

# Introduction

*For a doctor to be successful in a corporation, you have to grow new wings, and the old ones atrophy.*

—Major oil company physician

PROFESSIONALS INCREASINGLY WORK in corporations, where they are subject to the decisions of company managers and to economic and legal imperatives stemming from their status as corporate employees. Ironically, as their numbers have grown, their autonomy has diminished. This trend is particularly stark in the case of company physicians, who share neither the independence nor the high status of the solo practitioner (see Sullivan 1995; Freidson 1986, 1994; Hafferty and McKinlay 1993; Sassower 1993).<sup>1</sup> Many processes that transform corporate professional work generally—such as corporate restructuring, the ascendance of legal departments, changing labor-management relations, and management by nonprofessionals—profoundly affect company physicians.

Employers say they have lost a sizable part of their profitability to health-care costs in the last ten years. Companies become concerned about employees whose medical expenses are steep and have chosen to screen employees as a solution. Thus, companies have increasingly hired company doctors—physicians who receive a salary from the corporation to provide medical services to its employees. It is a company doctor's job to conduct medical tests, diagnose illness, and develop wellness programs.

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Some also treat workers, try to control workers' compensation costs, and help set corporate policy regarding toxic chemicals, health, and employment. Company doctors, who are found disproportionately in large manufacturing and service corporations, help employers contend with health risks and costs—as is clear, for example, from their role in the Manville Corporation and other firms that have used large amounts of asbestos.<sup>2</sup> Their work is intrinsically conflicted, particularly for those in profit-oriented corporations that are not in the business of providing medical services. Nonphysician managers, who are increasingly attuned to the financial and legal dimensions of physicians' decisions, often limit physicians' discretion in testing and treating employees and in conveying information to them (see Hafferty and McKinlay 1993; Starr 1982). They also review the medical information that physicians collect on individuals in deciding who can be fired and who will continue to work for the company. The formal corporate structure, legal pressures, and career concerns lead company doctors to serve managerial goals by burnishing employers' public image, managing disability cases, reducing the threat of lawsuits, and setting corporate policy regarding employment and chemical hazards.

Company doctors, like many other corporate professionals, attempt to gain the trust of their corporate employers and, usually, the employees in their company. They describe obtaining the trust of others as crucial to their ability to do their work. As we shall see, however, being compelled to work in an environment of lost credibility and mistrust is a common predicament of company doctors. The skepticism or mistrust that employees often have toward company doctors is part of a broader social trend of eroding trust in physicians and, more generally, in the professional experts who are responsible for protecting health and the environment along with the public welfare. (On the erosion of trust, see, for example, Cook 2001; Garrett 2000.) A closer look at the shifting patterns of trust and credibility in the case of company doctors sheds light on these broader trends regarding trust in medical experts and other professionals.

In the mid-1950s William H. Whyte, in *The Organization Man*, analyzed the changes in values and work that accompanied expanding bureaucratization, and in *White Collar*, C. Wright Mills

examined the new orientations to work among middle-level corporate employees (Whyte 1957; Mills 1956; see also Bendix 1956). “The organization man” was an apt description of that era’s corporate professional employees, but times have changed. People increasingly are not organizational soldiers who avidly perform as they are told in return for corporate beneficence. Although professionals are still expected to do what their organization demands, they also read professional journals, belong to professional organizations, and have certain professional standards and concerns. The legal, political, and economic environments shape their work. Moreover, they no longer expect lifetime employment in exchange for loyal service to a corporation. For the early twenty-first century, “the company doctor” is a more appropriate metaphor for understanding professional and managerial work in large corporations, for the role embodies the conflicting demands that professionals experience in the globalizing corporate economy.

### **THE EMERGENCE OF CORPORATE PROFESSIONAL NORMS OF INDIVIDUALISM AND CONFORMITY**

A growing percentage of the corporate workforce is made up of employees whose education and specialized knowledge lead them to consider themselves professionals. Their swelling ranks now include not only doctors, lawyers, and engineers but also newer professionals such as systems analysts and health technologists. Corporate professionals gain influence from their technical knowledge and strategic importance in the corporation. They increasingly have control functions and the formal obligation to speak up for employees, but they are not always permitted to do so. Corporate pressures influence the ethical framework and conduct of the people who work in corporate organizations.<sup>3</sup>

Professionals have never made entirely autonomous choices. But as large organizations invade more and more parts of our lives, these organizations and their social structures shape the social and ethical perspectives of professionals and constrict their options. Professionals have often been under pressure to serve as

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corporate functionaries when their own values or those of their profession clash with company demands.

In medicine the number of solo practitioners has declined steadily in the past several decades, so that employment has become the typical case for physicians. Working for a nonmedical corporation is no longer the stigmatized exception it once was. Conditions obviously have shifted in private practice and managed care, with greater oversight by corporate managers and regulators (see Robinson 1999; Scott et al. 2000). Professionals, of course, operate under monetary and regulatory constraints wherever they practice, but the constraints of working in a corporation are different from those of working alone or in a group practice. Corporate medicine differs in its control structures, its doctor-patient relationships, and its interpretation of confidentiality. However, with rapid change in the medical field and physicians increasingly working for HMOs and managed care systems, physicians in general have become more like company doctors. Those who work for managed care companies face ambiguities in their role similar to those that confront the standard company doctor. More specifically, they face the problems of maintaining privacy and dealing with conflicting allegiances between the patient and the employer.

