

Current Transition of the Physician's Professionalism and Doctor-Patient Relationship

Han Joong Kim, Chong Yon Park and Myongsei Sohn

In recent years, the physician's professionalism seemed to be facing or experiencing a phase of change. To investigate this phenomenon, social perception and attitude toward physicians were surveyed and analyzed. The subjects consisted of three types of sample group, namely, the general public, physicians, and medical students. Data were collected through interviews, mailing, and self-administered questionnaire surveys to each sample, respectively. The results of analysis showed us that social evaluation of physicians in Korean society exhibited ambivalent perceptions toward physicians. The physician's occupational status was generally evaluated by the three samples as being in a higher stratum in the social structure. But there were great gaps between their perceptions of the change in the physician's occupational status. While the general public perceived that the physician's status might improve in the future, physicians and medical students predicted an absolute declination of the status. Although the general public sympathized with the physician's characteristics as a professional group, an apparent tendency to assume the attitude of a fairly equal relationship toward physicians has increased. The transitional change in the physician's professionalism could be observed through the ubiquity in the perception of the patient's rights in doctor-patient relationships. Such phenomena are believed to have caused physicians to think that not only has their status declined in recent years but also that this declination of social status would continue in the future.

Key Words: Physician's professionalism, social status, doctor-patient relationship, transition

One of the established facts about physicians is that they are probably the most representative professionals. In Korea, physicians are classified as upper professionals along with professors and lawyers (Hong 1988). Although there are differences to a certain extent in each society, physicians, in general, occupy the highest social status by almost all criteria that makes up the standards of so-

cial class, such as prestige, income, and power.

Recently, however, some indications of change concerning the social status of physicians have been appearing on the scene in certain advanced industrial societies (Haug and Sussman 1969; Haug 1976; Starr 1978; Haug and Lavin 1979; Burnham 1982; McKinlay and Arches 1985; Eisenberg 1986; Freidson 1986; Reed and Evans 1987; McKinlay and Arches 1988; Ritzer and Walczak 1988; O'Connor and Lanning 1992). It has been argued that in the United States, for example, the professional authority of the physician has been eroding ever since the spread of consumerism in the field of medicine in the 1970's (see especially Haug and Lavin 1983). In Korean society, also, the same argument has proved persuasive since the adoption of the national health insurance; at least among physicians, there is

Received February 11, 1993

Accepted March 15, 1993

Department of Preventive Medicine, Yonsei University College of Medicine, Seoul, Korea

This study was supported by the Faculty Research Grant from Yonsei University College of Medicine (1992~1993)

Address reprint requests to H J Kim, Department of Preventive Medicine, Yonsei University College of Medicine, C.P.O. Box 8044, Seoul, Korea, 120-752

a social consensus in the perception that the social status once enjoyed by physicians in the past is now deteriorating (The Korean Medical Association 1989; Medical Practice Research Group 1989; Council for Private Clinic 1991).

The purpose of the present study is to focus on such a change of professionalism in the medical profession as represented by the change in the social perception of the physician's social status and doctor-patient relationships.

The change in the physician's professionalism seems to be directly related to the social attitude toward physicians. In Korea, since the beginning of the 1980's, there have been debates among physicians on the decline of the physician's social status, but unfortunately the arguments were superficial and fragmentary, and had no foundation on empirical evidence through analytical research (Kim 1980; Bahk 1985; Cho 1986).

In contemporary Korean society, the nature of the medical profession seems to be in a phase of transition following the change in the traditional doctor-patient relationship (Chun 1984). In the general public's perception of medicine, the authority of physicians seemed to decrease especially after the adoption of the health insurance, while consciousness on the patient's rights seemed to increase (Moon 1991).

The social perception toward physicians will be surveyed and analyzed in this research in order to examine the change in the physician's professionalism. In the social evaluation of a certain profession, especially in the case of physicians, social attitude concerning the doctor-patient relationship is an important yardstick of measurement for the physician's social status and professionalism (Bloom 1963). A professional group's social status can be secured only when the authority and autonomy of the profession is acknowledged socially (Starr 1982); therefore, it is necessary to analyze the social attitude and perception toward physicians in order to analyze the change in the nature of physicians as a professional group. This analysis on the social evaluation of medical professionals will illuminate the major factor that can explain the changing trend in the physician's professionalism.

