Research on Humanities and Social Sciences
ISSN (Paper)2224-5766 ISSN (Online)2225-0484 (Online)
Vol.5, No.8, 2015

Interaction between Doctor, Patient and Pharmaceutical Company in Perspective of Social Exchange at M. Yunus General Hospital Bengkulu

Daisy Novira[1]
The Faculty of Social and Political Science University of Airlangga
Surabaya , Indonesia
E-mail : noviradaisy@yahoo.co.id

Abstract
This study done in answer to the question whether the interaction between doctor , patient and pharmaceutical company in the process of therapy at M.Yunus General Hospital Bengkulu is social exchange ? A qualitative method and the kind of research of case study design with explorative study obtained to answer this question. Data was collected by observation , interview and documentation study. Data analysis was conducted with the qualitative analysis in interactive and sustainable process until the data had been completed and saturated. The activities included trimming the data that was not relevant, data presentation and data conclusion.The study results showed that the actors involved in social exchange are the doctors , patients and medical representative (medrep). They are individual actor as part of an institutional community where they belong. Doctor and patient exchanged the material indirectly, and satisfied and dissatisfied feeling. While resources that was exchanged by doctors and medrep in the form of economically valuable and social gratuity given directly. Exchange structure develops in exchange relation for mutual benefit between doctors and medrep meanwhile patient relies on a physician in asymmetrical exchange relationships. In the beginning, the process of exchange that occurs between doctor and patient was the natural relationship and then became asymmetrycal relationship that tend exploitative. Doctor as a healer did not pay attention on patients's disease problems because distorted by other priorities when there is an offer from the pharmaceutical company. Initiation from the pharmaceutical company through medical representative, responded in reciprocal exchange so that the mutual benefit of both being transactional. The research also showed that the interaction that occurred between the doctor, patient and a pharmaceutical company was social exchange. The interaction between doctor and patient was paternalistic, non negotiated and showed the power imbalance relation. Doctors put in a superior position and patients constitute an individual under the subordination of doctor. Meanwhile, the interaction of doctors and medical representative occurring by reciprocal, negotiated and mutually profitable.
Keywords: interaction, doctor, patient, medical representative, power, social exchange

1. Introduction

Someone who felt ill will seek the treatment at health facilities such as private health services, doctor private practice and health services belonging to the government. Each patient shows different behavior so called by the sociologist as the phenomenon of the sick role in public health behavior. According to Supardi in Sudarma (2009: 86) there are six of sick role in community. First, sick as an effort to avoid pressure, for example a wife felt ill because many of her husband family lived under one roof while they had economic limitations to meet the needs of the family. Finally, the husband family moved; through the sick role of the wife avoid the tension that could undermine the family institution. Second, sick as an effort to get attention, it happened to a person who gets less attention from her/his family or social environment; because of the sick role the people around her/him will pay special attention; third, sick as a chance to get rest; someone who subjected to tension in the office or in the house, the sick role was one option that can enjoy the rest; fourth, sick as the reasons of personal failure; the sick role used as a reason inability to complete the task that must be done, efforts to avoid responsibilities and self justification. Fifth, sick as sin offering, certain people believe that the sick as a result of sin act that made previously, through the sick role and given the opportunity to remove the sin. Sixth , the sick as an instrument to get an exchange rate, an employee who received medical treatment facilities supported by the office, collecting medicines as an instrument of exchange for her/his various needs (Sudarma, 2009: 66).

Foster and Anderson (1986: 50-54) wrote in his book that Judeo-Christian tradition explained sick as punishment. The Lord punished the man because of their sins and mistakes. Individual diseases reflected personal transgression and epidemic means of a social moral failure. Forgiveness and obedience to the law of the Lord is the way for healing and evasion the occurrence of a disease in the future. In the view of naturalistic medical disease as the occurrence of body function imbalance, the state of pathological due to the entry of germs

[1] A doctoral student in Social Science, The Faculty of Social and Political Science University of Airlangga Surabaya , Indonesia

or a virus . Meanwhile in cultural view, a disease is social recognition that one cannot run the normal role fairly. The doctor will cure diseases but he handle illness because that encourages patients looking for doctor due to damage or disturbance of bodies function are perceived, not because of the presence of a pathogen disease.

The profession of medicine as one component of an element of service providers to the community has a very important role because directly associated with the process of giving health services. Doctor interact directly with the patient and interwoven in the bond therapeutic contract. This is specially built on the basis of trust. This trust was a process natural happened on its own because the historical namely the perception on a profession of medicine that is sublime. The perception of the nature of sublime of the profession of medicine integrated the elements of expertise, responsibilities and services affection (Idris , 2006).

Idris (2006: 85-86) reveals that the rise of reality of new pragmatism affecting the values in the therapeutic contract between doctor and patient. This brings a loss for doctor-patient therapeutic contract namely by the emergence of the presumption that of a physician in the writing of the recipe included in concern splitting, namely the act of doctor profession disturbed by other consideration outside the interests of patients. There is suspicion that doctors make a certain agreement with pharmaceutical companies in terms of writing a drugs prescription during the therapy process.

The cost for health services is still a big burden and the biggest is on drug expenses. According to Kuswenti (2010) the largest cost component to be issued by the people for drugs which is about 70 percent . The expensive price of the drugs caused of the raw material that is almost imported entirely. Indonesia has not been yet produced raw materials, because the synthesis process was complicated. Besides that, the expensive price of the medicine that pertaining to the high cost of the promotion to doctors, hospital and dispensary.

Nowadays, there is 200 pharmaceutical manufacturers in Indonesia and 62 out of 200 pharmaceutical manufacturers empowered up to 80 % of the drug market in Indonesia. Meanwhile, there are 18,000 items of drug manufactured and registered at Indonesia Food and Drugs Control of Health Ministry. Pharmaceutical companies are competing to produce drugs with the same content but different brand. Pharmaceutical companies belonging to foreign capital investment is not allocated promotional funds because they allocate the large enough budget for research , while a domestic investment pharmaceutical company allocate funds more for promotion because they did not alocate the fund for research. Media Data Research projected drug production market in Indonesia in the year 2010 as much as 34,5 trillion rupiah. 60% of the number is the ethical product (drugs that is prescribed by the doctor) while 40% the rest is non prescription drug.

According to Furedi in Wainwright (2008: 97) medicalization happened in modern life. Medicalization is the process whereby the area of daily life under the field of medical power. The beginning formulation of medicalization viewed as a strategy that consciously worn by the medical profession to expand the power and its effect. This term refers to the process of everyday experience redefined as health problems.Through this process things that normal being evolved as health issues which require medical intervention. While Mynihan, Hath and Henry (2002) said that so much money was scooped of way to tell the healthy that they were sick. A pharmaceutical company actively involved in sponsoring the definition of disease and promoted it either to prescriber or patients. Social construction on the state of illness has been replaced by companies construction about diseases. The concept of clinical autonomy understood in the context of clinician freedom to make a decision based on professional consideration and specialist knowledge, in short doctor knows best.They claimed that special knowledge that they had supported by the state in the form of registration certificate that enacted their profession.