Those are two of the problems that this book explores in providing a way to think about the changes in contemporary health care. Managed care organizations have brought to health care ascendant cost-cutting managers and limits on services along the lines that have characterized company medicine for years. Following the pattern well established in company medical programs, patients in the broader health-care system increasingly worry about whether their welfare is undermined by the impact of economic incentives and conflicts of interest on doctors.<sup>4</sup> Company doctors are worth close examination in part for what they reveal as harbingers of developments in our health-care system of managed care.

Physicians are the prototypical professional case owing to their traditional independence, extensive training, power, and high status. Yet the small-town physician in private practice, governed only by his or her professional code and unencumbered by

organizational pressures, is an idealized model of the past. Professionals typically have not been so independent. Social workers, nurses, and professors have always worked as salaried employees, often for large organizations; engineers have traditionally been employed in corporations, where they have encountered dilemmas in the aerospace and nuclear industries. The fact of salaried employment does not itself say much about prestige and power. Professionals ascend or decline over time and in relation to other groups under specific conditions of employment, professional socialization, and organizational pressures.<sup>5</sup> Even many of those who have been self-employed have been autonomous only in a trivial sense, since they have depended on powerful, wealthy clients in limited markets (see Starr 1982). Self-employment does not necessarily signify real autonomy, success, or power. As we shall see, physicians working as independent contractors can experience many of the same pressures as salaried in-house professionals; indeed, they often become even more compliant with corporate managers' demands.

Research on the rise of professionals has emphasized their autonomy, specialized education, and privileged status. But early organizational analysis and research on professions showed little concern with corporate employment.<sup>6</sup> Since the 1950s, however, more research has been done on corporate professionals. Some of it is case study literature on particular professional groups, such as engineers, lawyers, and scientists.<sup>7</sup> Several major theories about professionals have addressed issues of professional norms and autonomy, casting these issues in terms of the extent to which professionals have the power and ability to direct their own work.<sup>8</sup> These theories have produced bold assertions about professionals' gain or loss of autonomy and control over their work, but usually without considering the ways in which corporate structures, internalized professional socialization, informal cultural dimensions of work, and the law have transformed professional work. In examining these processes, this book offers a critical analysis not just of the doctors themselves and of the corporations that employ them, but also of the broad social context that has created some of the need for company doctors' services and resulted in the corporatization of professional life.

### THE PLAN OF THE BOOK

In chapter 1, I examine the prevailing images of corporate employment, the important effects that corporate downsizing has had on company doctors, and the reasons doctors give for going into occupational medicine. I show how a military background gives physicians a different orientation to their work than does a public health background.

Chapter 2 explores the loyalty and independence of corporate professionals such as company doctors by considering the demise of lifetime employment in companies, the rise of professional workers, and shifting patterns of individualism and conformity in relation to traditional values. I analyze the tension between ideal types of doctors in corporations—the white coat versus the team player—and the professional perils of team play. I show how company doctors respond to conflicting pressures on them by blaming themselves for failing to persuade managers of their value. They only occasionally report problems to internal ombudspersons, professional organizations, or outside agencies and have conflicted responses to employees' efforts to defend their interests. Chapter 3 then examines how company doctors' conception of themselves as team players affects the ways in which they define deviance and conformity within the corporation. They help managers remove workers considered troublesome or costly while, in dramatic contrast, zealously protecting managers at risk.

The next three chapters analyze specific aspects of the work of company doctors as a way of exploring the broad themes that are of major concern throughout the book—trust; loyalty to corporate employers, employee-patients, and the public; privacy; responsibility for health risks; and the direction of medicine. Chapter 4 examines critical issues concerning toxics. I consider the ways in which doctors use information about hazards to respond to publicity over working conditions and to persuade managers to act. I analyze the selective concern with toxics that physicians and employers show in their daily work and in their professional organizations. Chapter 5 examines the important role that company doctors play in drug screening. They have conducted tests while acknowledging that testing is ineffective or harmful—in part be-

cause other companies do it. Chapter 6 then discusses the pitfalls of screening for susceptibility as opposed to monitoring for environmental hazards and gives particular attention to questions about the limitations of using screening to identify “problem” employees. I consider three major examples of ways in which company physicians identify workers they perceive to be high-risk: their responses to genetic information, reproductive hazards, and stress claims. I analyze the social framework for screening that often results in the ineffective or inequitable treatment of employees.

The next two chapters turn to the changing social definition of the doctor-patient relationship in the corporate context, especially to the key issues of doctors’ responsibility to inform patients, protect them from harm, and safeguard the privacy of their health information. Chapter 7 considers how company physicians use medical information in the workplace and examines the issues of privacy that arise in employees’ medical treatment. I give particular attention to the large data banks and search companies that raise important questions about the control of information. Chapter 8 considers the powerful and growing impact of the legal environment on corporate professional work; legal pressures help to explain company doctors’ and lawyers’ ambivalence about providing information and taking preventive health measures. Changing liability trends and regulatory pressures concerning medical malpractice, chemical labeling, willful negligence, and discrimination leave corporate professionals feeling vulnerable and eager to shield themselves against legal sanctions. I analyze the relationship of law and medicine in corporations along with some surprising findings about the response of lawyers to workplace hazards. Lawyers have sometimes pressed for fuller disclosure of hazards and for preventive health practices while also working to control damaging information and undermine the credibility of critics who point to health risks.

Finally, chapter 9 recasts corporate professionalism in light of the fact that intensified professionalism coexists with intensified corporate control. I also suggest some directions for policy and some implications of this research for a sociological understanding of corporate professional work. Workplace medicine could be managed more rationally and fairly, with greater attention to health goals, confidentiality, and equity issues.