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Book Reviews

Joyce, K. A. *Magnetic Appeal: MRI and the Myth of Transparency. London: Cornell University Press 2008. 208pp. $21.95. (pbk)* ISBN: 978-0-8014-7456-9

Magnetic Resonance Imaging (MRI) occupies a privileged position in health care. MRI exams produce anatomical images that are used to diagnose pathologies in patients' bodies. In *Magnetic Appeal,* Kelly Joyce rewrites the story of MRI, situating its use within its cultural, historical, and political economic contexts. Since its introduction to clinical practice in the 1980s the use of MRI for medical diagnosis and treatment has been dramatically increasing. Rejecting the simple explanation that 'we use it because it is the best', Joyce demonstrates how culture, politics, and economics make MRI the right tool for the job.

An excellent example of methodological inclusiveness, *Magnetic Appeal* draws on seven years of in-depth research including interviews, content analysis, multi-sited fieldwork, and targeted literature reviews. The methodology, which is detailed in the appendix, allows Joyce to capture the complexity of forces that constitute MRI. *Magnetic Appeal's* six chapters are written as standalone essays. Taking her cue from Donna Haraway, Joyce describes the essays as 'diffractions' into the world of MRI. Every chapter interrogates MRI from a different angle, each in turn questioning cultural assumptions in conjunction with the social, political and economic relations that support and define the use of MRI. Taken together the chapters of *Magnetic Appeal* open a fascinating window into the realm of medical imaging technology.

Rejecting causal explanation in favor of the co-production of social phenomenon Joyce paints a complex picture of MRI that challenges our understanding of technology and its use in health care. The rise of MRI technology is situated within a broader trend of visualization where everyday life is increasingly transformed into visual images. Cultural beliefs that equate seeing with believing make the anatomical pictures produced by MRI the equivalent of an unmediated depiction of the inside of the body. In this cultural context, MRI is a technology of truth. But, MRI exams do not reflect the interior of the body, they produce it. Joyce argues that linguistic tropes used to talk about MRI in popular discourse erase the processes of human decision-making and interpretation that construct the anatomical images produced by MRI and support its increasing use.

Joyce challenges the authority accorded to medical images by revealing the actual practices that go into creating and interpreting the images produced by MRI. Interviews and observations with the technologists and radiologists who use MRI machines provide access to the tacit knowledge that reveals the work of creation, interpretation and translation that produce the body in MRI exams. Technologists make decisions about the parameters of the images that MRI machines will produce that affect the final image outcome, while radiologists are responsible for sorting out pathology from normality in the scans that often contain ambiguous 'artifacts' and unidentifiable 'objects'. The tacit knowledge of radiologists and technologist challenges the belief that MRI exams reflect the inner body by highlighting the uncertainties of diagnosis through medical imaging technology. Ethnographic methods also bring to light how MRI workers are constrained by forces such as pervasive organizational emphasis on speed and efficiency rather than quality of patient care.

The book includes a political economy chapter, where MRI is analyzed as a commodity, situated within corporate and governmental structures. In this diffraction MRI use is promoted by factors including advertising, fee-for-service reimbursements, government investment

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and policies, medical standards of evaluation, and fear of litigation. The analysis of the circuits of exchange adds depth to the book and expands the analytical terrain of studies of medical imaging technology and illuminates how the forces of profit in conjunction with the cultural prominence of imaging technology support the rising trend of MRI use. Physicians and radiologists are aware of this connection between the bottom line of MRI machine producers and how that affects their work practices. Acutely aware of how fear of litigation affects MRI use, the phrase "cover your ass medicine" is used to describe how some doctors order unnecessary scans to avoid malpractice suits.