Freidson (1988) in his book Profession of Medicine, provides a view that the authority are frequently contrary to medical interest of the community. Medicine tending to make patients powerless and more defraud rather than merit. While Illich views that the medical profession reduce the capacity of patients to care themselves and encourage patients become depend on doctors (Wainwright, 2008: 98-99). The doctor's authority and privileges used by the pharmaceutical companies for composing mutually beneficial relationship.

1.1.Research questions

Interaction between doctor and patient is the interaction of which were originally based on needed each other and profitable for each other. Patients requiring the doctor's services in healing process.Doctor requires the patients as the party to them that doctors can reinforce and develop the science and their skill, as by the more cases of disease which are handled will make more doctors trained performing the process in accordance with the need of patients therapy.

Meanwhile, the pharmaceutical company distributed drugs to the hospital after procurement process.The distribution of drug to patients conducted by the hospital pharmacy where patients buy the drug. But this relationship has changed day by day, occurring distortion and domination of doctors to patients because there are certain interests take precedence in these relationships. Drugs prescription shows doctor's preference to drugs production of specific pharmaceutical company. Based on the results of preliminary observation and some information from the doctors, they confessed that there was an agreement on a pharmaceutical company, as

doctors does need material reward from pharmaceutical company. The pharmaceutical company has an interest to increase production and reaping the benefit of the process of exchange that he did to the doctor as a prescriber. The authority of writing a prescription only given to medical doctors as regulated by the law of medical practices number 29 in the year 2004 article 35. The pharmaceutical company having the power to give in return and render the target achievement agreed with the doctors. Meanwhile, patients are very dependent on doctor in the curing process.

Observing the things above then formulated the research question as follows: is it true that the relationship between doctors, patients and pharmaceutical companies in their interaction leads to the coercive power in social exchange?

1.2. The Research Objective

Based on the problems mentioned above, this research aims to prove the interaction between doctor, patient and pharmaceutical companies at M. Yunus General Hospital is the social exchange. Besides that, this research also aims to obtain information about the interaction between doctor, patient and pharmaceutical companies in the process of patient therapy and criticize the coercive power in social exchange theory compulsion in social exchange relating to interaction between doctor, patient and a pharmaceutical company.

2. Literature Review

2.1. Interaction between doctor, patient and pharmaceutical company

Interaction in daily language means action, activity, and the movement of the two or more individuals mutually related to one another. In literature, interaction and communication often worn synonyms (Outwaite, 2008: 397). The act theory originally developed in the economic theories namely the act of self-interest. The economic theorists like Adam Smith, Jeremy Bentham and James Mill saw social structures such as market and trading system, as results came from a rational for individual interests in manufacturing, distribution and consumption. Among the subjectivist, they reject extremism of determinism and free will. They saw the act of individual as a natural phenomenon that is driven in biological and formed by subjective values. Social reality was constructed and transformed through the imposition of subjective interpretation in the act of having the objective. The theorists of this trend introduce the concept of marginal utility and marginal cost to explain the allocation of resources for the purpose that has been set. Marginalis theory argue that for any commodity determined the rational actors puts value progressively smaller of every item that they accrued, maximize their value and guaranteed with additional utility obtained from one unit additional consumption same as additional cost to obtain it. Transaction was regulated by the principle of supply and demand (Scott, 2012: 115-121).

There are several opinions explained the relationship pattern or interaction between doctor and patient. According to Daldiyono (2007: 191-197) doctor and patient relationship can be religious nature which is based on the understanding that the treatment is the part of religious activities, paternalistic relationship namely putting patient as one who needs help, the relation of doctors and patients that has character as provider and the partnership relation. Another opinion (Praptianingsih in Sudarma, 2008: 81) said that the relationship between doctor and patient has three patterns namely the engineering pattern , paternalistic pattern and social contract pattern. The engineering pattern understanding based on doctor consciousness that is doctor as a professional person and run errands any profession objectively, whatever the wishes of patients a doctor can do so although in contrast with the value and norms. A pattern paternalistic considering doctor as one who has the responsibility for a profession as well as moral responsibility. Doctor status positioned the doctor as a person who knows the the best for patients. Social contract pattern describes a cooperation between doctor and patient, understanding and agreement between the two parties including their rights and duties will be done after there was an agreement both the oral and written.This pattern is a combination of engineering and paternalistic pattern.

The determination of therapy in the healing process of patients or way to make patient healthy put doctors in a superior position. In the context of the choice of a medicine that indicated in the form of a medical prescription , a patient having no significant reaction to the doctor suggestion, this shows the power relationship between doctor and patient is imbalanced. The patient becomes an individual who is under doctor subordination. It is proper that the relationship between doctor and patient in a equivalent position level and only differ in the context of rights and obligations (Sudarma, 2008:79).

Freidson (1988) believed that the interaction between doctor and patient in the practice of client-dependent will take place fair.The patient can initiate and control some part of the interaction. Interaction colleague-dependent reduced in terms of quantity and freedom of patients. Doctors have larger portions to do initiation and control of interacting with the patient. A Szasz and Hollander interaction model is also described by Freidson namely activity-passivity, guidance-cooperation, and mutual participations. At first interaction , patient as passive object, submits the activity on doctor. The patient condition in immobilization and passive position, for example in the act of surgery. Patients required in a position not capable of or made not capable of. This exemplified occurs in patients who unconscious or in a state of coma. Power practiced for overcoming

resistance in the conscious patient condition legitimatized through social identification who blames patients as a child, retarded , psychotic or other means who described patients not wholly human so they were not permitted to choose or evades of medicine by themselves. Some patients voluntarily seeking medical consultation because of their participation is required by political power or facilitated due to the pressure of the disease. The second interaction described patients need the help and require the doctor advice, patients ready to cooperate. When they meet the doctor, patients place the doctor in a position as full power person who give instructions and they should be obeyed. Doctors is more initiative than the patient. Nevertheless, patients must also trained themself to determine their own choice. The diagnosis and writing a prescription by a doctor fit with what is expected of the patients and communication between the two built more easily. The third interaction model, patients unable to care for themselves for example the management of chronic disease like diabetes. The initiation of the interaction of coming equivalent of both parties. Doctors not stated that he know the most accurately what is best for patient, its essence is the therapeutic interaction. Communication is very essential to explain what to do in the therapy. Relation between doctor and patient required complex psychological and social management on the parties who interacts. Patients not only accept physician authority in therapy but both parties must accept each other to find solutions for facing the problems.

