

Doctors and the State: The Struggle for Professional Control in Zimbabwe. Dorothy Mutizwa-Mangiza, Ashgate Publishing Limited, Aldershot, 1999. 270pp. ISBN 1 84000149120.

THIS BOOK BY Dorothy Mutizwa-Mangiza is an outcome of research for a PhD degree with the University of Warwick in the United Kingdom. The aim of this book is to determine the nature and extent of professional autonomy enjoyed by doctors employed by the government in post-colonial Zimbabwe. In determining autonomy the book focuses on the following areas:

- clinical autonomy
- economic autonomy
- regulation of medical education, licensing and medical discipline and
- medical dominance.

The specific objectives of the book are given in the introductory chapter which provides in addition background information and gives an overview of the different aspects of professional autonomy. The chapter successfully sets the stage for the in-depth discussion of the substantive issues surrounding the notion of professional autonomy for government-employed doctors.

In Chapter 2 the author discusses the research process, including the process of gaining access to respondents, sampling respondents, data collection methods and data analysis. The chapter also discusses the problems and ethical dilemmas which the author encountered in the research process. The study was qualitative and was based on a sampling frame of 60 doctors employed full-time at the Parirenyatwa Group of Hospitals. The methodology was well thought-out and enabled the author to capture the relevant data.

Chapter 3 of the book gives an analysis of the historical development of health services and the medical profession during the colonial period. Of particular importance is the observation that health services were fragmented along racial lines with the white settler community benefiting disproportionately at the expense of the indigenous population. The author also observes that during the

colonial period, the medical profession emerged as a powerful profession which was well placed to influence health policy. Consequently, over the years the medical profession has developed entrenched interests which it continues to protect.

Chapter 4 focuses on post-colonial health policies during the period 1980–1994. The chapter systematically reviews post-colonial health policies and assesses their impact on medical autonomy. The author observes that some of the post-colonial health policies “had the potential of reducing some dimension of medical autonomy”. Some of these policies included the introduction of free health care for those earning Z\$150 or less per month, the introduction of a bonding contract, and the introduction of an essential drugs list as well as restricting private health care. Understandably, this was done in order to bring about equity in the provision of health care. This was in line with the government’s socialist ideology which placed special emphasis on issues of equity, social justice and egalitarianism. It was therefore only natural that aspects of medical autonomy would be reduced in line with the demands of the new order.

In Chapter 5 the author begins to discuss the study findings. Chapter 5 specifically explores the extent to which clinical autonomy of doctors employed at the Parirenyatwa Group of Hospitals has been affected by the shift in health policies and by the general socio-economic and political changes that have occurred since independence. The author observes that doctors enjoy “considerable clinical autonomy”. However, she is quick to point out that this clinical autonomy is compromised by lack of resources at hospital level and by the general state of poverty among patients.

The author also discusses the issue of economic autonomy which is the focus of chapter 6. In exploring the issue of economic autonomy, the chapter focuses on the extent to which state-employed doctors at the different levels are able to determine their remuneration and hours of work. The author concludes that in general government doctors in Zimbabwe enjoy a “higher degree of economic autonomy”, a factor she attributes to the presence of a large private medical sector, shortage of doctors and the existence of employment opportunities in neighbouring countries among other issues.

In Chapter 7 the author analyses the notion of autonomy with respect to the regulation of medical education, registration and discipline. The author observes that there is inadequate regulation of medical education and ineffective monitoring and discipline of government-employed doctors. The author cites a number of cases which serve to highlight the fact that there is ineffective monitoring and discipline of government-employed doctors. The author argues that this emanates from the doctors' reluctance to report on each other. The last chapter gives the summary and conclusions. Of particular interest in this chapter is the proposal for a model of medical autonomy which reflects the realities of post-colonial states in Africa. The author observes that medical autonomy in Africa is shaped by factors such as pre-industrial cultural values, national economic crises and the influence of bilateral and multilateral donor agencies. The discussion is very pertinent and underscores the vulnerability of African states in the globalization process and how this impacts not only on the medical profession but other professions as well.

This is an incisive and refreshing publication that makes immense contributions to the sociology of the professions. The book is essential reading not only for those interested in the sociology of the professions but also for those in the health professions and policy-makers as well.

REVIEWED BY EDWIN KASEKE, SCHOOL OF SOCIAL WORK. HARARE.