
SOCIETY

Marcus Welby Where Are You?

"Warning Symptoms" by Ann Dudley Goldblatt, in *University of Chicago Magazine* (Fall 1989), Robie House, 5757 S. Woodlawn Ave., Chicago, Ill. 60637.

It is more than a slight exaggeration to say that doctors and patients now seem as likely to meet in court as in the consulting room. But the doctor-patient relationship is clearly not what it once was. How have things come to such a pass? Goldblatt, a lecturer in medical ethics at the University of Chicago, attributes it to a mixture of law and technology.

The traditional doctor-patient relationship, she says, was "vertical": The physician was a paternalistic "knower, a

teacher, a diagnostician, and a healer." After 1940, medicine's triumph over such diseases as polio and diphtheria added a new dimension to the physician's role: "technological guarantor." Patients' unrealistic expectations, along with new technologies and medical specialties, eventually drove a wedge between physician and patient. As a result, medical malpractice suits began to increase during the 1960s.

Meanwhile, the courts introduced an alternative "horizontal" model of the doc-

Segregation and 'Integration Shock' in America

A Survey of Recent Articles

Even as the nation's first black governor takes office in Virginia, the seat of the old Confederacy, new symptoms of America's deep racial divisions are appearing. Two new studies conclude that residential segregation is "even more extreme than previously imagined." The authors blame racial discrimination. But a black scholar argues that blacks themselves have "regenerated" segregation.

The most disturbing evidence comes from a study by Nancy A. Denton and Douglas S. Massey in the *American Sociological Review* (Oct. 1989). Analyzing 1980 U.S. Census data, the two University of Chicago sociologists find that Hispanic immigrants from the Caribbean, where there are no sharp distinctions between blacks and whites, are quickly divided in the United States.

Black Hispanics (mostly Cubans and Puerto Ricans) become "very segregated" from American society, the authors say. They are "much more like U.S. blacks than white Hispanics." According to the authors' "dissimilarity index," about 80 percent of them would have to move to white neighborhoods to achieve integration.

But white Hispanics are only "moderately" segregated from Anglos. Integration could be completed if 58 percent of these immigrants resettled in Anglo neighborhoods. The "dissimilarity" between white Hispanics and black His-

panics is also 58 percent. In other words, white Hispanics occupy a kind of middle ground, moderately segregated from both Anglos and their fellow immigrants who happen to be black. (Like Anglos, they are very segregated from American-born blacks.)

Moreover, the authors say, the separation of Hispanics, black and white, from the larger society increased between 1970 and 1980.

In a second study, published in *Demography* (Aug. 1989), Denton and Massey gauge the segregation of American blacks in the nation's big cities. Using five statistical measures, they find extreme segregation in 10 big cities: Baltimore, Chicago, Cleveland, Detroit, Milwaukee, and Philadelphia score high by all five measures; Gary, Los Angeles, Newark, and St. Louis score high on four.

Twenty-three percent of all American blacks live in these "hypersegregated" cities. The authors also identify nine integrated cities in the South and West. But they contain only two percent of the nation's black population.

Blacks in the "hypersegregated" cities inhabit "small, densely settled, monoracial neighborhoods . . . clustered tightly around the city center." Those who do not have jobs that take them outside the ghetto "would rarely meet, and would be extremely unlikely to know, an Anglo resident of the same metropo-

tor-patient relationship. In 1971, courts in California and Washington, D.C. created a new concept called "informed consent." Seeking to restore an awareness of medicine as a "science of uncertainties," American courts increasingly required physicians to discuss the risks and benefits of treatment. The effect was to transform the doctor-patient relationship into "a contractual or commercial partnership."

In the famous *Roe v. Wade* decision of 1973 giving women and their physicians the right to decide to abort pregnancies, the U.S. Supreme Court spoke almost nostalgically of the doctor-patient relationship. But the effect of the Court's decision was to encourage "contractual" arrangements. Women who went to the new abor-

tion "clinics" merely had a service performed—the doctors offered them no advice. Before long, clinics operating on the same (lack of) principles began offering cosmetic surgery and other services, evolving into a multi-billion dollar industry. Across the board, patients gained the power to demand services—from tranquilizer prescriptions to heart surgery—from their physicians.

Meanwhile, patients who continue to look upon their physicians the old way have been given new reasons to be wary. Hospital cost-containment and efficiency measures (e.g., reduced hospital stays) undermine trust. So do physicians' costly investments in magnetic resonance imagers and other diagnostic devices, which create

lis." Hypersegregation and the racial prejudice that enforces it, the authors say, are responsible for "the growing social and economic gap between the black underclass and the rest of American society."

But Shelby Steele, a professor of English at San Jose State University, has other ideas. "Certainly there is still racial discrimination in America," he writes in a remarkable essay in *The American Scholar* (Autumn 1989), "but I believe that the unconscious replaying of our oppression is now the greatest barrier to our full equality."