Foucault in White (2002: 120-121) described doctor-patient relationships in the history of medicine on three periods. In the medieval period until the 18th century, the history of medicine called bedside medicine. In this period the relation between doctor and patient very harmonious , doctor treat patient as a holistic human being. A disease is something that happens on a person overall and conceptualized imbalance of human being both physical and spiritual. Ethos of this period can be summarized with a doctor question, “what happened with you ?”. This question bolster holistic orientation towards patients and the relationship constructed by doctors for maintaining patient comfort. In the period of the industrial revolution in the 19th century and urbanization, there was really big development of hospitals as a house of a sick person characterized by period of hospital medicine. In this period the relationship of doctor and patient puts the patient in the position of dependent on doctors. Meanwhile disease be a problem of specific organ pathology distinguished from an individual overall. Doctor question is “in which part is sick?”. Doctor wants to obtain only specific and narrow information on physical or patient”s body. Later in the middle of the 20th century was a period of laboratory medicine, either doctors or patients replaced by laboratory tests scientifically. A theory about sick cell getting started. Disease is the process of biochemistry , the domain of scientists and technicians statistically laboratory tests regarded as normal replaced patient biologically as a whole human being. Healing is no longer dependent on the ability of doctor charismatic but it was found in the phrase, “let us wait and see what is said of the test results”. Foucault argumentation pictured the process of scientific life.We learn more and more about the work of the body as an artifact of laboratory and even less about health and happiness.

2.2 . Social Exchange Theory

Reciprocity process, take and give, or exchange in social life has become academics attention since long ago. A Scotland moral philosopher, Adam Ferguson and economists Adam Smith has done the studies on the exchange in 18th and 19th century. Adam Smith analyzed economic market as a result of total collection of a number of individual economic transactions. Smith assumed that exchange transactions would come just when the parties could derive profit from the exchange and the community welfare would be guaranteed generally if individuals were left to pursue his own interests through exchange that negotiated personally. Meanwhile, in classical study of sociology, reciprocal relation between individuals excavated by George Simmel and Charles Horton Coley, but none of them developed the exchange theory systematically (Susilo , 2008: 176).

Figures who later developed the social exchange theory is John Thibaut and Harold Kelley (1959) , George Homans (1961) , Richard Emerson (1962) and Peter Michael Blau (1964). Besides, Linda Molm (1997) is a sociologist who enthusiastically developed the theory of social exchange and carried out the research for a decade that tested the role and the use of coercive power in exchange relationships.

Homans was the first person, the founding father , who introduced the theory of social exchange. This theory is the theory that uses rational assumption in sociology. Homans describe a situation exchange between two people and spark six basic proposition focusing on the possibility that an individual person do a certain behavior, how he responded to a result of his behavior and the process of a choice between alternative behaviour. Homans maintained that in run various social phenomena should used individual characteristics terms than his social structure term. An exchange pattern was institutionalized and legitimized by moral codes that transcended individual interests. According to Homans every context can be analyzed in an activity undertaken, how interaction that frequently occurs between individuals and what sentiments developed from the interaction. This sentiment refer to individual internal condition including affection, sympathy, antagonism, like or dislike. The more increasing of frequent interaction tend to increase the positive sentiment among actors (Haryanto, 2012: 173-176).

A basic model of Homans social exchange theory observed the actors oriented by cost and reward

seen attached to the types of certain action which reflected the interests and their choice. The individual actors motivated to maximize profits. Homans focus not on the isolated act but social relation that conceptualized as the exchange relationship or transaction. There is no interaction pattern appear or survive if unable to achieve profit. Profit is not only financially but also through the interactions they received love, recognition , loyalty, political support and knowledge. The argument is the process of in and out into the exchange relation will continue to the point when all participants be able to equalize the profit guaranteed in a relationship and profit obtained from the act of available alternative (Scott , 2012: 243-244).

The early theory of social exchange specifically tested two types of relationship, while the contemporary theory of social exchange in progress emphasized the social structure where the exchange held by paying close attention to the context of broader network, explore how actor structural opportunities to exchange with the alternative couples affecting power, the formation of coalition and other process.

Molm in Ritzer (2001: 260) wrote down her thoughts that many forms of social interaction outside the field of economic exchange conceptualized as profit exchange. The exchange of economic and social exchange both based on fundamental aspects of social life, on the values and what is people needed like goods, service, and friendship. A person relies on others to the resources and these values and they are mutually provide each other in the process of exchange. The theory of exchange refers to one set of analytical concept and certain assumptions that explains the building of social exchange namely actor, resources, structure and process .

Throughout 15 years period theorists of social exchange as Thibaut and Kelley, Homans, Blau and Emerson developed a theory of power that is ostensible different from the general conception of the social science. Their views derived from emphasis the theory of exchange on a bond of mutual dependence each other underlying the entire of social structure. Persons depend on the other for many things that they need in social life and they provide profit one another through the process of social exchange (Molm,1997). According to Molm, mutual dependence not only bring people together but also give a chance for structural base of power. The dependency of an actor is a source of another actor power. On a level where mutual dependence , actors in social relations having power to one another, and at the level of unequal dependence, their relationships is also unequal with regard to the advantage each party that give and receive the contribution. Comparing with traditional conception of power as coercive power, the theorists views of power is very moderate.

According to Molm, assumptions and concepts of social exchange theory can be organized around four main topics, namely the actors who held an exchange, exchange resources, exchange structure and exchange process. Actors who are bound in exchange can be individual or group. The actors in an organization are more complex than individual actor, for example the group that has an internal structure and exchange process itself. Individual actor and group actor can be summarized in a single category because of social exchange makes some assumptions of the actors characteristics. The theory of social exchange only assume that actors behave in ways to improve the outcome that they evaluate positive and reduce outcome they evaluate negative. Actor behaved in a rational manner considering potential costs and advantage of some alternatives choice of the exchange partner and the act based on a number of information or their choice reflected only the cost and profit from the choice of previous behavior without consideration of some alternatives.

Some concepts used to refer to aspects of what the actors make the exchange that are resources, result , reward, cost, value and the domain of exchange.When an actor have goods belonging to and the ability to behave assessed by other actors they will be resources for another. Ownership and this ability attached to certain actors or structural position complement each other and exchanged. While economic exchange normally limited to the exchange of goods or services to obtain money, social exchange broader includes not only goods and real services, but the measure that produce outcome of social value as the status , approval, friendship and social gratifying such as of contentment and self-esteem. Resources explained by outcome (result) worth adheres to the satiation principles in the context of psychology or reducing marginal utility in the context of economy. The result of social exchange are defined as value received by actor each other in exchange. The result can be a positive value which are in some literature called rewards, reinforcement, utility or benefits and the result is a negative value also called costs, punishments, disutility and losses. Behaviorist defined reward and punishment functionally to the impact on conduct in the future. Reward increases the frequency of behavior, while punishment reduces the frequency of behavior. These effects are generally produced by changes in the value of the outcomes that the person is experiencing (Molm 1997:17).

