The Politics of Medical Deception: Challenging the Trajectory of History

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THE RELATIONSHIPS between medicine and nursing and between nurses, patients and physicians have historically been symbiotic. Medicine has carefully nurtured this symbiosis with calculated deception, paternalistic hostility and blatant sexism. The economic, political and social forces inherent in these practices have been systematically manipulated by the medical profession throughout the past century. As the United States embarks on the 1980s, these abuses continue to enhance medicine's power and control over people's minds and bodies. Although it may be painful for nurses to acknowledge that their personal and professional identities have been dictated and diminished by others, such an acknowledgment must be made if nurses are to stop these

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abuses and enter into a politics of care that is not encumbered by deception.

THE OPPRESSIVE POLITICS OF MEDICINE

Many writers claim that the health care system is intimately associated with politics,[1,2] but few are willing to admit that politics is also an integral part of interactions with physicians, whether client-physician interactions or nurse-physician interactions. Power is presently being used by the medical profession against the interests of nursing and society, yet most people are only dimly aware of what is going on. This lack of awareness, combined with a reluctance to question what is not understood, renders nursing and society powerless.

Political thinking among physicians in the United States can be traced to the origins of the American medical profession itself. As early as the 1830s, medicine endeavored to enhance their economic rewards. At that time the "regular doctors"—the professional ancestors of today's physicians—were outnumbered by the "irregulars" who emphasized preventive care and health education of the public. Because of the preventive nature of irregular practice, as opposed to the "murderous cures" and "radical elitism" espoused by the regular doctors, popular support remained with the former.[3,4] Women and members of the working class were especially vocal in their support of the irregulars. To circumvent future competition by irregulars, medicine (the regulars) attempted to set themselves up as the undisputed "real doctors."[5]

This attempt to become the only recognized doctors propelled the onslaught of political maneuvering among physicians. The initial failure to establish a medical monopoly via mandatory medical licensure during the early 1840s merely intensified physicians' political orientation.[6] This early failure to achieve control made it clear that although a great deal of money could be made in medicine, more attention must be paid to the economic concepts of supply, demand and competition. It was recognized that to accomplish this economic goal, social and political forces must be carefully controlled. Medical efforts in this direction commenced in 1847 when the regular doctors pulled together their first national organization, the American Medical Association (AMA).[7]

One of the politician's first principles is to avoid taking on any more organized opposition than is necessary. The first principle for those who want to influence politicians is to organize. With this elementary rule in mind, millions of people have banded together in some 2,000 organizations and sent their men to Washington to lobby for their special interest groups. By far the most powerful and resolute legislative lobby in Washington is the AMA.[8(p322),9(p1)] Indeed one of the historic purposes of organizing medicine in 1847 was to influence governmental decisions.[8(p321)] The AMA did not acquire internal unity until the late 1800s and did not attain real strength until direct hierarchical authority (from local through county and state to the national level) was established in 1902. Until then the association had no real power on a national scale.[6]

The medical offensive thrust to capture a legal monopoly over the practice of medicine was fortified with Flexner's report on medical education reform.[4,6] As a direct result of the methodical medical maneuverings that culminated in the Flexner report, most states ruled that practicing medicine without a license was a crime punishable by prison confinement. A legal monopoly was thus established, and the AMA heralded its intent to maintain power and control.[6]

Having achieved control over entry into the profession via licensure, artificially high standards and certification rules, the AMA devoted more of its energies and considerable resources to persuading anyone who would listen, particularly lawmakers, that the only way to bring about the betterment of public health was to keep it in private hands. The organized medical profession won its first major political battle against national health insurance in this pre-World War I era. In doing so the AMA became an effective, organized political action group working primarily for physicians' economic interests.[7,8] Harris aptly illustrates the power and control wielded by organized medicine during its 45-year, multimillion-dollar fight against public health legislation. This blatant commercial pursuit, characteristic of medical practice since its formal inception in this country,[9] has led the AMA to oppose even the mildest and most constructive official and semiofficial intrusions against medicine including:

> compulsory inoculation against diphtheria and compulsory vaccination against smallpox, the mandatory reporting of tuberculosis cases to public-health agencies, the establishment of public venereal-disease clinics and of Red Cross blood banks, federal grants for medical school construction and medical-student loans, Blue Cross and other private health-insurance programs, government subsidies to reduce maternal and infant death, and free centers for cancer diagnosis. The AMA's arguments against these proposals have ranged from charges that they constituted "bureaucratic interference with the sacred right of the American home" to condemnation of them as "tending to promote Communism."[8(p2)]

Prior to World War I the AMA became an effective, organized political action group working primarily for physicians' economic interests.

