

Book Review

Review of *Managing Medical Authority: How Doctors Compete for Status and Create Knowledge*

By Daniel A. Menchik

Princeton University Press. 2021, 328 pages. <https://press.princeton.edu/books/paperback/9780691223544/managing-medical-authority>

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In the dominant narrative about the distribution of power in US healthcare, the so-called Golden Age of Doctoring looms large as the heyday of physician authority. As the narrative continues, this mid-twentieth century heyday faded as physicians endured multiple encroachments upon their authority from other stakeholders, such as patient-advocacy groups, hospital administrators, pharmaceutical industry corporations, and insurance providers. In turn, scholars debated over the details of physicians' diminished authority, advancing theories like deprofessionalization, proletarianization, and corporatization, among others. However, the authority of the medical profession—that patients will heed physicians' advice, that administrators will respect physicians' opinions, that industry will listen to physicians' needs—has never been a given. Authority is always an accomplishment, and it is precisely this process of accomplishment that is at the heart of Daniel A. Menchik's compelling book *Managing Medical Authority: How Doctors Compete for Status and Create Knowledge*.

Drawing upon extensive and detailed ethnographic data, Menchik describes the ongoing and continuous efforts that cardiologists and the subspecialist electrophysiologists undertake in accomplishing their individual and collective authority. Their authority is contingent upon their ability to, as Menchik puts it, “organize indeterminacy”—that is, to actively construct problems and control the conditions under which these problems are solved. Crucially, as Menchik convincingly argues, these physicians accomplish this authority by creating tethers (e.g., procedural innovations, anatomical vocabulary, gossip, and markers of prestige) across venues (e.g., hospital wards, laboratories, industry events, and professional conferences) and *relying* on the other stakeholders to help advance knowledge-production. Although in other scholars' work on the encroachments on physician authority these other stakeholders are often conceptualized as diametrically opposed to and in conflict with the medical profession, Menchik

shows how these other stakeholders are instrumental to the physicians' accomplishment of authority and, in turn, disrupts the dominant narrative about the distribution of power in the healthcare field. Menchik unfolds this argument via his book's brilliant organizational structure, as each chapter reveals more and more intricate interdependence between the medical profession and the other stakeholders.

Not only is this core argument a contribution to medical sociology, but *Managing Medical Authority* is teeming with analytical and empirical insights about how knowledge is made, how organizations mediate individual and collective status-making, and how academic hospitals operate. The book is organized to take the reader from venue to venue, allowing Menchik to build in more and more complexity as he proceeds. From patient grooming and student socialization on the hospital wards to technical skill-building in in-hospital and industry-run labs to academic- and industry-sponsored conferences to administrative meetings and correspondence, the chapters also stand on their own. For example, the chapter about physicians engaging in "leading from a niche" illustrates how physicians learn to stay within their particular lane of expertise as they advance knowledge, deliberate risks, and cultivate referral networks with whom to work with if the patient case is beyond the scope of their specific niche. Another chapter on the hospital's bed management system illustrates how hospital administrators make decisions around costs and personnel, thus showing that not all physician authority is impinged upon equally, as different specialties negotiate organizational constraints based upon whether their clinical tasks are event-centered (e.g., inserting a catheter, performing an ablation) or person-centered (e.g., knowing a patient's health history).

Moreover, *Managing Medical Authority* is also a methodological contribution in and of itself. What stands out is the sheer breadth and depth of Menchik's data collection, both in terms of duration and scope. Not only is the ethnographic description rich—as in, there are some points in which the level of detail about a procedure will turn your stomach—but the multi-sited ethnography also powerfully illustrates his argument. The data are so rich, in fact, that some of the respondents' comments are ripe for further analytical engagement regarding the ways in which social inequalities map onto or are perpetuated by the medical profession. On the one hand, accounts and descriptions of physician interactions expose some troubling illustrations of the way entitlement, inequality, and discrimination play out in the medical profession. Menchik has captured moments of physicians' aggressive bullying and use of egregiously sexist comments. One is left wondering if these cardiologists would feel less entitled to such behavior if they were not overwhelmingly rich white men. Such data not only opens a space for, but I would argue deserves, greater scrutiny of how social status and professional status seem irrevocably intertwined. Efforts at control advance biomedical knowledge but they also advance the status of white rich men.

On the other hand, the book suggests that the high status of academic medicine shapes patient care more broadly, which opens up an area for future exploration about the ways in which paternalism is baked into biomedical

authority and promise. In fact, the entire notion of “patient grooming” is laced with paternalistic and predatory connotations. Thus, there are many questions that *Managing Medical Authority* raises, a mark of an engaging project: Do physicians groom all patients in the same way? How does the social identity of patients interact with grooming practices? What does it mean that the cultivation of the confident “be strong and wrong” attitude is concentrated at academic medical centers that serve the urban poor? Although these questions are beyond the scope of the book, Menchik succeeds in shining a light into the murky waters of physician-patient power structures so that future work may begin addressing them.

As such, the questions that are both answered and raised within *Managing Medical Authority* render it a deeply captivating and thought-provoking book about how physicians engage in controlling the conditions under which their problems and solutions are articulated. Control is not in winning every argument or deciding the hospital’s procedures, but rather in calibrating and recalibrating the tethers between venues to advance the occupational project. Such a well-written book will be a boon for many classrooms and debates.