

chado, 1997), does not deny the conflicts vis-à-vis the ideal of autonomy that physicians seek to preserve. What remains to be seen is whether, by defending autonomy together with or separately from the service ideal (at the valuational level), physicians continue to view the state and its service-providing institutions as servers of private or public interests, or both at the same time. And with regard to the private sector, it remains to be seen which segment of private health insurance continues to be rejected, as was in the past the segment linked to corporations rather than medical cooperatives, which are also undergoing changes today, along with what used to be philanthropic hospitals.

- ABBOTT, A., 1988. *The System of Professions. An Essay on the Division of Expert Labor*. Chicago: The University of Chicago Press.
- CAMPOS, G. V. S., 1988. *Os Médicos e a Política de Saúde*. São Paulo: Hucitec.
- DONNANGELO, M. C. F., 1975. *Medicina e Sociedade. O Médico e seu Mercado de Trabalho*. São Paulo: Pioneira.
- HYMES, D., 1974. *Foundations in Socio-Linguistics. An Ethnographic Approach*. Philadelphia: University of Pennsylvania Press.
- MACHADO, M. H., 1975. Sociologia das profissões: uma contribuição ao debate teórico. In: *Profissões de Saúde: Uma Abordagem Sociológica* (M. H. Machado, org.), pp. 13-34, Rio de Janeiro: Fiocruz.
- STEFFEN, M., 1987. The medical profession and the State in France. *Journal of Public Policy*, 7:189-208.

Maria Elizabeth Uchôa

Laboratório de
Epidemiologia e
Antropologia Médica,
Centro de Pesquisas
René Rachou, Fundação
Oswaldo Cruz,
Belo Horizonte, Brasil.
Departamento de
Psiquiatria e Neurologia,
Faculdade de Medicina,
Universidade Federal
de Minas Gerais,
Belo Horizonte, Brasil.

The article by Christopher Peterson is highly stimulating. The author gradually introduces us to Carioca medical talk and invites us to reflect systematically on its meaning and constructive process. The analysis of slang and puns currently used by physicians in three specific areas (acquisition of knowledge, physician-patient relationship, and the health system) draws out a network of meanings linking scientific medical discourse, Hippocratic ethics, and medical practice in the current Brazilian context.

Associations, contradictions, and breaks characterize the author's coming and going between the text and the context evoked by it, and which, paradoxically, it helps to create. On

the one hand, citizens' universal right to health care and the duties of a non-discriminatory medical practice, and on the other, the scarcity and poor distribution of resources for health, generating contradictions permeating the context of medical training and practice.

The invasion of medical practice by technology fosters the development of a private, entrepreneurial medicine. The dismantling of public health care services aggravates inequality and reinforces the subordination of health care professionals to health plans. Disparate access to health services, physicians' deprofessionalization, and transgression of professional ethics emerge in the gap established between theory and practice. Autonomy, duties, and responsibilities become the attributes of a model for ideal practice which is increasingly estranged from the model made possible in practice.

The question raised so often by medical students concerning the type of doctors they want, should, or can become vanishes in the context of learning the kind of medical practice that is possible in reality. To refuse such practice means to refuse reality, to exclude oneself from the learning process, from integration into health care services and the exercise of medicine. To accept it is to infringe on professional ethics, to lose one's rights, to compromise. Confronted with the contradictory demands of theory and practice governing the profession, the future physician not without conflict, of course must learn to strike a balance. Contradictions, tension, and discomfort accompany this learning process and subsequent medical practice. The confrontation between the ideal model dictated by the code of ethics and the possible model dictated by reality creates an impasse.

Metaphor, says the author, condenses the irreconcilable and fosters the creation of new meanings. Its use in the construction of a kind of anti-language widely used by physicians allows them to reveal the unsayable and express this impasse: challenge and irreverence establish rules and mark the impossibility of complying with them. The author asks about the implications of this linguistic register for medical ethics might it be the sign of an ethical metamorphosis? Equally relevant here is to ask about the implications of this register for medical practice might it reflect the standardization of a new practice we could call an anti-ethic?