Exchange structure explained that exchange relations within structures of mutual dependence among actors. The actors need not be equally dependent on one another, nor do they need to rely on others for all outcomes of value. But some degree of dependence of social actors on one another for valued outcomes is one of the central scope conditions of the theory. This scope condition encompasses relations of direct exchange, generalized exchange and productive exchange (Molm, 1997: 20).

In relation of direct exchange, each actor's outcome depend directly on the other actor's behavior. For example, A provides value to B and B to A, as in Homan's classic example of Person and Other exchanging the advice and approval. Direct exchanges characterized by an actor who acted as individuals without regard for

either they are individual actors or corporate actors. Meanwhile, in generalized exchange the reciprocal dependence is indirect. B obtained benefit from A that is not reciprocated directly by B's giving to A, but indirectly by giving another actor in the network or group. In productive exchange both actors are involved in relationships must contribute in order for either to obtain benefit. In her study Molm restricted to the structure of direct exchange that are characterized by actors who acts as individuals, regardless of whether they are individual persons or corporate actors (Molm,1997:21)

The process of exchange describes how interaction takes place within that structure covering exchange transactions and exchange relationships. The advantage gained from other actors depends on benefits that given in exchange. When an initiation is reciprocated, the mutual exchange of benefits is called transaction. An ongoing series of transactions between the same two actors constitutes an exchange relation. The distinction between transactions and relationships covering two different aspect of the exchange process. Process by which actors exchange resources in a single transaction and the relations between transaction overtime. Transaction in direct exchange relations take two main forms that are negotiated and reciprocal. In negotiated transaction the actors engage in a joint-decision process such as explicit bargaining. In reciprocal transaction actors' contributions to the exchange are seperately performed and non negotiated. Actors initiate exchange without knowing whether, when and or to what degree others will reciprocate. The two sides agreed that they would at the same time and profit on both sides easily identified as transaction (Molm, 1997: 12-13,24-25).

3. Method

This research used qualitative method. Research process conducted by cases election, and then by reading scientific journal, text books, study results, grievances and complaints of the community and social media information, the case was set to be studied. Researcher made research plans by involving the three people who assisted in the process of data collection, supervision and doing data recapitulation. The kind of research used is case studies with explorative studies aimed to investigate a problem or situation which has been used as an object research and to discover social exchange application of interaction between doctor, patients and medical representatives who representing pharmaceutical company .

The research was done in M. Yunus General Hospital Bengkulu. The election of this location based on the consideration because of the hospital is the top referral hospital at Bengkulu Province where specialists work centrally in this hospital. The research was done in inpatient room (wards), outpatient room, outpatient waiting room, a place where medical representatitives often gathered waiting for doctors, emergency room and dispensary of hospital pharmacy. Research is conducted in a fairly long time from May to December 2012, and then continued in 2013 to complete the data. By the year 2013 research was more focused on observation by comparing the observations in the year 2012 primarily related to the lack of information on the enactment of National Health Coverage by BPJS will be through in 2014. The data used in this research is the field data as well as data documentation. Field data obtained indirectly from informants or the subjects through the process of observation and interview. The informants profile was general practitioner who had ever served in emergency room, general practitioner in charge in emergency room, dentist, specialists namely obstetrician and gynaecologist, internists, surgeon, pediatrician, cardiologist and ophtalmologist. The election of physician of some kind of spesialistic services involves the basic spesialistic and other spesialistic called as "knife holder doctors" who do the act of surgical either minor or major surgical. The election of informants from the doctor is considered to represent information expected to reach the purpose of research. The number of doctors as the informant is 12 people considered to represent the group of medical functional unit. Other informants is senior pharmacyst, medical representatives, patients and their families. Data documentation obtained through available documents in hospitals such as recipes that being kept in hospital pharmacies and patients medical record. Hence to meet the needs of the data, data collection was done through observation , field notes, the study of documentation and interviews .

Data analysis was done before, during and after study. Data analysis before study was carried out by examine preliminary study through observations and documents collecting of hospital dispensary in the form of a prescription. In this case documentation data used to determine research focus is the prescriptions. From the recapitulation result sheets of prescriptions can be seen trend leading to a certain company. To ensure that researchers conducted the interview. At the time of interview, the researchers have an analysis of the informants answer. The qualitative analysis activity done in interactive and ongoing process until data was saturated. The activities included trimming the data that was not relevant, data presentation , data verification and conclusion. Data was trimmed by summarizing and choosing the main thing focused on the important matters and then concern to the theme and pattern. The data has been reduced to give a clear data and facilitated researcher what to do next. Data presentation is in the form of text that is narrative. Verification and conclusion data is the third step in the qualitative analysis. Data conclusion only temporary and will change if not found evidence of strong support, thus the conclusion in qualitative research might answer formulation which was formulated since the beginning but may be not. After getting interviews result with informants or the subjects research namely

doctors, senior pharmacist , patient, patient family and medical representatives and results of documentation study from hospital dispensary and prescription copy that means the drug was bought out of hospital dispensary; and then the researcher do the reduction of the data that have been acquired, presenting the results of the analysis of the data and draw any conclusions, the results of this analysis facilitated the next data collection if necessary. According to Patton (2009: 250) data analys is actually there is no specific precise point at which data collection and analysis began and ended. In the process of data collection, analysis idea and interpretation will be happened, the idea formed the beginning of the analysis.

4. Results

Doctor, patients and medical representative are actor individuals who are interacting every day in the process of services in the hospital during the patient treatment. Doctors who represent college that provides an umbrella for specific medical profession, patients represent the community which need doctors' service in the hospital and medical representatives representing pharmaceutical company. Doctor provides services at emergency room every day, outpatient and inpatient ward. Doctors also visits (called "visite) patients at wards every day."Visite" is the activities carried out by doctor consisting of visiting and checking the progress of patients' health, write a prescription for therapy the patient or conduct any instruction for supporting the therapy. Communication with his patient doctor often going one direction, patients more silent and listen to what is suggested by doctors, complaints are lodged by the patients family or sometimes directly by patients. In parallel with this research Mulkan (2007) make an analysis on ideal pattern of doctor relationship with patient who described the importance that doctors should understand the communication. Communication patterns tends to one direction accompanied doctor' attitude that is arrogant and paternalistic make patients reluctant to ask .

The interaction between doctors and patients happened because the patients need doctors service in hospital with expectation of obtaining healing. Doctors interact with patients every day because the demands of duty as a professional and as functionaries hospital. Interaction performed within a maximum 30 days if the patient had a chronic disease or infectious diseases that require handling the process of curing longer, while the average interaction in three days for in-patient care, while outpatient shorter in range 5 to 15 minutes .

