Sociology can be defined as the configuration of cohesive social relationships within a particular group, and sociology is the observation and analysis of societies. Unlike psychology, which examines how individual behaviour is shaped by cognitive processes, sociology refers to our behaviour as a form of social action — an action that both is influenced by and influences society. In this short introductory series of articles we will not attempt to provide pharmacists with all the tools necessary to evaluate their practice from a sociological perspective. Rather, we aim to illustrate how the development of a “sociological imagination” allows everyday practices within pharmacy, and indeed life generally, to be viewed anew, permitting critical analysis and questioning of conventional wisdoms.

Social and behavioural sciences have been incorporated into the curricula of all United Kingdom schools of pharmacy over the past 20 years, reflecting a broad recognition that pharmacy practice does not simply involve supplying medicines and advice to a passive public who take their medicines and follow expert advice without question. Rather, the practice of pharmacy involves both pharmacist and public, and can be conceptualised as a social process. That is, both interact as social individuals (i.e., as interdependent members of society).

As with all complex organisations, rules regulate acceptable and appropriate behaviour, and the interaction between pharmacist and patient (increasingly perceived as a consumer), represents such regulated behaviour. How we act and behave, contrary to appearances, is not solely attributable to our free will but is shaped by regulatory forces, which maintain the social order and prevent wholesale social decay and, ultimately, anarchy.

PHARMACY’S SOCIAL CONTEXT

To speak of a “social context” is to allude to the fact that individuals’ actions are those of members of a society (as in pharmacists acting appropriately as members of their professional body), and that the way we act, the way we feel, our beliefs, expectations etc. are attributable to a complex web of social forces. Unlike the rules and regulations governing membership of the Royal Pharmaceutical Society, these forces may not be immediately apparent to us, despite the fact they regulate our behaviour. Social forces that determine the nature of pharmacists’ practice include their relationships with the state, the Royal Pharmaceutical Society, fellow health professionals and the public to name the most obvious.

With respect to their relationship with the public, pharmacists are often portrayed as an under-used resource for health and medicines-related advice and information. This is frequently presented as a public relations challenge. Put simply, the public requires professional health care advice; pharmacists have the appropriate knowledge, so the public is exhorted to “Ask your pharmacist”. However, recent evidence indicates that, in spite of media efforts promoting pharmacists as general health advisers, only 1 per cent of the general public with minor ailments actually consult a pharmacist.

Modern pharmacy serves an altogether different public than was the case even as recently as a generation ago. Previously, patients were largely passive participants in their relationships with health care providers, who were perceived as repositories of inaccessible, mystical, expert knowledge and were generally regarded to command deference and respect. Nowadays, specialist knowledge is widely available, most notably through the media and the world wide web, and patients may have a more detailed understanding of their particular condition and its associated health risks than the care providers, who were perceived as repositories of inaccessible, mystical, expert knowledge and were generally regarded to command deference and respect. Nowadays, specialist knowledge is widely available, most notably through the media and the world wide web, and patients may have a more detailed understanding of their particular condition and its associated health risks than the practitioners with whom they routinely come into contact. This is captured by the concept of the “expert patient”. As the Department of Health report “The expert patient — a new approach to chronic disease management for the 21st Century” states: “The era of the patient as the passive recipient of care is being replaced by a new emphasis on the relationship between the National Health Service and the people whom it serves — one in which health professionals and patients are genuine partners seeking together the best solutions to each patient’s problems.”

It has been argued that we live in what has been termed a “risk society” that requires us to calculate the risks associated with our actions, which maintain the social order and prevent wholesale societary wisdoms.

This is the first in a series of four articles intended to present a sociologically informed perspective on key issues of importance to pharmacists. It introduces key sociological concepts and theorists, and highlights the social context in which pharmacy is practised.
actions. We continuously assess and manage our own risks, and the advice of so-called experts, particularly scientific experts, is increasingly questioned and occasionally rejected by the public. Public non-acceptance of genetically modified foods is a case in point. Likewise, a significant number of parents refuse to permit vaccination of their children with the measles, mumps and rubella vaccine, despite reassurances of its safety by medical and scientific experts.

Within pharmacy, the concordance initiative (supported by the Department of Health and the Royal Pharmaceutical Society) can be seen as a response to this changed relationship between the public and experts. Whereas previously, doctors and pharmacists told the public how to take their medicines correctly, now the public are actively invited to participate in the professional decision-making regarding taking medicines. Commensurately, it can be argued that urging the public to consult pharmacists because they are the drug experts harks back to a paternalistic model of health care, which no longer resonates with modern life.

How did the traditional relationship of patients being dependent on health professionals undergo such change that patients are now participants in professional decision-making, to the point of actively questioning and rejecting health professionals’ judgements? From a sociological perspective, health professionals do not engage in a distinct professional activity. Rather, this activity is itself considered an exemplar of social action.

