**R. DeVries, L. Turner, K. Orfali and C. L. Bosk, eds, *The View from Here*. Oxford: Blackwell, 2007 (first published as Vol. 28 No. 6 of *Sociology of Health and Illness*), 219 pp., ISBN 1405152699, £19.99.**

***keywords:*** bioethics ✦ medical sociology ✦ social sciences ✦ sociology

*The View from Here* is the 12th book in the Sociology of Health and Illness Monograph Series and the essays it contains represent the growing area of empirical research in bioethics. The opening essay (or editorial) of this collection notes the tension between the dominant bioethical discipline, philosophy, and the rising influence of social scientific methods. The editorial suggestion is that the time has come to move beyond this debate and to fulfil the early promise of bioethics as a 'big tent' (inter)discipline. Thus essays that examine what bioethics is or might be are excluded. The editors also note the propensity of sociologists to engage in criticism of bioethics itself rather than make a positive contribution to bioethical discourse. Consequently, papers presenting a sociological critique of bioethics are also rejected. Preferred are essays that present an empirical engagement with the bioethical dimensions of healthcare. Each of the essays seeks to illustrate the shaping of bioethical practices by social institutions and arrangements in a variety of ways.

Interestingly, two essays (Easter et al.'s 'The Many Meanings of Care in Clinical Research' and Wainwright et al.'s 'Ethical Boundary Work in the Embryonic Stem Cell Laboratory') present and discuss the bioethical aspects of data collected in the course of larger medical sociology/sociology of science research projects. As the empirical areas of bioethical research develop, we might expect to see such research projects taking note of the bioethical dimension in this way.

In 'Co-ordinating "Ethical" Clinical Trials: The Role of Research Coordinators in the Contract Research Industry', Fisher presents research data gathered in the course of specifically bioethical empirical research. She examines a modern arrangement of biomedical research: not only in the ethical requirements but also in the research location that has diverged from academic centres into both commercial research domains and community-level healthcare practices. This essay explores the

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coordination of research and research ethics by examining the views of 'research coordinators' working at 20 plus 'for profit' and two 'not for profit' organizations engaged in clinical research. 'Research coordinator' is a relatively new position, the role of which is to connect the patient/research participant with the clinical trial/clinical researcher. Fisher shows that the people in these positions have often had previous (if not ongoing) clinical experience and a strong sense of ethical responsibility. Thus in enacting the ethical guidelines expressed by a research protocol, they often go beyond negative inclusion and exclusion criteria and consider the positive interests of the patients/research participants and do so all through the trial.

The essay by Easter et al. complements Fisher's in its examination of the indistinct boundary between the 'caring doctor' and 'objective researcher'. They explore the views of those involved in research; patient-subjects as well as principle investigators and study coordinators. They present both quantitative and qualitative data that explore questions about the understanding of 'care' and 'research' expressed by the principle investigators, study coordinators and patient-subjects. In doing so they demonstrate that the division between research and care expressed by philosophically orientated research ethics statements may not take adequate account of the inflection and depth given to these categories on the part of those in the research setting.

Anspach and Mizrachi's essay ('The Field Worker's Fields: Ethics, Ethnography and Medical Sociology') considers the ethical challenges that cannot be fully settled prior to the research being conducted and may trouble the bioethical ethnographic researcher. While it has particular relevance for such scholars, it also contributes to the ethical understanding required of the ethnographically inclined medical sociologist and the ethnographer more generally. Bioethics, of course, contains many individuals interested in the ethics of biomedical research and the considerations raised in this essay reveal the similarities and differences required by qualitatively minded researchers and its ethical governance.

The group of essays headed 'Setting Moral Boundaries' contains two concerning the ethical conceptualizations of professionals in the course of their work, while another examines the deliberations of 'lay people' in the area of social sex selection. Wainwright et al. ('Ethical Boundary Work in the Embryonic Stem Cell Research Laboratory') draw upon research conducted at 'two leading embryonic stem cell laboratories in the UK'. Specifically, they present an analysis of 15 interviews with biomedical scientists. The research demonstrates the ethical engagement of scientists working in this area by examining the moral dimensions of three substantive areas: first, the sources of embryos; second, the perceptions of embryos; and third, the deferral of scientists to regulatory frameworks. It is unfortunate that this essay does not examine the relation of the first two areas to the third in greater detail. Projects such as this could inform the relationship between 'personal' ethics and 'political' regulation, an area that is gathering attention from a number of different angles.