Interaction between doctors and patients happened directly, but communication can be occured indirectly, for example through the patients family with terminal condition that cannot be direct interaction with doctors because of their disabilities. This process occurs at long time that could not be predicted due to the patient condition that requires intensive care until healed, handicap or died. Whereas the interaction betwen doctors and medical representatives was carried out directly, face to face in detailing process. They interact interdependently for valued resources and they held out the relationship because of the mutual exchange. Financial benefit and other facilities received by doctors makes this relationship persisted as far as the outcome is positive valuable. It is described why doctors and pharmacetical companies joined in the social contract and persisting inside. Patient s did not interact with medical representatives but the interaction between patients and doctors opened up the opportunity to doctors interact with medical representatives. Patients who seek services in hospitals need doctors therapy and the doctors prescribe medicines which needed for patients healing. The doctors' authority for patient treatment is an opportunity for pharmaceutical companies promote medicinal products with expectation that doctors willing to prescribe the company products. In line with Parson opinion in this regard that the combination of helplessness patients and lack of technical competence and emotional disturbances make patients susceptible as the object of exploitation (Parsons, 2011: 296).

Resources exchanged by actors are positive value outcome. Thus, the result is the value that actors received. Doctors "sold" the services to patients. They get rewards in the form of incentives from the hospital management. Incentives given based on output or the performance of which may be generated by doctors in the process of service to patients at hospital. In addition, the doctors authority for prescribing also has strong position to determine therapy. The opportunities of professional authority was used by medical representatives to carry on negotiations in driving doctors prescription' preference so the companies give in return to doctor who can reach the attainment target of that which determined by the companies. Exchange resources not only in the form of goods or money but can be in the form of measures produced outcome that social value such as status, approval, friendship, social gratification namely satisfaction and self esteem. So, exchange resources which is interchangeable could be economical and psychological valuable.

Patients obtain services that they desire and satisfied if his illness recovered or at least there is a better progress than the condition previously.Patients will repeat visits if they obtain the services in accordance required. But instead, patients will choose any other doctors or decided not to repeat visits if they did not receive what is needed. Meanwhile, patients who do not have other opportunities and no choice will do what it is recommended by doctors including have to move to the other hospital, as doctors get greater rewards than in the hospital where he worked. Rewards in the form of money and freedom to determine what is desirable. It is considering a study by Haug and Levin (1991) described increasing medical knowledge combining with skepticism that affect medical professionals. Popular perception claimed Haug and Levin is the view that the

doctor as not attentive, uncommunicative, more oriented towards on self-interest and ambitious. In line with Susilowati research (2006) shows that there is dissatisfaction of 373 health insurance patients access to healthcare services by doctors in the hospital as doctors prescribe outside DPHO (lists ceiling price of medication). Her research also shows there are 9 out of 20 doctors being sequacious in writing prescription. 19 doctors agreed with sponsor bonus of the pharmaceutical company.

Exchange relations developed wthin structure of mutual dependence among actors. The actors who interact need not be equally dependent on one another nor do they need to rely on others for all oucomes of value. Exchange relations coul be occured in direct exchange, generalized exchange and productive exchange. In this case, Molm restricted to structure of direct exchange characterized by actors who acts as individuals. Exchange growing in the structure relationships of mutual dependence.

Patients need doctors service who work in hospital because they hope to be healed. For that purposes patients who did not follow the health insurance program, they were willing to pay the services including accommodation fee, supporting medical service, doctors services and the cost of medicines. Patients guaranteed by the health insurance, they did not have alternative choice to seek treatment even at a government hospital because of they did not have money to pay the service cost, meanwhile the private hospital does not accept patients with health insurance except the health insurance that had cooperation with the hospital. Doctor relies on patients who seek health services in the hospital. Doctors who provide good service and make patients satisfied will get the trust and sought by patients even to the private practice. No doubt that doctors who work in hospitals and experiencing success in the private practice outside hospital started from the hospital where he worked at the beginning, so that known by society. The role of patients become marketing agents is very effective to increase the number of patients who come for requiring doctor services. But this is not fully be realized by the physician who always compare the rewards they received in a government hospital where he worked with the private hospital or other hospitals that can determine the provision of incentives larger. An exchange that occurs develops in the structure of mutual dependence between physicians and pharmaceutical company.

Specialists as consultants have the responsibility for services ranging from the emergency room to inpatient rooms in accordance with its specialization service. Specialists giving exhortation or advise to patients directly or through general practitioner in charge either in emergency room or wards every day, but they can also give the suggestion through nurse if there are things pertaining to the development of patients disease, and the progress will be consulted by the nurse. The nurse report on the condition of patients during and after office hours or occurring at midnight conducted via phone. In cases of bad patients condition that suddenly occurs in inpatient rooms that require handling immediately, then life saving act done by a doctor in charge for overcome the patients problems. They still consult about patients with specialist.

Patients as part of the community who need therapy in hospitals expected to obey doctor suggestion so they will gain an advantage to the progress of the condition of their health, but the patient do not always obey doctors' suggestion because they are being perceived it is not useful. This is caused by patients and patients' families do not understand, because of limited knowledge or the fear of medical intervention that felt uncomfortable, especially the act of medical invasive as surgery or makes injuries in a body part of patients. An alternative choice can be done with patients to choose the other doctor with a similar specialty. The number of doctors who are in the structure of functional medical unit at least two people. So, patients requiring health control not only served by the same doctor, outpatient service set the doctor' schedule turns every week. The specialists will be assisted by general practicioner because of the lack of specialists, nevertheless therapy still under specialist control who is responsible to patient treatment.

If we pay close attention to exchange relation that occurs, then an exchange that occurs between doctors and medical representatives is direct exchange. Each actor outcome depends on the behavior of other actor. A pharmaceutical company providing the things that valued both economical and psychological to doctors as doctors have met the attainment target of that which have set out to increase the volume of the drug sale through prescription process. Whereas the exchange between doctors and patients can be direct or indirect. Direct exchange occurs in the process of therapy; there are instructions, advice or counsel immediately responded by the patient either positive or negative. The result of the interaction is doctors obtain rewards indirectly from patients but from the third party that is the health cost insurer through the hospital.

The process of exchange describes how interaction takes place within structure. When an initiation is reciprocated the mutual exchange of benefits that results is called transaction even negotiated transaction or reciprocal transaction. A series of transactions between two actors who are same is relation of exchange that is mutually dependent. This happened between doctors and medical representatives. Doctors and medical representatives bound in an exchange of recurrent and mutually dependent in a long time. The fee has been set for achieving the target. If doctors agree, it means the prescription tended to drug production of the company.

