12/01 Specialization and Medical Education

Technology, Transformations, and Tensions
Jokes about medical specialists: e.g. duck hunting

Specialists and Generalists in the 19th century
Generalist ideal: comprehensive knowledge of medicine, and of patients
Specialists (e.g. oculists, dentists): lower prestige

Rise of Specialists
Changing theories of disease: local pathology, local expertise
Specialize by organ system: neurologists, dermatologists
Specialize by disease: syphilology, oncology
Emergence of new technologies: radiologists, cardiologists (EKG)
Urbanization, population density, and medical hierarchies

Specialists and Tensions
Urban-rural disparities in access to specialists
Who makes the diagnosis -- clinicians or technicians?
Sources of confidence
How is responsibility for a patient divided?
Challenge of integrating treatment

Reforms in Education and Licensing
Should Hopkins be an elite school, or the model for all schools?
Flexner Report, 1910
Improving status and restoration of medical licensing by states
AMA, state licensing boards, and standardization of medical education
Rise of postgraduate training: internships
Specialties and the rise of residencies and accreditation exams

Consequences
Improved status, prestige, and income for the profession
High barriers to access: limited access for minorities and women
Portable credentials
Costs: do doctors require 12 years of training (vs. Europe)
Does Boston require more cardiologists than England?