

O P E N B O O K

Postmodern Medicine

social sciences Charles E. Rosenberg in *Our Present Complaint: American Medicine, Then and Now* (Johns Hopkins, \$50; \$19.95 paper), touching on sources of unease.

Disease has become a bureaucratic—and, thus, social and administrative—as well as biological and conceptual—entity.

What do I mean when I describe disease as a “social entity”? I refer to a web of practice guidelines, disease protocols, laboratory and imaging results, meta-analyses, and consensus conferences. These practices and procedures have over time come to constitute a seemingly objective and inescapable framework of disease categories, a framework that increasingly specifies diagnostic criteria and dictates appropriate therapeutic choices. In America’s peculiar hybrid

practitioners and patients alike. Physicians have had their choices increasingly constrained—if, in some ways, enhanced. For the sick, such ways of conceptualizing and treating disease have come to constitute a tangible aspect of their illness experience.

Of course, every society has entertained ideas about disease and its treatment; patients have never been blank slates.... Think of the generations of sufferers who were bled, sweated, puked, or purged to balance their humors. But never has the infrastructure of ideas, practices, thresholds, and protocols that comes between agreed-upon knowledge and the individual patient been so tightly woven and bureaucratically crafted....

Yet, as I have emphasized, we are left with that inconveniently subjective object, the patient—in

whose body these abstract entities manifest themselves. This is the characteristic split screen

that faces today’s clinician: the tension between illness in the individual patient and disease as crystallized and made socially real in the laboratory’s and the epidemiologist’s outputs and inscriptions, practice guidelines, and algorithms.... Bedside, clinic, and physician’s office are the points at which the mandates of best—and increasingly most economically rational—practice bump up against the unique reality of the individual patient and challenge the physician’s traditional autonomy....

It engenders a feeling of paradox, the juxtaposition of a powerful faith in scientific medicine with a widespread discontent at the circumstances in which it is made available. It is a set of attitudes and expectations postmodern as well as quintessentially modern.

We are all “medical citizens,” embedded as potential or actual patients, with physicians, in a system of social, moral, and organizational understandings. So writes Monrad professor of the so-



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health-care system, layers of hospital and managed care administrators enforce these disease-based guidelines. The past generation’s revolution in information technology has only exacerbated and intensified these trends—in parallel with the research and marketing strategies of major pharmaceutical companies.... This web of complex relationships has created a new reality for



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films: gritty and raw. “It was probably an area I feared more than anything else, because I didn’t know not to be afraid of it,” he says. But he began to explore, to get out of his car, and to begin searching again for his brother.

At the time, the director was developing a film about a homeless Vietnam veteran, a role Danny Glover had signed on to play. To secure extras, Nilsson and two former students from film classes he’d taught at San Francisco State University created the Tenderloin workshop, recruiting participants primarily from halfway houses. But the movie fell through—Nilsson couldn’t get funding, and Glover took a role as a homeless man in another film. “So we had this ongoing workshop, which we were thinking was going to be preparing our secondary cast,” Nilsson says, “and it became the heart of our work for the next 14 years.”

Those films are often difficult to watch: the subject matter is grave, rarely leavened by humor, and the improvised scenes can hit dead ends. But other scenes are unforgettable. In *Need*, for instance, an aging prostitute, considering suicide from the Golden Gate Bridge, is interrupted by the headlights of a car at the bridge’s edge. She walks closer, into the lights, until she sees that the driver is not a cop, but simply a lonely man who has come to drive golf balls into the Bay. And it is unclear what is more painful—the mask of despair she has been wearing, or the momentary fracturing of that mask.

Also memorable is *Chalk*, a pool-hall story that features Nilsson’s brother, who