

Health Professions and the State in Europe

Edited by

Terry Johnson, Gerry Larkin
and Mike Saks



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Governments throughout the world are increasingly concerned with the costs and quality of health care. Health professionals internationally are facing major changes and are re-examining both their organizational and skill base in order to sustain their services to sponsors and clients. Focusing on the theme of change, *Health Professions and the State in Europe* explores the responses to these challenges across the shifting socio-political map of Europe.

The editors and contributors, all established authorities in their field, develop analytical models to explain and illuminate the changing character of professions, as influenced by governments and other agencies, with particular reference to the health arena. They then consider the specific relationship between health professions and the state in Britain and a number of other European countries—Spain, Belgium, the Netherlands, Scandinavia and the Czech Republic. Topical issues of international and comparative relevance are covered, such as the impact on the health professions of market policies, performance and quality measures, and challenges to professional monopolies and expertise.

Health Professions and the State in Europe presents an overview of the current situation in eight European countries. As such it enhances our understanding of the interplay between health professions and the state in different national contexts in relation to a wide range of health professions, including nursing, midwifery and medicine. It will be of special relevance to students, teachers and professionals with interests in health policy, social policy and medical sociology.

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Introduction

Terry Johnson, Gerry Larkin and Mike Saks

The contributions to this edited collection are based on a number of the many papers first presented at the International Sociological Association conference on Professions in Transition, held in Leicester in April 1992. The original theme of the conference reflected the widespread view amongst academics that an accumulating range of changes occurring on an international scale necessitated a review of the professions. In selecting the papers for this volume the editors have continued the focus on the theme of change, both in conceptual and analytical terms and through illustrations of the developing nature and role of particular professions in a variety of national contexts. The international flavour of the volume in this latter respect is encapsulated in the fact that it includes contributions from leading authors on the professions from eight different countries, spanning Britain, Europe and North America.

While professions in general have been involved in many major transitions in recent decades, this has arguably nowhere been more apparent than in the field of health care. This has further guided the selection of papers, as has an awareness that a wider review of sociological and historical perspectives on professions can assist in understanding specific areas of change. Amongst the ranks of health professions new occupations and reformed segments from more established occupational groups constantly emerge, reshaping relationships within the division of labour. In addition, apparently unchallenged professions are perpetually compelled to re-examine their organizational and skill base to sustain their services to sponsors and clients. The processes of resistance and change within and between professions therefore need to be documented and understood, but within a further context of adjustments in previous relationships with the state and other major sponsoring agencies and purchasing bodies.

Pressures for reflection and change often emanate from forces outside of the immediate professional field, and in health care these have globally been very significant. Such pressures have particularly originated in recent decades from fundamental policy changes by governments in the broad area of welfare, and sometimes more profoundly still in basic alterations of the character of the state itself. The case of policy change within established frameworks of government can be illustrated with reference to the various experiments with *laissez-faire* approaches through the 1980s. These are linked to perceived fiscal and economic crises in democratic capitalist states, and are evident in health policy through a near universal preoccupation with cost-containment. Examples of shifts in the nature of the state cover not only the growing regulation of once sovereign states through their inclusion in complexes of international regulation—as in the European Community—but also transformations in the ideology and administration of individual states. In this respect, the world has recently witnessed the dissolution of a number of regimes of a fascist and communist persuasion. Changes of this magnitude have presented both radical dilemmas and new opportunities for professions nurtured in the image and values of the previous regime. Irrespective of the source of shifts in the direction of state policy, a comparative international focus is instructive. This has influenced the choice of contents here, which centres on the European context in which such transformations affecting the health professions are well exemplified.

In pursuing the theme of transition in relation to the health professions in Europe, the book is divided into three main sections. The first part of the book begins by highlighting some of the key analytical issues involved in understanding the interplay between professions and the state, with reference to the health arena. The next part of the text continues the state-professions theme with reference to illustrations drawn from the medical profession and other health professional groups in Britain. It covers such areas as the historical relationship between health professions and the state, the recently introduced internal market in health care, community care, peer review and quality assurance, the interface between orthodox and unorthodox medicine, and professional regulation in the shifting socio-political environment in Britain. The final part broadens the international scope of the volume by examining the relationship between health professions and the state in a number of other countries in Europe—including Spain, Belgium, the Netherlands, Sweden, Finland, Norway and the Czech Republic. This section again considers professional groups like nursing and midwifery as well as medicine and encapsulates the main strand of the book—the changing relationship between the state and the professions in health care.