Although each chapter contributes significantly to the overall picture, it is not until the final chapter that Joyce weaves all the strands together. In the last chapter, Joyce suggests that we think of MRI as a sacred technology. As computer imaging becomes increasingly critical to how we understand our bodies and our selves, technologies such as MRI become symbols of hope that can magically show us the way to health and happiness. The connection to religion highlights the faith that we have in medical imaging technology and most powerfully emphasizes the significance of the multi-sited study of MRI. A valuable read for those interested in medical technology, trends in health care, and science and technology studies, *Magnetic Appeal* brings to light the multiple factors that constitute our faith in medical technology

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Holloway, M. *Negotiating death in contemporary health and social care.*
Bristol: The Policy Press, 2007 viii + 216pp £60.00 (hbk) £19.99 ISBN 978-1-86134-722-0 (pbk)

Holloway sets out in this book to provide a relevant knowledge base and a practice framework that is fit for purpose as a professional tool, and in so doing closely allies theoretical insights into death's meanings in modern society with implications for contemporary professional health and social care practice.

The author discusses attitudes and beliefs, issues of bereavement and grief, questions of euthanasia and assisted dying, assumptions and reality in respect of death in old age and end of life care, practices in regard to funerals and memorials, discussion of patterns and boundaries between public and private meanings of death, as well as current health and social care practice in respect of death and dying. Throughout the book the author makes brief and strategic use of case study material to illustrate discussion and in her final chapter usefully incorporates more detailed case studies to emphasise the ways in which theory can infuse and integrate with practice.

Holloway articulates the often unstated but confounding influences in modern society that challenge our responses and actions, whether as general citizens or as professionals dealing with death and dying and highlights issues of personal control and choice, for example regarding timing and place of death, and human rights, for example balancing the rights of individuals and society in the context of euthanasia

Holloway argues that death is 'complex' in the social context of late modernity and valuably gives attention to sociological, philosophical and theological insights in addition to the more commonly aired ideas embedded in psychological and psychiatric perspectives. The aim of this broader examination is to provide a more integrated approach to the social as well as individual perspectives on death and, therefore, scope for better theoretical underpinning of practice and research. It is suggested that health and social care practice is not sufficiently co-ordinated in regard to an individual's holistic needs at the end of life and also emphasises the importance of health and social care workers having time to provide necessary emotional support.

Holloway consistently points out the relevance of paying close attention to religious and cultural dimensions, for example the need for practitioners to appreciate differences in how grief is expressed across cultures but she does not lose sight of the fact that cultures are dynamic and so practitioners have to be sensitive to changing beliefs as well as tradition and also need to recognise that there are common features of grief that transcend cultures.

The book is welcome and timely, given the demographic changes associated with an ageing population and the social, ethical and philosophical questions that arise. Holloway makes good use a comprehensive range of references and helpfully includes 'key questions for practitioners' at the end of each chapter, to help the reader reflect on themes and their use in practice settings. The author also makes strategic use of vignettes, including material from the author's practice, that exemplify key themes.

I found the chapter on understanding bereavement and grief particularly helpful in regard to social care practice, as it includes a strong emphasis on the application of theory to practice in respect of attachment and loss, stage theories, continuing bonds and meaning-making. The same chapter includes a section on 'special deaths', such as murder, child death and drug overdose, to which could now be added, perhaps, the category of celebrity death, given the recent public attention to the deaths of Princess Diana and TV personality Jade Goody.

Holloway argues that the general public are not sufficiently aware of advance care planning care and advance directives and that as a result adults, whether young or old, tend to play a passive role in the way in which their end of life care is provided and managed. This may be particularly relevant in care homes, a setting where increasing numbers of older people receive end of life care and die but where, according to the author, staff typically lack confidence in talking about death and dying. Holloway usefully refers to pilot research that indicates the benefits of open discussion between care workers and service users, for example in regard to decisions on where to die, a finding that resonates with my own current research. Holloway is right to stress the central and enabling role of communication within good professional end of life care practice.

The combination of thorough research, wide ranging theoretical perspectives and detailed examples from practice throughout the life course result in a fascinating and rewarding book that should appeal not only to those involved in palliative care but to health and social care professionals and academics across relevant disciplines.