Doctors and patients interact during the treatment process in hospital. Doctor and patient do in exchange relationships in the period of time during patients treated or need hospital service even outpatient or

inpatient service. Patients and doctors make the exchange are repeated in this particular time and not occurring continuously. The exchange partner remained except for outpatient service because it depends on the medical specialist schedule that set up every week, so the patients did not meet the same doctor as they came first for treatment. Doctors who gave services at inpatient were fixed. If the doctors obstructed, they will be replaced by another doctor who has the same specialization. Patients who suffered from disease complication can be treated together by some specialists, so that the interaction that occurs between a patient and several doctors who cared for him. Patient who suffered from head trauma with nervous system disorder being treated by surgeon and neurologist and there is a lot more disease complication involved several specialists services.

Sometimes patients with disease complication not too much talk to doctor, especially patients with terminal disease that requires intensive care either in the ICU or ICCU, communication took place between doctors or nurses with the patients family in terms of providing information of the disease progress. It is also happened to emergency patients who need help imediately in the emergency room, the process of exchange happened shortly, because the patients need to be handled as soon as possible. Observation was carried out at most for 24 hours in emergency room, after that patient will be moved to inpatient room. Communication occurs between doctors and patients family who closely assisted the patients during the treatment, especially patients with lost consciousness.

An imbalance of relation can occur in the process of exchange between the actors namely doctors with patients or doctors with medical representatives. According to Molm (1990) power imbalance and average power are derived from the power/dependencies. The power imbalance of the relation is the difference between the actors' power/dependencies. The greater the asymmetry in power, the greater imbalance. The average power in the relation is the average of the two actors' power/dependencies. Whereas power imbalance is a measure of the relative power of actors in the relation, the average power is a measure of the absolute strength of their mutual power over one another.

5. Conclusion

Based on the research results can be concluded as follows:

Actors involved in social exchange is doctor, patient and medical representative as representative of a pharmaceutical company. They are individual actors who interact each other. However, as the individual actors they are a part of institutional community where they belong. Doctors are part of professional according their area of expertise, medical representatives are representatives of pharmaceutical companies having the major function to inform the doctor or prescriber about the products as well as arouse doctors interest and preference for prescribing of these products. Patients are part of community who need and seek treatment at the hospital when they felt illness.

The actors namely doctors and patients interact directly and indirectly. In case of a terminal disease doctors communicate through patients families. Rewards were received in the form of material indrectly as the result teir performance. It accepted by doctors from even patients health insurer or regional governments in the form of profession scarcity incentives via hospital management that are issued each month or quarterly. Doctors and medical representatives interact directly, and rewards are received by accumulation of doctors performance of prescribing. Rewards that they received was not always in the form of matter like money or reward in form of goods but also a chance for enjoying the facilities when they followed scientific meeting in both domestic and overseas.This facilities are in the form of airplane fare, accommodation and registration fee.

Resources are exchanged between doctor and patient in the form of approval , a sense of unsatisfied or discontented. Patients agree on doctor' advice or instruction, they are satisfied with the development of their health after obtaining the treatment but patients may also disagree, objection even refused to obey what doctor instructed, but with constraints have to undergo the process of therapy. Patients with surgical disease and orthopedic cases forced to move to other hospital by doctors because they want to be handled immediately, even with full of compulsion. In the meantime, the resources that are exchanged between doctors and pharmaceutical companies in the form of economically valuable material, prescribing increase in sales drugs volume and doctor obtain rewards directly transferred to accounts or given in other forms that are goods and social gratification as friendship, the status and satisfaction.

Exchange structure develops in exchange relation for mutual benefit between doctors and pharmaceutical companies. Patients depend on doctors because they want to be healed in relation of exchange that is asymmetrical. At the beginning, relation between doctors and patients proposed as a reciprocal relation who needed each other. If there are no patients, doctors income decreased or diminished, patients also need doctors in healing process. Income obtained from the patients or underwriter through hospital based on doctor performance in conducting the service every day. The relationship becomes asymmetrical when doctor experiencing personal conflicts of interest that leads him to no longer objective in performing the services. The interaction that occurs between doctors and patients become asymmetrical because doctors are in superior position, doctors have the profession authority in determining therapy. Doctor is the only profession that given

the authority for writing prescriptions and determining the medicine that patients need, eventhough the patient actually has the right to choose generic drugs or branded drugs.

The process of an exchange that occurs between doctor and patient in the first is a natural relationship, and then becomes interests bias that tends to be exploitive. A doctor as healer does not pay attention on patients' problems because of distorted by other interests when there is an offer of a pharmaceutical company. The initiation of a pharmaceutical company responsed directly, so mutual exchange be transactional. In this negotiated transaction doctors and pharmaceutical company tied in the decision-making process along like a bargain. The process of exchange between doctor and patient was non-negotiated, the patient becomes depends on the doctors in the process of healing because of patients subordination position.

Coercion through the doctor professional authority places patients in the position of helpless and this is happened specially to the poor community. Even the patient from poor families are drived to other hospital by certain doctor. By various reasons doctors carried out medical intervention in another hospital that give incentives larger. While patients of wealthy families are able to pay health services that needed and also have the opportunity to choose alternatives, whether choosing other doctors who can provide comfort in the process of treatment or go to another hospital outside Bengkulu Province. Doctor is still views that the profession of medicine is prestigious and have the power to determine and know what is the best for the patients. Hence, the patient has to obey doctors'instructions if they desire to recover.

Medical representative took advantage of the interaction between doctor and patient in fostering interaction with doctors who have authority as prescriber and clinic autonomy power to establish therapy to patients.The mutual interaction between doctors and medical representatives make patients as the actors who sacrificed.

References

Apple, Dorrian. 1960. *Sociological Studies of Health and Sickness*. New York:Mc.Graw-Hill Book Company.

Alam Romadhon, Yusuf. 2007.Core Bisnis Dokter *:* Menyembuhkan Orang Sakit atau Fasilitasi Orang Untuk Memproduksi Kesehatan ? Retrieved from http://yusufalamromadhon.blogspot.com/2007/09/core-bisnis-dokter-menyembuhkan-orang.html, diakses 22 Juli 2010, 09.30

Barry, Anne-Marie & Yuill, Chris. 2002. *Understanding Health A Sosiological Introduction*. London-Thousand Oaks-New Delhi : Sage Publications.

Beardsley, Robert et al. 2008. *Communication Skills in Pharmacy Practice.* Baltimore: Lippincott Williams & Wilkins.

Bencoolen,Rafless.2011. Manajemen Siklus Obat di rumah Sakit. Retrieved from http://bahankuliahkesehatan.blogspot.com/2011/05/manajemen-siklus-obat-d-rumah-sakit.html, diakses 29 Mei 2011,10.15

Blau, Peter.1964. *Exchange and Power in Social Life.* USA : John Wiley & Sons,Inc.

Budianto,Agus,dkk. 2010. *Aspek Jasa Pelayanan Kesehatan dalam Perspektif Perlindungan Pasien*. Bandung : Karya Putra Darwati

Calman, Kenneth. (1994). The Profession of Medicine, *British Medical Journal*, volume 309, Whitehall,London : Department of Health.

