

醫藥分業社會實踐之限制 及其可能性的探討*

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台灣於 1997 年 3 月 1 日「依法」施行「醫藥分業」。從施行現狀看來，「施藥診所」仍是基層醫藥服務體系的普遍現象。除了過去若干「權宜性分業」模式有些許改變之外，「理念性分業」的醫藥服務型態其實仍未見落實。本文的主要目的，即在於嘗試從「整體社會」以及「生活言行理論」的觀點，理解醫藥分業在議論數十年，也依法施行逾十年之後，「理念性分業」終究難行的可能原因。本文基本上認為，醫藥分業的推動不只是做為一種政策的施行，還在於其表徵為建構一種「新社會事實」的可能性；從而，也在突顯及牽動其間諸多具有「結構性特徵」之社會行動的鞏固與轉變的過程中，彰顯其實踐意涵。

從本文的觀點看來，「進步社會的象徵」、「財務目的的考量」以及「專業分工的效益」等相關理念意象的宣示與強調，仍未能達成落實「理念性分業」的結果，正說明長期醫藥不分業在經濟、政治、社會以及文化等領域所體現並互相牽動之諸多結構性力量，同時存在之「結構化結構」／制約與「結構中結構」／再生的作用與影響。從而，除了必須面對醫藥兩界政治與社會權力的動員與對抗，及其固有經濟利益的維護與創造，以及社會大眾日積月累之就醫取藥慣習等相關結構性力量的影響之外，認真思考專業分工的社會基礎、發展公民認知及參與公共政策的機制，以及重新定位國家機器的角色與作為，或能為「理念性分業」的落實找到新的認識基礎與實踐方向。

關鍵字：醫藥分業、整體社會、生活言行理論、結構化與結構中的結構

Limitations and Possibilities of the Praxis of Separation of Dispensing from Prescription

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ABSTRACT

Following the implementation of the National Health Insurance Institution, the separation of dispensing from prescription (SDFP) became administrative policy of Taiwan in March 1997. After decades of discussions and executed according to law over ten years, there has been a practice of the “expedient separation” rather than the “ideal separation” model of SDFP. In terms of this article, ideal claims of SDFP do not transform into meaningful activities or acquire expected effects. In fact, the dispensing didn’t separate from prescription, revealing both the practical influences and forces of “structured structures” and “structuring structures” that frustrated attempts to enforce SDFP.

From the perspectives of “total society” and “theory of practice”, first of all, the ideal claims of “progress symbol”, “financial purpose” and “professional consideration” could not become the crucial elements for the praxis of SDFP. Secondly, the “structured structures” include the mobilization of social and political power, economic interests concerning both physician and pharmacist and the habitus of patients’ behaviors should be confronted seriously. Finally, the implementation of SDFP requires further consideration of the social foundations and meanings of professional division of labor, developing the mechanism of citizen empowerment and the roles of the state.

Key Words: separation of dispensing from prescription, total society, theory of practice, structured and structuring structures