Moving on to a more detailed breakdown of the contents in each section, the two orientational chapters contained in [Part I](#) of the book raise general issues bearing on the changing relationship between the modern state and the professions. Following an exploration of the more important sociological contributions to this theme, Terry Johnson in [chapter 1](#) argues that Michel

Foucault's concept of governmentality provides a novel and more fruitful approach, by rejecting conventional theories which counterpose professions and the state and focusing on the processes of government. In [chapter 2](#) Donald Light suggests that the concept of countervailing powers best conceptualizes the political processes involved in health policy outcomes.

Turning to the consideration of Britain in [Part II](#) of the volume, in [chapter 3](#) Gerry Larkin focuses on the way in which the governing process in the twentieth century has led to the formation and transformation of a medico-bureaucratic network that moulds the changing relationship between the state and health professions, as well as between the health professions themselves. In [chapter 4](#) Andy Alaszewski compares the medical profession with the professions of nursing and social work in order to suggest that recent government reforms in Britain have created a series of internal markets for professional services. In [chapter 5](#) Judith Allsop examines changes in general practice over the past ten years, in the context of policy changes which have emphasized both quasi-market principles and increased state control. The impact of competitive forces and governmental regulation on professional autonomy are considered in terms of its possible enhancement and partial erosion in these changing circumstances. In [chapter 6](#) Mike Dent further considers government-sponsored internal market policies, but with reference to hospital doctors and the development of medical audit and quality assurance reviews. These are discussed in both their British and earlier American applications, with a focus on the tensions between organizational and professional forms of control. In [chapter 7](#) Mike Saks broadens the consideration of professional control to consider whether the strong link between orthodox medicine and the state is to the public benefit. The development of acupuncture is explored to suggest that the medical profession, even when revising its policies towards alternative therapies, consolidates its own position. Finally, in [chapter 8](#) of this section Meg Stacey explores the General Medical Council's policies of regulating competition in the professional market from overseas and European qualified doctors. Both change and continuity in the General Medical Council are examined as its focus shifts from post-imperial to European dimensions of professional regulation.

[Part III](#) of the book moves on to consider the relationship between health professions and the state in continental Europe. In [chapter 9](#), Josep Rodríguez assesses the impact of democratization and the creation of a dominant public health care system on the medical profession in Spain. It is argued that the implementation of these reforms has increased the degree of proletarianization of the medical profession—a trend that is now becoming even more accentuated in the private health sector, with the growing involvement of large corporations. Rita Schepers observes in [chapter 10](#) that the recent activities of the government and the private sickness funds in the medical market have also brought about changes in the position of Belgian doctors, although it is as yet unclear whether the power and autonomy of the medical profession is in real decline. Such power and autonomy are typically greater than that possessed by the subordinated midwives in the industrialized world. However, Edwin van Teijlingen and Leonie van der Hulst claim in [chapter 11](#) that the state in the Netherlands has granted midwifery more independence from the medical profession than in either Britain or the United States, partly because of the greater emphasis on state regulation of the social obligations of individual professions in continental Europe. But if this underlines the significance of the state in shaping the jurisdiction of the health professions, so too does [chapter 12](#) by Vibeke Erichsen, who argues that the Scandinavian countries fit neither the predominant Anglo-American practitioner-driven nor the classic European state-driven models of professionalization. Rather, she suggests that the process of medical professionalization in Sweden and Norway at least has been based on a close interdependent relationship between doctors and state bureaucracies. Elianne Riska and Katarina Wegar in [chapter 13](#) add a further dimension to the discussion of the state-profession interface in focusing on the gender balance in the medical profession in Norway and Finland. This has become an increasingly important issue as the state has shifted resources to primary care where it is argued women doctors are more strongly represented because of their perceived mastery of work involving the emotions. The section and the book conclude with [chapter 14](#) by Alena Heitlinger which illuminates the central theme of changing state-profession relationships in Europe by examining the position of medicine and nursing in the new post-communist Czech Republic, following the break-up of long-standing party control.