Caplan,Arthur. (1987). Can We Talk ? A Review of Jay Katz, The Silent World of Doctor and Patient*, Western New England Law Review,* volume 99 Issue 1 pp.43-52. The Berkeley Electronic Press

Chrisman, Noel and Maretzki, Thomas. 1982. *Clinically Applied Anthropology Anthropologists in Health Science Settings*. Holland : D.Reidel Publishing Company

Collins, Randall, 1988. *Theoretical Sociology*. USA : Harcourt Brace Jovanovich.

Daldiyono,2007. *Pasien Pinter dan Dokter Bijak,* Jakarta : BIP

Davis,Peter & Dew,Kevin (ed). 2004. *Health and Society in Aotearoa New Zealand*. Australia : Oxford University Press.

Deliarnov, 2006. *Ekonomi Politik*. Jakarta: Penerbit Erlangga.

Denzin & Lincoln. 2009. *Handbook of Qualitative Research*. Yogyakarta : Pustaka Pelajar.

Fararo J.Thomas. (2000). Theoretical Sociology in the 20th Century, *JoSS (Journal of Social Structure) article* , volume 2,University of Pittsburgh.

Freidson, Eliot. 1988. *Profession of Medicine A Study of the Sociology of Applied Knowledge.* USA : The University of Chicago Press.

Foster,George dan Anderson, Barbara. 1986. *Antropologi Kesehatan*. Jakarta : Penerbit Universitas Indonesia.

Girdwood,John.2010. Exchange and Power in Social Life (1964*)* by Peter M.Blau, refer to Calhoun,Craig et al, Contemporary Sociological Theory. Retrieved from http://johngirdwod.com/2010/02/01/exchange-and-power-in-social-life-1964-by-peter-m-blau,diakses 11 Januari 2012,21.15

Guwandi, J. 2009. *Dugaan Malpraktek Medik & Draft RPP : Perjanjian Terapetik Antara Dokter dan Pasien*. Jakarta : Balai Penerbit FKUI.

Harianto,dkk. 2006. Hubungan Antara Kualifikasi Dokter dengan Kerasionalan Penulisan Resep Obat Oral Kardiovaskuler Pasien Dewasa Ditinjau dari Sudut Interaksi Obat (Studi Kasus di Apotek X Jakarta Timur), *Majalah Ilmu Kefarmasian* vol.III no.2,66-77

Haryanto,Sindung. 2012. *Spektrum Teori Sosial Dari Klasik Hingga Postmodern*. Yogyakarta : Ar-Ruzz Media.

Ichsan, Muhammad.(n.d). Stop Kolusi dokter dan Perusahaan Farmasi "Mengakhiri Kolusi Dokter dan Perusahaan Farmasi*"*. Retrieved from http://lpkjawatengah.blogspot.com/2010/01/stop-kolusi-dokter-dan-perusahaan.html, diakses 20 Juli 2010, 11.00

Idris,Fachmi. 2006. *Dokter Juga Manusia Upaya Memperbaiki Mutu Pelayanan Kesehatan*. Jakarta : Pengurus Besar Ikatan Dokter Indonesia.

International Encyclopedia of Marriage and Family.(n.d). Social Exchange Theory. Retrieved from http://www.encyclopedia.com/topic/social_exchange.aspx, diakses 15 Agustus 2013, 8.45

Johnson, Thomas and Sargent,Carolyn (ed). 1990. *Medical Anthropology Contemporary Theory and Method.* New York: Greenwood Publishing Group Johnson, L.Syd M, Review: The Silent World of Doctor and Patient – Jay Katz.(n.d). Retrived from http://www.mentalhelp.net/poc/view_doc.php?id=2066&type+book&cn=72 ,diakses 6 Desember 2011, 21.15

Kolom Generik. (2006). Hak Pasien Memilih Obat , *OTC Digest*, edisi 03,tahun 01, PT.Tripakarsa Media, Jakarta

Kuswenti, Winny.(n.d). Regulasi Pemerintah di Pasar Obat Indonesia. Retrieved from http://www.kompasiana.com/posts/index/opinion, diakses 21 Juli 2010, 13:15

Marimbi, Hanum. 2009. *Sosiologi dan Antropologi Kesehatan*. Yogyakarta : Nuha Medika.

Masyhuri & Zainuddin, M. 2008. *Metodologi Penelitian Pendekatan Praktis dan Aplikatif*. Bandung: PT.Refika Aditama,

Molm, Linda. (1990). Structure, Action, and Outcomes : The Dynamics of Power in Social Exchange. *American Sociological Review* . vol.55 no.3 pp.427- 447.

Molm, Linda. 1997. *Coercive Power in Social Exchange*, USA: Cambridge University Press.

Molm, et.al.(2000). Risk and Trust in Social Exchange : An Experimental Test of a Classical Proposition. *The American Journal of Sociology.*vol.105 no5 pp.1396-1427.

Molm, Linda. 2001. "Theories of Social Exchange and Exchange Networks" dalam George Ritzer and Barry Smarts (ed). *Handbook of Social Theory*. London: Sage Publication.

Molm,et.al. (2007). Building Solidarity through Generalized Exchange : A Theory of Reciprocity. *American Journal of Sociology.* Volume 113 number 1 pp.205-242

Mulkan,Dede. (2007). Pola Ideal Hubungan Dokter dengan Pasien (Pentingnya Seorang Dokter Memahami Komunikasi) Sebuah Analisis Kritis dengan Pendekatan Obyektif Kualitatif tentang Komunikasi yang Dilakukan antara Dokter dengan Pasien Ketika Berlangsung Proses Pemeriksaan Kesehatan*, Artikel Ilmiah Fakultas Ilmu Komunikasi* Universitas Padjadjaran, Bandung

Outwaite,William (ed). 2008. *Kamus Lengkap Pemikiran Sosial*. edisi kedua. Jakarta: Kencana Prenada Media Group

Panjaitan dan Maharani.2013. Analisis Peranan Medical Representative dalam Meningkatkan Volume Penjualan Divisi Onkologi pada PT.Aventis Pharma di Medan. Retrieved from http://repository.usu.ac.id/handle/123456789/3872, diakses 28 Januari 2015,20.15

Parsons,Talcott . 2005. *The Social System*. London : Routledge & Kegan Paul Ltd.

Patton, Michael Quinn. 2009. *Metode Evaluasi Kualitatif*. Yogyakarta : Pustaka Pelajar.

Pescosolido, Bernice et al. (2001). The Profession of Medicine and the Public : Examining Americans' Changing Confidence in Physician Authority from the Beginning of the Health Care Crisis to the Era of Health Care Reform. *Journal of Health and Social Behavior*, volume 42 no 1 pp.1-16. American Sociological Association.

Rantucci, Melanie. 2007. *Pharmacists Talking With Patients A Guide to Patient Counselin.* Baltimore : Lippincott Williams & Wilkins.

