting around in big cars. Anyone who's bettered himself that's true of--that type of person would feel the same way towards lawyers or college professors.

A general practitioner suggested that "the public is resentful so to speak, of the fact that doctors do fairly well financially. It's a feeling of jealousy more than anything else." One specialist stated:

It's my own opinion that the attitude is principally one of envy. Any group which is successful through and through as a group is a target of envy of the rest of the "herd," you might say. And the basis of it is probably spread out in bad taste in the people's mind when they think of the medical profession. The ideas of the people are generally of a low-level type. These feelings come from envy, and certainly a lack of knowledge, and from the fact that the medical profession has not painted its own picture properly before the public. I would say that they are possibly based on an ounce of fact and a pound of embellishment.
The specialist quoted above, as the majority of interviewees, indicated a deep concern with the public view of the medical profession. This concern was particularly marked, however, in the latter case, inasmuch as the interviewer was requested to appear for a supplementary interview several days after the original interview was held. This interviewee, at the "second interview," expressly stated that surveys by the American Medical Association show that an individual usually has a relatively high opinion of his own doctor, while collectively they think less of the entire medical profession than of their own doctor. That may be a human reaction. Of course, as far as the ideas toward the profession as a whole, I think there are some antagonistic feelings, and feelings of a certain amount of envy. By and large, the members of the profession are on a favorable economic level when compared with the general population. And these people are always subject to a certain amount of envy. Again, that would be dealing in generalities, because for the most part people generally like and trust doctors.

Although the interviewee's second statement does not radically differ from the point of view adopted during the first interview, a valuable insight was gained through a second visit to his office: the view which this interviewee took, and which he attributed to conclusions of an American Medical Association survey, was also espoused by three other interviewees with slight variations in wording.

Several physicians stated that the problem of the loss of public esteem was a function of poor public relations. One general practitioner who was no longer active in the profession and hence could view this question with a greater measure of equanimity, stated:
Take the polio vaccine. The doctors in town could have done what was done in a lot of cities. They could have told the big department stores here to pay for the vaccine, and that they would inoculate all the employees. These companies could have charged off the money to advertising or something; they wouldn't have missed it. But the doctors wouldn't do it. Some of them won't treat that way. They have this public relations man now. He's not doing anything at all. If that's the kind of work he does, they ought to pay him off and let him go. They'll get a charity hospital in this city. The doctors don't want it because there are charity hospitals in so many other cities. The doctors went to bat during the Truman administration. They almost got socialized then, and the dues in the medical society went up from $25 or so to $125.

Those physicians who attributed the loss of public esteem to poor public relations related these tendencies toward socialized medicine programs adopted by Roosevelt and Truman. One physician actually traced the doctor's traditional individualism to pioneer days in America, in expounding against socialized medicine. Political conservatism was expressed by one specialist in the following manner:

There's an old saying in the south that everybody's got his favorite nigger. The idea has been carefully nourished by certain groups, and the whole thing started when Roosevelt became President. It's the same as anything else—if you have 1,000 good cops and one bad one, they're all scoundrels. People think that the doctors are rich. The people have some notion that doctors make a lot of money. They make a lot, but they sink 40% into the business, and the government gets some 30%. In general, people resent doctors as a group. They think they have privileges, and there's some jealousy in the resentment. I don't know why.

Another physician contended that, "In the last ten years since the war, many people have made their living by impaling the medical and other professions." Only one interviewee stated that adverse publicity might
be traced to the College of Surgeons and to the Veterans Administration. All other interviewees maintained that adverse publicity is due to the Roosevelt and Truman administrations. One physician frankly stated that loss of public esteem is why we're getting a public relations man here to give us the good words in the newspaper. What is happening is that some legislators or senators want a charity hospital here. And, bluntly, we're against it. There's more to a hospital than just the walls. The reason we're against it is because we haven't got the personnel. The people ought to know that. There's more to a hospital than just the walls. Trained personnel are scarce—dietitians, nurses, and etc.

Interviewees who emphasized the importance of public relations discussed them in relation to the possibility of a charity hospital being established in the city. One physician stated that he had mentally developed a "pet project" which "could cut down the need for charity hospitals" and at the same time satisfy the need for preventive medicine in the city.

101 It is undeniable that political opinions of many physicians can be traced to a common source--medical societies. In their study of medical public relations, Schuler, Mowitz and Mayer find that three "physician leaders were of the opinion that 'politics' was the underlying motive behind the movement for compulsory health insurance. To the student of government, of course all governmental policy is political in origin, but the physicians used the term to imply some form of diabolical motivation. . . . Two . . . physicians mentioned 'left wingers,' and those with 'red tinges' as being behind the compulsory health insurance movement, and one physician went on to repeat the much voiced dogma that the radicals were trying to foist 'socialized medicine' upon the public as the first step toward socializing and communizing the economy of the entire society." Schuler, et. al., op. cit., p. 90.
Despite the policy adopted by the parish medical society, six physicians interviewed stated that a charity hospital is needed in this area, and four interviewees stated that their views on the matter are ambivalent. Five physicians directly related the need for a charity hospital to the number of indigents in the area, expressing concern over the provisions for medical service for these individuals. These interviewees unqualifiedly accepted the ethical obligation toward clientele regardless of ability to pay for the medical services rendered. One physician in this group actually maintained that "one-third of the town is indigent." Another interviewee heatedly maintained, I have had them come up and ask the patient to leave the hospital, even when the state was paying half of it. They don't care who you are or what you've got, as long as you've got the money. Mr. is a prominent here in town. He's had a private room over there for over a year, with private nurses!

Of the six interviewees who affirmed the need for a charity hospital in the city, one physician interpreted this need in terms of his personal practice: "Yes, we need one. Particularly if you get up at 2:00 a.m. to see a charity patient! Yes, we do need some more charity facilities here." Four interviewees said that their views on the need for a charity hospital in the city are ambivalent, one of them stating: "I have not seen either of the two hospitals turn down an emergency charity case. But I do not think the charity facilities are adequate here. Very few of the doctors here would admit that." Several physicians of the above groups indicated that their conferees would
disagree with their assertion of the need for charity facilities in the area. One interviewee cautioned the interviewer several times that if he were quoted on the matter, his position would be threatened. Of the ten interviewees who took a definite or ambivalent view of the need for charity facilities, seven are private practitioners. Therefore, concern with obligations to the community in which the physician practices cannot be correlated with his status as either a "salaried" or independent practitioner. Similarly, of the group, four general practitioners of the ten interviewed affirmed the need for a charity hospital. Hence, general practitioners constituted two-fifths of the total number of those who affirmed this need. Six of the group of thirteen interviewees denying the need for a charity hospital were general practitioners. Concern for indigents, then, cannot be correlated with the added burden which they place upon one's personal practice. Even though most indigents are served by general practitioners, the latter representation of the interviewing sample did not unanimously affirm the need for charity facilities in the area in which they practice.

Of the thirteen physicians who maintained that a charity hospital is not needed in the city (eleven of whom are private practitioners), four based their response upon personal experience in "never

\[102\] The views of the medical school professors were not obtained on this question.
having had a charity patient turned down at either hospital, " as one interviewee phrased it. Several physicians of this group discussed the possibility of abuse of charity facilities by patients able to pay for medical services, one of them adding: "It's hard to decide who is eligible for medical care. People find it inconvenient to pay for their hospital bills. Mr. ___ has estimated a tremendous number of indigents, and I don't believe that figure." Two interviewees stated that they objected to the establishment of a charity hospital from a taxpayer's rather than from a physician's standpoint. One of these physicians added, "I don't oppose it because I lose patients' money, because those patients don't pay anyway. I oppose it as a taxpayer." A few physicians discussed the "socialistic" implications of a charity hospital, and again expressed political conservatism. One general practitioner emphatically stated, "There are not inadequate facilities! We don't need a charity hospital here. But we'll get one. The politicians are pushing one, just to get the votes."

Difficult as it is to assess the physician's sense of ethical obligation to the community in which he practices, certain indices of social awareness afford some understanding of the range of this feeling. In questioning the provisions for emergency medical care for the comparative stranger, physicians enumerated the two facilities available (the medical exchange and the emergency rooms at the two city hospitals) in a perfunctory manner. Similarly, in discussing the number
of physicians needed in a community of the size of that in which they practice, most interviewees gave an uncritical response, such as: "About a hundred" or, "About two hundred physicians." Many interviewees were not aware of the number of physicians actually practicing in the community, but stated firmly that no shortage of physicians exists. One interviewee suggested that the interviewer write to the American Medical Association for the "correct" number of physicians which should be available in every area. Two interviewees, however, commented that shortages exist in the community of physicians in their particular specialties. Only three interviewees discussed the problem of the ratio of physicians to population in a critical manner. One specialist stated:

It depends on the proximity of the patient to the doctor. One doctor for 5000 is a tremendous load--like in ___ City. There is one to 700 here. That's about average. In a rural community, it's spread out more. Here, people have more money and more ills.

One physician stated:

This is a debatable point. This has to do with the health of the population. The net result in the army was that except in intense combat most of the doctors sat on their behinds because the population was healthy. They'd been screened.

Two physicians expressed concern over the shortages of physicians in rural areas of the country, one of them adding, "In many small towns they are having difficulty in getting general practitioners now."

When queried as to the possible major health problems of the immediate community in which they practice, several interviewees
interpreted the question as an effrontery. One specialist stated: "I don't know that there are any particular problems in the community," adding:

This is a town of the second highest paid people in the nation. Everyone works here who wishes or is physically able to work. The state has more charity beds than paid beds. If you have initiative, you can find some way to pay medical expenses.

Two physicians promptly stated that the major health problem of the community is intestinal parasitism; three physicians discussed the problem of sanitation, and two physicians emphasized the necessity for preventive medicine, one of the latter stating: "That's one of my strong points—educating the people to the advantage of prophylactic medicine. I've had people come in who've never had a shot or pill in their lives!" The majority of interviewees contended that the community has no particular health problems, some of them adding that 'this city is probably more fortunate than most cities this size.'

Preventive medicine was not emphasized by the majority of interviewees, although most of them enumerated preventive rather than curative "major achievements of the medical profession in the last fifty years." The emphasis, among private practitioners as well as physicians working within organizational contexts was upon curative medicine.

This emphasis upon curative medicine may be directly related to the physicians' preoccupations with ethical obligations to immediate rather than potential clientele, the latter term embracing the community.
in which interviewees practice and ultimately the entire society in which the medical profession functions. The concept of ethical obligation was much more meaningful to interviewees, and elicited more consistent and articulate responses, than that of ethical obligation to community or society. Any of several interviewees might have made the following statement of a specialist:

With a man who takes over the responsibility of medical care, it’s got to go all the way. I don’t think a physician should be responsible for the whole human race. He shouldn’t be at the beck and call of everyone in this parish.

OBLIGATIONS OF THE PHYSICIAN TO THE HOSPITAL

In the city in which interviews took place, there are two small general hospitals which are church-related. Most interviewees who are engaged in private practice utilize the facilities of both hospitals, inasmuch as patients' preference and the shortage of hospital beds in the area preclude the physician's limiting himself to only one hospital. (Several interviewees discussed the inconvenience, however, of 'running back and forth to two hospitals.') Although the interviewer has become familiarized with one of the two hospitals in particular,

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103 The writer was employed as a research assistant in a study of hospital administration, supported by funds from the U. S. Public Health Service, from September, 1956 to September, 1957. In the course of the project many valuable insights into the physician's role in the hospital were gained. These will be utilized throughout this section, insofar as they do not involve divulging confidential material.
the discussion in this section is of a general nature. This is partially due to the fact that information about the city hospitals was obtained under the auspices of a totally different research project, and partially it is due to the confidence in which such information must be held.

In exploring the dimension of ethical obligation to the hospital, the nature of the role of the physician in the organization context must be considered. It must be recognized, of course, that the physician's discussion of the hospital is largely limited to the small city hospital where there is no extended hierarchy of competence and staff rank, but doctors are roughly on one level. This may encourage the development of warmly informal relationships among staff doctors, but it provides less formal control and discipline than the hierarchy of the big hospital.\(^\text{104}\)

The uniqueness of the physician's role in the hospital has been aptly portrayed:

In a curious sense, unmatched by any other organization, the hospital entertains the most important actors in the medical drama, the doctor and his patient, without being in direct command of either.

The physician's position as at once a guest and the dominant figure in the treatment of patients imposes a very complicated system of authority on the hospital. There are, in effect, two parallel lines of command; one for general hospital affairs, with the administrator and board of trustees at the top, and

one for medical treatment, with the individual doctor and the medical staff at the top. 105

Certain traditional elements of the physician's ethical ideal are apparent in studying his view of hospital administration. These include the interviewees' general remoteness from the business interests of hospital administration, and from the non-medical personnel employed within the hospital. They are also related to the physician's desire for independence in medical practice, his ethical obligations to colleagues, and the relationship between the obligations he expresses toward the hospital and toward his hospitalized patients.

Remoteness from Business

The majority of interviewees contended that they do not feel the hospital over-charges individual clientele, many of them stating that they are thoroughly acquainted with the intricacies of hospital finance. However, when asked which positions or individuals are most remote from the physician's perspective, certain contradictions are discernible. Four interviewees stated that accountants and office personnel are most remote from the medical perspective in the hospital. One specialist responded, "From a purely local observation, the people in the front office are most remote, particularly the girl who rings the cash register. The Business Office, and principally the financial angle

105 Ibid., p. 83.
are most remote." A general practitioner stated that individuals most remote from the perspective of the physician are those in "the credit department. They think nothing of taking a $300 bill to a man dying of a heart attack in an oxygen tent. He didn't have another heart attack, but I nearly did!"

Four interviewees maintained that boards of trustees are most remote from the physician's perspective, a specialist commenting that "the governing body understands least what's going on. They try to run the hospital like a business, and it can't be run like a business."

This specialist elsewhere maintained that individuals in the hospital closest to the physician are religious personnel "because most of them are dedicated people." In discussing the physician versus the layman as a desirable hospital administrator, several interviewees commented that the physician's lack of "business sense" injures his candidacy for the position. One interviewee stated that the desirable administrator would be a physician

if he were trained along business lines. The hospital has to go from the other standpoint. It's a matter of dollars and cents, too. Boy, I'd like that job some day when I get old--but I wouldn't be able to do it either.

