



The Social Transformation of American Medicine: The Rise of a Sovereign Profession and the Making of a Vast Industry

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Winner of the 1983 Pulitzer Prize and the Bancroft Prize in American History, this is a landmark history of how the entire American health care system of doctors, hospitals, health plans, and government programs has evolved over the last two centuries.

"The definitive social history of the medical profession in America....A monumental achievement."—H. Jack Geiger, M.D., *New York Times Book Review*

The Social Transformation of American Medicine: The Rise of a Sovereign Profession and the Making of a Vast Industry Details

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Emily says

This was my first "official" book for grad school and certainly did not disappoint. I'm glad I started with Social Transformation as I'm sure it will lend greater insight into everything else I read for school. Starr goes into incredible detail of how the medical profession and healthcare system arose in America-- predictably, perhaps, it is both fascinating and frustrating. I'm not sure how to sum up my thoughts in any concise and illuminating way so I will just say: I learned a whole heck of a lot and am thankful that I read this book. It's going to inform my thinking and stay on my mind for a long time to come.

Tom says

As others have noted, this book is not a short read. I have many pages underlined and notes on the blank back pages. I will return to it as a reference in the future.

The book was originally published in 1982, but this edition has an addendum taking the issues up to 2016, so it is fairly current. It is about American medicine, but there are some parts that are similar to Canadian medicine, specifically the autonomy of the medical profession is similar, though it appears in recent years, American physicians are losing their autonomy to large medical corporations. In Canada, the erosion of autonomy is from government and seems to be proceeding at a slower pace.

Samuel says

Essential

This book is long, but it's absolutely essential reading for anyone with decision making input in health care to understand how we got where we are.

Carol says

This outstanding history, published 1984, of the system, or lack of it, of health care delivery in the USA is exceptionally relevant now, 2009, during the health care debates. It's a long, detailed book, but it's objective and well-referenced. It's exceptionally useful in describing developments in the post-World War II era. Forces set in motion during that period continue to this day. Some details are fascinating, e.g., the author believed that the best opportunity for national health care came in 1974, in motions proposed by Ted Kennedy but likely to be credited to Nixon who was then enduring the revelations of Watergate. That scandal and the opprobrium then attached to Nixon probably can be blamed for the death of that attempt.

Frank Stein says

I was suspicious that this might be a historically-based political screed, since Paul Starr has been active in liberal political health care circles for years, and he was one of the major "economists" to sign on to a petition for Obama's health care bill (he's actually a sociologist but hell, they were taking anybody they could get). Beyond his political credentials, I was worried that Starr would impose a stale sociological narrative about "social control" on what was actually a typical industrial economic evolution, where dollar efficiency mattered more than "cultural authority." Yet by the end of the book I have to admit that Starr more than proves his case for a social analysis, and he masterfully shows how physicians in America have garnered more social and political power than physicians in any other society on earth. Overall and to my surprise, I learned more from this book than from any other I've read in recent memory. Its sweep across the entire history of American medicine is fantastic, detailed, and constantly surprising.

The first half of the book deals with doctors ability to control the private medical market for their own ends. It is a fascinating case study of how a private group can monopolize and restrict a market by using its own power and influence. For instance, after AMA membership became a requisite for cheaper malpractice insurance in the late 1800s, the national organization used its muscle to ban patent medicines from almost all national newspapers (which had almost single-handedly financed those newspapers' rise) and demand that all prescribed medicines ban advertising to the public and not print their uses on their label, so only doctors could understand and administer them. This of course increased doctor's fees for both prescriptions and visits. The AMA's control over which medicines were recommended as "legitimate" also allowed it to fund itself almost entirely from doctor-directed ads in the JAMA, where medicines vied for favor. The AMA then funnelled some of these ads and funds to state doctor associations, increasing its control over these groups and allowing the national organization to more fruitfully hold the threat of banishment over those local doctors who joined pre-paid group or fraternal insurance plans (all private mind you, but supposedly demeaning to every doctor's authority).

