

CURRENT COMMENTS

Treating the Whole Person: The Use of Social Sciences Information in Medical Libraries

Number 22, May 30, 1977

Physicians do not treat diseases; they treat people. This simple fact, which was forgotten for a time, is just now being rediscovered. I do not denigrate the very real achievements of modern technological medicine--the drugs, the laboratory tests, the sophisticated surgical procedures, the prostheses and life-sustaining machinery--but still it seems that something is missing in many physician-patient relationships. According to some observers, that something is an understanding and appreciation among physicians of the crucial role of psychological, social, and cultural factors in the treatment of disease.

Why don't doctors use available social sciences information? The main reason is the somatic orientation of our whole health-care system. The medical schools bear a large part of the responsibility, since they often fail to incorporate pertinent social sciences information into medical curricula. This is aggravated by the failure of many medical libraries to include relevant social science journals and books in their collections. And until

recently, medical reference services have often ignored the importance of the social sciences in medical research as well as in teaching and in clinical practice.

Just a few weeks ago, in an article published in *Science*¹ George L. Engel, professor of psychiatry and medicine at the University of Rochester School of Medicine, called for a new medical model. "The dominant model of disease today is biomedical," he wrote, "with molecular biology its basic scientific discipline. It assumes disease to be fully accounted for by deviations from the norm of measurable biological (somatic) variables. It leaves no room within its framework for the social, psychological, and behavioral dimensions of illness." Engel goes so far as to call the biomedical model a "dogma" in the Western world.

Engel claims that, "The boundaries between health and disease, between well and sick, are far from clear and never will be clear, for they are diffused by cultural, social, and psychological considerations." He proposes a "biopsychosocial model" to replace

the traditional medical model of disease. "The psychobiological unity of man requires that the physician accept the responsibility to evaluate whatever problems the patient presents and recommend a course of action, including referral to other helping professions. Hence the physician's basic professional knowledge and skills must span the social, psychological, and biological, for his decisions and actions on the patient's behalf involve all three."

Physicians generally concede that their own behavior and relationship with the patient can influence the course of their patient's disease. The choice of therapy can also be strongly influenced by such factors as the social context in which the patient lives and the workings of the whole health care system. In addition, the physician must consider the effects of the behavior of others, such as the patient's family members, on the patient's seeking of medical help, reporting of symptoms, and acceptance of therapy.

Social science information can also help doctors to make ethical decisions. As Albert H. Keller, Jr., of the Medical University of South Carolina, recently pointed out, "simple adherence to a code of professional ethics is not sufficient to assure moral use of medical knowledge and skills." Keller asserts that "the social and cultural milieu in which medicine is practiced changes constantly, generating new problems unanticipated by general codes. Each physician of necessity becomes an ethicist. A grasp

of social issues, therefore, along with lucid internal norms of right and wrong, is vitally important to the practice of medicine."²

In addition to ethics, doctors are constantly making decisions which touch on such areas as law and religion. They may also deal with problems in rehabilitation, vocational guidance, drug addiction, criminology, health education, and individual and social psychology, to cite just a few examples of the medical use of social sciences information.

But how are doctors to become familiar with the types of social sciences information that they can use? At present their formal training rarely encompasses the social sciences. According to Halsted R. Holman, professor of medicine at the Stanford University School of Medicine, "Medical schools and centers are the pacesetters in creating the present state of affairs. It is they, not the practitioners, who emphasize technology, employ increasing numbers of drugs and tests in the name of thoroughness without adequate control, and practice institutional medicine virtually without venturing into the community where disease occurs and runs its course."³

However, the training of physicians is already rigorous; only the most talented and disciplined students are even admitted to medical school. Can psychology, sociology, and ethics be added to present curricula without displacing one or more equally important subjects? Even if they could,

is it safe to assume that compassion, sensitivity, and morality can be taught in the classroom?

There are now signs that the "bio-medical model" is changing. Some medical schools are beginning to list courses in such social science areas as medical ethics and human sexuality. And some medical libraries have supplemented their collections with social science journals and with social science reference tools. Among these tools are the American Medical Association's *Medical Socio-Economic Research Sources*, the *Hastings Center Bibliography of Society Ethics and Life Sciences*, and *Abstracts in Hospital Management Studies*. In addition, I am happy to be able to say that ISI® offers several highly useful social sciences information services.