Readers of this book may wish to explore particular national case studies or theoretical and comparative issues relating to health professions and the state in Europe. However, while the text may be read for immediate points of interest, it has also been constructed to hang together as a whole. At the same time, the authors of each chapter have developed their own particular analyses. The editors consider that the associated variation in style and approach contributes to the richness of this volume and its value to those concerned with professions, health care and the state in both national and international settings.

Part I

Professions and the state: theoretical issues

Governmentality and the institutionalization of expertise

Terry Johnson

What is happening to the professions? In both Europe and the United States there exists the growing certainty that those occupations that established such high-status, independent and privileged locations in the division of labour from the mid-nineteenth century onwards are undergoing fundamental change. In Britain, the dominant image of the professional as a sole, male practitioner, personally and independently servicing individual clients, has, in the second half of the twentieth century, gradually disintegrated in the face of a reality of increasingly diverse work locations, many of them bureaucratic in character. Also, in recent years, this gradual transformation has been quickened by the ‘deregulation’ policies of the government; policies which have their parallels on the Continent and in the United States.

The popular image of the professions as made up of independent, solo practitioners was, for a considerable period, remarkably resistant to the changing realities of the division of labour, transformed by such processes as the rise of the large-scale, technological hospital; the growth of professional bureaucracies of lawyers and accountants organizationally rooted in the myth of partnership; the incorporation of new and old professions into burgeoning state agencies; and the world-wide spread of multinational business firms maintaining their own corps of professional employees.

These processes of transformation are today well established, and the number of professionals practising in novel work sites far outnumber those remaining in traditional locations. While there is general agreement in the sociological literature about the scope of these changes, there is little agreement about their consequences and, more important for us, we still await a generally accepted perspective explaining the significance of these changes which we all observe. The current need for theoretical advance is, however, hindered by a conception of expertise which remains too closely tied to the professions’ own view of themselves. In particular we are blinkered by a misconception of the relationship between the professions and the state; a relationship which British professionals characteristically view as the primary threat to their independence.

The object of this chapter will be to argue that the institutionalization of expertise in the form of the professions in the modern world has been integral to what Foucault (1979) calls governmentality. Briefly, Foucault’s concept of government rejects the notion of the state as a coherent, calculating subject whose political power grows in concert with its interventions into civil society. Rather, the state is viewed as an ensemble of institutions, procedures, tactics, calculations, knowledges and technologies, which together comprise the particular form that government has taken; the outcome of governing.

FOUCAULT AND GOVERNMENTALITY

According to Foucault, governmentality is a novel capacity for governing that gradually emerged in Europe from the sixteenth century onwards in association with the invention, operationalization and institutionalization of specific knowledges, disciplines, tactics and technologies. The period from the sixteenth until the eighteenth century was, he argues, notable for the appearance throughout Europe of a series of treatises on government: on the government of the soul and the self; on the government of children within the family; on the government of the state (Foucault 1979:5–9). This rethinking of the various forms of governance was associated both with the early formation of the great territorial, administrative states and colonial empires, and with the disruptions of spiritual rule associated with the reformation and counter-reformation. Together, these discourses on government were precursors of the disciplines of morality, economics and politics.

While the latter initially focused on juridical conceptions of sovereignty, Foucault (1979:12) identifies a revolutionary break with the Machiavellian assumption that the power of the prince was best deployed in securing sovereignty, to the view that governing was no more than the ‘right disposition of things’ leading to the ‘common welfare and salvation of all’. This novel discourse which began to conceive of popular obedience to the law as the sole source of legitimate rule (that is to say, sovereignty and law were rendered synonymous) also made it possible to identify—in the capacity to make ‘dispositions of things’—the means of governing, those tactics and knowledges developed in order to regulate territories and populations. Statistics, for example, revealed that populations had their own regularities; such as rates of death, disease and cycles of scarcity. These were regularities of structure irreducible to the family as the object of rule. Thus, claims Foucault (1979:13–16), the art of government gave way to a science of government.

It was thanks to the perception of the specific problems of population, related to the isolation of that area of reality that we call the economy, that the problem of government finally came to be thought, reflected and calculated outside the juridical framework of sovereignty.

(1979:16)

That form of government which came to have population as its object of rule, and political economy as its principal form of knowledge, was an ensemble of institutions, procedures, analyses, calculations, reflections and tactics that constituted *governmentality*, a ‘very specific albeit complex form of power’ (1979: 19); the form of government that came to characterize modernity.