Interviewees pointed out the physician's understanding of medical problems as an important criterion for successful hospital administration. A specialist stated: "In the hospital I was in, the administrator was a doctor, and he was more sympathetic. He understood the Medical Staff when they discussed treatments." A general practitioner suggested
that the most desirable hospital administrator would be "the medical man with a good business indoctrination. In the long run he is much stricter, but he's fairer; he knows your problems." Impatience with the novice in medical matters was expressed by a general practitioner, who recommended that the hospital administrator be a physician: "He could not only see the business angle of the hospital, but the problem of the doctors, too, without having them spelled out for him in simple terms." Two interviewees objected to the physician-administrator on the basis of the fact that medical talents could not be used in the position. The problem of personal involvement of the physician in hospital affairs was mentioned by one interviewee who stated a preference for the lay administrator. One interviewee stated: "I would probably lean toward the physician, but the average physician is a lousy administrator. Even a poor physician is a free operator, and this makes him less temperate." Only five interviewees stated without reservations that a layman is preferable to a physician as an administrator. There were several attempts on interviewees' part to reconcile the defects of both. One general practitioner stated his preference for "a lay administrator, but with doctors controlling the medical policies. But the best administrator I ever saw was a physician."

Discussing the problems of the hospital administrator, Lentz finds:
It is especially difficult for the man who comes to hospital administration with a business background. In business, prestige and power normally go to the administrative group, the paper workers who make the plans and initiate the activities of others. Production workers have lower status. In the hospital the honor and glory go to production workers, namely, the doctors and nurses. Their craft is an ancient one, and the sentiments surrounding the medicine-man-priest are sometimes amazingly present among us.  

Eight interviewees stated that non-medical hospital personnel—including kitchen help, the elevator operator, personnel in the housekeeping department, and hospital laundry, maids and janitors—are most remote from the physician's perspective and the work which he undertakes in the hospital. On the other hand, sixteen interviewees stated that the nurses most understand the physician's work and his perspective.

"The nurses are part of our flock," one specialist stated. One interviewee cautioned, "Never get in bed with a nurse!" The interviewer has observed close interaction between physicians and nurses in both city hospitals. The relationships between physicians and nurses range.

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107 Burling traces the changes in the doctor-nurse relationship, stating: "The tradition that the nurse is a helpmate to the doctor is deferential, quasi-servant capacity is still in the background of the doctor-nurse relationship although the situation is changing, and a more nearly equal relationship than existed in the past is developing. At least two signs of this are visible. First, the outward forms of deference on the nurse's part have become fewer and more subtle. Second, many of the menial duties which characterized the nurse's inferior position are being taken over by nurse's aides and practical nurses." Burling, et al., op. cit., p. 87.
from repartee to open hostility and misunderstanding. Observation indicated, however, that it was largely on an informal basis, although this may be attributed to the relatively small size of the hospitals in which observation took place.

In addition to nurses, interviewees also mentioned hospital pharmacists and heads of various medical departments, such as Radiology, as closest to the medical perspective. Only three interviewees stated that non-medical hospital personnel, i.e., lay hospital administrators, are most understanding of the medical perspective.

The Physician's Desire for Autonomy

The employed physician, Lieberman contends, is still employed to exercise independent skill and judgment. His actions are regulated by lay authorities only on nonprofessional matters; he still remains under the guidance and discipline of his profession on professional matters. No matter whether an individual or a public agency employs a physician, the latter retains his professional autonomy. 108

Only two interviewees, both of whom acknowledged personal experience as hospital administrators, expressed a wholly administrative view of hospital work. One of these physicians stated:

An administrator has to have a good working knowledge of mechanics, of boiler rooms and things like that. And he has to insist on a good dietitian; he has to have an insight into what constitutes good medical care, and he needs a working rapport with the medical staff.

In addition to these physicians, a third interviewee stated that he had worked in a hospital, and that this experience indicated to him that doctors themselves do not understand hospital administrative problems:

I've worked in so many hospitals that I understand everything from bedpans to the Operating Room. Doctors can't see why the hospital loses money and they don't help to save it. They order a battery of diagnostic tests when they should know more or less which ones to order. And the ignorant help don't understand, either. There's a lot of waste going on. They're having efficiency committees studying that right now.

Several interviewees also voiced their criticisms of the "waste" of hospital money paid in salaries to unskilled personnel in the hospital. One general practitioner commented, "In those hospitals there is a tremendous waste of manpower. These niggers are making dates and everything when they should be working. If they'd fire half of them and have some people in there who really work, they'd be better off."

On the other hand, the city physicians' resistance toward "economizing measures" taken by hospital administrative committees was strong, insofar as these economizing measures affected the medical staff. 109

Interviewees rarely were reluctant to generalize as to the locus of control in hospitals in the area. The majority contended that the boards of trustees control hospitals, several physicians stating that members of the medical staff should always be on governing boards

109 Due to the confidential nature of the data, actual cases, although highly germane to this material, cannot be cited.
of hospitals. A physician emphatically stated, "We have nothing in common with boards of trustees. There's always friction with the boards of trustees. The lay group on the boards are usually closely tied." Five interviewees maintained that hospital administrators control the institutions, one of them bitterly adding that the American Hospital Association "likes to have a larger staff. The more people working for them, the bigger men they are." Only two interviewees stated that the medical staff exercises most control in the hospital, although several physicians stated that this would be ideal. Contradictory viewpoints were taken by interviewees as to which hospital allows the medical staff more control in the immediate area. Four interviewees maintained that a balance of control between the medical staff, the governing board, and the administrator exists in both hospitals, one of them adding:

The Medical Staff, I think, controls any policy that might directly affect the patient. Of course, the administrative board necessarily has to approve of these policies, because they are legally responsible for the hospital. They have the final say.

Despite the disparity in views as to which group controls the two hospitals in the city in which they presently practice, interviewees—with five exceptions—concurred that a medical hospital administrator is preferable to a lay administrator. Zugich, an experienced hospital administrator, comments on the attitude of the medical staff toward the administrator:
There is the attitude that hospital management does not operate the institution efficiently, especially in areas of overstaffing with "service" personnel. They relate this inefficiency to the limited background of the administrator and his lack of knowledge of hospital problems of a medical nature, especially if he is a layman. If the administrator is a physician himself, the staff has misgivings that he could not measure up to the demands of medical practice per se and thus hold him at a lower plane in his ability to judge their particular institutional problems when an issue develops.  

Burling relates the individual physician's difficulty in "fitting into the hospital system" to "the peculiar demands of his training and function," rather than to personal characteristics.  

Several interviewees stated that they felt encumbered by hospital rules and regulations, although one interviewee frankly stated that the medical staffs of both hospitals "have a pretty free hand. They're more controlled by their own groups." Several physicians stated that a perennial annoyance is the conscientious keeping of medical records for individual patients. An interviewee observed that


111 Op. cit., p. 72. Zugich also remarks: "The background and training of the medical staff from the beginning emphasizes their ability to resolve problems on individual initiative. The academic training is concentrated on basic, not social, sciences, and extended through medical school towards principles of self-reliance. Only a brief exposition is obtained in the internship and residency on co-ordinated orderly management in large groups that should exist in hospital organization." Zugich, op. cit., pp. 40-41.
some of the doctors don't keep their work up in chart-writing and so forth. That's a bore and a task that interns usually do in a hospital. The rules say they should be written within forty-eight hours, and they should be. Dr. ___ was on the committee when the rules were written up and it was said that they shouldn't wait more than forty-eight hours to write them up. But they do.

A general practitioner emphatically stated his resentment for "writing all those fool records--there's no need for that." Few interviewees related the benefit of medical records to the individual patients in the hospital. One physician said of his confreres, "Uniformly they dislike keeping them up." Another interviewee commented, "Some need a little prodding." One general practitioner commented: "We keep them because we have to. Some records are necessary, but the records the A.H.A. demands are fine for technical institutions, but not necessary for a lot of our cases." One physician stated that delinquent physicians will be taken off the staff, but

that never seems to worry anyone who is delinquent. The worst thing about them is that you can get them done when the patient is gone, weeks afterwards. That ought to be a day-to-day affair. No one is that bright that they will remember everything six weeks afterwards.

For the most part, the keeping of medical records was regarded as an annoyance by interviewees. Several related this task to the province of the intern. Disadvantages of the non-teaching hospital, one specialist stated, are

if I have a patient who's got to have that needle taken out of his arm, I might ask one of the doctors to do it for me; and I'd do the same for him another time. The intern could do
that. Or, another thing—catherizing the patient. For the female patients, the nurses do that, but with the male patients—well, we teach the orderlies what to do, and they do it all right. But an intern would do a better job. And writing those infernal histories and cases! In medical school, I had to do that, too, in the hospital. But interns could do that.

The majority of interviewees stated that if interns were available in the city's two hospitals, the advantages would be those of provision for care of emergency and charity patients, the writing of medical records, and the performance of "scut" work, although a general practitioner commented:

The doctor has to get up and start his own infusion in the middle of the night. But I think we slough off too much work on the poor interns if they're there. The poor interns do the "scut" work. You can tell I'm bitter about my internship.

Four interviewees commented on the disadvantages to interns if they were employed in the two city hospitals, stating that the hospital has little to offer them, and that many hospitals created internships merely for the sake of appropriating "cheap labor."

Only four interviewees stated that the teaching hospital is advantageous in that it presents a continuing source of intellectual challenge and stimulation to the practicing physician. One general practitioner commented, "Doctors don't keep up with current events as they would if they had interns to ask them questions and keep them on their toes." Another interviewee commented:

The mere presence of someone nearby that is learning—that is there to learn—will have a tendency to make the average man stand on his toes a little better. Also, it gives rise to
more detailed records concerning the patient.

The relative rarity of interviewees' interpretation of interns as an excellent source of intellectual stimulation, and their general interpretation of medical records as an annoyance rather than as an obligation toward hospital and patient are difficult to interpret. As Wardwell has indicated, professionals chafe under rigid, bureaucratized organizations. Harvey Smith aptly observes that

the doctor is an agent of charismatic authority, a type of authority which is defiant of administrative regulation. In terms of Weber's typologies, the problem of the hospitals is that within the one institution both bureaucratic administrative authority and charismatic authority . . . are in constant association and inevitable conflict.

To those in administration, the physician "appears as a fearsome 'prima donna' defiant of regulation." Partially, the physician's apparent defiance of hospital administrative regulations may be attributed to his traditional desire for independence in work, and to his concern for the patient as the most immediate and demanding object of professional attention. Only one interviewee maintained that nurses are the most demanding group within the hospital. The remainder of interviewees


114 Ibid., p. 39.
unequivocally stated that the patient is most demanding on the practitioner. Similarly, interviewees with but two exceptions stated that the patient is the most important individual within the hospital. One of the two exceptions named the doctor, and the other laboratory technicians, as the most important group within the hospital. The latter's concern with facilities rather than with the patient was a marked deviation from his colleagues' perspective.

No interviewee appeared consistently preoccupied with the value of interns as sources of intellectual stimulation, nor with charity patients as sources of deeper intellectual interest. On the other hand, the interviewees' obligations to the hospital were articulated in terms of the patients within hospital walls. A specialist stated, "We owe a lot to the hospital. We owe the hospital in the respect of trying to make our patients satisfied with it, and trying to economize in their spending." Another physician stated that the doctor's obligation to the hospital is "the chance to do the best he can for his patient, and loyalty, and his services for charity cases. We all take our turns on that."

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115 "Medical students and medical teachers focus upon the central tasks of diagnosis and treatment an amount of energy and conscientiousness that cannot be attained without their presence. There is less carelessness... Criticism and inquiry are in the air." Cabot, op. cit., p. 14.

116 "A non-paying case with intriguing symptoms often gets more attention and draws far more intellectual effort than a wealthy person with a routine ailment." Burling, et. al., op. cit., p. 82.
Another interviewee stated that the physician should "keep his character clean in the hospital and outside of it, and avoid any notoriety." This interviewee then added, "I guess it's more of a question of what he owes to the parish medical society, but it's also a question of what he owes to the hospital." Only one interviewee expressed the physician's dependence upon the hospital, in stating that obligations to the hospital include the doctor's "courtesy, loyalty and financial support. He can't carry on his work without the hospital."

Zugich affirms that the physician's "chief concern is personal relationships with the patient and the immediate associations within the hospital provided for his own efficiency toward that objective." 117 Similarly, Burling finds:

Responsibilities of the medical staff to the hospital grow out of the cardinal obligation to the patient. Hospital requirements with respect to surgical procedures, drug use, and a multitude of other specific activities are designed to protect the patient. Yet these regulations do not always coincide with the individual physician's freedom of choice. He may chafe under restrictions which he feels are inappropriate to a specialist who exerts firm internal controls on his own course of action. The staff is supposed to insure that its members adhere to hospital rules, to take the responsibility for group self-discipline. The fact that it does not always succeed is a recurrent problem of staff organization and staff relation to the larger system of the hospital. 118

Ethical obligations to the hospital were expressed by interviewees as a

117 Zugich, op. cit., p. 40.

118 Burling, et. al., op. cit., p. 75.
function of their obligations to clientele, and to the medical staff as a representation of the colleague group. In discussing hospital administration, several interviewees indicated a traditional professional estrangement from "business" and "non-medical" concerns. This was particularly significant, inasmuch as most of the interviewees' remarks were directed toward the two city hospitals which as yet lack many characteristics of the formal organization.

THE PHYSICIAN'S OBLIGATIONS TO HIS COLLEAGUES

Only four interviewees were not exceptionally articulate about the physician's obligations to his colleagues. These interviewees maintained that the physician's obligation to colleagues consists of no more than "the golden rule," and respect only if the colleague deserves it. Of the four, one general practitioner cautioned that the physician owes his colleague "loyalty, but not to the extent that you condone negligence."

Of the remaining twenty-one interviewees, several aspects of this dimension of ethical obligation were stated. Certain interviewees stated that the physician owes his colleagues a consideration of the aims of the medical profession itself. These interviewees discussed the physician's obligation to "keep himself above reproach from a moral standpoint," to try to "bring credit" to the medical profession as a whole, to remain innocent of malpractice, and to share his knowledge with colleagues. Only one interviewee mentioned this latter obligation, stating:
The one thing that's particularly true of the medical profession is that there are no secrets in the practice of medicine. In trades, if someone invents something, he wants to get a personal benefit from it. In medicine something new is given to the profession.

Two interviewees stated that obligations to colleagues are met through the physician's obligations to the patient, one of them stating that colleague obligations include

honesty. My friend and I quarrel on that. He has a lot of inferiority feelings, so he's always afraid he'll tread on someone's toes. I'd rather lose a referral than go along with a lot of nonsense. You owe them impeccable honesty.