METHOD

Framework of analysis

Professionalism might be defined as "vocational characteristics which make to be perceived socially as a profession". Concretely, professionalism might be said to consist of professional authority, autonomy, social confidence including the possession of specialized knowledge or techniques, service orientation, and code of ethics (Greenwood 1957; Goode 1960; Pavalko 1971). Following this conceptualization, the trend of medical professionalism can be evaluated by the physician's social status or doctor-patient relationship: namely social perception of, and attitude toward, physicians.

Based on this concept of professionalism, a framework of study can be established as in Fig. 1. In this framework, it was hypothesized that the change in social structure affects social perception toward physicians, including the physician's social status and the doctor-patient relationship. It was also hypothesized that perceptions toward physicians affect medical professionalism. On these assumptions, an analysis was conducted on how the socio-demographic characteristics were related to the perception about the physician's social status and the doctor-patient relationship.

Subjects

Subjects questioned to collect data for this study consist of three categories of samples from the general public, physicians, and medical students. The survey was conducted through interviews, mailing, and self-administered methods, respectively, using standardized questionnaires during the period from the end of August to September, 1992.

It was assumed that the three groups would have different perspectives and evaluations on the physician's social status, authority, and autonomy; thus an independent survey was conducted for each category of subjects. While the general public, as a nonprofessional group, can evaluate the physician's professional characteristics from a detached point of view, physicians themselves

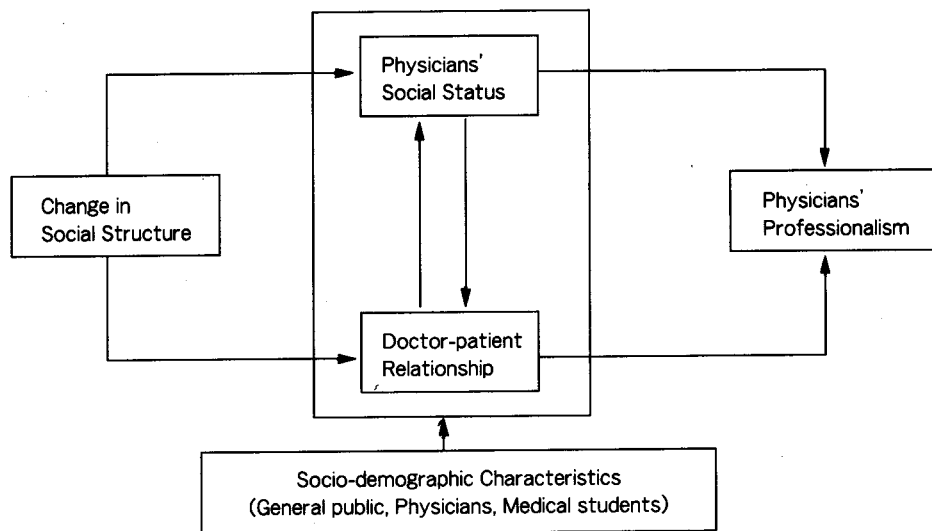


Fig. 1. Framework of study.

would have an insider's point of view. On the other hand, since the medical students are in the transitional phase of going from a member of the general public to a professional physician, it was considered that they would have different viewpoint from the above two groups (Kim *et al.* 1983; Lee *et al.* 1985). Hence these three categories of subjects were surveyed separately.

An interview survey was conducted for the general public. The geographical area under survey was limited to Seoul, and the sample size was set for 500 people. The reason for geographically limiting the survey to Seoul was that since the purpose of this study is to analyze the change of the social perception and attitude on the physician's professional characteristics in the process of industrialization, it was not absolutely necessary to incorporate into the study the perception of the residents of the rural areas. The sample was selected using the multi-stage stratified sampling method which is commonly used in opinion polls. Subjects consisted of adults 20 years old and over.

The subjects for the survey of physicians were made from the 1991 Membership List of the Korean Medical Association, and their opinions were gathered through a mailing

survey. The questionnaire was sent along with a letter requesting cooperation for this study and a return postcard. Of the 800 physicians to whom the questionnaires were sent, 242 physicians (30.3%) replied. To collect data on medical students, a self-administered questionnaire survey was conducted on students from one medical school located in Seoul and two medical schools in other provinces. About a third of the total number of students in each school was included in the sampling, and 375 students responded. After eliminating the replies which were problematic to be analyzed for one reason or another, a total of 367 responses were incorporated into the analysis.

Contents of the survey

The contents of the survey questionnaire were almost the same for all three categories of subjects, but considering the methodological differences applied to the different subject categories, the contents varied slightly (Table 1).