Hedgecoe attempts to draw attention to an underanalysed area of medical practice ('It's Money that Matters: The Financial Context of Ethical Decision-Making in Modern Biomedicine'). While issues of rationing are present in the bioethical literature. they are high level, policy and political resource allocation discussions. In contrast, Hedgecoe analyses the financial pressures on the individual medical practitioners in their treatment decisions. His use of clinicians' deliberations concerning the breast cancer drug Herceptin is particularly apposite for those in the UK who witnessed the debate over the drug's approval by NICE, particularly the consequences of the time taken by the body to come to a conclusion. Hedgecoe's aim is to engage the assumptions of bioethics, particularly the assumption that clinicians make fully autonomous decisions. In this essay, Hedgecoe advances one of the central aims of this collection, namely to demonstrate the relevance of culture for medicine and for medical ethical decision-making. In adopting Prior's (2001) view that rationing principles are woven into clinical decisions and actions, Hedgcoe succeeds in showing that the same is true of ethics and morality.

In the section 'Bioethics and Social Policy', Wayers' essay ('Explaining the Emergence of Euthanasia Law in the Netherlands: How the Sociology of Law Can Help the Sociology of Bioethics') points the way to a future area within bioethical research. She considers two perspectives on the sociology of law to consider the emergence and development of legalized euthanasia and the associated law in the Netherlands. These perspectives consider the development of law to bear relation to the more informal structures of social control present in the society concerned. Thus she considers bioethics as a form of social control that has the potential to influence, or to become legal control. Her essay demonstrates the potential the sociolegal approach, which has already begun to emerge in medical sociology, might bring to our understanding of bioethics.

McDonnell and Allison focus on the politics of bioethics in the Republic of Ireland in 'From Biopolitics to Bioethics: Church, State, Medicine and Assisted Reproductive Technology in Ireland'. The constitutional arrangements of Ireland identify the nation as being Catholic and the Catholic Church is a major political institution with particular influence on and in the delivery and practice of healthcare. Since the 1970s, Ireland has undergone a liberalization and secularization that has resulted in uncertainty in the way assisted reproductive technology (ART) might best be regulated. The essay makes for an interesting read as Ireland's Council for Bioethics' recent publication on the regulation of stem cell research (Irish Council for Bioethics, 2008) has been applauded by many bioethicists. The essay sheds light on the political life of ethical debates and the way in which public bioethical discourse is shaped. I hope that the insight the authors obviously have will be extended to consider the development of this document and the Irish Council for Bioethics itself.

Each of the final group of essays, headed the 'Sociological Imagination', opens up new areas for bioethical research and each of them embodies C. Wright Mills's phrase admirably. The first addresses public health and the relevance of the epidemiological medical sociology of infectious diseases (Tausig et al., 'Taking Sociology Seriously: A New Approach to the Bioethical Problems of Infectious Disease'). This is an area underanalysed by bioethics and Tausig et al. suggest why this might be, before going on to demonstrate how bioethics might go beyond its 'comfort zone' and contribute to this area with enormous potential benefit.

The final essay of the collection (Armstrong, 'Embodiment and Ethics: Constructing Medicine's Two Bodies') examines the historical development of medicine's view of the patient and how to maintain bodily health and its relationship with the development of the professional body, its health and how this might best be maintained. In particular, he considers the codes of ethics that have been promulgated by medicine in various times, places and cultures and the perspectives that medicine, bioethics and sociology might take. This essay contributes to our understanding of bioethics as well as of the sociology and the history of medicine

The diversity that the empirical turn has brought to bioethics is well represented in this collection and the essays in it hold insights for researchers in a variety of areas. The book as a whole also represents an invitation to researchers in and around medicine – in practice, in the laboratory and in academically related subjects – to consider the bioethical dimensions of their object of study and to make a contribution to the bioethical literature. Furthermore, it contains encouragement for scholars in a variety of social science disciplines, particularly law and politics, to contribute their own 'view from here'. In doing so this collection enriches bioethics as well as our understanding of modern medicine.

## References

Irish Council for Bioethics (2008) *Ethical, Scientific and Legal Issues Concerning Stem Cell Research. Opinion.* Dublin: ICB.

Prior, L. (2001) 'Rationing Through Risk Assessment in Clinical Genetics: All Categories Have Wheels', Sociology of Health and Illness 23(5): 570–93.

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### E. Kuhlmann and M. Saks, eds, *Rethinking Professional Governance: International Directions in Healthcare*. Bristol: Policy Press, 2008, 248 pp., ISBN 9781861349569, £65.00.

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In *Rethinking Professional Governance*, Kuhlmann and Saks bring together a wide variety of developments in the field of healthcare governance. As the subtitle suggests, the chapters have in common that they all deal with issues that concern the role of professionals in the health sector. The book provides a general overview of many different topics that relate to the health workforce in many different countries. This includes for instance the collaboration between obstetricians and midwives in

Canada, the integration of folk medicine into healthcare in Russia and patient protection in different European countries.

In the introductory chapter, 'Changing Patterns of Health Care Professional Governance', Kuhlmann and Saks claim that their book brings three novel features into the study of health governance. The first is 'the linkage of international directions in professional governance and workforce change to developments in the various continental European states' (p. 1). The second novel feature is 'the expansion of the public debate on professional governance . . . to a broad range of healthcare providers, from nurses and midwives to alternative therapists and health support workers' (p. 1). The final novelty is 'the framing of professional development in the context of broader societal trends involving increasing flexibility, mobility, and individualization as well as changing gender arrangement and ethnic diversity' (p. 1).

