

BARRY HOFFMASTER, ed. *Bioethics in Social Context*. Philadelphia, Pennsylvania, Temple University Press, 2001. vii, 234 pp. \$22.95 (paper).

Reviewed by GARY S. BELKIN, M.D., Ph.D., Department of Psychiatry, Massachusetts General Hospital, Boston, Massachusetts 02114.

I should start this review by coming clean about my own biases. Bioethics, usually uninterested in its own historical and social context, has successfully subjected an unusually wide range of practices within the orbit of an allegedly unique moral expertise. This is a colonization of discourse that has perhaps in the end brought only greater technocracy, rather than democracy or introspection, to medical practice. So, any work that requires saying “bioethics” and “social context” in the same sentence gets my attention and positive predisposition, but that is tempered by an expectation that it seriously engage and further thinking about such connections.

Although this volume offers little that is new to those who share my interest in giving bioethics a social context, it does fill an important gap—it is a valuable, accessible, single collection that offers a good taste of efforts,

mostly ethnographic and mostly by sociologists, to study actual people engaging in actual difficult medical decisions. Here are illustrative examples in which medical dilemmas appear best resolved and understood not through moral analytical categories and practices, but through emotional, developmental, linguistic, and social ones. Bioethics is too much "a matter of theory construction and deployment—an exercise in rational systematization" (p. 222). Anchored in normative theory construction, delineation, and application, it misses most of what actually comprises moral dilemmas and their resolution. This volume is a solid introduction to work that puts meat on these critical bones and will be especially useful, and provocative, as a text for general seminars and courses in bioethics.

Several essays stand out and offer particularly cogent bits of such meat, though much of the material summarizes work already known in medical sociology. Dianne Beeson and Renee Anspach, for example, expand upon their prior observations of women making decisions based on amniocentesis results, and of parent and medical staff behaviors and interactions in a neonatal intensive care unit, respectively. Their chapter argues for the place of emotional and personalized experience as a prominent and legitimate source of medical ethical knowledge. They observe how the medical encounter, by outwardly asserting ethical principles, hides how it in fact pressures adoption of acceptable "feeling rules," conflict over which is what is really going on in ethical disputes. Beeson joins Teresa Doksum in a later chapter to similarly detail the prominence of both stylized and idiosyncratic emotional and romantic beliefs in guiding decisions by women regarding continuing pregnancy of a fetus diagnosed with cystic fibrosis or sickle cell anemia. These beliefs often reject powerful medical, religious, and social normative pressures and assumptions, normative pressures reflective of a community invested in biotechnological practices and within which bioethics often functions as a full member. Margaret Lock revisits some of her work detailing attitudes and associations among the Japanese toward brain death, attitudes that often differ markedly from the American setting. She emphasizes how such work forces us to think anew about how we use the category of culture as the multiple factors that explain changing concerns about technology in Japan are not easily summarized as Japanese. Peter Conrad presents an overview of textual analysis of media reportage of gene discoveries and the values and norms they propagate. He thus highlights the importance of larger behaviors that influence what doctor and patient see as normal and as true. Sydney Halpern attempts the only historical study, arguing that a clear shift in consensus between the 1960s and 1970s as to what counted as a satisfying ethic of human subject research reflected less moral enlightenment per se than historical changes allowing new views to appear enlightened. While she deftly identifies social processes (changing access to media, investment of cultural authority in certain experts) relevant

to the success and legitimacy of one ethical viewpoint over another, I found the essay more sociological than historical, selectively borrowing from the past the support for a framework of analysis rather than offering more careful reconstruction of a prior historical context.

Indeed, these examples of the social framing of ethical dilemmas and their resolution contain a tension that may point to where historical work begins. The tension is twofold. First is tension over whether bioethics is being supplemented versus replaced. These essays undermine the unique authority of ethical reasoning and yet give back what was just taken away by often trying to portray their work as needed adjuncts to supplement such reasoning. The second tension is over whether biotechnology can be symmetrically examined. These investigators deploy their tools to unpackage how a problem of ethics is actually the unfolding of more fundamental socialized processes of emotional response, communication, cultural valuation, and so on. Yet biomedicine generally escapes such textured analysis and remains a caricatured and one-dimensional bogeyman, an assumed culprit imposed upon, not of, society.

Historians interested in bioethics need to emerge from the dichotomy at the heart of what constitutes much of bioethics between the social and the biotechnological, between ethical, moral, social knowledge and practices and biological, medical, technological knowledge and practices. They need to attempt more symmetrical studies that see how medical practices and the appearance of ethics-making are often part and parcel of larger histories that explain both, rather than perpetuate the ethics–medicine divide that in the end only serves up Whiggish perspectives reinforcing the pillars of the bioethics *raison d'être*. The final essays illustrate this point well. Charles Bosk, known for his important ethnographies of surgeon self-policing of errors, *Forgive and Remember* (Chicago, University of Chicago Press, 1979), and of clinical genetics, *All God's Mistakes* (Chicago, University of Chicago Press, 1992), describes the sense of betrayal experienced by his subjects when they read those manuscripts. He argues that participant–observer study of medical settings is inherently disingenuous, impossibly done with real informed consent, and thus ethically questionable. They are the antithesis of what bioethics offers—objective, nonpartisan, impartial, transparent elaboration of what is normative. Hoffmaster reminds the reader, and Bosk, in a responsive afterword, that the goal of this volume is precisely to undermine such a polarized view of bioethics. It is precisely the embedded, invested, ultimately subjective reflexivity that Bosk cautions against that is required in order to broach vexing medical choices. This volume illustrates the fits and starts of overcoming rather than repeating the polarized world at the heart of so much of bioethics when sketching a social context for it. Engaging that tension is valuable for historians who wish to fashion new social histories of ethics in medicine.