Several physicians directly discussed obligations to immediate colleagues. Two interviewees discussed the obligation for temperance, charity and tolerance, one of them stating:

A doctor should not criticize another doctor because, after all, one might ask, "Why did he do such and such to this patient?" A doctor should not criticize until he knows what went on. And, he should evaluate other doctors in the times of the day! I was just talking about that the other day. This woman said, "Doctor took my uterus out, but he didn't take my out. Now, why not?" I said that he did a good operation for the times! If he'd done that today, I would say, "Well, that boob!" I try to look at the doctors by these age groups. Oh, those younger ones--I envy them. They have so much better training.

One interviewee stressed that the physician

should maintain a helpful attitude with his younger colleagues, and an open mind for discussion with any of his colleagues. When called into consultation by any other physician, he should give a straight-forward opinion to that physician and return his patient to him.

Only one physician stated that a colleague obligation is to be "medically modern," or intellectually attuned to innovations in medical knowledge.
Problems of medical etiquette, to which Carr-Saunders and Wilson\textsuperscript{119} and Oswald Hall\textsuperscript{120} call particular attention, were also mentioned in connection with the physician's obligations to his colleagues. These problems, including referral procedure and refraining from criticism of a physician before a patient, were specifically mentioned in connection with the possible "mistakes" a physician might make in relation to colleagues. One specialist stated that there are two mistakes a physician might make:

The one that is so bad is some callous or tactless remark which gets back to the previous doctor and would seem to make him feel that you had criticized something he has done. The other thing that causes ill-feeling is referral. A physician might refer a patient to you, and you treat him for a while. Then he might have developed something else, and you refer him to someone else. That causes bad feeling. It just slips by, through carelessness. I try to watch it.

A general practitioner stated:

Say you came in here and you were telling me about a problem you had, and I said I think the doctor shouldn't have given you that medicine. Such statements are unethical. It wouldn't do you any good, and it would make you dubious about the medical profession.\textsuperscript{121}

\textsuperscript{119}The \textit{Professions}, pp. 440-41. The authors call particular attention to the possible nefarious effects of medical etiquette upon the welfare of the patient.

\textsuperscript{120}Hall, \textit{op. cit.}, pp. 208-209. Hall discusses the problems of medical etiquette chiefly in connection with professional success and the acceptance of physicians into the medical fraternity.

\textsuperscript{121}The relationship between medical etiquette and ethics is discussed in the subsequent section on ethical codes.
Another interviewee contended that

poor diagnoses are a thing of the past, by and large. A doctor
who sees a patient without getting the referral from another
one is using bad taste. If a patient is unhappy, he should tell
his doctor he's unhappy. But for him to tell another doctor
about it, and for that doctor to say, "I don't see how that
crumb had the guts to give you that medicine"—!!!

A physician openly stated that the "gravest mistake" a physician might
make would be failure to properly refer patients. Improper referral
was construed by this physician to be a breech of duty to patient as
well as to colleagues.

Two interviewees discussed the physician's responsibility to
maintain his "load of the practice," one of them stating, "It's unfair
for a man to take off three nights a week."

The majority of interviewees stressed colleague criticism as
the highest abridgement of ethical obligation. As Hughes indicates:

If we think especially of occupational status, it is in the
colleague-group or fellow-worker group that the expectations
concerning appropriate auxiliary characteristics are worked
most intricately into sentiment and conduct. They become,
in fact, the basis of the colleague-group's definition of its
common interests, of its informal code, and of selection of
those who become the inner fraternity.\(^{122}\)

The solidarity of physicians has become almost a cliche in the literature

\(^{122}\)Everett C. Hughes, "Dilemmas and Contradictions of Status," America Journal of Sociology, L (March, 1945), 355.
devoted to the subject. On the other hand, the physician's desire for independence in his professional work remains one of the most marked characteristics of professional members. This desire for independence is expressed not only with reference to the lay world, but to colleagues as well. As Lortie aptly observes:

The privacy of the doctor's office, the sacredness of the patient's revelation, the elaborate network of medical ethics: all acted to reduce interference in the doctor's work. Traditionally, the doctor could expect, and be certain of achieving, a position where neither patients nor colleagues questioned his activity. Where he desired assistance from his colleagues, there was the highly formalized "consultant" procedure on hand. With increased specialization, however, the doctor must work more and more in close collaboration with others.

Seven interviewees contended that they do not tend to associate socially with physicians more than with individuals in the lay world. These interviewees, however, added that they deviate from the professional norm of mutual social association. One interviewee attributed his social isolation from colleagues to "the parties the doctors have, or the ones their wives give," of which he disapproved. Of the group who stated that they are isolated socially from colleagues, a general practitioner stated:

123 "Doctors are bound to one another not only by the natural solidarity of colleagues but by the knowledge that patients' faith demands a united front of medical competence. They recognize, too, that medicine and surgery are today so complicated that the single physician cannot master more than a segment of the total field; he must depend on colleagues for technical advice." Burling, et al., op. cit., p. 76.

124 Lortie, op. cit., p. 33.
I am not a social man, by a long shot. I don’t think it makes much difference what a man does. I tend to divide the man from the work. I have a wide variety of acquaintances. I am Mr. ___ now, and when I put this white coat on, I am Dr. ___.

A specialist objected that "physicians are entirely too clannish. They are doing themselves an injustice, and restricting their mental activities too much. I tried to get away from them, but it's very hard to do."

Another interviewee stated, "We have some conversation that's beyond the technical, but that's atypical. Physicians get intellectual myopia, and that worries me. It brings them more away from the people."

In discussing the types of social relationships shared by colleagues, one physician stated that doctors are "kind of getting away" from talking shop:

Everyone kind of dodges that. It isn't good taste to talk shop much now. When I first started practicing, it was all shop. We'd get together in a corner and talk shop, and the ladies would be in another corner twiddling their thumbs. There's not much shop talk now.

A specialist stated that shop talk is usually confined to the humorous aspects of medical practice. One interviewee bluntly stated:

We're narrow. I didn't used to associate only with doctors, but I do now. Unfortunately, we talk shop. I went to ____ for a meeting once, and there were two rules when the men got together: you couldn't talk about women, and you couldn't talk about your own little specialty. And there were brilliant people there too. Some of them were from England. I really liked it, and I thought it was a wonderful idea to make those rules.

The majority of interviewees stated that physicians do tend to talk shop, one of them commenting, "It may start out on baseball, but
it always gets back to medicine." Few interviewees explained the
meaning of "shop talk," although one of them stated that physicians
exchange confidences restricted to the colleague group. A spe-
cialist stated, "Doctors will eventually get back to shop talk, because
they're all proud, conceited men. They love to express their accom-
plishments and talk about how they got this or that patient well." In
discussing the meaning of shop talk, another interviewee commented:

A doctor worries a lot about malpractice. He also worries
about the patients who aren't doing too well. That bothers
him. Yes, doctors talk shop. I don't care what the conver-
sation starts out about, it always gets back to medicine—to
patients' cases and to other doctors. Doctors are very jealous.
They suffer from professional jealousy. They bite each other
behind their backs. You go to a convention. It always breaks
up into these little groups of doctors talking against one
another.

The tendency to discourage shop talk among physicians was interpreted
by one general practitioner as unique to the medical profession:

Some doctors talk shop, but a limited amount. There is much
less of it than there is in business or other professions. The
lawyers will talk law and an insurance man is always sizing you
up—you know, the paranoid approach. I don't think doctors
categorize their social associates as future patients at all. In
so doing, they would be guilty of the snap diagnosis.

Hughes states that "part of the working code of a position
is discretion; it allows the colleagues to exchange confidences con-
cerning their relations to other people. Among these confidences one
finds expressions of cynicism concerning their mission, their com-
petence, and the foibles of their superiors." Hughes, "Dilemmas and
A few interviewees discussed the possibilities of a formal referral system, wherein individual choice of the specialist would not be necessary. One interviewee elaborated on such a system:

I think the ideal way is in a small group with representatives in each specialty under the same roof so that a patient may be referred freely among that group when necessary, without any delay or without any chance of professional jealousy in the picture. As an example, any practitioner might hesitate to send a patient to a large clinic, because they're afraid they might lose a patient to that clinic. Individually they might hold back on a referral when it's needed for that reason.

Contradictory remarks concerning whether or not physicians tend to discuss medicine itself on social occasions may, of course, be attributed to varying patterns of social experience. However, there was some evidence of reluctance to discuss colleague relationships in any frame of reference, which accounts for the noncommittal and limited responses of many interviewees.

Colleague relationships appeared to be the most sensitive portion of the interviews. Several prospective interviewees had initially stated that they feared they were not "typical" representatives of the medical profession, and had qualms concerning the efficacy of an interview. Throughout the interview, many physicians showed a deep concern over whether or not their responses were the same as those of colleagues. Also, there was some advice given to the interviewer as to which physicians should be interviewed for the dissertation. Among the interviewing group was a physician who regarded himself as a "spokesman" for the
medical profession in the city, and who constantly phrased his responses in terms of "we," meaning the medical practitioners within the local area.

Despite interviewees' apparent desire to conform, and the anxiety they expressed concerning a uniformity of responses to interview questions, the majority maintained that physicians are "individualists" rather than solidary. One specialist stated:

You should have been at the last parish medical society meeting! They all want to have their little say. Now, they might agree professionally--agree on what we're all striving for--but they're individuals.

An interviewee, admittedly isolated from the medical confraternity, stated:

The medical profession is filled with individualists. Doctors are all individualists. No two agree on anything. Each one builds up his own empire. His world is his own little practice, and you can't get them to agree conjointly on anything. I have been trying to make changes and introduce changes into the parish medical society; now I've just given up and I quit going to the meetings. That's another thing. I think they should have some form of compulsory attendance. Like, if a man misses three meetings in a row, he's suspended. But they won't accept that, either.

Another interviewee stated that "when you go to a medical meeting, you find out that they are highly individualistic. But in the army, you can't tell doctors from a group of lawyers." Other interviewees related the physician's "individualism" to personal peculiarities of medical practice. One general practitioner stated:

The doctor is the last individualist. I can't think of anyone
more of an individualist than a doctor. You honor someone in your profession, but you're an individual. I know there will never be another one just like me. Some general practitioners like a lot of OB work. I don't care for it. That's the way I am. Each doctor is different.

A specialist contended that
doctors are probably the most individualistic people in any one profession. I suppose everyone's insight into his own endeavors probably makes him feel that his abilities depend on himself primarily. While he feels at liberty to call on his colleagues, he knows that he has to perform as an individual. That can make for conflicts. There was one doctor who believed in himself so strongly he couldn't see his colleagues' advice at all. He didn't keep an open mind.

The relationship of the physician's individualism to peculiarities in medical practice was expressed by one interviewee in this fashion:

Doctors are mainly individualists. They don't tend to go along just because something was done one way for 3000 years. They're apt to be more unorthodox in their ways and that's from their scientific learning. And they won't be led politically.

In discussing individualism among physicians, a few interviewees called attention to the physician's possessive attitude toward his own patients as well as toward the individual techniques of curative medicine which he develops. One specialist stated:

We're as prima donna as we can be. I don't throw things around the Operating Room because I don't have the length of adhesive I'm looking for. There's some jealousy. They don't like to lose patients and I wonder what I've done when I lose a patient. It really hurts. We're all individuals.

An interviewee observed:
The one thing doctors are always talking about is stealing patients. If there's one thing that makes them mad it's if
they lose a patient to another doctor. For the life of me, I could never figure out exactly why.

In contrast to the emphasis placed upon physicians' characteristic individualism, five interviewees affirmed the solidarity of the members of the medical profession. One physician stated, "There's some individualism in practice, but by their training there's a great deal of homogenization." Another interviewee observed that physicians "tend to conform, to isolate themselves from other groups because of a fourteen to sixteen hour day working with other physicians." Aware of the possible implications of professional solidarity, one general practitioner explained:

Each doctor realizes that there's more to a case than meets the eye of the casual observer. He's most reluctant to disagree. That is often interpreted that doctors stick together. It's really each doctor's respect for the fact that unless you know everything about a case, you had best not disagree openly.

Several interviewees related the doctor's individualism in practice to his characteristic preference for "solo" rather than group practice. One physician, not a private practitioner, stated:

Physicians as a group are the last of the rugged individualists. Each man in private practice has no limit on him. He can work himself to death or modify his practice to satisfy his demand for ease and comfort. It is a little difficult to put them into a class. Times have changed from the horse and buggy practice of years ago. That kind of doctor is hard to find, because he's unwilling to take over the responsibility of remote areas where he doesn't have the equipment. We are in an area of transition from when the individual practitioner was a totally functioning unit to where ancillary services are required. Solo practice is not as favorably looked on now as practice in
a group. The tendency is toward group practice. That's been brought about by the wide acceptance of insurance programs. In this system, a doctor has freedom of referral to anyone without any penalty to the patient. In private practice the patient referred becomes for that time the patient of the specialist.

Group practice, the majority of interviewees stated, is advantageous in that physicians are afforded more free time, and a sharing of responsibility in work. However, the desire for individuality in medical practice was often stated to be the reason why certain interviewees had not entered into group practice. One physician, stating that doctors are in general highly individualistic, added:

To be frank, that has been the reason why I have been in solo practice all this time. I know it would be very nice. But to get a young man with me--well, people come to me and it's this certain way I have of doing things that appeals to them. The young man coming out would want to try out his methods, and there might be a clash. Dr. ___ had Dr. ___ working with him. Then I found out that the younger man left. Well, he might have felt that he had his own ideas, and that's why he went off on his own.

Similarly, a specialist observed, "I'd love to have someone with me. But the older man expects the younger man to be him. I would expect the man to do what I do, say what I say, and it's not fair." Several physicians, in weighing the advantages and disadvantages of group practice, concluded that, as one interviewee phrased it:

I think that doctors tend to do their best work as individuals. But in order to protect himself and to get some time off, there is a tendency for a doctor to go into group practice. It gives him definite time off.

The interviewees' discussion of the physician's individualism, and their
view that "solo" practice is preferable to group practice may be interpreted as a desire for independence in work not only from the lay world, but from the colleague group as well.

Fee-Basis versus Salary-Basis Medical Practice

Oswald Hall has found that many conventional practitioners criticize industrial medicine as a type of practice. Many interviewees did not hesitate to stereotype the physician in industrial medicine. One physician stated that those who work in industrial medical systems are "three kinds--the lazy ones, the insecure ones, and the ones that can't make it on the outside. Of course, there are the sick ones who can't work another kind of schedule."

