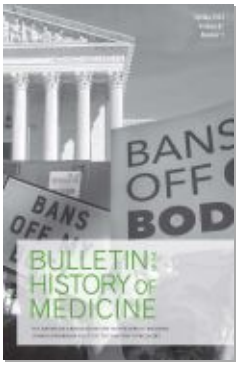
Managing Medical Authority: How Doctors Compete for Status and Create Knowledge by Daniel A. Menchik (review)



Gil Eyal

Bulletin of the History of Medicine, Volume 97, Number 1, Spring 2023, pp. 174-175 (Review)

Published by Johns Hopkins University Press
DOI: *https://doi.org/10.1353/bhm.2023.0019*

Daniel A. Menchik. *Managing Medical Authority: How Doctors Compete for Status and Create Knowledge*. Princeton, N.J.: Princeton University Press, 2021. xvii + 305 pp. $29.95 (978-0-691-22354-4).

The central characters in this book are cardiac electrophysiologists (EPs), a special brand of cardiologists who seek to regulate the heart and repair abnormal rhythms by implanting defibrillators and pacemakers, and by using ablation catheters to burn or cool parts of the heart. Among EPs there are some who enjoy authority as standard-setters, and others who are merely clinicians. Both participate in a common occupational project that itself needs to secure the authority of electrophysiology among other medicine specialties. Hence the book's title. Menchik's question is how do they—both individuals and the specialty as a whole—manage to secure this authority given the essential indeterminacy of what they do—they feed a tiny catheter two feet through a vein in order to reach the heart and there deliver a burst of heat that they hope will burn just the right amount of tissue to restore the heart to its normal rhythm. Menchik's answer is complex and somewhat hard to piece together, but this is what I came up with:

1) Standard-setters are individuals who have developed a particular way of "organizing indeterminacy." While burning part of the heart would seem to be "heroic medicine," an EP observes that "most of the time you go in . . . you literally have greater than 90% chance that you are going to succeed" (p .85).

2) Standard-setters are extremely competitive with one another, but this competition, Menchik shows, plays an important role in building their authority since it leads to differentiation into niches (specific type of problems addressed by specific type of solutions). Standard-setters "lead from a niche" (p. 82), but under the constant scrutiny of peers, who are concerned that the standard-setter does not do anything too risky to hurt the overall authority of the occupational project. While the competition is normally healthy, it can sometime erupt, as Menchik shows, into "whisper campaigns," especially at conferences (p. 212).

3) Organizing indeterminacy, however, is a collective effort. While EPs place enormous value on having "good hands," Menchik convincingly shows that dexterity and "good hands" are the product of coordinated teamwork and the EP's control of the social relations of the lab (p. 69).

4) These social relations, in fact, extend beyond the lab and include what Menchik calls "tethered venues." These include, for example, the labs of trusted colleagues, with whom a standard-setter collaborates on clinical trials. These tend to be former mentees, who share with the standard-setter the particular way of organizing indeterminacy, and whom the standard-setter knows to have "good hands," good judgment, and good control of their own lab. Hence, a crucial role in the creation of medical authority is played by the process of attracting fellows, training them, and then placing them

in their own labs. Successful fellows add to the prestige of the EP, but also contribute to the success of their shared methods and approaches (p. 78).

5) Another set of tethered venues are the practices of referring clinicians. The authority of standard-setters depends on carefully selecting patients that are a) challenging, so they can be wrote up as case reports; b) appropriate for the particular procedure honed by the EP, so something like a 90% success rate can be approximated. A network of relations with referring clinicians has to be carefully cultivated if a particular mode of organizing indeterminacy is to be successful. The referring clinician has to be relatively certain that their patient will benefit from the referral, and the EP has to be relatively certain that the referred patient is the right one. In a fascinating chapter about the introduction of a bed management program at the hospital he observed, Menchik shows how it disrupted this network of relations since now EPs could no longer count on always having a few open beds for these carefully selected patients. Menchik exploits this "natural experiment" to the fullest showing that the disruption was so threatening to the group of EPs that they ultimate decided to move to a different hospital, while a comparable group of internal medicine doctors at the hospital welcomed the program and collaborated with it, since it fit with their own professional goals and mode of organizing indeterminacy.

6) A carefully selected patient is thus a "tether," linking different venues into a network that organizes indeterminacy. Another such tether are presentation slides, which standard-setters share among themselves and among their followers. These slides lead a rich social life as they circulate from symposia to AM meetings of attendings and further down the chain.

7) A special role is played in all of this by device manufacturers' representatives. While critics often see the involvement of such representatives as indicating corruption and capture, an important contribution of Menchik's book is to introduce a more balanced assessment of the relations between doctors and industry. He convincingly shows that a) reps actually play a crucial role in the network that organizes indeterminacy. They are present at procedures, providing advice and guidance, and they organize trainings. They are not just peddlers of wares, but participate in the production of knowledge and expertise; b) reps and their employers have a strong interest in managing the relationship so that the relative autonomy of the EPs is preserved. Theirs is a delicate dance in which they are constantly aware of their mutual dependence and the need to maintain arm's length relations.

This book is not easy to read, but as I hope the preceding demonstrated, there are rich rewards for doing so. Menchik's question is fundamental, and while the answers he provides are somewhat specific to the specialty of cardiac electrophysiology, the approach he develops can be used with great profit in investigations of other medical specialties.

Gil Eyal
Columbia University