What we can add to—or derive from—Foucault’s analysis is that in the course of the eighteenth and particularly the nineteenth centuries expertise—the social organization of these emergent disciplines—became integral to this process of governmentality. That is to say, that during this period expertise became as much a condition for the exercise of political power as did the formal bureaucratic apparatus we often, mistakenly, identify as constituting the state (see Miller and Rose 1990). In short, expertise, as it became increasingly institutionalized in its professional form, became part of the process of governing.

In developing this argument, the chapter has two goals. The first is to use the insights inherent in Foucault’s concept of governmentality to open up a new domain of Foucauldian analysis, the institutionalization of expertise. In achieving this objective we hope to displace the terms of a long-standing controversy in the sociology of the professions regarding the source and degree of professional autonomy in the face of state intervention. The autonomy/intervention controversy in the sociology of the professions arises, it will be argued, only insofar as the relationship between state and professions is misconceived as one existing between two subjects.

FREIDSON AND FOUCAULT: TWO VIEWS OF THE STATE

The dominant conception of the state/profession relationship found in the socio-logical literature is a systematic source of serious dispute and controversy. It generates argument about the nature and degree of autonomy enjoyed by professional practitioners (Freidson 1973; Haug 1973; Light and Levine 1988); the degree of state intervention into or state control of professional practice (Lewis and Maude 1952; Navarro 1976; Wright 1978); the extent to which the professions enjoy a post-industrial dominance as an élite (Bell 1960); and the degree to which they are increasingly subordinated to the control of corporate capital and are consequently undergoing a process of proletarianization (Oppenheimer 1973; Derber 1982; McKinlay and Stoeckle 1988).

While such disputes, insofar as they focus on the profession/state relationship, may be exacerbated by the import of exogenous values into the analysis, there is little doubt that a significant source of such disagreement (and, one might add, mutual incomprehension) is the pervasive conception of state/profession as a relationship between preconstituted, coherent, calculating political subjects; one intervening, the other seeking autonomy. While the professions are seen as acting to maximize autonomy, the state is presented as continuously extending its apparatuses of control throughout society, including over the professions.

This dominant and conventional view of the relationship has been one-dimensional; that is, comprising only one set of alternatives—externally imposed control or internally generated autonomy. Eliot Freidson was undoubtedly the first sociologist to provide a more systematic and sophisticated view of the relationship. In *Profession of Medicine* Freidson (1970) directly and effectively confronted the issue: how is it possible to acknowledge the extent to which a profession is subject to state regulation, even state control, while at the same time retaining the view that such occupations are characterized by their autonomy or independence? Freidson’s answer was simple, but seminal.

Medicine, he argued, like other professions, emerged by the ‘grace of powerful protectors’ (Freidson 1970:xii) and it was from such a protected ‘shelter’ in the nineteenth century that it was able to achieve autonomy, both from the ideological dominance of such protective élites and, subsequently, from the constraining effects of all external evaluation including that exercised by governments. Freidson posed the question: Can an occupation be truly autonomous, a profession free, when it must submit to the protective custody of the state (1970: 24)? He answered that while a profession may be entirely subordinated to the state when it comes to the ‘social and economic organisation of work’, nevertheless, modern states, whatever their ideological leanings, ‘uniformly’ leave in the hands of professions control over the *technical* aspect of their work (1970: 24). In the United States, for example, doctors retain control over the ‘quality and the terms of medical practice’ (1970: 33). In Britain the British Medical Association controls ‘the determination of the technical standards of medical work, and seems to have the strongest voice in determining what is ethical and unethical’ (1970:39). State intervention does not, Freidson suggested, undermine the autonomy of technical judgement so much as establish the social or moral premises on which the judgement of illness is based (1970:43). The technical aspect of medical work remains immune from external and, therefore, ‘professionally intolerable’ evaluation. Thus Freidson says,

so long as a profession is free of the technical evaluation and control of other occupations in the division of labour, its lack of ultimate freedom from the state, and even its lack of control over the socio-economic terms of work do not significantly change its *essential character as profession*.