First, the questionnaire for the general public consisted of questions about their perception on the physician's social status and the change in the status, perception and atti-

Table 1, Contents of the questionnaires and variables

For GENERAL PUBLIC

- A. Social evaluation on the physician's social status
Social prestige; Income
- B. Future prospect of the physician's social status
Social prestige; Income
- C. Attitude on doctor-patient relationship
Patient's obedience to the physician's orders; Patient's right to look at their medical records; Physicians' dishonesty for the treatment of patients; Patient's right to make the final decisions on treatment; Patient's right to choose the method on treatment.
- D. Challenging behavior toward physicians
Demand for easy explanation; Disobedience to the physician's order; Multiple visits to different physicians on same medical problems; Direct challenge to discontent results of a treatment.
- E. Variables on the respondent's characteristics
Sex, Age, Education level, Income level, Place of birth

For PHYSICIANS, MEDICAL STUDENTS

- A. Perception on the change in the physician's social status
Social influence; Income; Social confidence
- B. Perception on the physician social status change foreseen in the future as compared to the present
Social influence; Income; Social confidence
- C. Attitude on doctor-patient relationship*
- D. Variables on the respondent's characteristics
Physicians; Sex, Age, Type of employment
Medical students; Sex, Grade, Place of birth

*: Same with the contents of GENERAL PUBLIC sample

tude toward doctor-patient relationship, and the patient's challenging behavior toward physicians.

Regarding the physician's occupational status, questions were divided into two aspects; social prestige and income. As for the change in the physician's social status, the question asked how he/she thought the physician's social status and income would evolve in the future.

Concerning the attitude toward doctor-patient relationship, five items including the patients' respectful attitude toward physi-

cians' orders, patients' attitude toward their right to know the details of the treatment, and their decision-making right in the process of treatment were questioned. Also, in order to find out how frequently the respondents claimed their rights as patients, such challenging behavior toward physicians as "Demand for an easy explanation about medical procedure" etc. were questioned.

On the other hand, the questions to physicians and medical students corresponded to the questions to the general public. They were asked how they perceived the physician's occupational status, social influence, income, and social confidence to be changing compared to the past and how it will change in the future.

The F-test or t-test was used to analyze social perception and attitude based on the responses of the three groups of subjects concerning the physician's social status and doctor-patient relationship. The differences in perception according to the characteristic variables of the respondents were also analyzed.

RESULTS

Respondents' characteristics

Of the general public respondents, 49.6% were male and the average age was 37.3, the largest age group comprising 32% of the general public sample was in their 20's; and the predominant education level group was high school graduates, comprising 45.0%; and the average monthly family income was 1,560,000 won. Since the survey was geographically limited to Seoul, all of the respondents' residential area was Seoul, but many of the residents, up to 40.4%, were from the rural area.

In comparison, the physicians and medical students showed great difference on characteristics comparing to the general public. First, among the physician respondents' 87.2 % were male, while among medical students 83.7% were male, so that in both groups, the majority of the respondents were male. The average age of the physicians was 45 years old, which was higher than the average age of the general public sample. As for the

Table 2. General public's perception of the physician's status and status change based on their characteristics

	Present status		Status change in the future	
	Prestige	Income	Prestige	Income
Age				*
20's	4.48	4.67	3.23	3.30
30's	4.41	4.64	3.44	3.58
40's	4.34	4.64	3.51	3.61
Over 50's	4.36	4.66	3.46	3.53
Education			***	**
Below middle school	4.50	4.72	3.71	3.74
High school	4.39	4.60	3.35	3.48
Over college	4.36	4.68	3.20	3.30
Income			***	
Low	4.44	4.73	3.68	3.64
Midium	4.42	4.65	3.31	3.44
High	4.35	4.59	3.27	3.43
Place of birth			**	*
Metropolitan	4.37	4.64	3.20	3.33
Small or medium city	4.47	4.66	3.42	3.55
Rural area	4.41	4.67	3.53	3.59
Total	4.41	4.65	3.39	3.49

* $p < .05$, ** $p < .01$, *** $p < .001$ (F-test)

place of employment, 66.1% were metropolitan areas including Seoul, private clinicians constituted 60.7%. Among the sample of medical students, the majority were from metropolitan areas. The subjects were evenly distributed among their grade and 64.6% were from metropolitan areas.

Perception on the physician's social status and its change

The subjects were asked to give their opinion on how they regarded the present status and the status change of physicians. On the present status, the general public thought that the physician's social prestige and income level was 4.41 and 4.65, respectively, on the 5-point scale (1: very low, 2: low, 3: medium, 4: high, 5: very high). Regarding the question of future change in the physician's status, the average response was 3.39 and 3.49, on the 5-point scale (1: status will fall very much, 2: status will fall, 3: status will

not change, 4: status will rise, 5: status will rise very much), indicating their expectations that status will rise slightly in the future.