Olson analyzes why political pressure groups, such as the AMA, command such far-reaching power and control. He theorizes that the lobbies of the large economic groups are the byproducts of organizations that have the capacity to "mobilize" a latent group with "selective incentives." The only organizations that have the selective incentives available are those that have (1) the authority and capacity to be coercive, or (2) a source of positive inducements they can offer the individuals in a latent group.[10(p133)]

This byproduct theory of large pressure groups can be applied at all hierarchical levels of medicine. It is specifically applicable at the level of individual medical practitioners. Physicians, without the power of the AMA, have little incentive to sacrifice their time or money to help an

organization obtain a collective good; they alone can rarely be decisive in determining whether or not this collective good will be obtained. But if it is obtained because of the efforts of others the physicians will inevitably be able to enjoy the benefits. Thus they would support the organization with a lobby working for collective goods only if (1) they are coerced into paying dues to the lobbying organization, or (2) they have to support this group in order to obtain some other noncollective benefit. Organized medicine provides both the coercion and the noncollective benefits.

Coercion

Organized medicine has reached for the forbidden fruit of compulsory membership. For a period of time prior to World War II, AMA membership was required to obtain and maintain specialty board certification. Dismissal from the AMA, exclusion for whatever reason (such as lack of social attributes, race, etc.) or unwillingness to join because of conflicting views on the practice of medicine or on attitudes toward compulsory health insurance had a direct bearing on the definition of specialist "merit."[6(p248)] Eventually AMA membership was dropped as a requirement for board certification; membership, however, was strongly "recommended."

V. O. Key argues that the tendency to seek the reality, if not invariably the form, of a guild system is characteristic of the politics of professional associations in general.[10(p137)] The adoption of the guild form of organization supports the byproduct theory of large pressure groups, for a strong leaning toward compulsory membership has always been basic to the guild system. Garceau speaks of the advantages of maintaining membership and good relationships with a professional association because the recalcitrant physician in trouble with organized medicine may face a genuine economic threat.[11(pp95, 103)]

Noncollective Benefits

The role of coercion, even in its subtler forms in the AMA, is probably less important as a source of membership than the noncollective benefits the organization provides its members. According to Garceau, there is "one formal service of the society with which the doctor can scarcely dispense. Malpractice defense has become a prime requisite to private practice."[11(p103)] Not only is malpractice insurance more expensive for a non-AMA member, but access to other physicians to testify in the physician's behalf during malpractice litigation is severed. Expert witnesses from the ranks of organized medicine are abundantly available for plaintiffs but not for defendants. Therefore the position of the plaintiff in a suit against a nonsociety member is considerably stronger than it is for a suit against a society member.

Other noncollective benefits of AMA membership are the many technical publications of the association and of the state and local medical societies. These offer considerable incentive to affiliate with organized medicine. Since the 19th century *JAMA* has provided "tangible attraction for doctors."[11(p15)] Aside from being the prime money maker of the AMA, gleaning most of its revenue from drug company advertising, *JAMA* serves as the organ through which political information is disseminated. The controlling elements of the AMA are evident in the policy to keep

divergent viewpoints on political and economic matters out of the pages of the journal.[12(p171)] *JAMA* has become such a powerful political voice in organized medicine that Morris Fishbein, editor of the publication for nearly 30 years, has been recognized by the public as sole spokesman for American medicine.[12(p175)] As a result, the AMA has been referred to as the American Fishbein Association.[8]

The AMA serves physicians in the capacity of a craft union. It protects and advances the economic interests of its members. The association would have neither the coercive power to exercise nor the noncollective benefits to sell if physicians' economic situations were not so entangled with the politics of control.

