An Excellent Prognosis
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An Excellent Prognosis

In their introduction to this collection, Casper and Koenig offer four idioms through which to consider the transformative role of technology in biomedicine. To begin with, they consider technologies as agents, through which “health, illness, and disease may be reframed and redefined, given potent new meanings” (p. 524). Second, they point out the importance of technologies as a feature of “local sites . . . ranging from human bodies to families to clinics to large-scale managed care facilities [which] may be reshaped and reorganized as new technologies are introduced and used” (p. 524). Further, they state that biomedical technologies may be used as “lenses for looking at questions in new ways, allowing us to challenge extant categories and cross previously mapped borders” (p. 524). In addition, biomedical technologies are “places where nature and culture, health and illness, and communities of people intersect” (p. 524). Each of these idioms, of biomedical technologies as agents, sites, lenses, or intersections, offers important alternatives to the notion that such instruments are “simply tools”—the “mere vehicles” of instrumental reason, experimental science, or clinical therapies.

In turn, as the seven exemplary articles included here go on to show, an increasingly rich and varied set of theoretical and methodological approaches have begun to be developed as part of a reinvigorated hermeneutics of biomedicine as culture. Given the formative importance to anthropology of questions concerning the meaning and value of human life, the “thickness” of material culture, and the unique importance of knowledge systems and cultural practices offering control over the causality of illness and death, it is surprising that a more robust intertextuality connecting medical anthropology to science studies has not become a central field in late-20th-century Euro-American anthropology. But the reasons why a serious challenge to the givenness of scientific truth and biological fact (and to the authority of medical-scientific expertise or efficacy of biomedical technology) has been resisted are equally clear. A persistent divide exists within anthropology, as elsewhere, between a willingness to countenance a degree of cultural and historical
specificity within biomedicine, and the insistence that in spite of such concessions, there is a point at which “a line must be drawn.”

We know the familiar refrains: the cure for smallpox, the discovery of physical paternity, the existence of bacteria, the discovery of the double-helix, and so on. The articles in this exceptional collection confirm two important principles on which a much-needed set of scholarly developments in this field must rest. They demonstrate that culture inheres at every level of biomedical knowledge and practice, and that this claim is empirically demonstrable through an ever-widening range of social scientific methods. It is because anthropology operates in part as a science that it is uniquely positioned to offer interpretive frames for understanding science as culture. That biomedical technology is indeed an agent, a lens, a site, and an intersection is the very welcome finding of the contributors to this timely and provocative intervention.

Margaret Lock’s eloquent investigations of controversies over brain death and organ transplant in Japan and Linda Hogle’s evocative portrait of similar debates in Germany evidence two key points: that such dilemmas inevitably invoke a specific national heritage, and that death has become a receding horizon. In both cases, as in North American culture, against which both authors contrast their findings, death has become a question of dead-enough, thus no longer comprising an absolute border, but a negotiable terrain. Technological capacity and its management figure centrally in the ethical, political, and cultural contestations surrounding the professionalization and commodification of death and dying. Here surely is a dramatic pair of cases in which the “politics of logistics” are writ large, spanning no less than the elementary definitions of the human, the individual, the person, and the self. Implicit in the very category “non-heart-beating cadavers” are whole worldviews hanging in the balance.

Technology is also an agent, a lens, a site, and an intersection in the classificatory disputes described by Clarke and Casper in their account of the history of Pap smears and the attempt to standardize models of carcinogenesis. In their view the persistent instability of classificatory systems used for diagnosing cervical carcinoma indexes the tension between a search for technical closure and the ongoing multiplication of both “normals” and “pathologicals.” In their view neither the expectation of achieving a secure classificatory standard nor of setting it against an agreed upon pathological norm are likely outcomes in a field that they characterize as a “contested technical arena” (p. 615).

Offering an intriguing theoretical instrument for marking the shifting borders of biomedical orthodoxy and heterodoxy, David Hess offers the term technototemism to describe techniques as “positioned symbols” and “congealed outcomes” (p. 659). Read as totems belonging to individuals, groups, networks, and work communities—and expressing shared categorizations, values, and knowledge systems—techniques and technologies are boundary markers that establish points of disjuncture and difference, what Clarke and Casper refer to as “natural joints” (p. 603).

The role of biomedical technology as a literal agent is described in florid detail by Diana Forsythe, whose depth of fieldwork is unparalleled in the domain of interactive, intelligent systems in the medical arena. Much as it has become commonplace to assert that cultural values are built into the very apparatus of the
clinic, this article demonstrates the incomparable utility of immersion in the manifold processes of technology design in order to make this point well.