As to the physician's current prestige and income, differences among age and education level, income, place of birth were minimal, but the perception on the future change of status exhibited significant differences among characteristics (Table 2).

With respect to age, young people in their twenties regarded ascension of the physician's prestige to be lower compared the other age group. The disparity in age, in terms of the physician's prestige did not indicate significant difference but statistical differences emerged for the financial income.

With regard to the education level, ascendant status of physicians was perceived to be greatest by the under-educated group on both prestige and income variables. Differences in the perception of the status change were also related to the respondent's income

Table 3. Physicians' and medical students' perception of the change in the physician's status

	Physicians	Medical students	t-value	P
<u>Present status compared to the past</u>				
Social influence	1.50±0.67	1.90±0.73	6.74	.000
Income	1.43±0.65	1.99±0.81	9.36	.000
Social confidence	1.57±0.63	1.66±0.60	1.83	.068
<u>Future status compared to the present</u>				
Social influence	1.88±0.86	2.41±0.89	7.22	.000
Income	1.62±0.70	2.19±0.72	9.70	.000
Social confidence	1.85±0.75	2.36±0.93	7.48	.000

Note: Mean±standard deviation measured by 5-point scale [1: status has been fallen (will fall) very much, 2: status has been fallen (will fall), 3: status has not changed (will not change), 4: status has risen (will rise), 5: status has risen (will rise) very much]

Table 4. Attitudes on doctor-patient relationship in each group

Attitude items	Public	Physicians	Students
I. Patients must obey and respect the physician's direction	4.64	4.64	4.45
II. Patients must be allowed to look at their medical records freely	4.34	2.94	3.65
III. Physicians may lie to patients for treatment	2.84	2.89	3.20
IV. The right of final decision-making on the matters related to treatment and health should be up to patients rather than physicians	2.74	2.50	2.99
V. Patients have right of choosing and receiving treatment according to their own wish	3.11	2.36	3.02

Note: Numbers are measured by 5-point scale [1: strongly disagree, 2: disagree, 3: neutral, 4: agree, 5: strongly agree]

level and place of birth. Respondents with higher income levels, and metropolitan areas had less optimistic view toward an ascension of the physician's prestige.

Physicians and medical students were asked to give their opinions on the changes of the physician's occupational status, in comparison with the past, through three aspects; social influence, financial income, social confidence. Results showed that these three aspects shared a common perception of declination (Table 3). Physicians most accurately perceived the threat of decreasing income among these three aspects while medical stu-

dents most strongly perceived the declination of confidence. Excluding the aspect of social confidence, physicians marked significantly higher on perceiving the decline of status on influential and income aspect than did medical students.

Attitude on doctor-patient relationship

Attitude on doctor-patient relationships in each group are shown in Table 4. The general public marked 4.64, physicians 4.64, medical students 4.45 on the item "Patients must obey and respect the physician's order" which is related to the compliance of the physician's

Table 5. General public's attitude on doctor-patient relationship based on their characteristics

	I	II	III	IV	V
<u>Age</u>	*				
20's	4.61	4.29	2.98	2.77	3.19
30's	4.54	4.35	2.78	2.76	3.13
40's	4.67	4.38	2.84	2.69	3.07
Over 50's	4.81	4.37	2.70	2.72	2.98
<u>Education</u>	***	**	**		
Below middle school	4.83	4.50	2.51	2.72	3.15
High school	4.64	4.23	2.97	2.68	3.00
Over college	4.52	4.39	2.91	2.84	3.23
<u>Income</u>			*		
Low	4.73	4.50	2.66	2.57	3.15
Medium	4.65	4.26	2.80	2.87	3.10
High	4.56	4.35	3.07	2.65	3.09

Note: 1) Questionnaire items are same with the Table 4.

2) Numbers are measured by 5-point scale as the Table 4.

* $p < .05$, ** $p < .01$, *** $p < .001$ (F-test)

professional authority.

On the item "Patients must be allowed to look at their medical records freely", which was posed with the purpose of finding out the attitude on the patient's right to know the details of the treatment, the general public strongly agreed (4.34), while the physicians were almost neutral (2.94), and medical students only slightly agreed (3.65). On another item "Physicians may lie to their patients for the treatment of patient" which indicated the patient's right to know, the general public 2.84, physicians 2.89, medical students 3.20 showing a slight dissent among the general public and physicians, while a slightly assenting but mostly neutral attitude was taken by medical students.