From our social sciences data base (which now covers over 600,000 source items from the literature since 1969 as well as the nearly three million unique items cited by those source items) we offer a variety of printed and computerized services. Among these is *Current Contents® /Social and Behavioral Sciences*, (*CC® /S&BS*), which has been carefully and favorably evaluated in actual use for current awareness purposes at the Missouri Institute of Psychiatry.⁴

Most medical libraries already subscribe to the *Life Sciences* and/or *Clinical Practice* editions of *Current Contents*, but not to the *Social and Behavioral Sciences* edition. It is unfortunate that the physicians and medical researchers who use these

libraries may be missing pertinent articles that could aid in diagnosis and treatment. They may also be missing enlightening articles in such areas as medical history, sociology, economics, law, and ethics. For this reason, we include a high percentage of social science items in the *ISI Press Digest*, which is contained in every edition of *Current Contents*.

To prepare the *ISI Press Digest*, our staff scans all six editions of *CC* plus hundreds of magazines, newspapers and books, selecting about 40 articles per week. Those readers who take a few minutes to scan the brief digests each week get a concise overview of many important--as well as merely interesting or amusing--things happening outside their specialties.

For retrospective searches ISI offers the multidisciplinary *Social Sciences Citation Index (SSCI™)* and our on-line search service, *SOCIAL SCISEARCH®*, in addition to the limited but still significant coverage of the social sciences in the *Science Citation Index® (SCI®)*. Linkages between the physical, biological and social sciences in the indexes are emphasized by a new feature which will be included in the 1977 annual *SCI* and *SSCI*. A user of the *SCI* who looks up a cited item will find not only citing items from the *SCI*, but will also be alerted to citing items in the *SSCI*--and, in the same way, users of the *SSCI* will be alerted to citing items in the *SCI*.

For keeping up in highly specific subject areas, there are our selective

dissemination of information (SDI) services, ASCA® (Automatic Subject Citation Alert) for individualized topics, and ASCATOPICS® for standardized topics.

We recently discussed the use of social sciences information with several medical reference librarians in the Philadelphia area. Ms. Loann Scarpato of the Eastern Pennsylvania Psychiatric Institute told us that she had recently filled a medical school teacher's request for background information on psychotherapy techniques for alcoholics and drug users. The teacher was planning a workshop on the subject. "Using the 1975 *Social Sciences Citation Index*," Ms. Scarpato told us, "I quickly found four articles."⁵

Other librarians told us how they had used the *JSCI* to help a graduate student who was thinking about specializing in emergency medicine, and wanted information on the development of the specialty; a nursing student writing a paper on art therapy for children; and a psychiatric resident

who wanted information on behavior modification treatment for sexual disorders.

Professionals of all types can also use the *JSCI* to find out what impact their own published work has had in the social sciences. Chances are that locating and reading social sciences papers that cite your work will give you a new, interdisciplinary perspective on your own work.

In a way, ISI's various information services provide a bridge between what C.P. Snow called the two cultures. They help physical and life scientists gain access to relevant social sciences literature, just as they help social scientists find pertinent information on the physical and biological sciences.

Medical libraries can help bridge the gap by obtaining social sciences reference tools. Such tools can help practicing physicians--as well as researchers, teachers and students--to incorporate into their repertoire of medical knowledge the most recent advances in the social sciences.

REFERENCES

1. Engel G L. The need for a new medical model: a challenge for biomedicine. *Science* 196(4286):129-36, 8 April 1977.
2. Keller A H. Ethics/human values education in the family practice residency. *Journal of Medical Education* 52:107-16, February 1977.
3. Holman H R. The "excellence" deception in medicine. *Hospital Practice* 11(4):11, 18, 21, April 1976.
4. Matheson N W. User reaction to *Current Contents: Behavioral, Social, and Management Sciences*. *Bulletin of the Medical Library Association* 59(2): 304-21, 1971.
5. Scarpato L. Personal communication. 27 April 1977.