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Mesman, J. *Uncertainty in Medical Innovation: experienced pioneers in neonatal care*.
Basingstoke: Palgrave Macmillan, 2008 xi + 219pp. £50 ISBN 9-78-0-230-21672-3 (hbk)

Part of the *Health, Technology and Society* series, this book aims to analyse actual processes of managing uncertainty in neonatal intensive care. Examples are drawn from four months of research in a Dutch neonatal unit and time in a North American (USA) unit. The seven chapters explore the dynamic of change, the working relationships between the adults, numbers-centred modern intensive care, and 'moral' decision-making, using the examples of a few babies with uncertain prognoses. The final chapter, rather ominously called *The end of the journey,* reviews the book's contribution to report 'fine-grained' research, and to 'provide insights into both the reshaping of societal responses to health innovations…and to open up the interface between diagnosis and prognosis, between men [*sic*] and machine and between medical facts and moral concerns, and to examine these interlinked yet discrete processes' (p.180). The book includes many meticulous detailed reports of medical and nursing knowledge and protocols, complex clinical and social procedures, and intricate micro-records of babies' fluctuating health status. The author argues that technological advances are reshaping the ethics of health care, and that morality is situated.

'Innovation' is quite an elastic concept. The fieldwork data were collected in the 1990s. Mesman's research theories, methods and findings owe much to USA ethnographies of intensive care from the 1990s and 1980s by Anspach, Frohock and Zussman. Over four decades in my neonatal experiences and ethnographic research, and work with groups devising medical ethics guidelines, I have found that, although some clinical knowledge and skills change, similar intractable questions arose in the 1970s.

Some parts of the book could be clearer. The two neonatal units are barely distinguished, although the USA tends to be the most pro-neonatal-treatment country in the world, whereas the Netherlands is famed for its caution. One Dutch unit recently raised the lower limit for treatment from 24 up to 25 weeks gestation, whereas one British unit treats a few babies born at 22 weeks. I have long wondered about this great policy difference, and the book partly explains it. Perhaps premature babies fare better in US and UK units, where decisions to give or withhold treatment must involve far more neurological and cardiological expertise than appears to be routine in Dutch units.

Mesman's detailed debates avoid major questions. For example, how does state or insurance funding for neonatal care affect parents' decisions – and stress? What should be done with babies aged under 24 or 25 weeks who manage to survive for some hours, so that treatment begins, but then it is found that delay has incurred serious morbidity likely to have been prevented by immediate treatment? What should be done in the even harder cases, when babies are off support and are breathing independently but their life does not seem to be worth living? Should fluids be withheld? The book ignores crucial decades-long debates in UK and US neonatal ethics and law, about 'withholding futile treatment' and 'double effect'. The UK and US would reject the Dutch concepts, 'life-ending action', 'senseless life' and the oxymoron 'unliveable life'. Mesman aims to describe how morality is performed, but 'morality' appears to be so relative, situated, undefined, lacking in agreed principles, and cited to support any pragmatic course, that it is unclear how morals differ from maths, utility or any other kind of calculation.

Medical and nursing perspectives predominate. Those of the other main actors, parents and babies, are largely excluded. Their suffering is briefly described, but their humanity is missing from central analyses, so that immensely complex neonatal dilemmas risk being reduced into mechanical ones. Types of time are only described from the staff point of view. Conflicts between neonatal clock time and the babies' and mothers' biological rhythms and health care needs are ignored. Mesman (mis)asserts that babies' prognoses equate with their identity, and that the baby, referred to as 'it', is lost and forgotten inside the tangle of technology. It is disappointing that the real transforming neonatal innovations, based on Heidelisa Als's practical work with babies as persons, agents and self health carers, is ignored. We used Als's work to show how neonatal care continually involves working with babies to wean them off dependence on the technology and intensive nursing, whereas Mesman sees fixed medically prescribed systems instead of dynamic interactive ones. Mesman sets up supposed dichotomies: experience versus expectation; medical expertise in the particular child or in the statistical group; the question either 'how is the child?' or 'what shall we do?' However, each pair is inseparable and constantly interacting. Other integral key topics, including the place of moral emotions, and tensions between lab and nursery where families have their most intimate private experiences scrutinised in the public arena, are ignored, which diminishes understanding of neonatal uncertainties and pioneering.