The general public marked 2.74 and 3.11, medical student 2.99 and 3.02 on the respective items of "The right to make a final decision on treatment and health related matters should be up to the patients rather than the physicians" and "Patients have a right to choose and receive treatment according to their own wish", which were to find out attitude toward the patients' decision-making right. Such results numerically exhibited the

neutral attitude held by both groups. On the other hand, physicians scored 2.50 and 2.36, indicating a comparably prominent attitude of opposition. It also showed their opinions that the decision-making right in the medical field should be up to the professional physicians.

Analyzing the results of the attitude toward doctor-patient relationships with regard to the respondent's different characteristics, relations between the respondent's socio-demographic variables (age and education level, income level) and the items on the doctor-patient relationship were substantial (Table 5). Diversity of attitude in each age group showed a different degree of compliance to the physician's authority; respondents over 50 years old marked 4.81, showing almost an absolutely compliant attitude for the physician's professional authority, but younger respondents showed a lower level of compliance. Compliance to the physician also varied with educational level. Under-educated had the stronger tendency to comply with the physician's orders than did the highly-educated, and the tendency of disapproving the physician's professional authority gradually

Table 6. Physicians' attitude on doctor-patient relationship based on their characteristics

	I	II	III	IV	V
<u>Age</u>	*	***		***	*
34 and below	4.58	3.25	3.04	3.08	2.54
35 to 44	4.57	3.19	2.85	2.72	2.58
45 to 54	4.60	2.94	2.83	2.36	2.13
55 and over	4.89	2.26	3.00	1.87	2.02
<u>Type of employment</u>	**	***	*	**	
Private clinic	4.75	2.71	3.02	2.29	2.37
Employed	4.48	3.29	2.68	2.83	2.35

Note: 1) Questionnaire items are same with the Table 4.

2) Numbers are measured by 5-point scale as the Table 4.

* $p < .05$, ** $p < .01$, *** $p < .001$ (F-test or t-test)

emerged among the highly educated. However, the fact that under-educated persons were more concerned with the patient's right to know the details of the treatment than the highly-educated was an interesting finding. Opinions on the physician's dishonesty for the treatment of the patients differed in each income level group. Low-income groups strongly disagreed in this aspect. Attitudes toward the physician's authority and the patient's right to know the details of the treatment differed by the general public respondents' characteristics. But the attitude related to the patient's decision-making right did not show a significant difference by respondents' characteristics.

The same items used for the general public were used to analyze the attitudes of physicians and medical students on doctor-patient relationship. In order to analyze whether or not an attitudinal difference existed with varying characteristics of physicians and medical students, the above items were analyzed with 5-point scale. The related variables of different attitudes among physicians were age and the matter of ownership of private clinic (Table 6).

As for age, senior physicians over 55 years old, like the general public, had a strong attitude of believing that "Patients must obey and respect the physician's directions." On the other hand, among younger physicians, phenomenon of such a perception was weaker. Also on the item that "Patients must be

allowed to look at their medical records freely" which was related to the patient's right to know the details of the treatment, physicians over 55 years old marked 2.26, indicating mild disagreement while the physicians under 34 years old and 35-44 year old group showed slightly positive attitudes.

The types of physician's employment can be classified into private clinician and hospital-employed and this was also a variable which could explain the differences in doctor-patient relationships. With respect to the physician's authority, private clinicians (4.75) agreed more than the hospital-employed (4.48) and on the matter of the patient's right to know, private clinicians were negative about it while the hospital-employed showed a positive attitude. Also on the matter of the patient's decision-making right, private clinicians had a more negative attitude than the hospital-employed. Both types of physicians did not show significant attitudinal differences concerning the patient's right on choosing the method of medical treatment.

Medical students showed slight attitudinal difference according to their grade and native place (Table 7). Prominent differences regarding the physician's authority and patient's right to look at his/her medical records among the respondents' characteristics had not emerged among students. On the patient's right of decision-making, the regular 3rd and 4th year students engaged in clinical training at the university hospital, expressed

Table 7. Medical students' attitude on doctor-patient relationship based on their characteristics

	I	II	III	IV	V
<u>Grade³⁾</u>				**	
A group	4.45	3.69	3.21	2.89	2.90
B group	4.51	3.72	3.30	2.85	3.09
C group	4.38	3.50	3.05	3.38	3.12
<u>Place of birth</u>				***	*
Metropolitan	4.45	3.65	3.24	3.16	3.13
Others	4.45	3.63	3.14	2.68	2.81

Note: 1) Questionnaire items are same with the Table 4.