As children, he writes, all people are "wounded in some way and to some degree by the wild world we encounter. From these wounds a disbelieving *anti-self* is born, an internal antagonist and saboteur that embraces the world's negative view of us, that believes our wounds are justified by our own unworthiness, and that entrenches itself as a lifelong voice of doubt." But black children are doubly wounded by the unique evils of prejudice, which accuse them of inferiority simply because of the color of their skin. The vigilant *anti-self* grabs this racial doubt, says Steele, and mixes it into the pool of personal

doubt to create a "racist within."

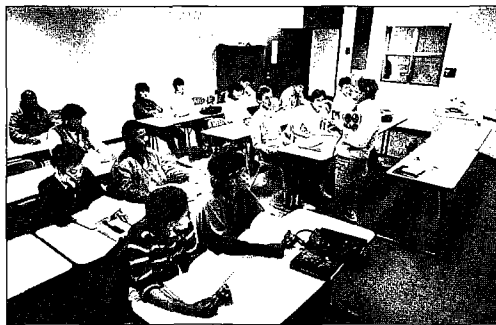
When blacks approach the mainstream, he continues, "they are not only vulnerable to society's racism but also to the racist within." They experience what Steele calls "integration shock"—a stab of racial doubt. "The whispers of the racist anti-self are far louder in the harsh accountability of freedom than in subjugation

where the oppressor is so entirely to blame."

Because the black "anti-self" makes every personal failure a confirmation of racial inferiority, the risks of striving are much greater for blacks, Steele argues, and many shrink from opportunity. Children "turn off" school; if they make it to college (black enrollment is shrinking), they segre-

gate themselves from whites; their parents stand by while outsiders run the shops and businesses in black neighborhoods.

Overcoming the crippling black *anti-self*, in Steele's view, poses a test of personal character. "No black identity, however beautifully conjured, will spare blacks this challenge that, despite its fairness or unfairness, is simply in the nature of things." But he also has faith that blacks will eventually succeed.



Boston, 1989

In Search Of Reverence

John P. Sisk on the meaning of Personal ads, in *The Georgia Review* (Fall 1989).

I trust that observers and scholars of our popular culture have been giving Personal ads the attention they deserve If so, they may have noted the extent to which "irreverent" has become a highly valorized term. In a recent New York magazine, for instance, a 44-year-old man advertises himself as "successful, handsome, trim, irreverent"

People who grew up between the two world wars may wonder why a person seeking loving company is able to assume that a capacity for irreverence will make him or her desirable. They may remember being advised by parents, teachers, and clergymen to avoid irreverent people, the idea being that those for whom nothing is sacred are probably too

caught up in their own egos to treat others with respect

[T]here is a pervasive fear in the world of the Personals that the amorous intensities and life-enlarging expectations of youth are in danger of being lost forever, that unless one resorts to the once-unconventional means of advertising one's plight in some public forum, it will soon be too late

[A society's] fear of sacred space, which is a fear of life lived by what always appears to be the long odds of faith, goes with its reluctance to commit itself to the burden of distinguishing between revitalizing fresh perspectives and faithless subversions. For lack of something worthy of reverential attention it must worship life in its precarious time-bound condition, which means that it must worship youthfulness.

incentives to order up tests for patients.

But Goldblatt thinks that it is not too late to turn back. Most physicians still deserve trust, she says. Public education, self-regu-

lation by physicians, and perhaps no-fault malpractice insurance can help prevent doctors from becoming "highly trained body plumbers."

The Culture of Empire

"Empire Builders, Culture Makers, and Culture Imprinters" by Charles Issawi, in *Journal of Interdisciplinary History* (Autumn 1989), Tufts Univ., 26 Winthrop St., Medford, Mass. 02155.

Why is it that the Roman Empire left a lasting cultural legacy in its domain, while the Greek influence all but vanished from the Mediterranean? Why did the Spanish "imprint" their culture on their colonies but not the French? Why the Arabs but not the Persians? Curiously, it seems that certain empires that attained the highest cultural achievements have been the least successful at passing on these achievements to the areas where they held sway.

The reason, says Issawi, an emeritus professor of Near Eastern studies at Princeton, has more to do with the way an empire is organized and where it is located than how advanced its civilization is.

Three factors seem vital to ensuring an empire's cultural legacy. First, the empire must establish itself in a defensible region so its culture can develop and spread. The Arabs, notes Islamic scholar Ibn Khaldun,

solidified their empire when they "forsook a nomadic for a sedentary life [and] concentrated all their energies on politics, rulership, and war." They left learning and scholarship to "the Persians, or those who were . . . subject to them." But the empire also must have "culture bearers" who migrate from the capital to the outlying regions. This migration of "priests and scholars . . . ruffians and convicts" occurred in empires as diverse as the Chinese, Indian, Roman, Arab, Portuguese (in Brazil), Spanish, British, and Russian. Perhaps most important, the empire must be "identified with a religion that either actively proselytized or at least easily admitted converts." This establishes the rulers' language as a sacred tongue, helps spread the culture to the masses, and allows it to survive invaders. In Christian Rome, as in Muslim Arabia, conquerors who destroyed

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