I doubt that practitioners would gain much from reading this book, and expect the main readers will be ethnographic researchers and healthcare lecturers and students. I hope they will debate the authors' views rather than endorse them.

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Bosk, C.L. *What Would You Do? Juggling Bioethics and Ethnography*. The University of Chicago Press 2008. xxx + 255pp $50 0-226-06676- (hbk) $20 0-226-06677-6 (pbk)

Charles Bosk is a sociologist both in and of bioethics who has been at work in the field almost since its inception. As bioethics has experienced its empirical turn so the work of Bosk and his empirically minded contemporaries has received greater attention. This book republishes work from a number of sources although it also includes two entirely new essays which close this collection and the extended introduction can itself be considered an original contribution rather than merely an editorial. Most of the essays were originally published in the past decade after the empirical turn although Bosk's doctoral research was published as a monograph in 1979 and one chapter of this is republished here. This research was carried out well before empirical methods became the new *mode de jour* of bioethics.

The essays are grouped into sections the first of which, *The Ethnography of Ethic*s contains essays which detail Bosk's concern with what 'bioethics' is and what those who call themselves 'bioethicists' do. Like many who approach the field from a sociological perspective Bosk repudiates the title 'bioethicist'. As an American he is broadly concerned with the bioethicist who is at work in hospitals or advising on policy. The focus of his concern is with the bioethicist who claims to be a professional rather than a concern with academic bioethicists or bioethics although in practice the dividing line between the two is not always clear cut. He is sceptical of the institutionalisation and professionalization of bioethicists in the modern American healthcare system, particularly with the notion of a licensed professional ethicist who engages in ethics consultation and facilitation. In some senses his concern is with what ethics consultation might become were it certified and licensed (p.35) rather than how bioethics consultation is practised now. This concern is a kind of slippery slope down which the bioethicist may slide as the process of professionalization takes place. It is a concern with how professionalization might change the sociological realities of the practicing bioethicist and the relationships between themselves, healthcare professionals and the patients they care for. Ethics committees are also the target for his analysis in both their 'clinical ethics' and 'research ethics' guises. The essential analysis produced in this section is that of the power relations between actors in the bioethical setting.

The next two sections are both headed *The Ethics of Ethnography*. In the first Bosk discusses his research on genetic counselling and in the second his research on surgeons. Each of these topics has been a major area of research for Bosk in the past and in many of the essays presented here he is reflecting on the ethical issues raised by the conducting of ethnographic research in these areas. The tension produced by the ethics of ethnographic research is heightened by the focus on the ethical dimensions of the health care practices under examination. One can read the essays as a concern that the researcher is being held to different and perhaps lower ethical standards than the research participants. Alternatively the essays can be read as a plea for the understanding of research ethics, and particularly ethnographic research ethics, as being socially located and continually (re)negotiated be the research, the research participant, institutions and gate keepers. Two essays particularly exemplify this point. The first, *A Monument of Silence*, concerns the post research identification of the research location and participants by the institution where the research took place. The second, *Irony, Ethnography, and Informed Consent*, concerns the impact of producing ethnography on the people it discusses and the uncertainty of a researcher's responsibilities both to participants and to the production of 'truthful' research. Both these essays demonstrate the embedded and recurring nature of qualitative research ethics both during and, potentially at least, long after the actual research has been completed.

This collection demonstrates Bosk's ongoing commitment to examining the practices of bioethics and ethnography and to reflexive analysis. As such it is in exemplar of ethnographic research in practice. Bosk's honesty in considering his motivations and responses to the field(s) and the generosity with which he reconsiders the other actors are instructions in the ethics of qualitative research; ones that are often absent in more 'principlist' discussion of qualitative research ethics. In researching the ethical dimensions of medical practice Bosk amply demonstrates that these ethics have a contextual depth; in considering his own responsibility in the field and to his research subjects he demonstrates the same depth to the ethics of ethnographic research.