2) Numbers are measured by 5-point scale as the Table 4.

3) A group - students in preparatory course; B group - 1st and 2nd grade students in regular course;

C group - 3rd and 4th grade students in regular course

* $p < .05$, ** $p < 0.01$, *** $p < .001$ (F-test or t-test)

Table 8. Frequencies of general public's challenging behaviors toward physicians

Unit: %, N=500

Contents	very often	often	rarely	never
Demand for easy explanation from physicians	9.9	31.2	28.2	30.6
Disobeying physicians' order (e.g. direction for medication)	8.3	24.9	28.2	35.5
Multiple visiting to different physicians on same problems	4.9	23.7	25.5	46.0
Protesting to physicians for discontentment of treatments	1.8	13.2	27.1	57.9

significant approval but the rest showed slight opposition. Although perceptions concerning the right to choose methods of medical treatment were not statistically significant, the preparatory course students showed a slightly opposing attitude, but as their grade goes up, they tend to change their attitude to one of approval. As for their place of birth, metropolitan natives were generally positive about the patient's right of decision-making (3.16) and right to choose methods of medical treatment (3.13) while the medium, small-sized localities and rural-born showed negative (2.68, 2.81) attitude.

According to the results on the attitude of the medical students, respectful attitude toward patients increased as their grade goes up, and metropolitan natives tended to see the doctor-patient relationship from the patient's side more than did the rural and small, medium-sized locality natives.

In addition to the attitude on the doctor-patient relationship, the patient's challenging behaviors to physicians were also analyzed. The frequency of challenging behavior with the general public toward physicians was classified into four categories of "very often", "often", "rarely", "never". The following items were obtained in order of frequency: Demand of easy explanation from physician; Disobedience of physician's order; Multiple visits to different physicians on same medical problems; Direct protest of discontentment on result of treatment (Table 8). For each item, % of "very often" were 9.9, 8.3, 4.9, 1.8, in order; while % of "never" were 30.6, 35.5, 46.0, 57.9, in order. The frequencies of the general public's challenging behaviors to physicians' professional authority did not show statistically significant differences based on their characteristics.

DISCUSSION

Professionalism might be understood as various meanings and affect many aspects in the medical field. The focus of this study was not the content of professionalism ad hoc but the physician's social status and the doctor-patient relationship as a partial indicator of the trends of the physician's professionalism. The concrete trend in the physician's professionalism should be studied more profoundly in the future.

The method used in this study was a social survey through standardized questionnaires. Thus some problems are inevitable, such as sampling error, measurement error, and response rate. The response rate of mailing survey to physicians, in particular, was pretty low. Because of these methodological limitations, the pessimistic perception on the change of the physician's status had the possibility of being overestimated. Also physicians responding to the survey might perceive the crisis of their social status more seriously than non-respondents. However, in spite of the problems, the above analysis showed that the physician's professionalism in Korea was experiencing an undoubted phase of change in recent years.

Meaning of the perception on the physician's social status change

Interesting results on the perception of the physician's status were obtained after comparing and analyzing respondents' characteristics. Such as the findings that the higher level of education the respondents received, the more pessimistic their perception on the change of the physician's status, enables us to infer that the current trend of high-schooling causes skepticism on ascension of the physician's status. A rise in the education level has been known as a major factor of lowering the social evaluation of the physician's social status and previous findings indicates the emergence of such a trend in Korean society. Considering that the future of contemporary society will mainly be influenced by the younger generation and predicting a rise in education level and the im-

provement of living standards, such analyzed results indicate a declining social evaluation on the physician's professional status.

The general public expected the physician's social status and income to increase in the future, while physicians or medical students perceived it would decrease. This implies that the change of the physician's professionalism may be perceived more seriously in medical areas rather than in society in general.

The finding that the perception on the change of the physician's status was more pessimistic among physicians than students, may be due to the fact that the current, crucial perception on the physician's status was based on their direct experience from the practice field. And such crucial perception may be related to the anxiety of their own declining status. This difference in perception between physicians and students may arise from the different type of experience, namely direct or indirect.

The difference in perception between the general public and physicians and medical students has important implications. While the general public perceived the physician's status would slightly ascend in the future, physicians and medical students perceived it to decline as compared with the present and they also were aware of the serious declination of status in income, social confidence, and social influence. Because the perception of their declining status is more sensitive among physicians than among medical students, physicians currently practicing medicine are more pessimistic about their occupational status than medical students.

