

health-care system. Such inequities include the presence or absence of health-care insurance and the geographical distance to specialist facilities, but these can be mitigated or exacerbated by the parent's cultural capital and their ability to enlist help with support and transport and to get others to take their child's condition seriously. Timmermans and Buchbinder end with a call for greater responsibility from policy makers in addressing what families *experience* as a result of these policies—the unintended consequences of newborn screening.

This work is a scholarly book that is also beautifully written and eminently readable. It will undoubtedly find an audience among medical sociologists, but it deserves a wider readership among public health scholars and students and makers of public policy as a case study of how public health programs are experienced, and how they can potentially create disease as well as detecting it.

In the Public Interest: Medical Licensing and the Disciplinary Process. By Ruth Horowitz. New Brunswick, N.J.: Rutgers University Press, 2013. Pp. xii+261. \$75.00 (cloth); \$29.95 (paper).

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The extent to which members of the medical profession have managed to maintain their considerable professional discretion and self-regulation in spite of threats from a range of external pressures has been the focus of sociological debate. One area where traditionally medical professionals have maintained tight control is in the disciplining of their own colleagues, although even in this context there has been pressure for increasing transparency and accountability to the public. *In the Public Interest* sheds light on this and a range of other issues through a study of the work of medical boards in the United States, which are legislated to control who can practice medicine; more specifically, Ruth Horowitz's primary focus is on "the ways medical boards frame their discussions and the conditions under which public members can participate effectively in decision-making processes" (p. 4). The evidence on which this analysis is based derives primarily from the author's long-term experience (from the late 1980s onward) and observations acting as a public member of two distinctly different medical boards in the same state and further complemented by observation of two other boards. Thus, this study could be described as an ethnography using both participant and nonparticipant observational methods, with the author taking a number of different positions such as board member, public sociologist aimed at improving the work of the board in the interests of the public, and more inde-

pendent researcher. In the early chapters the author shows the significant influence of the structures, social relations, and philosophies of the two boards on the work of the members. The more traditional board was reported to be underfunded, with the expectation that the members did all the work—primarily peer review catering mainly to the medical community. In contrast, the second board that the author was member of was better funded and appeared to be more professionalized, and it “had three foci—the medical community, the state bureaucracy, and the public. This board’s work did not seem like peer review; there were too many lawyers present” (p. 11). The importance of the presence of lawyers on the boards cannot be underestimated, as the legal frame or discourse sometime effectively challenged the dominance of medical discourses and changed the direction of the discussion, which gave the opportunity for public members to influence the discussion—though this opportunity was not always accepted (p. 141). Certainly, when medical discourses dominated, a rehabilitative approach to the poorly performing doctor as opposed to a more punitive approach to protect the public interest was favored. This contrasts with clinical approaches to patient care, say in the clinical setting of mental health, where the reverse might be evident with an emphasis on risk aversion and the need to protect the reputation of the institution as a preferred option to patient-centered care (see Patrick Brown and Michael Calnan, *Trusting on the Edge: Managing Uncertainty and Vulnerability in the Midst of Serious Mental Health Problems* [Policy Press, 2012]).

The analysis of the workings of the board is preceded by three chapters that provide a sociohistorical analysis of how licensure became a medical institution, how the need for public participation emerged on the policy agenda, and how the debates about the public involvement were linked to the need for greater accountability and, more important, legitimacy. These chapters provide insights into the nature and influence of vested interests, not least the power of the medical groups working within an essentially privately funded and market-based health-care system. For the observer from a country with a more centrally organized and regulated health service it also highlights the tensions between the federal and state (regional) policies. The third chapter, focusing on the role of the media and how it was a crucial means of mobilizing public opinion, resonates with the impact of the media amplification of medical scandals in the United Kingdom on changes in the arrangements of the governance of the medical profession.

The concept of deliberative democracy is a central theme in this book, and the author reports that deliberative decision making was both possible and prevalent despite the asymmetry in knowledge and expertise between the members of the board on medical matters. One aspect of this was the link between respect and trust and the danger that trust can lead to the risk of co-option, whereas respect in one’s colleagues leaves the necessary lat-

itude to offer an independent argument and possibly a conflicting opinion. However, rich observational data, usually prominent in an ethnography, was limited to chapter 6 and was not specifically used to exemplify deliberative decision making or how it manifested itself, if it did, and what it looks like. This omission is important, as other studies of deliberative decision making in different but more potentially “open” organizational contexts (see a study by Celia Davies, Margaret Wetherell, and Elizabeth Barnett, *Citizens at the Center: Deliberative Participation in Healthcare Decisions* [Policy Press, 2006]) have concluded that moments of deliberation were rare, fragmented, unpredictable, and often occurred to one side of the main business, and thus that the explanatory value of deliberation theory was limited.

This well-written book is effective at a number of different levels. It should be of interest to those involved in academic sociology, as it shows how the medical profession working in a market based health care system handles the so-called challenges or threats posed by the rise of the enlightened consumer and managerialism. Eliot Freidson’s notion of professionalism being portrayed in terms of a third logic, where the professional acts as a mediator, is contested. Horowitz argues in this case that it is social closure that has hampered the medical profession, as the restricted lens of medical discourse limits the profession’s capacity to take account of the public interest, which has led to an increase in patient complaints and media-fueled medical scandals. The book should also be of interest to policy makers, as the penultimate chapter contains substantive, practical recommendations aimed at reforming and improving the medical board system. This addition once again reflects the author’s commitment to public sociology, which will become an increasing general concern for sociologists, especially those in health sociology, as neoliberal values and discourses increasingly permeate health and welfare systems globally.

The Emergence of Organizations and Markets. Edited by John F. Padgett and Walter W. Powell. Princeton, N.J.: Princeton University Press, 2012. Pp. xxiv+583. \$45.00 (paper).

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In recent decades, economic sociologists have compellingly documented the social foundations of markets, organizations, and economic action. In *The Emergence of Organizations and Markets*, two distinguished scholars advance an even more ambitious agenda: to endogenize social and economic relations, illuminating how and why transformational change occurs within systems of exchange. The feedback loop of interest is captured