The wide variety of issues and countries discussed in this book is, at the same time, its strength and its weakness. For those interested in the intersection of health governance and professionalism, the book provides some good illustrations and insights. However, the wide variety of topics limits the editors' possibilities to come to conclusions that go beyond the single issues and single countries that have been discussed. Therefore, the editors' conclusions in the final chapter tend to be rather general. They conclude, for instance, that: 'opportunity structures for collaboration derive from the specific configuration of macro-level regulation and meso- and micro-level conditions in the field' (p. 236). However, this should not keep those interested in health governance from reading this book, as it provides a good overview of the diverse directions health governance is taking.

The book consists of three parts. The first part presents and reflects on shifts in the governance of healthcare. This part suffers somewhat from a fragmented selection of topics. Although the chapters in this part are all worth reading, together they fail to provide a full or nearly full account of shifts in health governance. However, I think the chapter by Allsop and Jones ('Protecting Patients: International Trends in Medical Governance') makes up for this weakness. In this chapter, the authors describe the variety of developments in the field of patient protection. Embedded in a broader discussion on societal self-governance, state intervention and neoliberal NPM (new public management) measures, they observe significant differences in the way health systems deal with poor performance by professionals. The chapter is based on a study of seven countries. Allsop and Jones find that in most of these countries, systems of periodic assessment of competence during a physician's career have been introduced or reinforced to promote higher quality, safer healthcare. Moreover, they conclude that the role of professionals or professional groups in regulating performance quality has been reduced.

The second part focuses upon interprofessional relations within the health sector. In my opinion, this part of the book is the strongest. In five chapters, the readers are confronted with maternity care in Canada, interprofessional relations between nurses and doctors in Slovenia, auxiliary nursing in Finland and complementary and alternative medicine (CAM) in both Russia and the UK. All these chapters are written against the background of a need for collaboration or integration of the medical and paramedical professions. Most of the authors come across the tensions and barriers that one would expect in attempts to force high status professionals to collaborate with lower status professions. However, there is another conclusion that emerges from these chapters that is more interesting. In almost all of these cases, there are attempts to regulate the paramedical professionals. These attempts might stem from NPM-type requirements for performance and accountability, from public safety concerns or from health insurance companies that wish to incorporate paramedical services into their services. These initiatives lead to formalization and emancipation of some of the paramedical services such as midwife deliveries and alternative medicine. The Saks chapter especially ('Policy Dynamics: Marginal Groups in the Healthcare Division of Labour in the UK') gives a thorough account of this process. In the final chapters, the editors of the book conclude in this regard that 'regulation impacts as a facilitator of occupational change where professional recognition has been built up'. The chapter by Bourgeault and Darling ('Collaborative Care and Professional Boundaries: Maternity Care in Canada') is an excellent example of theorizing on the often tense relation between highly skilled and highly educated professionals (in this case: obstetricians) and their lower status co-workers (midwives).

The third part of the book deals with workforce dynamics, particularly gender, migration and mobility. Three out of the four chapters in this part deal with the internationalization of the health sector. The chapter by Riska and Novelskaite ('Professionals in Transition: Physicians' Careers, Migration and Gender in Lithuania') describes the attitudes towards the working 'abroad' of health professionals in the transitional country of Lithuania. As might be expected, the main motivation for careers abroad of health professionals is a better income. However, they also find that, especially among surgeons, the benefits of the move were evaluated against the more complex division of labour and use of new medical technology, a circumstance that would not only devalue their skills if they migrated, but also render their newly acquired skills useless once they returned to Lithuania. This chapter is preceded by a chapter that describes the integration of foreign health professionals in Portugal. The chapter that is most interesting in this part of the book is Formadi's account of health and wellness tourism (HWT) in Hungary ('From Health to Tourism: Being Mobile in the Wellness Sector in Hungary'). As Formadi shows, the sector of health and wellness tourism is a relatively new sector, at the crossroads of heathcare and leisure. The novelty of this sector also is reflected in the professionals and employees in this sector. However, Formadi shows that 'employees in the health and wellness tourism sector are gaining some recognition from service users and creating their own norms, sanctions and codes of ethics; they are in the process of "embodying" the idea of being a professional in an emerging new field' (p. 199).

This book clearly illustrates the challenges health professionals and health administrators are confronted with. As the editors state in their final chapter, it is remarkable that despite the ever-growing internationalization of the sector, national traditions and pathways to a large extent determine the directions of changes in health governance. This observation reinforces the final call from Kuhlmann and Saks for future research on the new tensions between national professional governance and international demands. I hope this plea encourages other scholars of health governance to take up this challenge.

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