The second half of the book deals with how doctors and the AMA dealt with the growing power of government and resisted its blandishments throughout the 20th century. It is full of interesting facts often neglected in the quickie health care histories provided in newspaper articles. For instance, World War II didn't cause the rise of health insurance, the Wagner Act of 1935 that guaranteed collective bargaining did, and the War didn't make health insurance tax deductible, a little known 1954 decision by the IRS did. Even Obama cites Teddy Roosevelt's early call for national health insurance in 1912, but few today remember, or want to remember, that both Nixon and Ford briefly called for national health insurance as an idea whose "time has come." The 1973 HMO bill cited by demagogues like Michael Moore as the end of good health care, actually inhibited HMO growth by loading it with expensive perks demanded by Congress (in a similar vein, see the 2009 PPACA).

Looking back I realize that I covered almost the entire book in underlines, and upon review I took pages and pages of notes on the even more salient stuff. This is simply the best book on health care out there, and everybody should read it.

Michael Burnam-Fink says

Starr's book is one of the landmarks in the history of medicine. Using a framing theory of professional authority and a desire for independence, he examines medicine in America from the late Colonial period up through 1980. This book is sometimes overwhelming, but rarely obscure, and useful for both scholars and interested laymen. Starr explains the major periods of American medicine (disorder and disrepute to about 1870, standardization and professionalization from 1870 to WW2, and specialization and conglomeration after WW2) and their broader social and political contexts in education, public health, hospitals, and how doctors are paid.

Obviously, this book doesn't cover the past 30 years, and Starr is interested more in the character of a defined era than the actual moments of transformation, which to be fair, may be too elusive to really observe in a historic sense. But for anyone interested in why American healthcare is so expensive and why it is so resistant to reform, this is a definitive history.

Joseph Petzelka says

Amazing piece of political history and the evolution of the American health care system.

Christy says

Reading Paul Starr's summary here in a Sociology of Medicine undergraduate class in the early 80s I realized how we thoroughly screwed up American healthcare starting towards the turn of the 20th century when the rapidly scientising and professionalizing field of medicine ran smack dab in the middle of the height of monopoly capitalism searching for the next big profit. Healthcare, what we can surely all understand as a human concern, a human, public concern, became a business concern. All that's happened over the 30 or so I've tried to keep abreast of "sociology of medicine" issues, while our cost of healthcare in the US went from 13% to 18% of our GNP.

Given that neither Obama nor Clinton could even start to decouple business from healthcare, I assume Trump isn't going to perform any magic. Even with the benefits of the Affordable Care Act, Obama was unable or unwilling to break the chokehold of either the insurance racket or Big Pharma, which is the only way to make a healthcare system truly "affordable" as well as equitable in the US.

Vikas Erraballi says

For a Pulitzer winner, could have been better organized

S says

"By the 1920's the medical profession ...had helped shape the medical system so that its structure supported professional sovereignty instead of undermining it....Over the next few decades...advances gave physicians increased mastery of disease and confidence in their judgment and skill. The chief threat to the sovereignty

of the profession was the result of this success."

By far the best of the many books I have read on American Healthcare. The sequel (Remedy & Reaction) covers the 1980's-2010 (immediately post-ACA).

Paul Tibbits says

Seminal work describing in detail the progressive political enfranchisement of the medical profession (and now the industry surrounding it). Necessary for anyone who wants to understand the current incentive framework foundation of American medicine, and the thought processes and the sociology of its practitioners.

Sumit says

An extremely comprehensive account of how the medical profession got to be in its current position in the US, from the early days of our nation to now (the original book covers the period until 1982, but the epilogue has been revised to cover 1982-2016). This is critical context for anyone working in the industry today. While I started the book thinking I knew the reasons that our healthcare was the most expensive in the world with outcomes worse than the rest of the G7, I quickly learned there was much I was missing. While I believed in (likely common) myths such as that a national insurance system for the US was only recently considered politically viable (it turns out FDR, Senator Kennedy, and others pushed for it throughout the century) or that the lack of such a system was only due only to political fights between liberals and conservatives (this is only somewhat true for the last century; the medical industry itself played a large part), or that the medical care system has always been the domain of large hospital/care corporations (this is only true in very recent decades). More than anything else, this book highlights the power of medical professionals, who in the early days of this country existed in a position of relative poverty and mistrust, but over the centuries, without government or economic authority, forged the ability to regulate and create barriers to entry to medical care, and exercised almost sovereign power of self-determination and income until recent decades, when corporations have essentially made most doctors into employees. Medical professionals in the US fought effectively over this period to keep governments from obtaining bargaining power in order to maintain control and income levels, and now hospital/care corporations that employ an ever greater number of doctors are taking that control and leveraging that structural advantage. Understanding that history is key to understanding why our prices for medical care are so high and why so many efforts to regulate the industry have failed.