The fact that younger respondents were less compliant to the physician's professional authority, suggests the tendency of a declining attitude toward the physician's authority among younger generation, making it possible to predict a decline of the physician's authority as a professional group. The fact that the under-educated were more active in protecting the right to know about medical procedures, may suggest that they have had fewer opportunities in approaching existing medical information than the highly educated.

The finding that the attitude related to patients' decision-making right did not appear apparent in this study, may probably be due

to the fact that the patient's right has not yet been made conscious in Korean society. The responses concerning the patient's decision-making right shows scores centralized on point 3, which indicates a neutral attitude, and helps prove this fact.

The result, that among young physicians were more tolerant about the patient's right consciousness, implies the acceptance of patients' consumeristic demand among younger physicians. On the patient's decision-making right, senior physicians strongly disagreed while young physicians either took position in the neutrality or they disagreed in a fairly low degree.

Comparing attitudes on doctor-patient relationship among the three categories of subjects

Comparing the physician's and the medical student's attitude on the doctor-patient relationship with the attitude of the general public, showed slight differences among the three groups.

Concerning the item, "Patients must obey and respect the physician's order", the three groups all had positive attitudes and there were no statistically significant differences among the groups. This fact suggest that the apparent challenge to the physician's professional authority has not yet emerged prominently in Korean society. But there were apparent differences in attitudes on items representing the patient's right to know among groups. Such results showed diverse opinions on the patient's right to know the details of their treatment.

The general public especially claimed the patient's right to know the details of the treatment, while physicians held an almost neutral position with a passive attitude and medical students stood in between the two groups. The general public strongly agreed and physicians slightly disagreed on the matter of allowing the patients to look at their medical records freely among the items on the patient's right to know the details of the treatment. But as for the physician's dishonesty regarding the treatment of patients, the general public slightly disagreed indicating the perception of the patient's right as medical consumers (Reeder 1972). Physicians also tended to disagree slightly on this matter but

this might be due to the related attitude with medical ethics rather than the increasing perception of the patient's right to know the details of the treatment (Kim and Fotion 1982). But the medical students agreed slightly on such matters, which could be interpreted as believing that the effectiveness of treatment could be increased by withholding the patient's right to know the details of the treatment. Finally, on the patient's decision-making right, the general public and the medical student group did not show any specific disposition but physicians expressed clear opposing attitude which indicated the perception on their right as a professional group in the medical field. Attitude on the patient's right of decision-making were neutral in both the general public and medical student groups, while the physician's attitude was negative.

Since the general public's behavior toward physicians could be related with the attitude toward physicians, it was necessary to observe the patient's challenging behaviors toward physicians, in order to apprehend the change in doctor-patient relationship. Generally, the main indicator of finding out the patient's challenging behavior, deviating from absolute compliance to physicians' authority, consisted of demand for easy explanation from physician, disobedience of physicians' orders, behaviors of 'shopping around in medicine' to search and confirm from various physicians with same medical problems (Kasteler *et al.* 1976), direct protest of discontentment on the result of treatment toward the physician. Recently, in Korean society, challenging behaviors toward physicians have diffused widely, and it appears to be a general trend.

Summary and conclusion

According to these analyses and discussions, acceptance on the physician's professional authority, in contemporary Korean society, seems to be consistently high, showing almost no differences among groups.

Social evaluation of physicians in Korean society exhibited ambivalent perceptions toward physicians. The physician's occupational status was generally evaluated to be in a higher stratum of society but the perceptions on the change of the physician's occupational

status were greatly different between the general public, physicians and medical students. While the general public perceived that the status of physicians might improve in the future, physicians and medical students predicted to the contrary an absolute declination of the status. The differing views might be an obvious phenomena since each group had different reference group and had different expectations concerning status, but the interesting fact was that such differences among groups were significantly large. Although the general public sympathized with the physician's characteristics as a professional group, an apparent tendency to consider themselves on a fairly equal relationship toward physicians, compared to the past, had increased. The transitional change in the physician's professionalism could be observed through the ubiquity in perception of patient's right, namely the rise of consumerism in medicine. Such a phenomenon is believed to have caused the physicians to think that not only has their status declined but also that the declination of social status would continue in the future. The results of such studies on the physician's professionalism indicated the proceeding change of the physician's status.

A century has passed since the introduction of western medicine (Korean Academy of Medical Science, KMA 1988), and since then physicians in Korean society have obtained external aspect as a professional group, thus now acquiring a high social prestige and income almost similar to those professionals in western society. But the perception of the physician's professional status has declined and in doctor-patient relationships, a patient-centered attitude has become socially universal. Recently, physicians and medical students have been accommodating the transition of the social environment by adapting to the general public's attitude. Such social perception has become especially prominent after the introduction of the national health insurance.