Nine interviewees discussed industrial medicine without injecting personal values into their interpretations of this system. One physician stated that industrial medicine is essentially preventive medicine, and the "medicine of the future." A general practitioner stated that

126 Hall, op. cit., p. 213.

127 The question itself, of course, was formulated in order to evince a stereotyped response, due to the brevity of the interview. However, no interpretation is based upon the tendency to stereotype as such, but rather upon the nature of the stereotype where it was expressed. Any other approach would contain a methodological error, as Hyman and Sheatsley well point out: Herbert H. Hyman and Paul B. Sheatsley, "The Authoritarian Personality"--a Methodological Critique," Studies in the Scope and Method of "The Authoritarian Personality," Richard Christie and Marie Jahoda, editors (Glencoe, Illinois: The Free Press, 1954), pp. 71-72.
the majority have special interest in industrial medicine as a specialty equal to other specialties, but not listed as such. They don't have an American Academy of Industrial Physicians. In that capacity, they are unconcerned about the financial limitations placed on the doctor as to what he can have a patient do -- go to a hospital or be treated at home. There is the kind, too, that goes into it on a temporary basis waiting to be called into military service or to make enough money to start private practice.

One interviewee mused, "I know why I will go into industrial medicine some day--for security. I always kid myself; it's a nice thought. I'll go in there at 8:00 and see my patients, and at 5:00 I'll put on my hat and go home." The nine interviewees enumerated the benefits of industrial medicine, including regularity of hours, good pay, fringe benefits, and its appeal to physicians who lack the physical stamina required for independent practice. One interviewee wryly commented that physicians in industrial medicine "are more interested in a forty-hour week. They probably think there are more important things in life than practicing medicine. And maybe they're right." Of this group of nine interviewees, one specialist suggested:

I find it hard to make any kind of generalization. I would say the man who goes into industrial medicine would be a man with some kind of physical handicap--an older man who doesn't feel like fighting the phone all night. Also, it might be a man who has fought his way through medical school with a wife and family, and who doesn't feel like fighting through the early part of private practice.

The remainder of interviewees stated that physicians in industrial medicine are characterized by personality difficulties. One interviewee recalled:
I knew one fellow, and I thought he never was going to find himself. He went into the public health service. He had several problems. He had developed a large family. And I knew two other fellows. One of them was in private practice, which kept him busy almost twenty-four hours a day, and eventually he decided it wasn't for him, so he went into industry. The other fellow was a good surgeon. By the time he got through with his training, he furnished his office, and then he never opened the doors! The last I heard he was working for the Veterans Administration. There are three reasons why people don't go into private practice—regular hours; fear; and some don't do well because they don't have the personality.

One physician stated that industrial medicine threatens to grow into socialized medicine, while another stated that those physicians working in industry lack ambition. A third interviewee commented, "They are probably not as aggressive as independent practitioners; and still they don't have the interest and scientific curiosity that research people have." A specialist stated that physicians in industrial medicine lack self-confidence and do not accept the responsibilities of an independent practitioner. One interviewee, not a private practitioner, stated:

I have an individual notion that they are dodging something. I would prefer independence. The man has more initiative and does better work if he's on his own. And the other criticism is, if a man is over-enthusiastic, he can increase his own income.

Certain interviewees rejected the industrial form of medical practice because of its routine and circumscribed nature. One physician stated that industrial physicians are "people that like regular hours, with which I would be bored stiff. Every day is a different day with me. Some guy might come running in here with a broken arm right now. I just never get
excited." Another interviewee stated that industrial physicians are doctors who don't feel like they can buck the public—they take the easy life. In private practice you have more interest in your patients. You feel they're coming to see you because they want you to treat them, and not because they're getting it for nothing.

One specialist commented that industrial physicians too have a purpose. But they don't want the complaints about bills and collecting. They're willing to practice a specific groove of medicine. Some are downright lazy. A man should be in medicine like I am—head first.

The uncertainty of private practice was glorified by a few interviewees, one of whom stated:

The salary-based doctor might go into it for two reasons. Your income is certain. On the other hand, the man doing practice on his own, every day that he wakes up he doesn't know how much he'll make. Your practice is limited. You know about what you're going to see. Like at , the doctor knows that most of the patients will be males. The man who goes into that has an inferiority complex. Therefore he lets the benevolent arms of the plan be placed around him to protect him. I had a chance to take a salaried position for the government. I turned it down.

One interviewee was ambiguous in his discussion of the industrial physician:

He may be like the man who picks the armed forces. You would find some dependency needs if you scratch the psyche. And they are materially motivated. He's a little afraid to strike out on his own. In intern and residency, you're on the vine so long, you're questioning your ability to make it when you get out.

This interviewee, not an independent practitioner, further commented:

The fee-basis stimulates me to put it on a personal basis. I have a talent to sell. I'll run the maze a little better. I found that the patients were there as unwillingly as I was in the service. A lot of people took it out on patients.
Elsewhere in the interview, this same interviewee stated, "I feel that when you get out into private practice it's a rat-race. You're at everyone's beck and call. You read less, and you're less active going to meetings. In ten years, you're not as good a doctor as you had been."

The fee-basis practice, several interviewees contended, allows the physician to develop a keener interest in his patients, and affords him incentive for competent and extensive medical practice. One physician added, "A man practicing on a fee-basis can go out as far as he wants with a patient, or he can refuse to see a patient." The freedom of the physician to choose his patients was emulated by several interviewees, one of whom stated that people are "inclined to take advantage of you more if you're working for the state." On the other hand, one interviewee (who had emphasized the advantages of private, solo practice) recalled of his army experience: "I just had a hell of a good time. Your practice in the army is ideal. You tell someone to take medicine and he takes it!" This statement was unique. Interviewees who volunteered information concerning their experiences in the armed services either discussed them only in terms of their sense of patriotism, or criticized the army organization of medical services.

**Colleague Restraints and Criticisms**

As Burling states, "Professional associations attempt to keep
differences on a private basis and to do their own policing." A discussion of their opinions of "self-policing" was not directly elicited from interviewees, due to the sensitivity of this subject. and to their understandable reluctance to openly discuss such matters with a relative stranger. Few interviewees volunteered statements concerning self-policing. One physician stated that in the regulation of surgery by hospital committees, "You can get too much personality mixed up with the tissue." A specialist stated that "the enforcement of penalties is most distasteful to doctors. Each of our men is a very strict individualist. If we had any rules like union rules, all our men would get up and leave the medical society meeting."

Zugich, in referring to the medical audit, finds:

In interviewing a physician who had been both a medical staff member of a hospital and is now an administrator, his appraisal of the matter was summed up as a reluctance on the part of the physician to sacrifice his position as an independent worker by a review of his efficiency from colleagues or peers within his own group. It was a matter of "self-protection" to shy away from the appraisal of his professional competence by those able to judge factually. On the other hand, "off the record" and informally among their own group and to the hospital authorities, physicians venture opinions as to the competence of certain staff members.

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128 Burling, et al., op. cit., p. 15.

129 The physicians' reluctance and refusal to "police their brothers" is discussed by hospital personnel and members of hospital medical staffs in "How Can the Hospital Control Medical Quality?" Modern Hospitals, LXXIX (September, 1947), 51-57.

130 Zugich, op. cit., p. 44.
One specialist expressed compassion for the general practitioner who is severely limited in his surgical privileges in the modern hospital. However, two general practitioners stated that hospital tissue committees are not too strict in enforcing their policies. Another interviewee, a specialist, expostulated, "My God, you're hemmed in on every side in this profession!" in discussing surgical regulations. Six interviewees mentioned possible disciplinary actions which might be taken against a physician guilty of malpractice, stating that either the Executive Committee of the hospital staff or the local medical society are recourses for any physician who wishes to report the malpractice of a colleague. One physician stated, "I know some doctors who are quacks, but would I have the temerity to go to the medical society and file charges? I'd find myself with a lawsuit on my hands!" Another interviewee stated that "places like this and Little Rock and Houston are towns big enough to have good surgery and small enough to watch 'em." One physician stated that discipline of physicians "occurs in the hospital, generally. We have put men on probation from time to time. There has never been any disciplinary action here in my time, and it isn't even known in the profession." In discussing methods for dealing with questionable practice, a general practitioner stated that the offending physician should be "enlightened by an equal or a superior." Two general practitioners suggested that general practitioners should be "enlightened" by members of their own group, and specialists by
specialists. One interviewee took the point of view that "there are some types of surgery that are by their nature considered palliative and not curative. They may be called unnecessary by the laity. 'Unnecessary' is now limited to the small, unsupervised country clinic."

Only two interviewees both general practitioners, openly criticized surgical practices of colleagues. One of this group stated that a certain portion of the organism "flies around this town too much," whereas the other stated:

We need so many psychiatrists, but all we get are more carpenters. Surgeons are nothing but carpenters. Anyone can be a surgeon. A woman comes in; she has emotional disturbances, and she goes to a man. Because she has a pain in the pelvic region, he says she has an ovarian tumor. He doesn't see a tumor in there; he sees $200! That goes on a lot. We cracked down on them, but doctors are still doing too much of that.

These remarks were exceptional, in that open colleague criticism on either an individual or group basis was virtually non-existent in the interviews.

In discussing criteria of colleague evaluation, only one interviewee stated that physicians are judged by colleagues on the basis of economic and political success. Five interviewees stated that the physician is evaluated by colleagues on the basis of professional competence and honesty. The remainder of interviewees combined the physician's professional skill and personal integrity with his orientation toward patients. In evaluating a physician, one interviewee stated, his colleague
thinks about his skill, of course, and his evaluation of humanity. That's what I think about in calling in a consultant--his understanding of people. Some doctors think only of his manner. But I tell people, "So what if he's gruff and hard; he can help people and that's what counts. He's good at his skill."

A specialist contended:

I would pick a consultant by the amount of knowledge he could give me and the way he conducts himself in front of patients. Some men--well, I don't like their personal attitude. They're good doctors, but there are enough good men around here that I can get the one I want. There's just a lot of cliques in this town.

A general practitioner stated that his criteria of colleagues include

"the way they handle their patients and the way they treat them medically--the art of the bedside manner, I mean. And the actual medical treatment, and whether or not they are gentle and calming."

Even in evaluation of colleagues, the practitioner-client relationship is a strong criterion. Interviewees, with three exceptions, stated that a physician is discriminated against by colleagues on the basis of personality, 131 one physician adding, "Certain people are born to be discriminated against. Those people bring it on themselves."

In discussing evaluation of physicians by colleagues, one interviewee openly stated that those physicians discriminated against are "the ones

131 Two interviewees stated that Negro physicians are discriminated against, while the third contended that physicians who did not serve in the armed forces were sometimes discriminated against, adding that "some of the criticism was downright vulgar."
who are different--either professionally or socially non-conformist."

Two interviewees discussed professional jealousy as a basis for colleague discrimination, one of them stating:

The one thing doctors are always talking about is stealing patients. If there's one thing that makes them mad it's if they lose a patient to another doctor. For the life of me, I could never figure out exactly why.

Open criticism of colleagues in the interviewing situation was rare, although intense in those situations in which it was expressed. The most fruitful area of investigation of divisive points of view within the profession would seem to be that of the hostility between general practitioners and specialists. Strong criticism of colleagues was expressed, by three general practitioners, and relatively absent among specialists. However, hostility between general practitioners and specialists was not marked in the interviews. On the whole, general practitioners did not state any feelings of deprivation in comparing their material rewards and prestige with those of the specialist, although one general practitioner commented that a consultation with a patient would award him only 1/5 of the fee which that same consultation would award the specialist. Only one interviewee contended that graduates of medical schools tend to specialize because of the higher fees and shorter hours of the specialist, and because there is in specialization "a streamlining of exams. When a person comes in here, we take their urine, c.b.c., blood pressure, etc. When you go to an eye doctor, all you are to him is eyes."

One general practitioner maintained that the specialist's attitude toward
the country doctor is

that someone has to do it. They respect the amount of labor called upon in general practice. They realize he works longer hours for a certain income than does the specialist. There's no doubt that specialists know more about their specialty than general practitioners. On the other hand, the general practitioner is respected by the specialist for his over-all knowledge and ability to cope with a wider variety of medical cases.

In turn specialists stated that their individual specialties are "high" on prestige scales. When asked which specialties they thought were lower on prestige scales, no specific response could be evinced.

In their discussion of colleagues and of distinctions between the general practitioner and the specialist, the majority of interviewees were either evasive or totally unresponsive. Evidence of a strong sense of solidarity within the colleague group far outweighs that of colleague dissension. This sense of solidarity is indicative of the "solid front" which the profession displays to the lay world.\footnote{132} Of itself, it does not indicate that dissension is absent, but rather that dissension within professional ranks is disciplined--generally acknowledged only among professional members.

The Physician as a "Man of Action"

Interviewees' characterization of the physician-professor and the

\footnote{132}{Thus, in adopting a critical attitude toward the medical profession, laymen are inclined to state that "doctors are all alike," whereas the physician complains that doctors are "a heterogeneous group, rarely in agreement about anything." Bernheim, \textit{op. cit.}, p. 41.}
doctor engaged in medical research indicates a distinction made by many physicians between the "man of thought" and the "man of action."

Only one interviewee stressed the virtual superiority of the researcher and medical school professor in characterizing him as "the man that's not hail fellow well met" and as an individual "unwilling to accept everything, and a man who can do a little independent thinking." This interviewee stated:

I think the man in practice doesn't have the skepticism the man in teaching has about the use of drugs, for instance. He is likely to be much more theoretical, but know less about the actual handling of the patient who is ill. The practitioner, on the other hand, wouldn't keep up with the newest medical practices. At the same time, he might tend to over-use new drugs.

This interviewee further contrasted these doctors with those in industrial medicine, commenting that the latter lack the scientific curiosity of the teacher and researcher.

Only two interviewees expressed a reluctance to generalize about the medical school professor or the researcher, although one physician added, "People are thrown into research by the desire to do it. They have more of an inquisitive nature, and an inquiring mind, and sometimes the opportunity presents itself when research would be more expedient or convenient for a man." Six interviewees stated that the physician engaged in full-time research is generally above-average in intellectual capacity and curiosity, two suggesting that he is often physically handicapped and unable to treat patients. One interviewee, not engaged in private practice, stated:
People who go into research fields are people who have an inquiring mind. Also, they have it to such an extent they don't want to be bothered with average, everyday situations. They have the ability to organize. Research is a sort of mental refuge. There is another type of person that goes into research that shouldn't necessarily go into it, because research is a fairly protected field and isn't subject to as much pressure. Sometimes people with certain handicaps tend to go into it.

Emphasis upon the researcher's superior intellectual capacity was expressed by one general practitioner, who stated:

Most research doctors possess a certain knack for that investigative type of work. That is the kind of doctor who has the greatest amount of imagination. He can think of more possibilities for solving a problem. And then there's a small group who are unable to meet the public and assume the burdens of personal problems. They prefer what we call cold, scientific research. But that is a small minority.