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Kinnell, H. *Violence and Sex Work in Britain*. *Devon:*Willan Publishing 2009 xxii + 290 pp £19.50 ISBN: 978-1-84392-350-3 (pbk) £45.00 ISBN: 978-1-84392-351-0 (hbk)

Few subjects can offer a cast iron guarantee to generate strong and often vociferous opinion in quite the same way as prostitution does. There is no real middle ground between the poles of those who want to see prostitution abolished (and believe it is possible) and those who, for want of a better phrase are pragmatic about its existence and whilst not exactly celebrating it, are concerned largely, if not on occasion solely, with the safety and wellbeing of those who sell sex.

Currently the abolitionists have the floor, often calling for the wider application of the Swedish model of zero tolerance of prostitution. Hilary Kinnell has positioned herself about as far as it is possible to go from the Swedish model having worked for decades promoting the rights of working women, and drawing attention to the violence that so often goes hand in glove with the business of selling sex. It is no surprise then that her book is titled *Violence and Sex Work in Britain* and no surprise either that she so keenly takes to task the position that 'prostitution is in and of itself violence' in order to concentrate our attention on the violence visited all too frequently on those who sell sex. A lynchpin to her argument is that current law, policy and practice as intolerant of prostitution, actively increase the risks of violence confronted by the men and women who work in the industry. Indeed the sentence 'The continued exposure of sex workers to preventable violence is government policy' (p.261) makes crystal clear her position that such violence is institutionally condoned as collateral damage in ousting prostitution.

The book begins with a discussion of the 'Yorkshire Ripper' a serial killer active in England in the late seventies. Peter Sutcliffe is popularly conceived of a prostitute killer but in fact he was not so particular, he killed women who were alone outside at night, about half of whom were indeed selling sex. This chapter introduces the themes that run throughout the book; that violence to sex workers is an intrinsic vulnerability where women are forced to work alone and in ever more marginal spaces, most especially from the streets; that a man does not have to be a client buying sex to punch, slap, kick, rape or murder a woman; and that society is deeply ambivalent about violence meted out on those who sell sex, made manifest in the lack of any real engagement with practical means to reduce or eliminate the risks in prostitution. These themes find their greatest expression in chapters 11-16 which analyse a series of court cases of prostitute attackers, but are enlarged upon in the other chapters delineating the who what why and where of attacks on prostitutes.

The lack of middle ground in this sphere of human activity means that you come to this book either to confirm what you already think or absolutely disagree with it. It is therefore less a sociological than a campaigning book, this time from the less well-represented side of the fence. It is not a book that relies overly heavily on academic kinds of data, the court cases are assessed indirectly through media and internet searches, there is a good deal of reliance on the 'Ugly Mugs' schemes set up and run by support agencies for prostitutes. Kinnell makes no authoritative claims for these data, indeed she describes their limitations. However given the reliance on intrinsically weak data there is no getting away from the flimsiness of some of the analyses, even whilst one might wish to agree with their conclusions. From an academic point of view this is a problem and presumably it is academics that are most likely to read this book. From a sociological perspective the book does not concern itself with a more foundational exploration as to what it is exactly about prostitution that excites such moral disquiet, except to dismiss it as not having a legitimate bearing on encounters between prostitutes and those who mete out violence on them whilst at their work. It does not therefore help us to understand why prostitutes might be particularly vulnerable to the physical expression of such disquiet. Neither too does it really want to consider the specific context of the prostitute-client encounter on the basis that many of the men who attack women appear to have motives other than the sexual - and so can be defined as 'not clients'. This 'posing as a client and therefore not a real client' argument is something of a sleight of hand since bogus client or not, these predatory males are specifically targeting prostitutes and assuming a role recognised by the prostitute in order to make their move. It is an interpretation however that fits with the overall argument of a vulnerability to violence that is not really about sex per se but about prostitutes being doomed always to be in the wrong place at the wrong time because of increasingly repressive Government and local policies to eradicate the trade. Having some sympathy with this position would have drawn me to this book and I guess if you do too it might draw you also, but perhaps after reading you might find that it more confirmed a position you already held than illuminated it.

