

1.

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1)

2.

(OECD, 1995;

가

, 2003).

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1. 分化(system differentiation) 社會分化(social differentiation)

1)

가

가

(Luhmann, 1997:597).

/ - (system/environment-difference)

/ -

“(inner environment)
(part system, Teilsysteme)

가 가

(Luhmann, 1984:38).

2)

(boundary, Grenze)가 가
(difference

between system and environment)

(structure)

(basic operation)

(communication) ³⁾

²⁾

2) (selfreferential autopoietic systems)

Luhmann(1984)

3) 가 (selection) (Luhmann, 1984:

167).

(Ryu, 2003:98 ~ 99).

가 가

(Luhmann, 1984; 1997).

(medium) (meaning, Sinn)

(segmentary differentiation),

(differentiation according to center and periphery),

(stratificational differentiation)

(functional

differentiation)가 .(Luhmann, 1997:613)

(Luhmann, 1986:87 ~ 88).

(Luhmann,

1986).

2.

:

1)

:

(action)

(behavior)

(Luhmann,

1988:272)

(Eigenbewegung)

가 가
(Ryu, 2003:111).

⁴⁾가

“

(meaning of action)가 가
 가 .
 2) : 가 .
 (form) 가 (reality and possibility)
 가 (actuality and potentiality) ,
 가 가 가
 가 (connectivity)
 (Luhmann, 1984:93; Luhmann, 1997:142).⁵⁾
 ()
 가 가 가

4) 가
 (Weber, 1922:1). Luhmann “ ”
 (double contingency) .(Luhmann, 1984:148 ~190)
 (social basic operation)가 .
 가 가
 (communication) (thinking) (operation)

5) “ ‘ natural ’ theory of meaning)
 (Luhmann, 1984:92). 가 (Ryu,
 2003:91).

가 가 ,
 가 . 가
 가 (constraint)
 (order) (Luhmann,
 1984:384).
 가 가
 가 가
 (expectation) 가 가
 가 . 가
 가
 (Ryu, 2003:102 ~ 105).
 (evolution)
 (contingency)
 가
 (Ryu, 2003:112 ~ 113).

3)

가 가
 가 가

(dominant differentiation form)

(Luhmann, 1997:611 ~612).

가 가

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3.

1)

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가 (binary codes)

(Luhmann, 1986:99).

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(Luhmann, 1986:79 ~ 80).

가 가

(operation)

가

가

가 / (/), /

가 / (/), /

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가

가 가 (Luhmann, 1986:78 ~ 87).

2) 가

가

가

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가 . 가

가 . 가

가 (closed). 가

3) 가

가 가 가

가 가 . 가
가 가 . 가
/ 가

가 (program)

가

(positive value)

(designation

value) (Luhmann, 1990:185). 가

(designationfree value)

(negative value)

(reflection)

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(Luhmann, 1988:304).

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가 , 『 』 , 2003.

Cho, Byong-Hee, The State and Physicians in South Korea, 1910-1985: An Analysis of Professionalization, Unpublished Ph. D. dissertation, University of Wisconsin-Madison.

Loetz, Francisca, “ ‘ Medikalisierung ’ in Frankreich, Grossbritannien und Deutschland, 1750-1850: Ansaetze, Ergebnisse und Perspektive der Forschung ”(, ‘ ’ ; 1750 ~ 1850 :) in: Eckart, Wolfgang U. & Juette, Robert(eds), Das europaeische Gesundheitssystem - Gemeinsamkeit und Unterschiede in historischer Perspektive(-), Stuttgart, 1994, pp.123 ~ 161.

Luhmann, Niklas, Soziale Systeme - Grundriss einer allgemeinen Theorie(- 要綱), Frankfurt am Main, 1984.

Luhmann, Niklas, Oekologische Kommunikation-Kann die moderne Gesellschaft sich auf oekologische Gefaehrdung einstellen?(- 가?), Opladen, 1986.

Luhmann, Niklas, Die Wirtschaft der Gesellschaft(), Frankfurt am Main, 1988.

Luhmann, Niklas, “ Der medizinische Code ”(가), in Soziologische Aufklaerung 5(5), Opladen, 1990, pp.183 ~ 195.

- Luhmann, Niklas, Die Gesellschaft der Gesellschaft(),
Frankfurt am Main, 1997.
- OECD, New Directions in Health Care Policy, Paris, 1995.
- Ryu, Gun-Chun, Ueber die Wurzeln der Kostenexplosion im sozialem
System der Krankenversicherung(
), Koeln, Eul Verlag, 2003.

Summary

The Frame of the Action Constitution and the Monopolistic Position
of Doctors in the Modern Medical System That is Functionally
Differentiated - their implications for the financial problems

Gun-Chun Ryu

The continued deficit problem of the modern medical systems can threaten the survival of the medical systems that depend on the budget. The root of this financial problem seems to lie in the constitution way of the action in the modern medical systems.

The modern medical system is the product of the functional social differentiation in the modern society. The major functional systems in the modern society are constructed by the binary codes.

Binary codes are composed of contrasted two values: the positive or designation value and the negative or designationfree value. This structure of the binary codes lead to the two consequences that are important for our study.

1. The positive value can find the connective action or reaction in the society. The negative value raise a doubt about the action constituted by the positive value. This reflection controls the action in a system that is constructed by the binary code.

2. The binary codes that exclude the third possible value lead to the closed system. That is, the meaning that guides a action in the system oscillates only between the positive and the negative value. There are no other possibilities in the system constructed by the binary code. This corresponds to the specialization in the modern society.

The special feature of the modern medical system is that the diagnosis and therapy are practiced only in the medical system. The modern medical

system is closed with the functions of the diagnosis and therapy. These functions are fully differentiated by the binary code “sick/healthy”. This binary code of the modern medical system has a distinctive feature. The positive value of a binary code leading to the full differentiation of a modern functional system as economy, politic, law, education etc is usually the preferred value in a society. But the positive value of the modern medical system is “sick” and leads to the action of the diagnosis and the therapy. And the negative value that should raise the doubt about the action of the diagnosis and therapy in the medical system is “healthy”. But this negative value is the goal of the action in the modern medical system. Therefore it cannot play the usual role of the negative value of a binary code, i.e. the raise of the doubt about the action in the system. This results in the lack of the reflection on the value of the diagnosis and therapy in the modern medical system. The value of the diagnosis and the therapy is too natural for the system to lead to the doubt about its value. This seems to be the root of the financial problem in the modern medical system.

The financial problem is amplified by the fact that the specialization or the full differentiation of the medical system give doctors the monopoly power that can realize the action of the diagnosis and therapy as the system dictates.

Man can find the fundamental solution about the financial problem of the modern medical system from the above diagnosis of the problem, although it is a very long-range solution. If man can find a new binary code that can raise the reflection on the value of the diagnosis and the therapy in the modern medical system and if the new code can succeed in becoming the binary code that constitute the action of the modern medical system, then the financial problem can be solved fundamentally. Such a possibility can be found in the field of the genetics, where the binary code “curable/incurable” from the genetical perspective play the important role.