The Practice of Medicine in Montreal

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Upon formal acceptance as a member of the College of Physicians and Surgeons the medical man must acquire a clientele and establish a relationship of interdependence with a group of his colleagues. His services will be sought depending upon the reputation he acquires with a public and with the colleagues on whom he is dependent. His activities in the institutions that form the community's medical system—doctors' offices, hospitals, medical schools, and professional associations—will develop his reputation. These roles will give him his place and function in the medical system.

The basis for the new doctor's acceptance is his licence to practise. Personal acquaintance modifies this undifferentiated status and allows for his assessment as an individual with certain abilities, personality, ambitions, and potentialities. Acquaintance is possible only if the new professional establishes contact with a group of other professionals with whom he acts interdependently. He must perform a useful function in the group, usually in a subordinate capacity at first. In order for his reputation to grow he must meet the approval of a number of colleagues and otherwise succeed in his medical practice as a fair and accepted competitor.

The doctor-patient relationship is neither originated nor carried out in a vacuum. Contact with patients depends on the means of communication that the lay community of potential clients possesses and on those of the professional group. Some types of medical practice depend more on one of the two networks than on the other. In broad terms, the general

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practitioner may be said to depend mainly on lay networks of communication in the neighbourhood and city, while the specialist depends especially on a system of informal relationships between professionals within the community's large medical institutions.¹

The physician is an active participant in two major social complexes. The first is the doctor-patient complex. Most medical men have to develop a practice—that is, establish a personal enterprise—in order to make their services available to patients. They must set up an office, acquire a clientele, select patients that they wish to retain, and employ means to create goodwill for themselves. The second complex involves other professionals, both in co-operation and in competition. In order to become an active professional the general practitioner must become involved in these two complexes. But the specialist participates more than the practitioner in the formal institutions of the medical system—the medical school, where succeeding generations of medical men begin their training, and the hospitals, where certain medical facilities are concentrated for the treatment of the sick and the training of doctors. The nature of the specialist's institutional roles, his relationships with colleagues in the large institutions, and the effects of both on his private practice must be considered. Conversely, attention must be given to the specialist's clientele as it contributes to his desirability as an office-holder in the institutions and to the nature of his relationships with colleagues.²

Opening an office, acquiring, selecting, and retaining a clientele, will be discussed first in the following sections. The acquisition of hospital privileges and institutional roles, and selection by colleagues for the performance of certain services for their patients, will be discussed afterward. It must be remembered, however, that the institutional aspects of a career, except perhaps during the early stages of specialist training, coincide with establishing, maintaining, and developing a private practice.

**OPENING AN OFFICE**

Most physicians depend on private practice for their income. The office is where they provide certain services and can be reached for the provision of others. Certain conditions govern the selection of the site. A doctor

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¹ This conceptualization relies heavily on the work of Professor Oswald Hall, "The Informal Organization of Medical Practice in an American City" (unpublished Ph.D. dissertation, University of Chicago, 1944). Professor Hall, then Chairman of the Department of Sociology and Anthropology at McGill University, was the author's thesis adviser.

² Careers in a third group, the salaried specialists who work for hospitals and other physicians, were discussed in the original work; see Chapter XIV, pp. 491-522. The dichotomy that is emphasized here—reliance on the community or on the medical system to attract individual clients—does not apply to this group. It was felt that only the two more common types of careers should be discussed in the present summary.