In different ways, both Dorothy Nelkin’s study of the implementation of Fragile-X screening in a Colorado school system and Linda Layne’s gripping portrait of sense-making in the NICU offer additional methodological insights into the study of biomedicine as culture. Nelkin’s distinctively sociological accounts of scientific controversies have established one of the most important bodies of work available for the analysis of how scientific expertise both determines and is shaped by the episodic vicissitudes of powerful professional and economic interests. Vital to her approach is the effort to trace the influence of overarching American cultural values, such as the belief in certain constructions of the natural, here portrayed as the reemergence of genetic essentialism. The warnings of a “geneticization” of inequality emerge starkly in this account, which speaks powerfully to the actual and proximate stakes in debate surrounding the widespread implementation of nonclinically based genetic screening.

In a very different register, Linda Layne investigates the inescapable pull of progress narratives as a means of representing a passage through high-technology perinatal resuscitation. Here, as in the articles by Hogle and Lock, death hovers as a negotiable horizon in a setting primarily defined as a battle to instrumentalize survival. In contrast to the profoundly recognizable yearning for hope, progress, and “graduation,” this narrative recounts the paucity of available representational metaphors through which parents and families make sense of events. While the invention of an “appropriately labile set of concepts and techniques” among the health practitioners who work with parents and premies in the NICU stands as a tribute to their capacity to craft meaningful structures amidst a paucity of available communicative options, the costs of “our master narratives of linear progress” remain clear, and clearly relevant far beyond the isolette (p. 642).

In sum, this collection of studies investigating the cultural dimensions of biomedical technologies provides a stunning range of technical approaches to complex questions in a field of highly charged ethical dilemmas concerning the management of life, death, and life-threatening illness. As is to be expected of an overdue but pioneering compilation such as this, the approaches are disparate and point to a wide set of interdisciplinary borrowings that are not easily organized in relation to a single hub. Much as this borrowing is essential, though often daunting to assess or schematize, it is not without its dangers. Such borrowings raise particular dangers, and it is on this matter that a cautionary note serves as a concluding comment. As the guest editors of this collection note, “just as anthropologists interested in science, technology, and medicine were looking elsewhere for insights, scholars in technoscience studies were looking to anthropology” (p. 527). It might be added that many scholars within anthropology have attempted to reinvent parts of its history to bear on questions in the present. Anthropology rightly exists today in a state of critical ambivalence toward its own past. Because of its past associations with structures of colonialism and imperialism, its essentializing tendencies connected to the culture concept, and its other well-rehearsed shortcomings, contemporary anthropology has often invoked as one of its progress narratives a movement away from totalizing, ethnocentric frames of interpretive understanding.
The danger, then, partly lies in the appeal of anthropology as a trope or field of cultural research for technoscience studies. It would be a regrettable and ironic development if an uncritical reinvocation of conventional anthropological frames of reference were to reanimate past anthropological traditions that have been rightly reconsidered. It must be with care, therefore, that totemism, systems of classification, or notions of a cultural worldview are invoked in the analysis of contemporary phenomena, just when important critiques of such traditional anthropological frames have begun to transform the discipline.

Likewise, as anthropologists begin to move into other domains of cultural analysis, such as the analysis of media representations, textual interpretations, generic conventions, popular and visual culture, or public debate, attention needs to be paid to the work of scholars outside anthropology who have debated such concerns for quite some time. Hence, in the hybrid arena of medical anthropology and technoscience studies, future cultural studies must be interdisciplinary.

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Anthropology and Technoscience Studies: Prospects for Synthesis and Ambiguity

The articles and reports of this special collection contribute significantly to social studies in technology and demonstrate the strengths and weaknesses of this relatively new field of anthropological research. As a collection they also illustrate what happens when individual researchers—not all of whom are anthropologists—are bracketed together by virtue of their choice of medical technology as subject matter. Indeed, part of the value of this collection lies not in the particular content of each contribution but in the relationships between the separate papers and between these papers and the introduction.

Casper and Koenig’s introduction serves also as an excellent introduction to the field of technoscience studies. They trace the reasons why some anthropologists have become interested in medical technology and ask what distinguishes their approaches from those of other social scientists (particularly sociologists). They discuss the potential role of anthropologists in the revitalization of science studies and reflect on the impact of this work on the discipline of anthropology. Casper and Koenig locate the immediate roots of this new endeavor in the sociology of scientific knowledge, in constructionism, and more recently in Donna Haraway’s work, which has influenced the emergence of cyborg anthropology. The recency