Current social perception and attitudes toward physicians may be an important indicator of a change in the physician's professionalism. Physicians are now responding to such a change of social perception and the change will cause a transition of the physician's pro-

fessionalism in the future.

REFERENCES

- Bahk YW: Comments on "Declaration of Patient's Rights". *J Korean Med Assoc* 28(8): 711-712, 1985 (in Korean)
- Bloom SW: *The Doctor and His Patient*. New York, Free Press, 1963
- Burnham JC: American medicine's golden age: what happened to it? *Science* 215: 1474-1479, 1982
- Cho DS: Recovery of the medical authority and benevolent art. *J Korean Med Assoc* 29(11): 1157-1158, 1986 (in Korean)
- Chun CH: Physician-patient relationship. *J Korean Med Assoc* 27(4): 295-296, 1984 (in Korean)
- Council for Private Clinic (개원의협의회): A survey of health care institution administration after National Health Insurance. 1991. 3 (in Korean)
- Eisenberg C: It is still a privilege to be a doctor. *N Engl J Med* 314: 1113-1114, 1986
- Freidson E: The medical profession in transition. Aiken LH and Mechanic D (eds), *Applications of Social Science to Clinical Medicine and Health Policy*. New Brunswick, N.J., Rutgers University Press, 1986, 63-79
- Haug MR: The erosion of professional authority: a cross-cultural inquiry in the case of the physician. *MMFQ* 54(1): 83-106, 1976
- Haug MR, Lavin B: Public challenge of physician authority. *Med Care* 17: 844-858, 1979
- Haug MR, Lavin B: *Consumerism in Medicine: Challenging Physician Authority*. Beverly Hills, Sage Publications, Inc., 1983
- Haug MR, Sussman M: The erosion of professional autonomy and the revolt of the client. *Social Problems* 17: 153-161, 1969
- Hong DS: Occupation and class: class analysis through cluster analysis method. *J Korean Soc Assoc* 22: 23-45, 1988 (in Korean)
- Kasteler J et al.: Issues underlying prevalence of 'doctor shopping' behavior. *J Health Soc Behav* 17(4): 328-339, 1976
- Kim GR: Medical care and privilege of physician. *J Korean Med Assoc* 23(3): 177-178, 1980 (in Korean)
- Kim IS, Fotion N (ed and trans): *Medical Ethics - Life and Death, the Eternal Problem*. Seoul, Yonsei University Press, 1982 (in Korean)
- Kim YI, Cho BH, Cha CW: A study on the making process of professional image of some medical students. *J Korean Med Assoc* 26(11):

- 1048-1052, 1983 (in Korean)
- Korean Academy of Medical Science, KMA (대한 의학회): The history of Korean modern medicine. 1988 (in Korean)
- Lee KT, George Won, Oh IW: A study on medical students in Korea: their perception and evaluation on the medical study, career and system. 1985 (in Korean)
- McKinlay JB, Arches J: Towards the proletarianization of physicians. *Int J Health Serv* 15(2): 161-195, 1985
- McKinlay JB, Stoeckle JD: Corporatization and the social transformation of doctoring. *Int J Health Serv* 18(2): 191-205, 1988
- Medical Practice Research Group (의원문제연구회): KAP study of physicians for the policy of the Korean Medical Association. 1989. 4 (in Korean)
- Moon OR: Effects of health insurance to the national health and medical system. Korean Medical Association (ed). *Seminar Report on the Health Insurance and National Health*. 1991. 3 (in Korean)
- O'Connor SJ, Lanning JA: The end of autonomy? Reflections on the postprofessional physician. *Health Care Mngt Rev* 17(1): 63-72, 1992
- Reed RR, Evans D: The deprofessionalization of medicine-Causes, effects, and responses. *JAMA* 258(22): 3279-3282, 1987
- Reeder LG: The patient-client as a consumer: some observations on the changing professional-client relationship. *J Health Soc Behav* 13, 1972
- Ritzer G, Walczak D: Rationalization and the deprofessionalization of physicians. *Social Forces* 67(1): 1-22, 1988
- Starr P: Medicine and the waning of professional sovereignty. *Daedalus* 107: 175-193, 1978
- Starr P: *The Social Transformation of American Medicine*. New York, Basic Books, Inc., Publishers, 1982
- The Korean Medical Association: Report of Research Committee for Korean Health Insurance Reform. 1989.1 (in Korean)
-