(1970:25; original emphasis)

In short, within the protected socio-political environment or ‘shelter’ provided by the state a profession may be secured from serious, ‘alternative’ practitioner competition, while wielding independent power sufficient to control virtually all technical ‘facets of its work’. For Freidson, then, autonomy of technique is what defines a profession as well as its relationship with the state. Freidson solved his initial problem, therefore, by way of the claim that the autonomy of a profession depended on its dependence on the state. The ensuing paradox is resolved once we distinguish between the types of autonomy (technical as against socioeconomic) and forms of dependence (absolute and relative). Freidson was in effect countering the powerful rhetoric of practising professionals who claimed a tradition of gentlemanly independence, and continued to fight for absolute autonomy from the encroachments of the ‘interventionist’ state. Freidson seemed to be recognizing a postwar reality by accepting that the state increasingly held the professions in an intimate socio-economic embrace while, at the same time, providing the professions with a theoretical underpinning for their claim of independence; the autonomy of technical evaluation.

Despite his achievement, Freidson remained tied to a conception of the state as an external, calculating subject; a state that provides ‘shelter’, exerts control over the socio-economic terms of professional work, leaves matters of technical evaluation in the hands of professionals. It is this conception which ultimately leads to an incoherence in Freidson’s position; an incoherence that Foucault’s conception of governmentality allows us to overcome. The general relevance of Foucault for this issue is best approached by way of his historiography; that is to say, from his rejection of any conception of history as the unfolding of an essence, or as a search for origins.

As is illustrated by Freidson himself, there is a strong tradition in sociology wedded to the belief that an occupation has the potential to become a profession only when it is heir to a body of esoteric knowledge (Parsons 1949; Barber 1963). In short, a process of professionalization—towards the end-state of professionalism in which an occupation controls its own destiny—is essentially a product of this knowledge potential. In the story of professionalization as an historical process, state intervention is often viewed as a major impediment, explaining why certain occupations fail to attain the full flowering of professionalism. The part played by technique in Freidson’s concept of autonomy has an affinity with the conception of professionalization as the unfolding of an essence, knowledge.

In an associated search for origins, students of the professions have normally identified state intervention as a process synonymous with the decline of *laissez-faire*, the mythic separation of state and society during the early nineteenth century. Starting from such a point the history of medicine in Britain, for example, becomes a process of increasing state intervention, leading inexorably to the foundation of the National Health Service. It is a history with only two possible outcomes, autonomy or intervention. Foucault would reject any attempt to present these competing accounts, professionalization or state intervention, as adequate histories. Rather they constitute inadmissible alternatives to history; inadmissible insofar as they are merely the realization of preconstituted essences; an evolution foretold in its origins.

From a Foucauldian perspective a history of the professions becomes one part of the transformation of power associated with governmentality, as ‘the disposition of things’. The rapid crystallization of expertise and the establishment of professional associations in the nineteenth century was directly linked to the problems of governmentality—including the classification and surveillance of populations, the normalization of the subject-citizen and the discipline of the aberrant subject. The establishment of the jurisdictions of professions like medicine, psychiatry, law and accountancy, were all consequent on problems of government and, as such, were, from the beginning of the nineteenth century at least, the product of government programmes and policies. Far from emerging autonomously in a period of separation between state and society, the professions were part of the process of state formation.

It follows that equally important for a Foucauldian view of the state/profession relationship is his conception of power as a social relation of tension rather than the attribute of a subject. Given such a conception, power can never be reduced to an act of domination or non-reciprocal intervention. In short, according to Foucault, the relationship of power peculiar to modern liberal democracies emerged with the shift from divine to popular legitimacy. That is to say, in the modern era the legitimate political power has resided in the obedience of subjects, and it is Foucault’s central concern with the formation of the obedient subject that explains his focus on the role of discipline (that is, disciplines/ knowledges) in his analysis of modernity. Along with Weber he argues that the outcome of such power is not characteristically domination but the probability that the normalized subject will habitually obey. It is the obedience of the subject-citizen that reproduces the legitimacy of power in the modern liberal-democratic state. Consequently, the actions of subjects; the self, the body, become the objects of new knowledges, new disciplines and technologies which are, in turn, the products of expertise.