Control

Implicit in the definition of coercion is control, domination, intimidation and nullification of individual will.[13(p439)] The coercion the AMA uses on its members is available for members to use to control their patients. Freire explains this phenomenon in terms of oppression theory. The oppressed, having internalized the image of the oppressors and adopted their guidelines, follow prescribed behavior patterns. This prescribed behavior represents the imposition of the oppressors' choice upon the oppressed.[14(pp30, 31)] In the situation of medicine, the AMA coerces physicians to conform; physicians in turn coerce their patients, thus modeling themselves after the AMA.

Dehumanization

Another characteristic of oppression attempts to explain the economic basis of medicine's struggle for power and control. The oppressor consciousness tends to transform everything surrounding it into objects of domination. Everything, including human life, is reduced to the status of objects. Freire describes this unrestrained eagerness to possess:

> ...the oppressors develop the conviction that it is possible for them to transform everything into objects of their purchasing power; hence their strictly materialistic concept of existence. Money is the measure of all things, and profit the primary goal. For the oppressors, what is worthwhile is to have more—always more—even at the cost of the oppressed having less or having nothing. For them, to be is to have and to be the class of the "haves."[14(p44)]

Organized medicine has played an important, even essential, role in profit abuse. Medicine's abuses of profit are not new.[15(p95, 103)] Current concerns about the abuse of women have been poignantly documented by Daly,[3] Rich,[4] and Ehrenreich and English,[16] among others. The theory of innate female sickness, in which medicine "discovered" that female functions were inherently pathological, was skewed so as to account for class differences in ability to pay for medical care. This theory meshed conveniently with the physician's commercial self-interest. Medicine maintained that it was affluent women who were most delicate and most in need of medical attention. Lower class women who were less able to pay for medical care were seen as "blessed" with immunity from uterine disease.[4, 11(p15)] Gilman illuminates the physician's role in this abuse during the late 19th century as she describes S. Weir Mitchell's famous rest cure for affluent women. Women taking this cure had to lie supine in a darkened room for six weeks. They were not permit-

ted to read, write or see anyone except the physician. This cure allegedly allowed the brain to rest so that women could be more feminine.[17] Millett and Chesler report that women continue to be pawns in the business of maximizing profits from illness.[18,19]

The dehumanizing (objectification) element that is the core of oppression theory encompasses violence. Violence is deliberate assault, physical or otherwise, by those who fail to recognize others as fully human. Once an oppressive relationship is established, violence has already begun. Even when the relationship is sweetened by false generosity it remains oppressive because it does not allow for humanness. People become commodities to be used, abused and manipulated at the whim of the oppressor.[14]

POSSESSION, CONTROL AND DECEPTION

Oppressors view themselves as privy to this "thing" called humanity. They possess it as an exclusive right, as inherited property. Constant control of the oppressed becomes necessary to prevent subversion. This phenomenon then becomes cyclical: the more the oppressors control the oppressed, the more the oppressed are changed into inanimate things which in turn require greater control.

Bok adds dimension to the concepts of control and dehumanization. She explores how deception is intricately interwoven with coercion, violence, power and paternalism.[20] Each of these factors can justify the use of deception to control those who have first been objectified. Both deceit and violence can coerce people into acting against their will. But deceit controls more subtly, for it employs belief as well as action. When deception is used to coerce it gives power to the deceiver. The power relationship that results, whether it is between physician-patient, physician-nurse, father-child, husband-wife or any two groups or individuals along the medical hierarchy, constitutes oppressive violence because it objectifies and therefore dehumanizes.

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Bok defines deception as the intentional communication of messages meant to mislead others. It means making others believe what the deceiver does not believe. Deception can be accomplished through gesture, through disguise, by means of action or inaction, even through silence.[20(p14)] Lying, then, comprises only one small portion of deception: an intentionally deceptive message that is stated (orally or written).