Ritzer, George. 2012. *Teori Sosiologi Dari Sosiologi Klasik Sampai Perkembangan Terakhir Postmodern*. Edisi kedelapan. Yogyakarta : Pustaka Pelajar.

Ritzer, George. 2013. *Eksplorasi dalam Teori Sosial Dari Metateori Sampai Rasionalisasi.* Yogyakarta: Pustaka Pelajar.

Scambler,Graham (ed). 2001. *Habermas, Critical Theory and Health*. London: Routledge.

Seale, Clive. 2002. *Media & Health.* London: Sage Publication

Scott,John. 2012. *Teori Sosial Masalah-Masalah Pokok dalam Sosiologi.* Yogyakarta: Pustaka Pelajar.

Searle,Mark.(1990). *Social Exchange Theory as a Framework for Understanding Ceasing Participation In Organized Leisure Activities*, *6th Canadian Congress on Leisure Research*, University of Waterloo

Sheaff, Michael. 2005. *Sociology & Health Care An Introduction for Nurses, Midwives and Allied Health*

Professionals. London: Open University Press.
Stacey, Margaret. 1988. *The Sociology of Health and Healing*. New York: Routledge.
Stacey, Margaret & Homans,Hilary. 1978. *The Sociology of Health and Illness : Its Present State,Future Prospects and Potential for Health Research*. New York: Sage Publications
Sudarma, Momon. 2009. *Sosiologi Untuk Kesehatan.* Jakarta: Penerbit Salemba Medika.
Sugiyono, 2007. *Memahami Penelitian Kualitatif*. Jakarta: Alfabeta.
Sunarto, Kamanto. 2004. *Pengantar Sosiologi.* Jakarta: Lembaga Penerbit Fakultas Ekonomi Universitas Indonesia.
Susilo, Rachmad Dwi. 2008. *20 Tokoh Sosiologi Modern, Biografi Para Peletak Sosiologi Modern*. Yogyakarta: Ar Ruzz Media.
Susilawati, Lucya Agung & Thabrany,Hasbullah. (Desember, 2006). *Berbagai Faktor yang Berhubungan dengan Beban Biaya Obat Pasien Rawat Inap Program Askeskin di Cirebon Tahun 2005* dalam *Jurnal Kesmas* volume 1 nomor 3, Fakultas Kesehatan Masyarakat Universitas Indonesia
Supardan, Dadang. 2008. *Pengantar Ilmu Sosial Sebuah Kajian Pendekatan Struktural*. Jakarta: Bumi Aksara.
Suryajaya,Leo. 2011. *Menelanjangi Praktik-Praktik Busuk Industri Kesehatan Masihkah Anda Percaya Begitu Saja Pada Dokter, Rumah Sakit dan Pabrik Obat?* Yogyakarta: Giga Pustaka.
Tim Sigi, Bisnis Obat Dibalik Ruang Praktik.(n.d). Retrieved from *http://erikar.multiply.com/journal/item/16/Bisnis_Obat_di_Balik_Ruang_Praktik*, diakses 22 Juli 2010,09.00
Wainwright, David. 2008. *A Sociology of Health.* Los Angeles: Sage Publications.
Waters, Malcolm. 1994. *Modern Sociological Theory*. London: Sage Publications.
Waitzkin, Howard. 1991. *The Politics of Medical Ecounters How Patiens and Doctors Deal with Social Problems.* USA: Yale University Press.
Weiss, Gregory.1997. *The Sociology of Health, Healing and Illness.* New Jersey: Prentice Hall inc.
White, Kevin. 2002. *An Introduction to the Sociology of Health and Illness*. London-Thousand Oaks-New Delhi: Sage Publications.
White, Kevin. 2011. *Pengantar Sosiologi Kesehatan dan Penyakit*. Jakarta: Raja Grafindo Persada.
Zafirovski, Milan. (2005). Social Exchange Theory under Scrutiny: A Positive Critique of its Economic-Behaviorist Formulations, *Electronic Journal of Sociology* Retrieved from *zafirovski@unt.edu* diakses 10 Februari 2011,21.30
Resep Obat : Konspirasi Dokter dengan Perusahaan Farmasi.(n.d.). Retrieved from http://www.smallcrab.com/kesehatan/786-resep-obat-konspirasi-dokter-dengan-perusahaan-farmasi diakses 14 Februari 2012, 22.10
Wajib Resepkan Obat Generik Program 100 Hari, Menkes Segera Terbitkan Peraturan.(n.d.). Retrieved from *http://www.kaskus.us/shwthread.php?s=b6d27dc9f71532c5038ad679a67ebe8&t=2767790* diakses 27 Juli 2010, 10.35
Bisnis Obat : Kolusi Dokter-Farmasi Harus Ditindak. (n.d.).Retrieved from *http://basabasicom.4.forumer.com/a/bisnis-obat-kolusi-dokter-farmasi-harus-ditindak post1968.html*, diakses 27 Juli 2010, 10.30
Obat Generik.(n.d.). Retrieved from *http://bataviase.co.id/node/309546,*diakses 28 Juli 2010, 09.30
Power.(n.d.). Retrieved from http://husky1.stmarys.ca/~evanderveen/wvdv/Class relation/power.htm,diakses 15 Agustus 2013, 08.30
Psikologi Manajemen. (n.d.). Retrieved from http://briggeteshinta.wordpress.com/2009/11/15/teori-kekuasaan, diakses 15 Mei 2012, 07.45
Manajemen Siklus Obat di Rumah Sakit. (n.d.). Retrieved from http://bahankuliahkesehatan.blogspot.com./2011/05/manajemen-siklus-obat-di-rumah-sakit.html, diakses 10 September 2012,19.45

The IISTE is a pioneer in the Open-Access hosting service and academic event management. The aim of the firm is Accelerating Global Knowledge Sharing.

More information about the firm can be found on the homepage:
http://www.iiste.org

CALL FOR JOURNAL PAPERS

There are more than 30 peer-reviewed academic journals hosted under the hosting platform.

Prospective authors of journals can find the submission instruction on the following page: http://www.iiste.org/journals/ All the journals articles are available online to the readers all over the world without financial, legal, or technical barriers other than those inseparable from gaining access to the internet itself. Paper version of the journals is also available upon request of readers and authors.

MORE RESOURCES

Book publication information: http://www.iiste.org/book/

Academic conference: http://www.iiste.org/conference/upcoming-conferences-call-for-paper/

IISTE Knowledge Sharing Partners

EBSCO, Index Copernicus, Ulrich's Periodicals Directory, JournalTOCS, PKP Open Archives Harvester, Bielefeld Academic Search Engine, Elektronische Zeitschriftenbibliothek EZB, Open J-Gate, OCLC WorldCat, Universe Digtial Library , NewJour, Google Scholar