Only one interviewee maintained that the researcher differs from the practitioner in terms of the scope of his ethical obligations: "He is a dedicated man--dedicated to ultra-science. He prefers the dark corner of a laboratory. He is trying to spread himself so thin, he can help everyone and not just a few." The remainder of interviewees stressed the insecurity of the researcher and his reluctance or inability to work with patients. One physician stated: "I can mention a few who went into teaching and research. After they'd got all the training they wanted, they developed 'hospitalitis' and were afraid to go into practice." A general practitioner suggested that "the man in research is more idealistic and more inquiring. Also quite a few go into research who aren't sure of themselves. They don't have a close, personal relationship with the
Another interviewee stated that researchers are "usually those who can't meet and enjoy human beings" while another stated:

You might have a man who is burning the torch for something. And he goes to medical school just to set himself up with that. The brilliant boys do well in research. So often they don't have the common touch that the practicing ones have. There are some who couldn't make it or didn't like private practice and left it.

One physician stated that, "A man would really have to have a burning desire" for research, or for teaching in medical schools, because of the disparity in incomes between these positions and that of a private practitioner. Two interviewees suggested that the researcher and medical school professor generally have little interest in the "public" or people, and one general practitioner stated:

The academic man is the man who is seeking perfection and the resolution of insoluble problems, and his philosophy is such that he can devote full time to the study of an isolated project and can climb into his ivory tower and treat the disease instead of the individual. The physician is treating the whole patient. Other people are more interested in individuals than they are. Happily there's a place for them to go. Before this time, people taught in universities, which are not notorious for paying enough to satisfy the economic disease for living. Now if he wants to study the life-cycle of the mosquito, a man might wind up in an institute and do just that.

Several interviewees stated that the type of physician engaged in research and in full-time teaching in medical schools is generally the same. However, seven interviewees discussed the medical school professor as a species apart from the researcher. Three of this group gave negative interpretations of the medical school professor, one quoting the statement that "those who can, do and those who can't teach," another
interviewee stating, "There were one or two you'd like to erase the sorry stamp they left," while the third stated:

I don't know whether it's the fear of handling people or the inability to collect fees that draws people into teaching. I think the best teachers are part-time teachers. They can give of their personal experiences. Now, teachers of anatomy and physiology are just H.A.'s—if you know what that is—the back end of a horse.

Of the four interviewees who discussed medical school professors as distinct from the researcher, and as memorable and inspiring individuals, one general practitioner stated:

I don't know what makes people do it. Some of the most brilliant doctors are in your medical schools. They like the way of life. They like to impart their knowledge to people. The professors I knew were not individuals who didn't like to be around people. They weren't introverts at all. They just liked to teach.

One general practitioner maintained:

I think professors are of equal or higher caliber than the average practicing doctor, professionally. And certainly they are more interested in the furtherance of professional knowledge. Having chosen that way, they further knowledge—and help humanity as a whole.

Further evidence of the physician's distinction between the practitioner and his academic counterpart is gained in the interviewees' general agreement that academic and professional success are not correlated. 133

133 It is significant that only one interviewee interpreted "success" to mean financial or material success, in responding that brilliant physicians "make the best doctors, but not necessarily the wealthiest. Talents for healing and talents for investing often don't go together." The question of correlation between academic and professional success, posed toward the termination of the interview, elicited responses directed toward the realization of ethical obligations, attuned to the whole orientation of the interview.
Only three interviewees stated that such a correlation is probably high. The remaining group, with the exception noted below, contended that students who make the highest grades in medical school are mediocre or poor practitioners. One physician stated, "The middle of the class are the most successful. The Phi Beta Kappa's--their ideas are so high up, they're not tolerant enough to deal with the public. Those are the men who go into research." A general practitioner maintained that "those who make the highest grades make the worst physicians. The median grades are those who make the most successful physicians, and I don't mean financially." Several physicians stressed the academically successful student as lacking in qualities of personality conducive to establishing good working rapport with clientele, such as the "bedside manner." "A person can get so academic he's not practical," one interviewee commented, while another expressed his concern about the present trend of over-emphasizing pre-medical scholastic achievement: "A sense of humility and wanting to help people are what's important."

The emphasis upon qualities necessary for daily practice, directly related to patients, as transcendent to the intellectual grasp of medicine as an academic discipline, indicates the applied nature of the physician's work. As such, the view of medicine as an art, as well as a science, is fortified. "You never do with medicine, or play with it; you practice it," one interviewee stated, adding: "You never have achieved the acme. You hitch your wagon to a star, and you never quite
reach your goal." As another physician phrased it,

I had one friend in school. He turned out to be a surgeon,
but he had the personality of a boiled owl. People wonder
if he can really do the stuff. I know he can. Medicine is
one-third bull, one-third training, and one-third personality.

The Self-Concept of the Physician

Only four interviewees stated that the physician is not a distinct
professional type. Again, only one physician compared the medical
professional with other professionals on the basis of prestige and
material rewards. Doctors, he stated,

automatically have prestige in the community and everything's
open to them, for instance the country clubs. That gives them
prestige that perhaps they're not justified in having. They tend
to be arrogant and more impressed with themselves than most
other professionals, and they're in command of everybody they
come around, so they tend to be more dogmatic.

Two interviewees stated that the physician as a type is disappearing from
the American scene, one of them commenting that "long ago you might
have recognized them, with their air of pomposity, a watchchain, and
a beard. But they weren't like that even then, perhaps." In their
study of medical public relations, Schuler, Mowitz and Mayer draw
attention to a physician's discussion of the "infallibility complex" which
begins to develop in medical school where the student is taught
the importance of establishing the confidence of his patients.
This teaching leads the physician to the conclusion that any
challenge to his knowledge and judgment is an assault upon the
confidence that it is so necessary to maintain. In order to pro-
tect the aura of infallibility the physician will tend to deny his
own mistakes and honest errors of judgment, and in addition
will come to the aid and support of other members of the pro-
fession who have made mistakes even to the extent of covering
up or protecting those known by the rest of the profession to be incompetent. This is done to protect the profession, since to weaken the confidence in the profession as a whole is considered to result in the weakening of the faith of the individual patient in his physician. 134

The arrogance to which several interviewees called attention as a trait of the physician is explained by Harvey Cushing in The Life of Sir William Osler, as quoted by Harding:

> No class of men needs friction as much as physicians; no class gets less. The daily round of a busy practitioner tends to develop an egotism of a most intense kind, to which there is no antidote. The few setbacks are forgotten, the mistakes are often buried, and ten years of successful work tend to make a man touchy, dogmatic, intolerant of correction, and abominably self-centered. 135

An interviewee commented:

> It seems to me that every doctor must believe that he is as good as any doctor at Mayo's or anywhere, because I for one would have to refer my own patients to someone I thought was better than I am if I didn't believe that. I think the biggest single characteristic is self-confidence, and a lot of times you can observe that this feeling will go right on up. A doctor in a rural area might consider himself on some sort of pinnacle.

Two interviewees called attention to the doctor's characteristic "individualism," one of them explaining that this is a result of the physician's scientific training.

> In character and moral attitudes the natures of lawyers and doctors are . . . likely to differ. Lawyers delight in conventional

134 Schuler, et. al., op. cit., p. 109.

135 Harding, op. cit., p. 347.
morality. A lawyer's conscience is usually satisfied if he can justify his thought and conduct by the mores. Even when he is a rascal, he is not a solitary one; he is the representative of a group. . . . Group morality is the instinctive attribute of the lawyer. His virtues and vices drink out of the common cup of the crowd. He is as the others are, and his is a representative morality.

But the doctor is a lone man. He is an individualist. Therefore his morality is of the vintage of his daily experience and may become highly eccentric. Though he may be notional and impulsive in his morality, it is not habitually extremist. As his procedure in practice is experimental, awaiting the development of the malady, and treating provisionally until the diagnosis is certain, so he is disposed to deal with the moral issue. 136

Although no interviewee explained the physician's individualism on this basis, many indicated that the medical practitioner is less likely to be "shocked" or morally repulsed by an unusual case, because of the breadth of daily clinical experience.

One interviewee called attention to the characteristic dignity of the doctor:

A doctor has a certain seriousness about him. He's not boisterous or loud-talking. He carries himself with a certain demeanor of respect for people's feelings. He doesn't make cracks about people's faults. In a question of emergency, he has the ability to recognize an emergency. 137


137 Briggs maintains that dignity, although characteristic of both lawyers and doctors, is more distinctive in the latter group: "People do not like to have their ills dealt with lightly. The doctor therefore gains prestige by the mysteriousness of his silent gravity. Lawyers, to the contrary, live their lives in words." Ibid., p. 160.
Five interviewees discussed the professional type in terms of dedication to work and to, as one interviewee phrased it, "a desire to relieve suffering." Of this group, a general practitioner stated that within five minutes the doctors will congregate and speak medically. They congregate and talk medicine no matter where they go—to a dance or a convention. Some doctors just live and breathe medicine. They always say to you, "I've got a patient I want to talk about."

Another general practitioner stated that the physician is typically a man who eats medicine, sleeps it, drinks it, dreams it and dies it. He usually gets a coronary from jumping up in the middle of the night. There is a tendency for the younger man to go into it for the financial aspect. The old family doctor is in a minority now, but he's trying for a comeback.

The physician as a type combines both the traits of dedication to practice, and the "self-confidence" or "arrogance" which is a crescive product of the preoccupations of medical practice.

THE MEANING OF THE MEDICAL CODE OF ETHICS

The preeminence of medical ethics, Sperry conjectures, in the field of the several professions may well be due to its long history, a matter of twenty-five hundred years, and to its initial and still classic statement in the Hippocratic Oath. Hippocrates was born in Cos in 460 B.C. He was a practicing physician who left us many and varied writings, of which the Oath is by far the best known. 138

It has been indicated that our first knowledge of the codes of medical practice and of the regulation of private and public medical effort is

138 Sperry, op. cit., p. 84.
possible through the Code of Hammurabi, and that much of what
Hippocrates says is owed to the Egyptians. Smithies finds that for
nearly 2,000 years after Hippocrates, "there is recorded no essential
advance from the ethical standards established in the age of Pericles."139
"In the quaint reverence permeating the Oath," he suggests, "one..." senses the intimate associationship of religion and of medicine."140
In a study of medical ethics, Leake finds that the Hippocratic Oath and
law formed the ethical standards of the medical profession until the
publication of Percival's code in 1803.141 About the year 1775,
Percival began writing moral essays, which became so popular they
were translated into French and German:

It was Percival's achievement to devise such a code of pro-
fessional morality that it was susceptible to authoritative en-
fforcement, and therefore of widespread emulation. Previous
attempts, such as that of Paracelsus, lacked authority because
of their vague generalizations and failure to receive respect;
or, as in the case of some of the continental organizations, the
rules were too strict and bigoted.142

139 Frank Smithies, "Origin and Development of Ethics in
140 Ibid., p. 583.
141 C. D. Leake, "Percival's Code: a Chapter in the Historical
Development of Medical Ethics," Journal of the American Medical
Association, LXXXI (August 4, 1923), 367.
142 Ibid., p. 368. Percival's code, receiving wide distribution,
"became the standard code of professional morality enjoined upon all
practitioners in the British Empire." Ibid.
In the United States, Leake finds, need for an authoritative system of ethics such as Percival's "became acute during the 1820's, when the rapid expansion of the nation and the rise of many ill equipped medical schools attracted many unscrupulous persons to a lucrative profession." The code of ethics drawn up by the American Medical Association in 1848, "is owing in much to Percival's code." Smithies, stating that only since the foundation of the American Medical Association has a uniform national code of ethics become current in the United States, finds that since 1848, "our ethical position has changed only in so far as medical education has improved in scope and kind." Since the time that Smithies' article was written, Fitts contends, principal revisions of or additions to the medical code have been concerned with groups and clinics, advertising, the dissemination of information to the public, rebates (fee-splitting), and contract practice.

As Sperry remarks, "The outsider is struck, in the first instance, by the amount of space, usually a preponderating amount, given to the

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143 Ibid., p. 370. Leake makes the interesting observation that "Percival wrote primarily for the general practitioner, and from the standpoint of one." Ibid., p. 371.

144 Ibid.

145 Smithies, op. cit., p. 598.

146 Fitts, op. cit., pp. 19-20.
problem of the interrelation between doctors themselves" in medical codes of ethics. 147 At least one physician has suggested that medical codes of ethics work hardship on clientele and confusion among physicians themselves, 148 and physicians and laymen have suggested that codes are principally concerned with "medical etiquette" and the obfuscation of professional errors. 149 One physician, pointing out that René Sand organized a course in Deontology at the University of Brussels, dealing with the moral obligations and social duties of a physician, comments that, "Such a course is as desirable as it is lacking." 150 Cabot, in 1926, stated "I know no medical schools in which professional ethics is now systematically taught," and speaking of the "comfortable security of the academic platform," stresses the learning of ethics by example. 151 Cabot further takes the viewpoint that, "as in most other

147 Sperry, op. cit., p. 88.

148 Bernheim, op. cit., pp. 140-41. Bernheim further states that revision of the code of ethics would represent an inadequate method of rectifying the situation: "Not until surgeons are standardized and hospitals properly controlled and work restricted severely to those capable of doing it, all backed up by legalized authority, will ethical revision avail much, because, in the last analysis, the question resolves itself into the sanctity of private practice." Ibid., p. 143.


151 Cabot, op. cit., p. 22.
codes of ethics, questions of etiquette and of professional custom take precedence over questions of right and wrong. 152

In earlier interviews, several questions were posed to physicians regarding specific problems referred to in the medical code of ethics, such as advertising and fee-splitting. As was suspected by the interviewer, these questions evoked precise responses which were mere paraphrases of ethical prescriptions. For example, one physician said that advertising is permissible only when physicians move their offices, but that no physician is allowed to erect a "neon sign" advertising his services. 153 Inasmuch as the interview could not be indefinitely extended, the schedule was limited to questions dealing directly with the meaning of the code of ethics to physicians, and their interpretation of "ethics" in the context of the code. In discussing the physician's relationship with pharmacists, for example, interesting tangential problems arose which themselves constitute a wide and fruitful area for investigation.