The Silence of History

Rich explores how the silences of history and literature beget powerlessness.[16] The trajectory of history cannot be challenged if the deceptive practices, the secrets, the veiled symbolisms and unasked questions that have served to exploit women, nurses and society remain concealed. The history of nursing and

medicine is replete with evidence of medicine's deception and exploitation, of its abuse of women and tacit promotion of disease.[21] A historical analysis of how organized medicine has labored to deceive the public will reveal why nursing and society have allowed this situation to flourish. An understanding of the characteristics basic to deception will provide insight to examine medicine's deceptive practices.

Daly reflects that deception is so totally pervasive in patriarchal society that it is not even named in the traditional listing of the Seven Deadly Sins.[3(p30)] The deception engendered by patriarchy sedates women until their minds and bodies can be controlled and manipulated. Paternalistic lying promotes this female mind sedation by discouraging females from asking questions. So long as questions are unasked, such as when power is thought divinely granted or ordained by nature, the right to coerce and manipulate is taken for granted. When this right is questioned, the answer given by paternalism is that authority is at the very least justified when it is exercised over persons for their own good.[20(p215)]

This type of deception is frequently used for persons of limited understanding such as children, mental incompetents and the uneducated. Individuals bend the truth to convey the "right picture." They believe this will compensate for the inexperience or fears of the listener, just as raising one's voice helps the hard of hearing to understand the message.

Lies can ultimately suffocate and exploit those whom they were ostensibly meant to protect. Bok describes an example:

> Throughout history, men, women, and children have been compelled to accept degrading work, alien religious practices, institutionalization, and even wars alleged to "free" them all in the name of what someone has declared to be in their own best interest. And deception may well have outranked force as a means of subjection: duping people to conform . . .[20(p216)]

Political Lies

Political lies differ from other forms of deception in the benefits they may confer and the long-range harm they may avoid. These lies may be broadly paternalistic. The altruistic purposes justifying such lies are mingled with error and self-deception.[20(pp175, 176)] Much deceit for private gain masquerades as being in the public interest. Deception, even for the most unselfish motive, corrupts and spreads.[20] Daly, in her discussion of deception, incorporates the role that myth plays: "Patriarchy perpetuates its deception through myth."[3(p44)] She adds that patriarchal myths contain stolen mythic power because they are phallic distortions of ancient gynocentric civilizations.[3(pp47, 48)]

In American paternalistic society deception is rarely absent from human practices.[20] There are great differences, however, among the professions in this society in the types of deceit that exist and the extent to which deception is practiced. Historical data indicate that organized medicine has carefully cultivated deception throughout its American history. Bok indicates that honesty and truthfulness have been left out altogether from medical oaths and codes of ethics are often ignored in the teaching of medicine.[20(pxvi)] She neglects to

mention that the codes of ethics provide fertile ground for a rich harvest of deception.

Code of Ethics

One of the first official acts of the AMA was to adopt a code of ethics at their convention in Philadelphia in May 1847. This document set the tone of commercial pursuit via oppression and deceit that has characterized medical practice since its formal inception in this country. The code of ethics specifically lists the obligations of patients to their physicians: (1) never volunteer information to the physician, just answer the physician's questions; (2) avoid all physicians except your one family physician—do not allow even a friendly visit or pass the time of day with other physicians; and (3) never do anything about your own health care without consulting your physician. The duties of physicians to one another include: (1) do not advertise; and (2) do not offer free advice—not even to the poor. The code of ethics also specified public obligations to physicians: (1) physicians are justly entitled to the utmost consideration and respect, and no amount of money can cancel this "debt"; and (2) physicians are entitled to certain immunity from the law.[22]

Evident in this code of ethics are the rudimentary medical economic policies upon which medical enterprises have been based since the code was established: (1) "ownership" of the patient by the physician; (2) unquestioning patient devotion to one physician; (3) dependence on the physician with resulting loss of confidence in oneself; (4) physician control of information; (5) discouragement of competition; (6) cultivation of paying clients only; (7) paternalism; and (8) patient belief in the physician's "magic" cures and medicines. Each of these themes contributes to medicine's deceptive exploitation of nursing and society for the purpose of maximizing profits.[9]