Social action is complex. Just as we would not expect non-professionals readily to understand what it is to be a pharmacist, we should not expect to unravel the complexity of the social world, and our behaviour within it, by simply applying “common sense” understandings (ie, simply to describe things as we see them). Bauman1 argues that sociology differs from common sense in at least four respects:

1. Responsible speech Sociological propositions are not founded on beliefs, but on corroborative evidence
2. Size of the field We understand common sense only from our individual perspective, ie, it is partial knowledge. Sociology pursues a wider perspective — recognising the link between individual accounts and social processes of which individuals are unaware
3. Making sense From a common sense perspective, accounts of our actions are attributed back to someone — our actions are the intention of someone. Sociologically, our actions are understood to be the result of our interdependency with our fellow members in society
4. Make the familiar strange Common sense is self-affirming, “Things are as they are”, and “People are as they are”. Sociology scrutinises the familiar in order to understand how common sense is as it is

WHY APPLY A SOCIAL PERSPECTIVE TO PHARMACY?

Socialisation is the process through which people acquire the skills, attitudes and values to enable them to conform to the expectations of those around them. Pharmacists undergo socialisation during their long education and preregistration training, internalising the “norms” (shared and expected social behaviour) and values of pharmacy, to create the cohesion necessary for a successful occupational group. One consequence of socialisation is the creation of self-evident truths or implicit assumptions, for example:

1. Pharmacists should advise patients on medicines use to improve compliance
2. Protocols and standard operating procedures enhance professional service delivery
3. The future of pharmacy lies in embracing new roles
4. Technical aspects of dispensing should be delegated to technicians

A SOCIAL PERSPECTIVE ON HEALTH, ILLNESS AND PHARMACY

It is widely accepted that the healthy body is a complex interaction of physical, chemical and biological systems whose disruption leads to illness. However, the way in which this biomedical model of health is interpreted differs according to the social context in which it is applied. For instance, culture may impact on the diagnosis of disease, so that, for example, in Germany, low blood pressure is treated by physicians as a disease, whereas in the UK it is not. Similarly, individuals interpret the signs and symptoms of illness in accordance with prevailing societal and cultural beliefs and expectations. It is the process of describing and understanding how people interpret experiences that forms one of the principle activities of sociologists. As C. Wright Mills famously called the “sociological imagination”. This is a way of viewing the social world which requires us to view practices and routines that are familiar to us in a different way, in order to begin to understand them. For example, although promoting access to pharmacists without prior appointment might seem strategically desirable as a means of developing their function as community based medicines advisers, from a sociological perspective this can paradoxically be argued against because it undermines the value of pharmacists’ time and skills with a commensurate loss of status, compared to other health professionals.

THEORIES IN SOCIOLOGY

An essential tool of the sociological imagination is the ability to distinguish between what Wright Mills terms “personal troubles of the milieu” and “the public issues of social structure”. This distinction may be illustrated by using the example of the recent controversy...
over MMR vaccination. If a small group of people have personal concerns regarding the triple vaccine, perhaps based on personal beliefs about the potential harmful effects of vaccination programmes per se, they may simply refuse it for their children. However, when a movement develops en masse and raises questions over the vaccine's potential harmful effects, what once was a personal trouble becomes a public issue impacting on public health and the public's relationship with health practitioners and the state. It is this complex relationship between individual social action and structured collective social action that lies at the heart of the theoretical foundations of sociology and distinguishes it from the allied disciplines of social psychology and anthropology.

Sociologists do not explain social action as being determined by causes in the way that the laws of physics determine the action of matter. Social action can only be understood in terms of what Giddens' terms "the double involvement" — our individual social actions are created by our society, yet we create our society through our social actions. To illustrate, pharmacists are promoted as medicines experts, yet it is doctors who determine the appropriate prescribed medication for patients. In limiting their involvement with prescribed medicines to their dispensing, pharmacists sustain the traditional division between themselves and doctors, and this must be challenged if their skills as medicines experts are to be fully exploited.

The relationship between individual social action as a function of individuality or agency (undetermined voluntary action by individuals) and recurring patterns of behaviour, or social structure, underlie the work of the key social theorists responsible for the early development of sociology. Principal among these theorists are Karl Marx (1818–83), Émile Durkheim (1858–1917) and Max Weber (1864–1920). These so-called founding fathers all contributed to the debate about how structures determine what individuals do, how these patterns are created, and the extent to which individuals can operate independently of these constraints. For Marx, it was the political economy of Western Europe founded on capitalism, during the early years of industrialisation, which both shaped and was shaped by individuals' social relations. Durkheim, however, argued for the predominance of structure over individual agency, arguing that societies could not be reduced simply to the actions and motives of individuals; rather individuals were moulded and constrained by their social environment. Weber, on the other hand considered that we only understand the structure of society by examining first the individual as a "social actor" interacting within a specific social setting.

The subsequent articles in this series will show how the ideas and work of these and later theorists can be usefully applied to everyday health care and pharmacy practice. The next article (to be published next week) will look at the social processes that support and threaten the profession of pharmacy.

**FURTHER READING**


**REFERENCES**