

Review Article

Power dynamics in healthcare: a critical analysis through the lenses of Foucault, Camus and Gramsci

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ABSTRACT

Modern healthcare, despite its advancements, is shaped by complex power structures that often sideline patient voices and reinforce systemic inequalities. This article critically explores these dynamics through the theoretical insights of Michel Foucault, Albert Camus, and Antonio Gramsci. Foucault's concept of the "medical gaze" shows how biomedical frameworks tend to privilege clinical interpretation over patient experience, sometimes leading to depersonalization and unintended harm. Camus's philosophy of the absurd highlights the existential dimensions of illness-often overlooked in the healthcare system. Gramsci's theory of hegemony reveals how dominant ideologies shape healthcare norms, worsening disparities and limiting alternative approaches. By weaving together these perspectives, this article proposes solutions that include interdisciplinary education, shared decision-making, psychological support, and policy reforms aimed at disrupting existing power structures. A truly patient-centered and equitable healthcare system demands critical reflection, structural change, and a deeper understanding of how medical authority, existential meaning, and social power intersect.

Keywords: Power dynamics, Healthcare systems, Foucault, Camus, Gramsci

INTRODUCTION

Modern healthcare, despite its rapid advancements, remains entangled in complex power dynamics that often sideline patient voices, reinforce systemic inequities, and impede the realization of genuinely patient-centered care. While biomedical progress has indisputably enhanced clinical outcomes, the intersection of power, knowledge, and societal structures within healthcare warrants deeper examination.¹ This article explores these challenges through the theoretical lenses of Michel Foucault, Albert Camus, and Antonio Gramsci-thinkers whose work critically dissects authority, existential struggles, and entrenched ideologies.

The inclusion of Foucault, Camus, and Gramsci in this

analysis is deliberate. Their distinct yet intersecting frameworks offer invaluable insights into contemporary healthcare's structural, philosophical, and systemic challenges. Foucault's concept of medical gaze exposes how medical authority often reduces patients to clinical cases, disregarding their lived experiences-a concern heightened by growing reliance on technology in diagnosis and treatment.² Camus's philosophy of absurd brings into focus existential weight of illness, highlighting how the quest for meaning in suffering is frequently overlooked in field obsessed with quantifiable outcomes.³ Meanwhile, Gramsci's theory of hegemony underscores how dominant ideologies-whether profit-driven healthcare models/rigid institutional norms-shape perceptions of what constitutes appropriate care, often marginalizing alternative/community-based approaches.⁴

At their core, these perspectives converge on the theme of power: Foucault examines its role in clinical authority, Camus interrogates personal resistance to existential suffering, and Gramsci critiques systemic control over societal narratives. By synthesizing these viewpoints, this article provides a critical framework for understanding the deeper forces shaping modern healthcare and explores pathways for systemic and interpersonal transformation.

THEORETICAL FOUNDATIONS AND IDENTIFICATION OF KEY ISSUES

Foucault's medical gaze: the power of clinical authority

Foucault's medical gaze illustrates how medical professionals, trained to prioritize objective data, often overlook patients' social, psychological, and personal realities.^{2,5,6} This clinical reductionism not only shifts decision-making power away from patients but also risks iatrogenic harm where interventions, though well-intended, inadvertently worsen conditions.⁷ This is particularly concerning in disability care, where the medical gaze can reinforce societal biases, leading to misdiagnosis or inadequate treatment.⁸

Identified issue

While the medical gaze is vital for diagnosis and treatment, its dominance can strip patients of agency, diminishing their subjective experiences and autonomy.⁹

Camus's philosophy of the absurd: confronting the meaning of suffering

Camus's absurdist philosophy centers on the tension between humanity's intrinsic desire for meaning and the universe's indifference.^{10,11} In healthcare, this tension is particularly pronounced—patients facing illness are forced to confront existential dilemmas of suffering, mortality, and purpose.¹² However, modern medicine, driven by clinical outcomes, often fails to equip patients and providers with the tools to navigate these deeper questions. Camus argues for revolt—not denial, but an active engagement with life's uncertainties, forging personal meaning in the face of suffering.^{11,13}

Identified issue

Healthcare's emphasis on measurable outcomes often sidelines existential concerns, leaving patients and providers unprepared to address the emotional and philosophical weight of illness.¹⁴

Gramsci's hegemony: structural barriers to equitable care

Gramsci's hegemony explains how dominant groups maintain power by establishing norms that become accepted as "common sense."^{4,15,16} In healthcare, this manifests in various ways—whether through the

prioritization of profit-driven models or the unquestioned authority of certain treatment approaches.^{17,18} These hegemonic structures perpetuate disparities, marginalizing non-Western medical traditions, community-driven health models, and alternative approaches to healing.¹⁹

Identified issue

Hegemonic control over healthcare narratives restricts innovation, reinforces inequities, and limits patient access to diverse, culturally relevant care options.