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Herzberg, D. *From Miltown to Prozac: Happy Pills in America.*
Baltimore: John Hopkins University Press 2009, 279 pp £24.00 ISBN 13:978-0-8018-9030-7 (hbk)

Herzberg is a social historian and meticulous auditor of the progress of psychotropic medication in the USA. Because of his disciplinary background and national context, the book is written in a particular way. Once expectations are dropped about it being a global assessment or a form of pure sociological inquiry, then the reader can sit back and enjoy the edifying story summarised in its title.

Although he offers no explicit sociological framework for his analysis (it is a straightforward linear and empirically detailed narrative) implicitly his concern is with a matrix of interest groups: the pharmaceutical industry; the advertising industry; the medical profession; and patients and their families. All are discussed and no claim is made about reducing the topic of concern to one particular group. However, judging by words allocated, drug company ruses deployed in the capable hands of advertising agencies create a sense of the author's favoured villains. Moreover, the mass media and other players contribute to the story. In particular, this point applies to those *opposed* to the growth in the market in psychotropic drugs, including medical dissenters, feminists and anti-drug campaigners.

The book traces a rising tide of drug production offered to assuage medically-framed psycho-social problems; it deals little with madness and the major tranquillisers. Starting with barbiturate sedatives and the first attempt to sell an anti-depressant (the amphetamines), the story goes on to discuss the over-blown claims about the 'pharmacological revolution' of the 1950s and the generations of anxiolytics and anti-depressants promoted and prescribed to the present day.

What is clear over time is that cycles of legitimacy can be identified, with each new 'wonder drug' being announced breathlessly, claiming to be safe, not habit producing and risking only rare and trivial adverse effects (the common misnomer of 'side-effects', implying their inconsequential impact on the life of the patient). Then the drug falls out of favour because it turns out to be unsafe and addictive. Then another drug is produced to displace the previous discredited one but with the same rhetoric of wonder until it, in turn, falls from grace etc. etc.

Concerns about addiction and even lethal outcomes, in relation to the benzodiazepines and the tri-cyclic anti-depressants, led to a dip in the upward trend of prescribing in the 1980s and early 1990s, before the new selective-serotonin uptake inhibitors (SSRIs) re-activated a resumption of increasing script numbers. The graph of relentless expansion begs a question about the point at which governments might concede to drug company requests to put their products directly into the water supply. After all, the SSRIs offer even those of us not 'clinically depressed' an improvement in our career prospects, sex life, social confidence and daily mood. These drugs do not merely treat 'minor mental illness', they also purport to enhance mental health in all of their recipients.

Three strands of historical reasoning in the book are useful for the sociological reader. The first is the role of drug debates in the USA during the 20th century, maintaining a discursive separation between a largely black underclass, who were deemed to be feckless and reckless felons addicted to 'narcotics', and deserving white middle-class male workers and their domestic wives, who were turned into grateful patients by medical paternalism and prescribed 'medication'.

The second is that the drug companies, with the help of their creative hirelings in the advertising industry, have proved to be highly adaptive in the face of feminist criticism, which was kick-started by Betty Freidman's *Feminine Mystique* in 1963. By the time the first SSRI arrived, it could be promoted by its psychiatric advocates, like Peter Kramer in his *Listening to Prozac,* as a pro-feminist drug to help 'super-moms' raise kids, sleep well at night and succeed in an office career.

The third strand is that bio-reductionism plays a central role of mystification in modern society. Psychotropic drugs work hand in glove with psychiatric positivism to turn social complexity, and its highly variegated, context-specific, existential outcomes for individuals, into a set of universal reified categories ('depression' and 'anxiety disorders'). These are then targeted by magic bullets, fired in the cause of well publicised, unremitting and beneficent medical-scientific progress. As Herzberg, in this intriguing book concludes: on the one hand these drugs offer escape from the stresses and strains of socio-economic relations; on the other hand they are a direct product of those relations.

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