

## Criticisms of Parson's sick role and of functionalism

This model really only applies to acute illnesses. Someone who has a long term condition such as MS may want to be well but is unable to get better. Parson's answer to this is that a person with a long term condition such as MS or diabetes has the obligation to do as much as they can for themselves in order to be able to function in society performing so called normal social roles. Safilios-Roschild (1970) described this as the rehabilitation role.

In his theory Parsons gave the medical profession considerable power and status.

This model does not always grant people access to the sick role. Illnesses which are stigmatised by people in society such as AIDS are deemed to be the fault of the individual and therefore the person may not be given the same rights as others.

People do not always go to the doctor. They may ask friends and family or they may simply 'struggle on'. In 1981 Scambler found that for every one visit to the doctor her sample of 79 women made there were eleven others who sought advice from family and friends and of those 50% were from a spouse. They may also use the internet to do some self-diagnosis. Friedson (1970), a Weberian, argued that if they did not go to the doctor but sought lay referrals from friends and family it did not mean they were not sick. He also argued that doctors had power and status which gave them control.

Some people seek to take on the sick role quicker than others and visit a doctor or go to A and E departments as soon as they have a symptom/s whilst others may delay a visit to the doctor as long as possible and may never go, for example a single parent with two children may delay because she needs to care for the children.

Some people may be perceived, by for example employers, to be malingering and making up symptoms. In that case unless they can persuade the medical profession to take them seriously they may be denied their rights. In the 1990s Cooper (1997) found that some doctors did not believe that Myalgic Encephalomyelitis (ME) existed. This, as Cooper said, demonstrated that physical symptoms alone are not as important as definitions by doctors. Cooper argued this failure to recognise the illness meant people were denied access to the sick role and consequently "their social position was to some extent eroded, their social identity devalued and stigmatised, and they found it difficult to obtain absence from work or disability benefit" Cooper (1997)

The doctor-patient relationship is sometimes one described by Turner as a site of conflict. Patients may have different needs to those of doctors. For example some patients may want antibiotics but a doctor may be reluctant to prescribe them on the grounds they think the patient has a viral infection which cannot be cured with antibiotics.

Functionalists argue that by putting the sick in touch with the medical profession who are fit and well it isolates them from each other and prevents a subculture of being sick developing. Discharge from hospital as soon as possible to go home to recuperate/convalesce amongst well people may also be seen as a part of this process of preventing a deviant subculture from developing.