

## BOOK REVIEW/COMPTE RENDU

**Davis, Joseph E. and Ana Marta Gonzalez, eds.** *To Fix or to Heal: Patient Care, Public Health, and the Limits of Biomedicine*. New York: New York University Press, 2016. 352 p, \$28.00 paper (9781479809585)

---

Sociological research about biomedicine has investigated the ways that medical practice has become instrumental, technical, scientific, and objective, rather than patient-centred, holistic, or personalized. Davis and Gonzalez's collected volume aims to interrogate western medicine: we are "living in a moment of antagonism" between medical reductionism and holist conceptions and approaches to health (14). The chapters are written by scholars from a variety of disciplines, including sociology, history, bioethics, and philosophy. The book would be valuable to sociologists of health and medicine for its contributions to understanding how the logic of biomedicine pervades, disrupts, and is reproduced within various knowledge practices and paradigms. The general take away from the anthology is that despite efforts to undermine biomedicine in the clinic, public health, and ethics, its dominance in affirming and excluding what counts as valid or true knowledge, often end up reproducing the very relations of authority they seek to deconstruct.

In the first chapter, Davis argues that holistic approaches haven't successfully challenged the biomedical model because of antecedent legacies that "have given reductionist medicine a distinct cultural authority" (34). He engages with early modern work, including Bacon, whose instrumental and "value-neutral" approach to science became the basis for normative judgments (41), which was later taken up by the doctrine of specific etiology (50): "In the actual clinical interactions, the language is not of judging but of diagnosing, not of moral failures but of disorder mechanisms, not of social problems or exploitative structures but of individual illness" (55-56). Sociologists of health will appreciate his sociology of knowledge approach, which explicates the antecedent theoretical commitments to modern medicine.

The fourth chapter offers Dingwall's rethinking of Parsons' sick role, demonstrating that the allocation of funding to health care relies on this liberal conception of individual obligations. Dingwall reinvigorates this concept by explaining how patients need to "display their moral worth and commitment to minimizing their claims on the well" (125). He ties

this to a kind of reductionist medicine that “strips out the moral and collective dimensions that are associated with the holistic program in medicine” and social funding (124).

In Chapter 2 Simko conducts a textual analysis of depression memoirs to show how individuals who create narratives about their illnesses rely on biomedical knowledge to make sense of their personal stories and to overcome or learn to live with their conditions. For sociologists, this contributes to ongoing lines of thinking about how the biomedical model is a rational force that structures human experience even in mediated ways.

Changes in health prevention and their implications for understanding the influence of the biomedical model are taken up in Chapters 5 and 6. For example, in Chapter 5, Hardy explains biomedicine’s shift from “searching for a cure” to disease to prevention in public health initiatives. Hardy provides a detailed history of “prevention” in western medicine and highlights the individualization of users of health care as being underpinned by the reductionism of the medical model. In Chapter 6 Lupton explores Digitized Health Promotion, which are technologies for collecting health data and influencing people to make healthy choices. She explains how neoliberal ideologies influenced the epistemic shift from population-based approaches to individually-focused ones; these technologies signify an effort to generate personal responsibility for population health (153). Although she loosely draws on the work of Foucault, she emphasizes the effects of neoliberalism upon the relationship between technology and the body and how these technologies discipline it in certain ways: the body becomes transparent and controllable through the collection of information; it becomes a project of self-monitoring (161).

There are two chapters that deal explicitly with the historical cases of reductionism and holism. Arrizabalaga describes the emergence of the nosological category of “(re)emerging diseases” globally in Chapter 7. He presents a primarily historical description of relationships between technology and procedures for intervening, specifically how the “biomedical template” was first applied and adapted to the uniqueness of different countries, regions, and identified social groups (197). He offers a detailed case study of HIV-AIDS, and concludes with a number of lessons for organizations and policy-makers going forward. In Chapter 8 Alexander provides an historical description of the emergence of addiction as a disease, exploring its roots in social and moral conceptions of a “cause”. Alexander shows how the “official [biomedical] view” continues to rely on many moral notions (e.g., addicts can’t help

themselves), proposing a new model that he calls “dislocation theory” to study addiction as a social rather than individual problem (224).

The book concludes with three chapters that advance criticisms about the discipline of bioethics. In Chapter 9 Evans argues that bioethics has become the “watchdog” of biomedicine. He outlines its emergence from what began as a jurisdictional challenge to medicine, but soon after became a justification for biomedicine, meaning it is a field “incapable of offering an effective critique of medicalization” (242). Evans shows how the principles that bioethics has adopted, namely, autonomy, beneficence, and justice, have failed to raise a number of holistic and social justice issues, such as access to health care (249). In Chapter 10 Bishop explains how the social sciences and humanities have also attempted to reform biomedical reductionism, arguing that each “has failed because it assumes or has been subsumed into the same biomedical paradigm it set out to reform” (263). Sociologists might continue to investigate his claims: that the biopsychosocial model aimed to clarify patient values, not challenge medical objectives; and that the medical humanities “instrumentalize the humanities as so many tools to promote efficiency” and sensitize doctors to meanings of illness (277).

The interdisciplinary reaches of the chapters strengthen sociological understanding of the role of knowledge in regulatory programs, political economy of health, and subjectivity. I would recommend this book to social scientists who are interested in the connections between clinical methods of reasoning, the biopolitics of public health, and the intersections between responsibility and health knowledge, and I would assign chapters of this book to my classes in the sociology of health.

*Brandon University*

Ariane Hanemaayer

**Ariane Hanemaayer** is an assistant professor of sociology at Brandon University and co-editor of *The Public Sociology Debate*. Her current research investigates the role of evidence-based medicine in professional regulation.

[hanemaayera@brandonu.ca](mailto:hanemaayera@brandonu.ca)