While a must-read for anyone who works on the business side of the medical industry, the book excels in its coverage of details but often misses out on the opportunity to provide high level summaries and trends. While there are a few exceptions to this (the epilogue is notable, probably because it has to cover 1982-2016 in one chapter), for the most part it is easy to get lost in the various changes and legislation from decade to decade without getting a clear sense of the big picture. Also, while the level of detail is comprehensive, the book is exceedingly long, and I feel a shorter work that focused on the trends and left many of the details to

footnotes may have had a greater impact. As it stands, I suspect most people won't make it through the entirety of this nearly 600 page book.

Bill says

Pulitzer-winning history of exactly what the title says. It is an incredible piece of history that describes how the American medical profession rose to a position of social authority over the course of the twentieth century to become perhaps the most prestigious--and affluent--profession in modern America. A classic.

Nathanael Roy says

Paul Starr splits this history of American medicine roughly before 1930.

Before this point, physicians rose in authority and managed to remain independent from corporate or government control. Starr speaks in generality of American society and American medicine both following a trajectory of becoming "more egalitarian and less equal" as systems and ideas spread and opportunities became more widespread and yet power was consolidated among small number of elites in ever increasing quantities.

In the early days of medicine, effectiveness and understanding was not the rule. "Quacks" that favored natural remedies, such as Samuel Thomson, were common practitioners in a field that had low barriers to entry. Licensing and authority had not yet taken hold. Slowly, American physicians assimilated different factions into its institutions. Around 1816 in Paris, therapies were evaluated statistically and as doctors in America had to go through similar medical experiences and similar licensing requirements the views became more homogeneous. Ultimately the march in this period was a slow one toward a gain of public trust in the authority of individual physicians and the need for physician independence. The ideal that grips the public consciousness when buzzwords like "patient centered care" are spoken is the ideal that physicians worked to gain during this long period.

After 1930 saw the rise of cost and complexity in medical care. The AMA and the institution of medicine lost some of its authority with the rise of insurance, corporate control, and the new deal. The accommodations made to these institutions helped fuel antibiotics, a rise in technology in American medicine, a huge increase in access, and massive amounts of funding.

At the same time as medicine was becoming more effective, physicians themselves became more exposed to both market forces and to public scrutiny as the rise of costs became concerns to politicians and businesses that were now involved in medicine. Much of the public started to view healthcare as a right and wanted a universal insurance program that would cover everyone but that the AMA and medical establishment more generally viewed as a threat to their sovereignty.

Starr traces how again and again, reform failed to become a reality, and yet ever more complex mechanisms were put in place to increase access and attempt to constrain costs.

This book is huge. It may be old but many of the problems and realities grappled with in the current time can be traced back through this history of medicine. I enjoyed this long view of American Medicine. It is no

longer up to date and needs to be supplemented but it goes a long way toward answering many of the questions of "where did that come from?" in the current structure of medicine

Vivian says

Despite being published in the 1980s, I think this book offers many insights into the circumstances and forces that shaped the medical system into what it is today. Unlike many books on the history of medicine that detail the individuals and discoveries that have influenced the practice of medicine, this book focuses on the political and economic forces that have determined how health care is delivered in the United States. The main force is self-interest, which surprises cynical me not at all, unfortunately. It was interesting to learn about the way licensing was used by early doctors as a gateway to limit entry into the profession, how the American Medical Association gained strength and what its agenda has been in the past, and how the hospital as an institution has evolved. It was interesting and particularly aggravating to learn how close we've come to a national health insurance several times in the past, and yet we've never been able to bring it about. While the subject matter seems academic and heavy, the book is very readable, and I highly recommend it for those interested in the health care system in the United States.
