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THE MAGAZINE OF USENIX & SAGE

February 2002 • Volume 27 • Number 1

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SYSADMIN

If Computers Had Blood, We'd Be Called
Doctors, Part 2

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USENIX & SAGE

The Advanced Computing Systems Association &
The System Administrators Guild

if computers had blood, we'd be called doctors

SAs versus MDs, Part II

Part one of this series drew parallels between the fields of medicine and system administration. Part two looks at the growth of the American Medical Association and considers how SAGE might benefit by observation.

The medical profession struggled to create a training methodology that combined the vestiges of an apprentice/artisan guild background with a scientific/scholarly approach. In addition, the profession needed a mechanism to protect the public from charlatans, snake-oil salesmen, and other forms of “quackery.” It evolved through the use of laws and licensing, but also through public demand for quality services.

History of Organization and Membership

Efforts to organize an association of medical professionals remained unsuccessful during the 1800s:

“True, through the end of the nineteenth century, the regular societies were relatively weak, poorly organized, and not particularly representative bodies. As late as 1900, the American Medical Association had only 8,000 members, less than 7 percent of the nation’s physicians. Fewer than a third even belonged to a state or local society.”¹

Efforts to organize started, stalled, and started again throughout the century. The AMA ultimately built an association based on county, state, and national representation. This organization attempted to pull in voluntary membership and prevent the establishment of competing organizations.

The organization also attempted to reform the profession through both political processes and the effective training of new doctors. Progress was difficult due to the conflicting nature of the membership.

“The voluntary societies were thus trapped in a dilemma,” writes J.L. Kett. “Either they kept their membership requirements loose, in which case they could hardly claim to have purified their ranks, or they tightened requirements and lost any chance of presenting a unified front....If a professional society included only a quarter of the practitioners in a given state, its president could not very well say that the remaining three quarters were outside the profession.”²

If the society had no rules, it could not claim improvement, yet if the society created rules, it would be unable to sustain the membership. This dilemma simmered as the country grew and scientific progress was made. Some attempts at enacting legislation concerning the practice of medicine were partially successful, but Kett goes on to say:

“A subtle change in popular attitudes which produced a demand for medical advisors versed in scientific terminology brought about a tightening of requirements for entering the profession where innumerable laws and organizations had failed.”

Resolution

As American society began to use more standard medical regimens, the need and desire to better regulate that supply took on more weight. Through a growing professional society, improvements in the field of medicine, and public demand followed by

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1. J. H. Cassedy, *Medicine in America: A Short History*, p90 (Baltimore: The John Hopkins University Press, 1991).
2. J. L. Kett, *The Formation of the American Medical Profession*, p. 177 (New Haven: Yale University Press, 1968).

the enactment of laws, the current system of mandatory licensing and AMA membership came to be.

While opinions may vary on the tradeoff between the current medical profession's unwieldy bureaucracy versus the protections it offers, the alternative of an unlicensed profession must be considered even less appealing.

The medical professional tendency to develop toward specialization (e.g., obstetrics, dentistry, ophthalmology, anesthesiology, neurology, surgery, etc.) has limited the overall power of the "general practitioner" while producing highly evolved forms in each field. The generalist who can see across the specialties to view the interdependencies remains vital, however. System administration is in the early stages of this same specialization process.

Despite their differing stages of evolution, however, both the medical profession and system administration exist today in a state of flux in which there are no easy solutions to the dilemmas confronting each.

Conclusions

SAGE has started on a course that includes some perils that took the medical profession decades to work out. We should be cognizant of what happened in their history to help us along with ours, recognizing that some solutions may be out of our hands for the time being. While we do not generally deal with people's lives, one can guess that if computer operations start threatening people's lives on a daily basis, the bricks of a formal licensing model will start to be laid much faster.

These articles don't attempt to solve today's training, certification, membership, or organization issues through the promise of a radical treatment program, but they do attempt to begin the process of education, opening our eyes a little wider and helping us along on our path.