Greenberg does a laudable job in gently prodding us to take a more skeptical attitude toward supporting research, without attacking the underlying scientific mission or process. Greenberg takes science to task not for lacking a moral center, but rather for producing too much research with little or no promise of future relevance or utility. Similarly, he criticizes university science departments for training superfluous doctoral students, for hiring faculty for which no concrete funding exists, and for expanding programs in generally reckless and irresponsible ways. This is not the same as saying that heartless scientists were responsible for the nuclear arms race, but it is a careful rebuke of an enterprise which has relentlessly sought growth even when such growth was not necessarily in the national interest. The congressional defeat of the superconducting collider in Texas in 1993 was in many ways an attack on irresponsible growth more than on the specifics of theoretical physics.

The book is well researched, using a combination of personal interviews, government documents, official statistics, reports released by both government agencies and private organizations, and the general wealth of knowledge the author has accrued over a lifetime of science watching and reporting. Greenberg's prose is clear and artful; his argument compelling and forceful. The book could have benefited from slightly more aggressive editing, and this reader found the organization of the chapters somewhat haphazard, but these slight complaints pale beside the magnitude of Greenberg's achievement. This is a superb book, and should interest scholars and laypersons alike interested in how the scientific enterprise has become what it is over the past fifty years.


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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 parents 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 unpack
how a problem of ethics is actually the unfolding of more fundamental
socialized processes of emotional response, communication, cultural valua-
tion, 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 raiso 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 antith-
esis 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.