152 Ibid., pp. 42-43.

153 Taeusch appears particularly ruffled concerning advertising, in commenting that "where a general exodus of the population occurs during the summer, medical men surreptitiously advertise by announcing in spring and autumn respectively:

'Dr. A. will leave June 15 for the summer; his office will remain open until then at the following hours.'" Taeusch, op. cit., pp. 187-88. Taeusch suggests that an official board be established to adjudicate actual cases of advertising "employed conscientiously and sincerely by practitioners," contending that: "A comparatively small number of such cases would suffice to objectify and standardize matters--a boon to many a professional man who now acts in ignorance or in doubt." Ibid., p. 188.
Only one interviewee elaborated on the tradition inherent in the physician's code of ethics, stating:

It was Hippocrates' statement of the Oath that set the key for what was recognized as good medical practice. The M.D. was at one time the counsellor to the family and to his patient, and he was treated as a trusted member of the family. Also, it was stated that he would honor the household when he was called there at a time when adultery was rampant, along with other frowned-upon expressions of passion. Medicine in the United States started with the Flexner report. Flexner made a monumental contribution when he talked about the diploma mills of the country.

Of the entire group interviewed, only three physicians stated that the development of medicine would probably have been no different had a code of ethics never been formulated. One interviewee frankly stated, "The code is like the Bible. It has nice allegories, but do they fit the Twentieth Century? I don't think the code means a goddam thing. We should have a higher group of selection in the first place."

In maintaining, "I don't think it would have been any different," one interviewee stated that "the code is no more than a piece of paper with a lot of words on it. You can't legislate good practice." In contrast to this opinion, two physicians stated that the code of ethics has served the purpose of regulating physicians and "keeping a few people in line." These physicians discussed the regulatory function of the code in regard to medical malpractice, as did two other interviewees, one of whom stated:

Strictly speaking, we haven't got a code of ethics. Among ourselves here, we have a strict one. Take fee-splitting. We don't split fees. But in the depression, perhaps a healthy
appendix was taken out. So medicine might have been worse without a code, I guess.

Several physicians indicated a conflict in their view as to whether or not the medical code of ethics should be "idealistic" or "enforceable."

One interviewee stated:

The Hippocratic Oath says you're not supposed to cut for stones. That means you can't remove a kidney stone! The code should be idealistic. Out of 300 cases of doctors here, there were three occasions of unethical practice, and I think that's pretty good. If an offense is serious though, there ought to be a way to enforce it.

Another interviewee observed:

Comparing medicine here with some other states, we have a high type of medicine here because doctors are not allowed to advertise. And we don't have a lot of quacks. In California, you see everything advertised,—chiropractors, witch doctors,—everything! And I think that in itself is one thing that speaks for a code. It keeps medicine on a higher plane. I think a happy medium should be sought. It should be workable as well as idealistic. It shouldn't be so idealistic that it is impracticable.

Four interviewees maintained that the code of ethics has a selective function for the medical profession, in that it "attracts a higher type of individual," and that, without it, there would have been "a wider opening for charlatans." This selective function was related to the regulatory function of the code by one interviewee who stated: "It's helped to separate the sheep from the goats, and helped medicine clean its own house."

Three interviewees were particularly concerned that the code of ethics be enforceable. Of this group, one interviewee maintained that without the code of ethics, medicine would have been
the equivalent to plumbing or bricklaying. There's a way of obeying a law and obeying a law--get what I mean? You can do things that aren't ethical and not unethical at the same time. A rule without force behind it isn't worth a damn.

These interviewees, however, stressed the burden of responsibility placed upon the individual regarding ethical practices. A general practitioner stated that "honorable men need not have the law of ethics laid down before them. On the other hand, a code does put teeth into the profession to eliminate the bad apple." Two interviewees maintained that each physician has "his own code of ethics," one of them contending, "I have a code of my own that's a little more rigid than the code of the medical profession."

Although they disagreed as to whether or not the medical code of ethics should be an embodiment of ideals or a set of enforceable rules, only five interviewees did not discuss the code of ethics as a selective and regulatory factor in the profession. Of this group, three maintained that medicine would have developed in an identical manner without the code, while two stated that the code was a "natural" and "spontaneous" co-development. Of these latter, a specialist stated, "It's my observation that the code is a very natural and human development. If it wasn't for Hippocrates, someone else would have done it. I don't believe that medicine could have developed otherwise."

Only one interviewee stated flatly that he was never taught medical ethics. However, the manner in which ethics was transmitted to interviewees was vaguely described in such terms as "by exposure."
"informally and by inference"; "primarily by word of mouth"; "by osmosis"; "it's something you pick up"; "it's acquired"; they're "just handed down"; "by rubbing elbows"; and "it's a matter of gradual understanding." A few interviewees stated that they learned medical ethics through the family which contained members who were practicing physicians, while four interviewees stated that they had a course in medical ethics while students. Four interviewees stated that courses in medical ethics should have been included in the medical school curriculum. The vagueness with which interviewees discussed medical ethics may be illustrated by one physician's statement: "They revised the ethics this past year, but I haven't seen the revision." Another interviewee stated that medical ethics are no different from ethics in general: "We're taught ethics in college, but we naturally know what's right and wrong, anyway."

Of the physicians interviewed, two general practitioners discussed the transmission of medical ethics from older physicians to interns. "You just follow the professors and the older doctors on their rounds," one interviewee stated, "and it more or less rubs off on you." The other interviewee stated, "I had the fortune of having worked with some very fine old doctors who had been in medicine for many years. You can't find anyone more ethical than those."

In discussing the method of transmission of medical ethics, one interviewee stated that these represent "just a series of rules that allow
everyone to co-exist with a minimum of friction." This hint of the relationship between ethics and colleague etiquette illustrates the polar types of interpretation of the meaning of the code. On the one hand, the majority of physicians interpreted the function of ethical codes as regulatory and selective. On the other hand, in indicating what aspects of medicine are most discussed by physicians, colleague etiquette was emphasized. Only two interviewees stated that malpractice is generally discussed by physicians, one of them commenting: "That comes up in the big cities more, and I imagine in the Eastern and Midwestern cities. The quacks or charlatans are there in greater numbers, I guess." Three physicians stated that fee-splitting does not represent a problem to the physician, one of them commenting that ethics is occasionally discussed at medical parish society meetings. Each new member is interviewed by an orientation committee which goes over the local matters, too. The problem of fee-splitting is the worst skeleton that arises. Maybe I'm over-emphasizing that. That seems to be a joking matter. I've never seen an instance of it.

Several interviewees discussed a recent "talk" given by a physician on "general ethics." "At the meeting," one stated, "it's the same old re-hash and the same old stuff."

Three interviewees stated that physicians often discuss ethics in relation to clientele, one of them stating that physicians frequently talk about "the doing of needless expensive work or surgery--surgery by someone who isn't qualified." Several interviewees stated that physicians
discuss ethics among themselves as a matter of medical etiquette.

One physician stated, "Sometimes it's the manner in which a man conducts himself with reference to another physician. The Committee on Ethics is the least activated part of the local society." One interviewee, stating that physicians only discuss ethics occasionally, added, "Most of all it's the question of ethical conduct with consultants." Another interviewee stated, "All you have to do is the gentlemanly thing. If everyone sticks to the code, it will prevent feuds over 'you stole my patient.' It keeps the doctors happier and a lot closer." One interviewee commented, "I never ridicule another doctor," while another stated, "When people talk against other doctors to me, I have a remark I make to them. I usually say, 'He's a real good friend of mine,' and that discourages anything further." Ethical problems do not arise for the physician, one interviewee stated, if "you show respect to your fellow-doctor, and don't take patients from them."

Few interviewees stated that ethics presents a problem for them in their own practice, despite the fact that several stated their concern for the little attention paid ethics in medical schools and associations. The view that this may be attributed to relative reluctance to disclose professional problems to a layman is fortified by the fact that physicians who acknowledged that ethics is problematic to them personally generally discussed colleague relationships. One interviewee, stating that "little" problems arise daily, illustrated this by citing patients'
queries: "Who should I go to?" "I never name one doctor," the inter-
viewee explained, "I always name three doctors." Another interviewee
stated:

The big problem that comes up is patients' changing doctors
without notifying the previous doctor. We consider ourselves
professional merchants. We have something to sell, which is
our service. We like the patients to discharge the doctor pre-
viously treating them. This ethical thing sometimes goes too
far that way, though.

Another interviewee suggested that "there are some phases of the code
that doctors think are too strict. They argue about fee-splitting and
positions on hospital staffs, and what you may or may not tell a patient.
You live by the things you're taught." One interviewee stated that
ethical problems arise "in regard to consultation with patients who
were referred by another doctor. The ethics are in reality good moral
conduct. I just measure them by what I consider good moral conduct.
I would be as ethical to any other person as I am to another doctor."

One interviewee suggested that, with reference to ethics, "It was
just the attitude you had when you went into medicine. Either you were
or you weren't a simple, honest soul, free of lecherousness."

A physician previously salaried in an organization stated that
his ethical problems stemmed from this type of employment, and how
it was regarded by confreres. One interviewee stated that ethical prob-
lems occasionally arise, and are mainly concerned with treatment of
patients. Only one physician stated that ethical problems are a function
of his personal religious faith, stating that these arise in connection
with obstetrical-therapeutic abortions.

The interpretation of ethics in an immediate context thus changed the interviewees' meaning of "ethics" from malpractice to colleague relationships. In discussing the rationale for their own possible condemnation of a colleague for "unethical" activity, the failure to acknowledge ethical obligations pertaining to patients and to colleagues was cited by the majority of interviewees. Only two physicians discussed the height of unethical activity as malpractice. One of these interviewees stated that the most unethical physician is "someone so godlike he takes it upon himself to kill someone. There are ways for people to get around it, and they do." The other interviewee stated, "There are so many horrible things—like needless surgery, especially gynecological surgery for young women, and abortions." In both these cases, malpractice per se was not condemned, but the heinous effects of malpractice upon patients.

The failure to acknowledge ethical obligations to clientele was cited by twelve interviewees as the most unethical activity of which a physician could be guilty. Illustrations were drawn, including needless operations, the betrayal of the patient's confidence in his physician, dishonesty with a patient either by word or treatment, and willful negligence of the patient. One physician discussed the enormous responsibility of the practitioner, stating that the most unethical activity of the physician would result in the patient's death "from result of
neglect, as the failure to call another consultant in." Another interviewee stated that "anything that would jeopardize the welfare of the patients" is the height of unethical activity, while one physician stated that the ethical physician must "give the patients time and effort and as much knowledge as he has, and use his knowledge correctly."

The physician's obligation to subordinate considerations of profit to those of service, and the relationship of this to general welfare was discussed by one general practitioner:

A doctor should render services regardless of circumstances. That includes poverty, race, cult, creed and individual sanctity. The most unethical activity is the converse of that—to refuse to administer to someone for any of these reasons.

Only two interviewees stated that unethical activity signifies activity which reflects negatively upon the medical profession. One of these interviewees stated that physicians deserve to lose their license for such activities as falsification of an insurance examination, or the performance of abortions—"any act serious enough to bring disgrace to the profession."

Eight interviewees discussed unethical activity in the framework of colleague relationships. These interviewees illustrated unethical activity as unjust criticism of the physician toward his fellow-practitioners, the casting of aspersions about a physician "whom you are succeeding," and the appropriation of another physician's patient. One physician, not a private practitioner, stated:
I would suppose the Number One offense would be in regard to the proper handling and proper return of a patient after consultation to his original doctor. Number Two--and this is probably Number One--the most difficult thing that faces a doctor is the proper handling of a patient who discharges one doctor and goes to another one. He has to satisfy that patient without defaming the character of the first doctor. And he might not agree with what the first doctor did, but he can't say so. On the other hand, he might agree, but if he tells the patient that, it seems as though he is defending him.

The discussion of ethics indicates that physicians interpret the code as pertaining largely to questions of legality, such as malpractice, and to the problem of professional autonomy. However, in discussing ethical and unethical activity, as well as the daily problems of the practicing physician, various dimensions of the ethical ideal of the physician were mentioned and elaborated upon by interviewees. These dimensions, comprising the central concern of this dissertation, indicate the breadth and depth of the meaning of ethics to professional individuals. They indicate as well the inadequacy of discussing only those aspects of ethics within the province of a professional code which itself has not only a prescriptive function, but a protective one as well, and is a symbol of the solidarity of the professional in-group.

SUMMARY

As articulated in the foregoing pages, the ethical ideal of the physician, although affected by the secularization and specialization of the medical profession, as yet retains its own sphere of reality. Perhaps no dimension of that ideal was so clearly articulated as the
ethical obligations of the physician to immediate clientele. These obligations apparently transcend those to any other group, including the colleague group, inasmuch as obligations to the latter are not so much a matter of ethics as of etiquette. Although the interviewees maintained that the physician is morally obligated to preserve medical lore and to do so within the confines of the profession, his dedication to the application of that knowledge appears to be primary. This application immediately involves the patient, the object of professional services. It is in dealing with the patient that the physician applies medical knowledge with artistry as well as with scientific precision. Because of the nature of the medical consultation, the physician's professional work is regarded by interviewees as partially religious in character. The process through which mutual trust is established and maintained requires the ministerial insight. The physician treats the disease only through the person, and with the cooperation of the person. Hence, he recognizes his dependency upon his patients, and is keenly conscious of the impediments to realization of full mutual trust, as these are erected by patients, by groups extraneous to the doctor-patient relationship, and by his own personal oversight.

Largely because of his concern for his patients, the physician regards medicine as a calling, and professional life to be distinct from commercial life. But because his concern is an immediate one, he appears to perceive service to society as an ultimate goal realizable only
through service to his immediate clientele. His dedication, as a
practitioner, is to curative rather than preventive medicine. Simi-
larly in working within the hospital, the physician's ethical obligations
are predominantly to the patient within the institution.

Precisely because medicine is not a science, the physician
develops a unique style of practice in applying its knowledge. Hence
his rejection of interference from not only the lay world, but from col-
leagues as well. Even those regulations established for the protection
of clientele, such as conscientious recording of hospital records or
reports issued for medical staff tissue committees, are often regarded
as an intrusion upon the privacy of the physician's work and as a chal-
lenge to his integrity.

Because his life is so circumscribed by medicine, the physician,
appears to be dominated in his political and economic views by the
agencies of his profession devoted to "keeping him informed." Because
he has already achieved the acme of material rewards and recognition
(as compared with other professionals), the physician is largely inter-
ested in his status in the public eye. In discussing the community, the
interviewees were little aware of the possible ethical obligations to that
segment, not only because of their preoccupation with the public rela-
tions aspect of their profession, but also because of their allegiance to
immediate clientele. Only vague allusions were made to the health
problems in the community, for example, or the ratio of physicians to
the population.