The Use of Myth

Medicine's use of myth to promote deception is quite effective. Physicians know only too well how uncertain a diagnosis or prognosis can be. Recovery from illness is as unpredictable as the incidence of the illness. This uncertainty, coupled with the sacred quality that is carefully cultivated in the physician-patient relationship (that is, the patient regards the physician as a god), casts an aura of myth around the selling of medical services. Malinowski explains how myths are related to uncertainty: "Magical beliefs and practices tend to cluster about situations where there is an important uncertainty factor and where there are strong emotional interests in the success of action."[8(p14)]

Aside from religious practices, probably no human situation fits this description better than that of a person purchasing medical services. Parsons expands this concept: "The basic function of magic is to bolster the self-confidence of actors in situations where energy and skill do make a difference but where, because of uncertainty factors, outcomes cannot be guaranteed."[8(p14)] The magical beliefs that arise from the medical situation are projected onto the physician. Bressler believes that physicians unconsciously regard themselves as magicians and come to partially

accept the public view of their infallibility.[23(pp26, 27)]

The image of physicians as infallible gods and magicians did not evolve unassisted. The current symbol for the medical profession, the caduceus, was officially chosen in the 16th century. It shows the wand of Mercury, messenger of the gods and himself the god of dreams, magic and trade.[24] Medicine has carefully cultivated and capitalized on this image. Physicians are priests/gods and as such are entitled to reverence, respect and the financial rewards that befit the "heros of humanity."[25]

> There is no man in any community more valuable . . . than a . . . physician. Others may bring personal comforts, wealth and material conveniences, but upon the doctor the people must rely to guard their physical welfare; . . . to preserve for young and old life, health and happiness. In mere money the value of his services can never be counted.[25(p33)]

"Mere money," however, is paramount for physicians to determine whether they will even render their holy services. Blatant fostering of physician deification for profit continues today. A physician currently travels throughout the country presenting his lecture entitled "A Course in Miracles." Those willing to "donate" $15.00 per person may attend.[26]

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The use of myth and magic gives physicians coercive power. When physicians set themselves up as gods, clients are led to believe that physicians are all-powerful, all-knowing deities who control by virtue of divinely granted power. A 1935 *Lancet* article illustrates how completely society has been deceived. The author says that physicians are not human at all; on some occasions they are divinity. "We implore (the physician's) presence . . . hail his coming with gratitude . . . He takes immediate and entire charge of the situation . . . he orders us and we obey without question and with trembling eagerness."[27(p800)] The magical qualities fostered by medicine are evident in the author's conclusion that the physician's very presence calms fears, soothes pain and restores hope.

Information Control

Controlling and withholding information can be powerful tools of paternalistic deception. Practitioners of such deception claim benevolence, concern for the deceived. "Humanity fears the unknown so hang a label on his ailment and then he'll endure almost anything. Be explicit about this, even though you may not have the slightest idea what's the matter with him. . . . Tell him anything—a man is never frightened of a thing he knows about—or thinks he knows."[27(p801)] The deceived client is dehumanized—amenable to being controlled. By maintaining the client's ignorance the physician is in control.

Ehrenreich and English analyze how deception and control of information have established a model of "expertism" and provided for the economic and social triumph of male medical professionals.

Their study documents that physician control over information makes people dependent upon "medical experts." The basic underlying motivation for this development is the economic factor of selling information to society. Many physicians hoard their knowledge and use it as property to be sold as a commodity. Medicine's goal was not to spread the skills of healing but to concentrate them within the elite group of medicine.[3]

This marketing of information will be ineffective if the client is well informed. Therefore physicians are encouraged (by the AMA, the professional literature, etc.) to maintain control (the paternal role) and to keep clients ignorant (the child role). Physicians are explicitly told how to establish ignorance. They are told to impress on patients that physicians have expert knowledge that is simply unavailable to patients, and to discredit information patients attempt to relate. "Use Latin words with a false concord thrown in; add scientific terms, with a chemical formula or two . . . after that, (the patient) will simply eat out of your hand."[27(p800)]