PROPOSED SOLUTIONS AND APPROACHES

By integrating the insights of Foucault, Camus, and Gramsci, we can identify potential solutions to address the power dynamics and enhance patient experiences in healthcare:

Expanding beyond the medical gaze

To mitigate the potential limitations of the medical gaze, healthcare practices should:

Promote holistic interdisciplinary training

Encourage interdisciplinary education that incorporates humanities, social sciences, and narrative medicine into medical education. This will help healthcare professionals develop a more comprehensive understanding of the patient experience, valuing their narratives alongside biomedical data.^{20,21}

Embrace shared decision-making

Implement patient-provider collaboration models that emphasize shared decision-making, thus reinforcing patient agency and control over their treatment plans.²²

Develop disability-inclusive practices

Critically examine clinical guidelines and practices to identify and address potential biases against patients with disabilities. This includes promoting accessibility, providing appropriate accommodations, and fostering an inclusive environment where all patients feel valued and respected.²³

Addressing the existential dimensions

To address the existential needs of patients and providers, healthcare systems should:

Integrate psychological and spiritual support

Offer comprehensive mental health services, chaplaincy (or similar belief-appropriate) programs, or support groups, particularly in situations where individuals face

critical illness or end-of-life care. These services can provide a safe space for exploring existential concerns, psychological stresses and finding sources of meaning and comfort.²⁴

Acknowledge and engage with the absurd

Encourage healthcare professionals to acknowledge and engage with patients' existential questions and anxieties. This involves developing communication skills and creating an environment where these discussions are normalized and valued, rather than dismissed or met with ridicule.²⁵

Empower patient agency

Support patients in articulating and pursuing their own sources of meaning, whether through personal relationships, spiritual practices, or creative pursuits. This can help counter feelings of alienation and develop a sense of purpose and resilience in the face of illness.²⁶

Challenging hegemonic structures

To counter the influence of hegemonic forces in healthcare, it is essential to:

Advocate for policy reform

Support policies that prioritize preventative care, community health initiatives, and equitable access to healthcare services for all. This includes challenging the dominance of profit-driven models and promoting alternative approaches that prioritize patient well-being and social justice over them.²⁷

Promote community engagement

Involve local communities and cultural leaders and integrate their inputs in the development and implementation of healthcare programs. This ensures that healthcare practices are culturally sensitive and responsive to the varied needs and values of the populations they serve.²⁸

Encourage critical discourse

Foster open dialogue and critical reflection among healthcare professionals regarding established norms and practices. This includes questioning the overreliance on pharmaceuticals, exploring alternative treatment modalities, and addressing the social determinants of health.²⁹

DISCUSSION

By bringing Foucault, Camus, and Gramsci into conversation, we gain a deeper, multidimensional understanding of healthcare's structural and philosophical challenges. Foucault exposes how the medical gaze

consolidates authority, Camus urges us to acknowledge the existential realities of illness, and Gramsci reveals how power structures dictate what is considered legitimate care. Together, these perspectives offer a roadmap for reform, advocating for a system that is more patient-centered, socially responsive, and philosophically aware.

Our findings are consistent with prior reviews and critical analyses. Sriram et al highlighted how Gramsci's hegemony and Foucault's power concepts shape health systems in low- and middle-income countries.³⁰ Schirmer et al provided a Foucauldian reflection on acute care team dynamics, reinforcing our argument on institutional power structures.³¹ Mattioni et al reviewed health promotion practices through Foucault's lens, emphasizing how subtle control mechanisms influence patient agency.³² Together with Place exploration of bio-power in professional settings, these works substantiate our synthesis that transformative healthcare requires confronting both micro-level interactions and macro-level hegemonies.³³

CONCLUSION

This article has examined the intricate power dynamics of modern healthcare through the frameworks of Foucault, Camus, and Gramsci. By integrating these perspectives, we can move toward a healthcare model that not only prioritizes clinical outcomes but also centers patient experiences, acknowledges existential concerns, and challenges systemic inequities. Future efforts should focus on developing interventions that empower patient agency, encourage critical discourse among healthcare professionals, and dismantle the institutionalized barriers that prevent true patient-centered care.

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