On the basis of these interviews the sanctity of the doctor-patient relationship is more real than mythical to the physician. In order to fulfill his obligations to his patients, which apparently are considered by the physician as more demanding than those of any other dimension, he deems autonomy to be essential. Professional work for the physician is as much method as it is theory, and the knowledge which he uses is more a distillation of experience than the content of medical libraries. Because of his preoccupation with daily practice, the work of the physician is pragmatic. But because the object of his work is immediate and human, his pragmatism has an aura of the sanctity inherent in the history of medicine.
CHAPTER VI

CONCLUSION

Because of their relationship with the realm of the sacred, the work of members of the traditional professions is characteristically a "calling." A professional man is dedicated to the principles and practice of the knowledge contained in the tradition of his profession. This is the essence of his ethical obligations to the profession, involving dedication to the lore of the profession, as well as to any immediate organization which represents it. Hence, the professional man is dedicated to knowledge which is a compilation of centuries, and preserves and disseminates that knowledge for the benefit of humanity. Teaching and "practice" are forms of this dissemination.

Because of the specialization of knowledge, and the specialization in the world of work, professional men are drawn away from knowledge proper into its myriad branches. The bifurcation of professional status is but one result of specialization, which obscures the ethical obligation to the entire intellectual heritage of a profession. Another result of specialization are the cleavages within the profession, which divide professionals from one another as well as from their common interest in preserving the uniqueness of their heritage. In order to render continuous service to society, a group must cohere. While professional interest is narrowed because of its preoccupation with a single task, it
is deepened in exploring the foundations and meaning of that aspect of knowledge around which it is organized. Due to the profession's relationship with knowledge, professional men are obligated to unite in a common endeavor—to preserve that knowledge, to apply it in a spirit of excellence, and, if time permits, to contribute to it. Hence, professional morality is to some extent dependent upon group solidarity. Without the cohesion of a professional group, there is no assurance that the knowledge implemented by professional men will be transmitted to future generations, and thus remain an enduring part of culture.

Not only has knowledge itself become highly specialized, but the carriers of knowledge in the traditional professions have sometimes surrendered their autonomy to the laity. Although this has often been interpreted as a guarantee that professionals will thereby more fully realize their ethical obligations to society, the means of the fulfillment of ethical obligations to various dimensions of the ethical ideal have been expropriated from the province of the profession. Can ethical obligations be compartmentalized? If authority over decisions of a professional nature, involving the implementation of professional knowledge, is no longer exercised by professional men, it would perhaps be an unwarranted assumption that professionals would thenceforward accept the consequences of their work. The realm of "error" or "mistake" in professional activity indicates the necessity for making decisions, for weighing alternatives, for exercising professional judgment. The
professional decision cannot be fully described as a "calculation," because the profession was traditionally an art before it was a science, and also because the object of professional service is human. In medicine particularly, where errors of judgment may provoke tragic consequences, there is always an area of uncertainty:

The exact relation of the known to the unknown elements cannot be determined; the unknown may operate at any time to invalidate expectations built up on analysis of the known. Sometimes it may be known that certain factors operate significantly, but it is unpredictable whether, when and how they will operate in the particular case. Sometimes virtually nothing is known of these factors, only that the best laid plans mysteriously go wrong. In general the line between the spontaneous forces tending to recovery—what used to be called the vis medicatrix naturae—and the effects of the physician's "intervention" is impossible to draw with precision in a very large proportion of cases.

It is difficult, because of the necessity for professional judgment to be exercised, to take legal action against the professional man for technical incompetence. As Carr-Saunders and Wilson well note,

the quality of the service rendered is of the deepest concern to the client. He places his health and his fortune in the hands of his professional advisers, and he entrusts them with confidences of an intimate and personal kind. He is interested therefore not only in the technical, but also in what may be called the moral, quality of the service.

Because, and in spite of, the fact that the work of professionals cannot


be completely encompassed by law, professional men have their own morality which, according to the literature on the subject, transcends that of the milieu in which they work. Perhaps legal control of all the dimensions of ethical obligation is an impossibility since, in the last analysis, professional work can be adequately judged only by professional men. However, regulation of the professions by lay agencies formally relieves professional men from responsibility for those actions not specifically prescribed or forbidden by such agencies. Where the supreme agency of control is the state itself, as an embodiment of society, the locus of responsibility is pre-ordained, and the ethical obligation to serve society is made the ultimate dimension of the ethical ideal of the professions.

Again, where professions regulate the actions of their own members, the ethical obligations of these individuals are largely fulfilled through fulfilling obligations to the professional organization. Precisely because a profession is organized for such purposes as self-protection, it often assumes a tyranny of its own over its members, since its demands must be heeded in order that the welfare, indeed the professional status, of its members will be secured. This feature of professional organization prompts many writers to term its collective actions the products of "guild selfishness" or "tribal bias," and to challenge the integrity of its members. It is often assumed that where professions are self-regulating, only benefits accruing to professional
members are assured, and that ethical obligations to clientele and society are secondary to those to the professional organization and its members. The professional working within an organizational context is immune from this potential threat to the fulfillment of ethical obligations to dimensions other than the colleague group. However, as interviews with academicians indicate, without group solidarity there is no guarantee that the profession qua profession will survive, or preserve that uniqueness necessary for a continuity of service to society.

Inasmuch as the ethical ideal of the professions springs from tradition, the subordination of the professional man under this ideality cannot but qualitatively change from one historical period to another. To assign priority to any one dimension of the ethical ideal would constitute an historical judgment. Under socialism, the state theoretically commands the professional's ultimate dedication, and under capitalism this is not the case.

Tawney defines the essence of professionalism as a function of the fact that the profession

assumes certain responsibilities for the competence of its members or the quality of its wares, and that it deliberately prohibits certain kinds of conduct on the ground that, though they be profitable to the individual, they are calculated to bring into disrepute the organization to which he belongs. 3

Despite the variety of types of professional organization in different

historical periods and different countries, the professional man retains a traditional rejection of the merchant's dictum, _caveat emptor_. Indeed, he terms his work "service" rather than "ware" and hence can quantify the value of his services only with difficulty. He is, hence, not the prototype of the capitalist. On the other hand, the professional man is not traditionally a state functionary. In a socialistic state, he sheds his former identity as a "free" or "independent" professional, and as a member of the "liberal professions":

Alongside the general practitioner, the specialist, and the medical auxiliaries, a new type of doctor came into existence—a reformed version of Crabbe's "consequential apothecary, who gave impatient attention to these abodes of misery," the poor houses. The salaried doctor, the Medical Officer of Health, was largely the creation of Edwin Chadwick, who introduced the idea to the profession that some of their number should be responsible not to an individual patient but to the whole community. . . . the simple arrangement for professional services which had been adequate to the eighteenth century were hopelessly inefficient in the overgrown and insanitary towns of the nineteenth; the march of the specialists could not be stopped. It was significant that community doctors were from the first called officers.  

Apparently, in both socialistic and capitalistic societies, certain dimensions of the ethical ideal of the professions are not easily fulfilled, indeed, they are perhaps totally unrealizable. Antinomies within the ethical ideal are apparently a product of the historical milieu of the professions, rather than a reflection of inconsistency within the ideality

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itself. The principles of ethical obligation are perhaps universal, but apply most particularly to those individuals to whom is entrusted the fundamental welfare of man: the guardianship of his spiritual life, his physical well-being, his rights and duties as a citizen, and the cultivation of his intellectual faculties.

The traditional professions, rooted in the medieval period as was the university which nurtured the knowledge pertaining to each, became in time each a separate social entity. The specialization of knowledge not only divided profession from profession, but members of the same profession from one another, both in terms of function and of purpose. Only two of the four traditional professions have been studied in the present dissertation. Within the same society, each of these professions share a common past. To each has been attributed the several dimensions of the ethical ideal of professional life. Historical events, of course, have left them little else in common. However, a tentative comparison of the two professions would perhaps yield an understanding of the nature of the ethical ideal of the professions as it is interpreted in a living context.

A Tentative Comparison

The ethical obligations of physician to clientele are fulfilled only through establishing mutual trust in the doctor-patient relationship. Those of the professor to his student involve no such sacred connotations. Yet, both physician and professor are dependent upon the
cooperation of the client, inasmuch as health cannot be restored nor knowledge imparted without the assent of the object of professional services. Pride in professional services also depends upon the clientele, who are a manifestation of the professional man's work. Hence, in both professions, a sense of ownership may grow over individual students or classes, in the case of the professor, and over patients, in the case of the doctor. "Professional jealousy," and the intricate web of referral etiquette in the medical profession may reflect these tendencies. Each professional man presumably respects his colleagues' province; hence obligations to colleagues and to clientele intersect in this, as in many other respects. The impact of specialization upon both professions has resulted in a remoteness between practitioner and client, which the majority of interviewees decried. The professor desires the smaller class; the physician is concerned about the narrowing focus upon an isolated part of the organism, rather than upon the patient as a person.

Whereas specialization apparently divides the physician from his patient more than from other physicians, specialization within the academic profession has resulted in a division within academic ranks perhaps unparalleled in either law or medicine. This may be due to the close relationship of the professor with knowledge. Due to the specialization of the latter, its scholar and teachers are now united only in physical proximity within the university. The branches of
knowledge tend to divide professors, despite their ideal unity. Their obligations to scholarship tend to conflict with, rather than to supplement and enhance, their obligations as teachers. Unlike that of physicians, the group solidarity of university professors tends to be a matter of chance, rather than a natural condition of common purpose and activity.

The physician, the lawyer, and the minister live among laymen. Theoretically, they work within the whole community, whereas the academician works within only a special segment of it. However, as the service functions of the university multiply, and with the growth of mass education, this is no longer the case. The consequences of merging into the lay community include the obfuscation of professional status. For example, the very qualifications which might endow a man with the title of professor lack uniformity and the rigor of those which mark a man as a physician or a lawyer.

The academician tends to interpret his obligations to the "community" as springing only from the utilitarian value of knowledge. The radical difference between the obligations of the professor and of the physician to the community stems from the fact that "knowledge for all" cannot have the same meaning as "health for all." Also, the work of the physician is of the vintage of experience, while that of the academician is largely the product of thought. An interviewee who is both a professor and a physician commented that the medical school professor
should ideally practice as well as teach. Otherwise, he might "in-
culcate his students with the idea that, 'I am the Ressurection and the
Life; I am the Messiah.' Then the students find that no one has the
answer when they leave school." Medical school professors train
their students to be future practitioners; only some university profes-
sors have this same objective. While academicians variously emulate
excellence in scholarship and teaching, the physician subordinates in-
tellectual capacity to the ability to exercise, and to apply, the knowledge
of his profession.

Obligations to the institutions in which professional services
are rendered differ in scope. The professor performs all his work
within the orbit of the university; neither he nor the university can exist
without each other. But the physician does not have this intimate rela-
tionship with the hospital. It is only through his patients that he is at
all present in the hospital. Both institutions, however, link the pro-
fessional men to the community, and Lentz finds that the university
"serves only some of the people and thus has a narrower basis for the
tradition of altruistic service which dignifies the concept of the hospital
in modern society." Many interviewees characterized the university
in wholly secular terms, that is, as an employer of men, rather than:

5 From an interview.

6 Edith M. Lentz, "Hospital Administration--One of a Species,"
Administrative Science Quarterly, I (March, 1957), 448.
as an association of masters and disciples. The academicians' discussion of the university did not entail a unanimous desire for autonomy, whereas the physicians interviewed expressed their desire for increasing independence in the hospital. This is all the more significant, in that the professor lives his professional life wholly within the university. Academicians have become so specialized, and so distant from one another that the notion "faculty perspective" appeared to many of them as anomalous. In the hospital, the "medical staff" is a unit which, the writer was told by one hospital administrator, "always speaks with one voice."

If ethical obligations were only a matter of formal codes, established and uniformly adopted by professional members, a study of the ethics of the academic profession would be totally unwarranted. Ethical codes, however, are as much a symbol of professional solidarity as of professional morality. The ethical code of the medical profession defines most clearly and definitively the ethical obligations of physicians to one another; hence it is not unusual to find that, in discussing "medical ethics," interviewees made lengthy and numerous allusions to colleague relationships. Ethical codes, however, remain an outward sign of group morality. They have become so closely associated with professional status, that aspirants to that status generally draft a code of ethics as a matter of course. An inquiry into the meaning of ethical codes for both academicians and physicians
discloses the fact that few members of either profession are aware of the function of such codes. Often, interviewees stated that they had "codes of their own" more rigorous and more inclusive than any formal document. Ultimately, the majority of interviewees implied, the acceptance of moral responsibility is a personal act. Ethical obligation is eminently personal, and yet social due to the fact that its tenets are based upon interpersonal relationships, which they govern for those who accept them. More than one sociological theorist has eloquently demonstrated that the personal and the social are ultimately a unity.

It would appear that the core of professional responsibility is embodied in the practitioner-client relationship. Academic interviewees, in little agreement about any other dimension of the ethical ideal, clearly and lengthily articulated the professor's obligation to students. The physician likewise appeared preoccupied with the immense responsibility placed upon him, by virtue of his work with immediate clientele. Both physician and academician vividly described impediments to the fulfillment of their obligations to patient and student. Both expressed the desire to approach the client in a direct and personal way, and both were aware of the disruption of the former closeness of this relationship. Whether this be called an aspect of Gemeinschaft, of organic solidarity, or of primary relations, the person is treated as an end in himself, and not as an object, nor a means to other ends. The client is the link between the professional man's obligations to society. On
the basis of these data, the contention that the practitioner-client relationship is the foundation of professional morality is substantiated.\(^7\) This is not, however, to assign priority to this dimension of the ethical ideal of the professions. Rather, this generalization indicates that to professionals themselves, the immediate client embodies their most ultimate ethical obligations. Academicians, uncertain of their obligations to each other, to the community, to the university, to society, unhesitatingly affirmed those to university students. Physicians, particularly uncertain of obligations to the community and to society (witness their inability to elaborate upon the community's health problems, or the fate of the "stranger" in the city suddenly taken ill, or the ratio of physicians to population) were more than aware of their obligations to the patients whom they serve.