Corea illustrates that paternalistic deception combines with deception through myth to dehumanize, exploit and control women. She cites the example of women taking DES during pregnancy without their knowledge—a situation that occurred because of physicians' reluctance to give information to women, and the women's own unquestioning faith in their physicians. According to Corea, when some women asked for information about the pills they were told, "The name wouldn't mean anything to you, dear" or "This is a hold-the-baby-in pill."[28(p245)]

Political Pressure

As a political pressure group, the AMA has used various forms of deception. Although the intent has been to bolster profit and prestige,[1,8] the deceptions have been presented to consumers under the guise of various altruistic motives. The most frequent such motive is to save society from communism and socialized medicine.[8] Bok indicates that such deceptive tactics instill fear. Fear then becomes a coercion.[20] In 1944 AMA president Kretschmer illustrated this coercive tactic when he addressed the association membership, discrediting efforts to socialize medicine and calling for the preservation of "the American way of life."[29] The American way of life, in the view of organized medicine, required the physician to be in control of people's minds, feelings and behavior, as well as their pocketbooks. When Kretschmer outlined the strategy to "acquaint" people with the hazards of socialized medicine, he in fact proposed a plan for deception based on misinformation and fear. The fear strategy emphasized that socialized medicine will result in deterioration in the quality of medical care and education, abolition of patients' free choice of physicians and an increase in taxes due to overexpanding bureaucracy.[29]

Politically, organized medicine has inestimable potential. Every day physicians throughout the United States can converse with and possibly convert some two and a half million patients.[8] When the potential for deception in these relationships is considered, the enormity of medicine's power becomes evident.

POLITICAL ABUSE AND EXPLOITATION OF WOMEN

The AMA uses its member physicians to enhance the association's power. It does this by directing the members to deliver public addresses, the texts of which are often furnished by AMA state or national headquarters.[7] The members in turn use their wives to promote medicine's interests by getting them to devote their energy to the work of the medical society via medical auxiliaries. These exploited wives through their activities and behavior indicate their identification with the oppressor—a phenomenon described by Freire.[14] Working through medical society auxiliaries, these women have become commodities to be used by medicine. Bard illustrates the extent that physicians' wives unwittingly accept their commercial status in her writings about her own duties as a physician's wife and about the lives of other wives.[30] Mrs. Maxwell Lick, president of the Pennsylvania Medical Wives Auxiliary, indicates her own oppression and her intention to perpetuate it in a letter to other wives: "This is a busy month for all homes, and as physicians' wives, we have our abundant share of duties. . . . our homes and the medical profession are one and the same." Other wives, she continues, "must be made to realize their responsibilities. . . . This legislative year may prove very important to each physician's home. We cannot afford any type of socialization . . . must give sympathetic support to our profession."[31]

In an article published in a 1944 issue of *JAMA*, Davison illustrated that women physicians are also exploited by medicine—they are objectified and discarded when no longer needed. He suggested how to handle possible overcrowding of the medical profession after World War II: ". . . fill the 20% of each class . . . with students ineligible for military duty (cripples and women) who can treat the civilian population."[32] Medicine's paternalistic deception justified this as "good, for women physicians, being 'expendable' through marriage and retirement after the war, probably will remove approximately 15% from the expected after-war overload."[32]

More than two decades later male physicians continued to use their female counterparts for personal economic gain. In 1966 a medical journal advised physicians: "If your practice could use another M.D.—but only part time—look around for a woman doctor with children. That's the advice of Dr. Seymour I. Kummer, a Connecticut G.P. who employs two M.D.-mothers to do physicals, exams and hospital summaries. A good place to start looking for the ladies: American Medical Women's Association."[33(p187)] In accepting this advice, not only is the male physician relieved of all the so-called "scut" work, but he has the equivalent of a full-time physician without paying for the usual employee benefits (vacations, etc.).

