SUPERVISED AUTONOMY:
MEDICAL SPECIALTIES AND STRUCTURED CONFLICT IN AN
AUSTRALIAN GENERAL HOSPITAL

J. Gary Williams

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ABSTRACT OF THE THESIS

This thesis describes and analyses changing relationships between the medical profession and the state, and within the medical profession itself, as acted out in the arena of an Australian public hospital. The methodology and the arena have been chosen deliberately. Based upon ethnography, both participant and observational, and upon historical material, I argue that a critical feature of hospital culture is the diminishing autonomy of medical staff in the face of increasing state intervention. Furthermore, developments within the medical profession have facilitated an increasing subordination to and a consequent progressive penetration by bureaucratic ideals and practices. The result has been a process of fragmentation whilst, at the same time, continual attempts have been made to achieve unity by reinforcing or restating professional ideals. This contemporary situation is analysed by a careful ethnographic investigation which attends to the hospital's present and makes accessible and useful its historical process.

The thesis proceeds from the work of Freidson and Willis but extends their work by addressing the problems of professional autonomy and medical dominance within an Australian hospital. At a practical level, it became apparent that the medical world described by both authors was not totally congruent with the experience of some categories of hospital staff. At a theoretical level the question arose of the generalisation of the arguments of Willis and Freidson, and of the relevance of the medical dominance perspective to the position of the medical staff at a general hospital.
The analysis here is based upon a series of extended case studies which have been chosen for their ability to test or to clarify some of the elements of my position. Other critiques of medical dominance theories have emphasised proletarianisation or deprofessionalisation of the medical profession. Whilst I address both of these theories in the corpus of my thesis, my argument adopts neither stance in totality. Rather, the case-study material leads me to a concept of supervised autonomy.

The analysis of conflict, both within the medical staff and between the staff and the state, points not only to the need to re-examine the medical dominance perspective but also to the inadequacy of a static approach to the analysis of a profession. In particular, the process of increasing employment by the state of professionals in its institutions has allowed state heteronomy to erode professional autonomy and the hospital formed an important stage for this struggle. I argue further, however, that orthodox models of bureaucracy and professionalism are insufficient to analyse fully the structural position of the hospital medical staff. The perspective adopted in this thesis is that the hospital functions as an arena for control of the medical staff. I argue that medical supervision is a consequence of the development of the discourse of managerialism and economic rationalism.

Finally, the increasing centrality of the hospital to the medical profession derived from the opportunities it presented for specialist practice. The fragmentation resulting from specialisation increased the need for and the power of hospital coordination. Therefore, whilst the hospital provided a source of medical prestige, simultaneously the need to rationalise patient care laid the foundations for a decline in medical power. This paradox constitutes a central feature of the thesis, even within the doctor-patient relationship. At this level the
application of medical technology has been modified by attempts to reconstruct a fragmented patient.