Antinomies within the ethical ideal of the profession appear only through the assignment of priority to any one of its general dimensions. No such judgment is made in the present dissertation. Empirically, the significance of the professional's obligations to clientele cannot be denied. It is, perhaps, through the clientele that the professional man subordinates his concern for personal welfare and material advancement to an ideal of service. Time willingly given to those in need of professional attention, and the application or extension of knowledge

\(^7\) Lewis and Maude, *op. cit.*, p. 59.
in a distinctive style would indicate that the value of professional service cannot be completely expressed in a market price or a government payroll check. To contend that the professions have merged into society proper, whether that society is socialistic, communistic or capitalistic, is to mark the loss of traditional professional characteristics. In each type of economic organization, different characteristics are surrendered. This does not, however, mean that the ethical ideal of the professions lacks all significance except for those who write of its several dimensions. The interviews on which Chapters IV and V are based indicate that, however imperfectly, the ethical ideal has a reality of its own for professional men. Neither academicians nor physicians felt that they were "understood" by the community. Many interviewees of both professions implied a qualitative difference between their work and that performed by non-professionals. Part of this qualitative difference is circumscribed by the ethical ideal of professional life.

In the course of the interviews, many statements, sometimes humorous, sometimes wholly without ethical implications, were volunteered by respondents. These statements may be analyzed in other, appropriate frames of reference. Perhaps the empirical study of ethics always represents a partial departure from the objective of research, as well as a descent from the pinacles of the theory on which it is based. This is due to the fact that it is difficult to express the
nature and extent of ethical obligations, particularly within an hour's time and to a comparative stranger. Interviewees had no prepared statements to make concerning most of the matters discussed in the interview, and often reminded the present writer that their thoughts were poorly expressed and "off the cuff" since they were compressed in such a short period of time. In spite of the limitations imposed by an interviewing situation, however, the many dimensions of the ethical ideal of the professions were explored by academicians and physicians. In both cases, at least one interviewee affirmed each dimension of the ethical ideal and his acceptance of the obligations it imposed upon him.

This initial study of the ethical ideal of the professions would indicate a criterion of professional status beyond those most competently explored by many students of Sociology. To the knowledge of the present writer, this dissertation is the first attempt to analyze all the dimensions of the ethical ideality imputed to professionals. As such, it is subject to all the limitations of a pioneering research. On the basis of the present study, it may be stated that the process of secularization has been incomplete in the sphere of the traditional professions. Although the professions are in many respects remote from it, the ethical ideality has not been imputed to their members without reason. In a small measure, the professions perhaps yet contain that principle of human fraternity to which Durkheim refers countless times
in envisaging the future society. This study was prompted not only by interest in the intriguing questions of moral responsibility, but also by the preoccupations of Durkheim and many other major theorists for whom Sociology was and is beset with ethical as well as existential problems.

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Dear Professor: 

I am a graduate student in the Department of Sociology, and am presently writing my doctoral dissertation. The subject of the dissertation is an analysis of university professors and physicians. I propose to analyze the relationships of both professions with three levels or groups: clientele (students/patients), professional colleagues, and the institutions to which professional services are related (the university/hospital). These relationships will be studied in terms of the ethical and social problems which they present to people in the academic and medical professions.

A vital part of the dissertation will be the expressed opinions of selected professors and physicians on several questions which I have devised in an interview schedule. These questions, centering around your concept of a profession and its relationships with the different groups with which it comes in contact, are designed to evoke a picture of both professions as professional members view them. Needless to say, the content and source of any opinion stated in the interview will be held in absolute confidence. Any materials from interviews which will be used in writing the dissertation will be so altered as to cancel out any connection between the content and source of what is quoted.

You have been selected as one of about 25 members of your profession whom I hope to interview. I expect that the interview will consume about an hour of your time. I realize the value of time to the professional person, and will make every attempt to work out an arrangement for an interview which would be most convenient for you.

I will call you within a day or two in order to make further arrangements. In the meantime, I wish to thank you most sincerely for your anticipated cooperation in this study. It is my hope that its findings will benefit your and the medical profession, as well as the general study of professional life.

Yours very truly,
(Mrs.) A. F. Borenstein, Research Assistant
INTERVIEW SCHEDULE FOR ACADEMICIANS

Of what professional societies are you a member? (Are you a member of the A.A.U.P.? (Of what clubs in the community are you a member?)

Approximately how long have you been an Instructor, Assistant Professor, Associate Professor, Full Professor? (About when did you receive your Ph.D?)

I. 1. In your opinion, is your profession a vocation or a calling? (Do you tend to think of yourself more as a (sociologist, chemist, etc.) or a professor?) (If you had not chosen this profession, what would the alternative have been?)

2. What would you say is the outstanding difference between a profession and a trade?

3. In what way do you differ from a Ph.D in your discipline who holds a non-academic position?

4. To your mind, what have been the outstanding achievements of your profession in, say, the last fifty years?

5. What is your view of specialization in institutions of higher learning? (Where would you say your discipline stands in relation to others in the academic world?)

6. How do you divide your time between teaching and research? (Would you say that any of these activities impinges upon the other(s) at any time?)

7. What kinds of contributions can the average person in your profession make (to his profession)?

8. In your opinion, what characteristics would the ideal or "model" academician possess? (How would the average person go about achieving this ideal?)

9. What would you say is the ideal situation for good university teaching?

II. 1. What idea would you say the public has of your profession today? (How did this concept happen to develop?)

2. Is there anything the public should know or appreciate about your profession that it does not? (What kinds of things are these?) (How should these be brought to the attention of the public?)

3. What would you say is the professor's relationship to the community surrounding the university? (What should it be?)

4. What would you say is the major educational problem in our society? (How should this be resolved?)

III. 1. What kinds of young people are entering the profession today?
2. What type of student do you consider the most desirable? (Undesirable?) (What would you say the student owes his professor?)
3. What would you say is an ideal class? (What are the elements that enter into an ideal class?)
4. How would you characterize the professor-student relationship? (Do you tend to think of students as individuals or as a group?)
5. Would you say that students ever tend to expect too much of the professor? (In what way?)
6. What would you say the professor owes his students?

IV. 1. In your opinion, who most controls university policy?
2. What is the role of the faculty in establishing and maintaining university policy? (What should this role ideally be?) (Have you ever felt that some departments are discriminated against?)
3. Who in the university least understands the problems and perspective of the faculty? (Is most remote from the faculty perspective?) (Least remote?)
4. Would you say the freedom of the faculty member is restricted in any way in the university?
5. If you were given the power, what change(s) would you introduce in the organization of the university?
6. What would you say the faculty member owes the university?

V. 1. There is a saying that, "Every profession leaves its mark on the man." How would you characterize academicians as a distinct professional group?
2. What kinds of individuals would you say tend to leave the academic profession?
3. Would you say that members of your (the academic) profession are highly individualistic, or that they tend to hold together as a group?
4. Do you tend to associate socially with members of the academic profession? (What do members of your profession tend to talk about when they get together?)
5. With what other departments in the university is your department most closely allied? (What departments would you say are most remote from yours?) (For what reasons?)
6. On what basis are faculty members usually evaluated by their colleagues? (What kinds of faculty members would tend to be discriminated against by others?)
7. What would you say a faculty member owes his colleagues?

VI. 1. The academic profession, in contrast to the medical and legal professions, has never established a code of ethics. Do you think such a code would have made any difference in the development of the academic profession?
2. What kinds of ethical conflicts does the academician face during his career? (How should these be resolved?)
3. What, in your opinion, is the most unethical thing an academician could do?

VII. 1. What would you say are the main sacrifices made by members of your profession? (Rewards?)
2. What profession would you say most closely resembles the academic profession? (In what way?)
LETTER SENT TO PHYSICIANS

LOUISIANA STATE UNIVERSITY
College of Arts and Sciences
Baton Rouge 3, Louisiana

Department of Sociology

Doctor

_____________________________________________________________________

Dear Doctor:

I am a graduate student at Louisiana State University, and am presently writing my doctoral dissertation. The subject of the dissertation is an analysis of physicians and university professors. I propose to analyze the relationships of both professions with three levels or groups: clientele (patients/students), professional colleagues, and the institutions to which professional services are related (the hospital/university). These relationships will be studied in terms of the ethical and social problems which they present to people in the medical and academic professions.

A vital part of the dissertation will be the expressed opinions of selected physicians and professors on several questions which I have devised in an interview schedule. These questions, centering around your concept of a profession and its relationships with the different groups with which it comes in contact, are designed to evoke a picture of both professions as professional members view them. Needless to say, the content and source of any opinion stated in the interview will be held in absolute confidence. Any materials from interviews which will be used in writing the dissertation will be so altered as to cancel out any connection between the content and source of what is quoted.

You have been selected as one of about 25 members of your profession, ___ of whom I have already interviewed. Your name was selected, due to the fact that I wish to include a proper representation of (your specialty, general practitioners) in this study. I expect that the interview will consume about an hour to an hour and a half of your time. I realize the value of time to the professional person, and will make every attempt to work out an arrangement for an interview which would be most convenient for you.

I might mention that I am currently employed at the University as a research assistant in a project devoted to the study of hospital administration. Therefore, since I have spent much time in one of the hospitals here, it is altogether possible that you are not wholly unfamiliar with my name.

I will call you within a few days in order to make further arrangements. In the meantime, I wish to thank you most sincerely for your anticipated cooperation in this study. It is my hope that its findings will benefit your and the academic profession, as well as the general study of professional life.

Yours very truly,
(Mrs.) A. F. Borenstein,
Research Assistant
INTERVIEW SCHEDULE FOR PHYSICIANS

Of what medical societies are you a member?

What journals do you read more regularly than any others?

How long have you been practicing medicine? (Have you been a g.p., specialist, during that entire period of time?) (Could you briefly trace your career?)

I. 1. In your opinion, is your profession a vocation or a calling? (Did you always think you would be a doctor?) (If you had not become a doctor; what do you think the alternative would have been?)

2. What would you say is the outstanding difference between a profession and a trade?

3. In what ways would you say a physician differs from a businessman?

4. To your mind, what have been the outstanding achievements of the medical profession in, say, the last fifty years?

5. What is your view of specialization in the medical profession? (Where would you say your specialty, general practice, stands in relation to the rest of the profession?)

6. Would you say that a physician needs to use imagination in any phase of his work? (In what way does a physician use imagination in his work?)

7. In your opinion, is medicine an art or a science?

8. What kinds of contributions can the average physician make (to his profession)?

9. In your opinion, what characteristics would the ideal or "model" doctor possess? (How would the average doctor go about achieving this ideal?)

10. What would you say is the ideal situation for good medical practice?

II. 1. What idea would you say the public has of the medical profession?

2. What kinds of complaints does the public have about the medical profession? (Would you say that these complaints are justified in any way?) (What should a physician think about in charging a fee?)

3. Is there anything the public should know or appreciate about the medical profession that it does not? (What kinds of things?) (How should these be brought to the attention of the public?)

4. How many physicians are needed, say, in a community of this size, to meet the need for adequate medical care?

5. In your opinion, what are the major health problems of this community?

6. If a stranger in the city needed emergency medical care and called a physician at random from the telephone book, what kind of response would he be likely to receive?
III. 1. What kind of patient would you say is most desirable? (easiest to handle?) (What kind of patient is the most difficult to handle?) (What would you say the patient owes the physician?)

2. How would you characterize the doctor-patient relationship?

3. Would you say that patients ever tend to expect too much of the physician? (In what way?)

4. How much do you think a patient should know about his case?

5. What kinds of dilemmas could arise in dealing with a difficult case? (How should these be resolved?) (Have you ever had to tell a patient something he did not want to hear?) (How does a doctor go about that?)

6. What kinds of mistakes could a physician make in dealing with patients?

IV. 1. In your opinion, who most controls hospital policy?

2. What kind of hospital administrator would be more desirable—a physician or a layman?

3. Who in the hospital least understands the problems of the medical profession? (Most understands them?) (Is most remote from the physician's perspective?) (Least remote?)

4. What do you think is the most important group (or person) in the hospital?

5. Do you think there is any disadvantage in not having interns in the hospitals here? (What are those disadvantages?)

6. Have you ever felt that hospitals over-charge patients?

7. Have you ever felt that there are inadequate facilities in this area for charity patients?

8. Who in the hospital is most demanding on the physician?

9. In what ways would you say the hospital limits the freedom of the physician?

10. What would you say the physician owes to the hospital?

V. 1. There is a saying that, "Every profession leaves its mark on the man." How would you characterize doctors as a distinct professional group?

2. What kinds of doctors would you say tend to go into research? (Do you feel that preventive medicine is developing at the same pace as curative medicine?)

3. What kinds of doctors would you say tend to become medical school professors?

4. What kinds of doctors tend to go into industrial medicine? (What would you say is the main difference between a salary-basis and a fee-basis practice?)

5. Do you think a doctor should "go it alone" or do you think group practice is preferable?
6. Would you say you tend to associate more with doctors socially than with any other group?

7. What do doctors usually talk about when they get together? (Do they tend to "talk shop"?)

8. On what basis are doctors usually evaluated by their colleagues? (What kinds of physicians would tend to be discriminated against by other physicians?)

9. What would you say a doctor owes his colleagues? (What kinds of mistakes could a physician make in relationships with his colleagues?)

10. Would you say that physicians are highly individualistic, or that they tend to have a great deal of solidarity as a group?

VI. 1. Do you think the development of medicine would have been any different without a code of ethics?

2. How were medical ethics taught to you?

3. Can you think of an instance when ethics arose as a problem for you? (Was there a conflict between two different parts of the code?)

4. What problem of ethics do physicians discuss most frequently among themselves? (At medical society meetings?)

5. What, in your opinion, is the most unethical thing a physician could do?

VII. 1. What kinds of young men do you think are entering medical school today?

2. Do you think that academic success and professional success are correlated?

3. What do you think are the main sacrifices made by physicians? (Rewards?)

4. What profession would you say most closely resembles the medical profession? (In what way?)
VITA

Audrey Farrell Borenstein, was born on October 7, 1930, in Chicago, Illinois, where she completed both her elementary and secondary education. She was graduated from Josephinum High School in June, 1948, and in September, 1949, she enrolled at the University of Illinois, at the Navy Pier Branch in Chicago. In September, 1951, she transferred to the main University of Illinois campus in Champaign-Urbana, Illinois, where she received her Bachelor of Arts Degree in Sociology in February, 1953. In September, 1953, she married Professor Walter Borenstein, and in August, 1954 she was awarded the Master of Arts Degree at the University of Illinois in Sociology. She enrolled at Louisiana State University in September, 1954, where she is presently a candidate for the Doctor of Philosophy Degree in Sociology.
EXAMINATION AND THESIS REPORT

Candidate:  Audrey Farrell Borenstein

Major Field: Sociology

Title of Thesis:  The Ethical Ideal of the Professions: A Sociological Analysis of the Academic and Medical Professions

Approved:

[Signatures]

Major Professor and Chairman

Dean of the Graduate School

EXAMINING COMMITTEE:

[Signatures]

EXAMINEE:

[Signatures]

Date of Examination:

April 24, 1958