The male medical profession continued to exploit women physicians throughout the 1970s. In 1977 a woman physician illustrated the struggle and final acceptance of her divided life imposed as a result of her sex. In an article published in the official American Academy of Pediatrics newsletter she expounded on the limitations necessary in her practice because she is a woman.[34]

Community Acceptance of Control

The overriding concept of professional control and the social sanction for this control come from the community. The people give the medical profession its power. But the people are deterred from retrieving the power they have bestowed on the medical profession by the deception and myths that surround the profession. Medical deception and myths sedate society to the extent that people become ignorant of what is happening to them. Society remains unaware of their potential power over the medical profession. Consumers can significantly influence medicine once the deceptive practices and medical myths are exposed.

Certain professions are as lulled into mental numbness as society has been. Sociology in particular has idolized medicine and set it up as the "model" of authority without a critical examination of the model's impact on society. Nursing and society continue to adhere to the intolerable situation medicine has created because they are mentally and spiritually bound by the shackles of silence, secrets, lies and ignorance perpetuated throughout history.

The Symbiotic Nurse-Physician Relationship

Historically medicine and nursing have shared a symbiotic relationship in which medicine dominates. As a result of this bond, medicine directly influences nursing's exploitation. This exploitation is based on the concept of conflicting interests: medicine is characteristically disease oriented and derives profit from illness, whereas nursing claims it is health oriented. It is in the area of preventive health care that the conflict between nursing and medicine is most evident. The basic concept of preventive health care denotes health promotion and disease prevention. Medicine profits from keeping humanity sick or making it sick. Therefore the medical profession has a conflict of interest in keeping humanity healthy. A physician writes, "Preventive medicine constantly strives to eradicate that by which it lives."[35(p147)]

Medicine practices paternalistic deception on nurses to lure them into believing that nurses and physicians can work as a team, with the physician as the "team captain." Physicians fear that nurses who are not bound to medicine will realize their own power potential and diminish the power of organized medicine. The objectification of nurses is illustrated in a medical journal's description of the perfect nurse: "She must feel like a girl, act like a lady, think like a man and work like a dog."[36] Ashley proposes that the relationship between medicine and nursing is based on the myth of the holy marriage between nursing and medicine. She explains physicians' assumption that nurses are tied to physicians as legal, subservient partners much like wives are

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tied to their husbands.[37(p14)] Just as wives are expected to serve their husbands, nurses are expected to serve physicians. Sociologists further this myth by analyzing the physician-patient relationship using a paternalistic (father-child) typology.[38(p323)] It follows that the nurse is the wife/mother in this relationship. As such the nurse takes over the menial chores and performs delegated tasks. Stern reveals his acceptance and promotion of the marriage myth in these words: "Doctors must not divorce themselves from supervising the nursing profession; doctors must not loosen the reins!"[39(p444-446)]

Kissam examines medical delegation in terms of nurse practitioners' "helping out" in rural areas so that physicians may remain in the wealthier cities. He indicates that the political power and economic interests of physicians are well served by maintaining strict controls over the expanded medical delegation that physicians describe as the nurse practitioner's role.[40] A *New England Journal of Medicine* article more clearly shows that "expansion" of nursing's role is actually a tightening of the reins held by physicians, but again this is marked by duplicity. The authors explain that "upgrading the professional nurse" relieves the physician shortage by teaching nurses to use otoscopes and stethoscopes, and collect clinical data. "They are given experience . . . within the traditional limits of the physician's overall supervision."[41(p1478)] The physician-author Darley explains how this "upgrading" trains the nurse to fit into the hierarchy of a hospital under a physician's supervision, thereby fostering paternalistic medicine.

REJECTING THE MEDICAL MODEL

In spite of the evidence illustrating nurse exploitation by physicians, nurses seem enamored of the medical model. This acceptance of medicine's paternalism indicates a lack of political sophistication. Nurses have not questioned deeply enough their ties to physicians. Nurses are allowing themselves to be deceived into believing that knowledge of additional medical procedures is expansion. This is medicine's subtle way of reenforcing deceptive ignorance on the part of nurses: paternal medicine's promotion of female mind sedation by discouraging critical questions. Daly suggests that women peel off the layers of mindbindings and false realities to demystify patriarchal lies.[3(p6)] Nurses will then be free to think and create new levels of health for themselves and their clients that are impossible when encumbered with deception. Nurses' most political act will be that of seeing through the deception they have lived with throughout history.

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