The concern with governing is, then, crucially linked to the process of what Foucault calls normalization; the institutionalization of those disciplines/ knowledges that prepare the ground for the reproduction of the normalized, self-

regulating subject. Foucault's conception of governmentality focuses our attention on the mechanisms through which the political programmes and objectives of governments have been aligned to the personal and collective conduct of subjects. Governmentality is, in short, all those procedures, techniques, mechanisms, institutions and knowledges that, as an ensemble, empower these political programmes. Most important for our argument is that expertise was crucial to the development of such an ensemble, and that the modern professions were the institutionalized form that such expertise took.

The professions have, then, developed in association with the process of governmentality. To put it another way, the modern professions emerged as part of that apparatus that constitutes the state. The revisionist history of the mental asylum in Britain—influenced by Foucault's *Madness and Civilization* (1973)—is particularly instructive here. First, it has undermined the essentialist view that the building of the asylums was a necessary response to the individual pathologies of an increasingly anomic, urban, industrial environment. Also it has questioned the view that the medical profession was the obvious and only source of expertise available to staff in the asylums. What has become clear is that the expert classification of the mad, and the emergent typologies of madness, were integral to government policies associated with the problem of pauperism, and that the medical mad-doctor gained official recognition in the role of psychiatric expert only after a struggle with other occupations, as well as resistance from the legislature (Scull 1979). Such an analysis suggests that the emergence of psychiatry as a professional specialism was a product of government policy, and that, like the asylum itself, psychiatry emerged as part of that ensemble of disciplines, techniques, tactics and procedures that we now refer to as the state.

The state is not here conceived of as some external, conditioning environment of government. Rather, the state is the outcome of governing; its institutionalized residue, so to speak. It also follows that those procedures and technologies, forms of classification and notation that, in part, embody the state are embedded both in those formal bureaucratic organs that we normally identify as the state apparatus and in the agents of institutionalized expertise, the professions. In short, the state, as the particular form that government has taken in the modern world, includes expertise, or the professions. The duality, profession/state, is eliminated.

To return to Freidson, the continued commitment to such dualism in his work inhibits our capacity to think an empirical reality in which these two realms of activity are inseparable. For example, the crux of Freidson's argument—the autonomy of technique—is rendered vulnerable once we admit that technicality is not the product of colleague discourse alone. In all cases, the technicalities of expert practice entail various combinations of cognitive and normative elements. Some of these are a product of colleague endorsement, while others emerge in the realm of public opinion or originate in official programmes or policies. If it is recognized that technicality is the product of public, professional and official discourse, then in what sense does the profession/state dualism retain meaning? In medicine, even in the determination of such basic categories as 'life' and 'death', where one might expect the technicality of expertise to reign supreme, both public and official discourses are currently very influential and even account, in part at least, for the types of indicators used by medical practitioners. To quote Freidson (1970) again: 'To understand the state of the socially constructed universe at any given time, or its change over time, one must understand the social organization that permits the definers to do their defining'.

If we apply this injunction to the medical profession we are forced to conclude that any attempt radically to separate professional experts from official definers is misconceived, and that in effect doctors are themselves intimately involved in generating official definitions of reality. There is a real sense in which in overseeing established definitions of illness, the profession *is* the state. The privileged place of medical definers in the social order is that they are part of an official realm of discourse. Because expertise is in this sense inseparable from those processes we call the state, it also follows that at this point the medical experts become immune from state control. The expert is not sheltered by an environing state, but shares in the autonomy of the state.

If this conclusion is accepted then it further suggests that the duality, state/ profession, functions conceptually to conceal the integrated nature of such processes—the extent to which professionalization and state formation have been different aspects, or profiles, of a single social phenomenon in the modern world. The success of medical professionals in constructing a social reality with universal validity is a consequence of their official recognition as experts. The point at which technical autonomy is established is the very same point at which professional practice is indistinguishable from the state; part and parcel of governmentality.

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In order to extricate ourselves from the distorting consequences of the state/profession dualism, we must first rid our thinking of the concept of the state as a preconstituted, calculating subject. We must also develop a more balanced view of both the state and the professions as the structured outcomes of political objectives and governmental programmes rather than seeing them as either the constraining environments of action or the preconstituted agents of action. We can move further in this direction by considering the significance for our argument of the work of sociologists Larson (1977) and Abbott (1988), both of whom emphasize the processual nature of the social construction of expertise. Like Freidson, Larson and Abbott offer relatively sophisticated analyses of the professions, the former viewing professionalization as primarily the construction of a