



The Left Atrium

Boundary anxiety

Biotechnology and culture: bodies, anxieties, ethics

Paul E. Brodwin, editor

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The boundaries of our own bodies used to be clear, but today we cannot be quite so sure about where we stop and technology begins. The 12 challenging and provocative articles collected in *Biotechnology and Culture: Bodies, Anxieties and Ethics* attempt to explain the nature of a collective unease — one that is widely shared but difficult to articulate — in response to the rapid technological advances of recent decades. Perspectives from anthropology, history, clinical medicine, cultural studies and gender studies suggest that our anxiety arises largely from the fact that we are being forced to re- envision our own bodies, identities, lives and deaths in the absence of traditional touchstones.

The book is organized thematically into four parts. In the first, two essays explore immortal human cell lines as an early boundary-blurring technology. If a cell line is immortal, is the person who provided the original cells also immortal in any sense? The four essays in part two focus on procreation. They consider how assisted reproductive technologies and mid-pregnancy ultrasound imaging commodify the fetus and challenge our notions of the maternal-fetal relationship, the linking of generations, and gender and racial equity. Part three, which contains the most varied and original pieces, explores ventilator support, computerized “virtual reality cadavers” and organ transplants and sales. A chapter entitled “Chorea/graphing Chorea” reflects on Huntington’s disease as a dance of genetic predictions and life-altering symptoms. Part four considers, too briefly, the global implications of

biotechnology. It offers a Haitian counter-example to some of the dominant themes of Western biomedicine and considers telemedicine as a tool for exporting Western medical norms. In addition, the editor’s lengthy introduction provides an excellent thematic overview with extensive supplementary references.

The book is full of surprises that will delight and sometimes enrage the reader. Robert Nelson’s provocatively titled “The Ventilator/Baby as Cyborg,” for example, opens with a gentle and moving account of the dispute between a mother and medical staff about how to interpret tears in the eyes of a baby paralyzed by nemaline rod myopathy. Are these tears merely a physiologic response to the inability to blink, or an indication of suffering? The author, a clinical ethicist in the case, argues that debating “the child’s best interests” is really just an expression of adult power. This means not only the authority to decide whether to use technology to forestall death, but also the power to define the condition of the body, to characterize the experience of the patient and, ultimately, to reshape the child’s body and lifetime of experience through permanent dependence on ventilator support. The life-or-death decision needs to be reframed as a more open and challenging question:

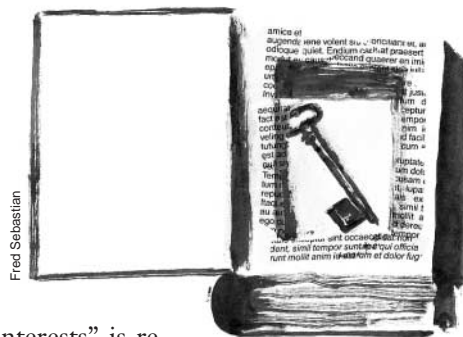
What, precisely, does it mean to live as a body/machine?

Each author focuses in different ways on the historical, social, political, economic and philosophical complexities in which any technology and every body is hopelessly embedded. Science is always developed within scientists’ own personal and social contexts, and thus is never truly objective or value-neutral. The biomedical model tends to view human bodies as isolated and material objects, rather than as conscious entities with relationships, meanings and purposes that extend beyond the corporeal realm. Taken as a whole, the book offers each reader a deeply personal challenge: What words and images are available to *you* to describe your *own* experiences and the meanings of your life, and who generates, challenges and controls that vocabulary?

The political and economic values of biotechnologies, and the additional social meanings and anxieties that they create, provide another dominant theme. Who owns, benefits from or may be injured by

a technology is only the most obvious manifestation of its political or economic value. Technology (as opposed to healing interventions more generally) both promotes and is promoted

by a market ideology, corporate interests and some forms of professional benefit. The socioeconomic and environmental causes of poor health outcomes are frequently masked by technology that either frames a condition as fully internal to the individual being tested, or offers a remedy one body at a time rather than through systemic social or public health measures. Biotechnology thus tends to reinforce individu-



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alistic world views and political agendas, often undermining communitarian and social justice perspectives.

Most of the insights collected here are not radically new, as social and ethical perspectives on biotech have a rich and varied literature. However, the breadth of the examples and the wide range of methodologies brought to bear on them make this volume a worthy addition to the field. The convergence of insights from so many sources indicates that profound (albeit disturbing) truths are surfacing.

As with any collection, the articles

vary widely in style and readability, and not all topics will appeal to every reader. My primary reservation is that readers unfamiliar with the jargon of postmodernism and contemporary social science may find the language in some chapters confusing, unhelpful or pretentious. Although that jargon arises in part from the difficulty of articulating new ideas for which appropriate words often do not exist, it also reflects the volume's origin in high-level academic papers presented at a conference on "Biotechnology, Culture and the Body" at the University of Wisconsin

in 1997. To have edited this book with a larger audience in mind would have been helpful.

For those willing to wade through the academic prose, though, *Biotechnology and Culture* offers unforgettable images, challenging ideas, and questions that may stimulate as much as relieve our anxieties.

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Room for a view

The man with no seasons

Mr. Dunn lies in a four-bed ward, wearing a white johnny shirt. The chart says he is fifty-nine, divorced and living alone. His face is pale and uncertain. One eyelid folds over a dark hole. His good eye stares at us: three medical students and a staff psychiatrist.

"Remember me?" the first student asks.

"Speak up," the man says.

We draw closer. The patient looks at a woman in yellow sitting in a chair. The sitter has been watching him all morning. He looks at us but says nothing.

"Can you hear me?" the first medical student asks.

"He's calmer now," says the woman in yellow.

"Mr. Dunn," I say in a loud voice. "Do you feel better?"

"Yes," the patient says.

"Are you sure?"

The angles of his lips turn down. He looks afraid and starts to cry.

I usher the students from Mr. Dunn to the hallway.

"We will spend only ten minutes with Mr. Dunn," I say. "Check his

mood. Do a mental status. Think of his primary diagnosis."

"Why ten minutes?" one of the students asks.

"Because he gets exhausted," I say. "Try your best."

When we return we see the sitter stroke his hand.

I watch the patient as we approach him. He is still. His face is blank. His eyes are dry again. The students hover uneasily. I look at them and at Mr. Dunn. I watch the traffic of their eyes intersect.

"Remember me?" the first student asks.

"No," Mr. Dunn replies. He seems uncertain.

"How old are you?" I ask.

"Forty-six," the patient says.

"How did you get here?" the first student asks.

"I walked," Mr. Dunn says.

"You came by yourself?" the second student queries.

"Yes."

"When? When did you come?"

No answer.

