

Embodying bioethics: recent feminist advances

Anne Donchin and Laura M. Purdy (Eds.); Rowman & Littlefield, New York, 1999,
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It is not an easy task to give focus to an edited collection on feminist bioethics, both because of the contested nature of bioethics and of feminism, and because of the uncertain relationship between them. Indeed, Anne Donchin and Laura Purdy ask rhetorically in the introduction whether 'working on the fine points of feminist bioethics isn't fiddling while Rome is burning' (p. 2), given the vast and overt inequalities in health-care provision that are evident both within developed countries such as the US, and between developed and developing countries. However, this is a question that is quickly dismissed through the relocation of feminism not as marginal or additive to mainstream bioethics, but fundamental to it if it is to address social injustice and inequality. Feminism here is understood in terms of 'core feminism' – 'the simple message that justice requires eradicating inequality' (p. 3) – an orientation for a feminist bioethics that attempts to avoid the 'tattered state' (*ibid.*) of feminism in the popular domain while retaining a social and political commitment that can facilitate connections with other justice movements. It is disappointing that the social contamination of feminism as an identity is such that this kind of modification is necessary. However, a positive effect of this strategy is that it works to locate feminist bioethics not as a *position* either for or against particular technologies and practices, but as an *approach*, which is then brought in the edited collection to a wide range of issues.

Half of the chapters focus broadly on reproductive issues, but the collection manages to avoid relegating reproduction to the marginalizing category of 'women's business', but instead seeks to use reproductive issues as a vehicle for thinking about 'pervasive issues about the limits of physician authority, the conflation of moral and medical values, and boundaries between definitions of sickness and morality' (p. 10). The broad scope of the chapters highlights both the complex power relations at work in the production and development of biotechnologies and the particularity of those technologies in specific contexts. As someone working on infertility and the reproductive and genetic technologies, Lisa Handwerker's chapter about female infertility in China stood out in particular for me, if only for its inclusion of one of the most heart-stoppingly sad examples of the ongoing trauma of infertility I have ever seen. Speaking in the context of China's one-child policy, her interviewee – a woman who has been unable to conceive – tells of how she has to collect a certificate each year entitling her to have a child, and of having to return it at the end of each year and collect another one, rendering her as the publicly infertile Other. While the one-child policy is understood from the Western perspective as oriented towards coercively *preventing* reproduction, Handwerker's chapter highlights the way in which the policy is

experienced by those who are unable to conceive as *mandating* reproduction – or as one of her interviewees puts it, ‘The one-child policy is really the you-*must*-have-one-child policy’ (p. 145). This perspective offers a new lens through which to think about the technologies of assisted conception such as IVF, which are increasingly being viewed in the Chinese context (at the local and state levels) as offering a means of achieving ‘high quality’ single children – a perception of the technology that differs greatly from that in the UK context, for example.

This is just one example in what is a very rich edited collection, but it is this dual focus on issues of power and particularity across a range of contexts that feminism can do so well, and which is the strength of this edited collection in a field that moves so rapidly and in which axes of inequality such as gender easily become lost.

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Reading birth and death: a history of obstetric thinking

Jo Murphy-Lawless; Cork University Press, Cork, 1998, ISBN: 1-85918-176-7

The core argument of Jo Murphy-Lawless’ book is a highly convincing one – that any given birth can only be normal in retrospect. Biomedical obstetric discourse, she argues, has rendered birth an event that is always potentially pathological, necessitating prophylactic and ongoing intervention into women’s bodies, while rendering women’s own voices and experiences invisible and irrelevant. Consequently, the work of obstetric medicine becomes the task of managing the risk of maternal, and more recently, foetal death. For Murphy-Lawless, then, one of the key goals of the book is to make a contribution to the regrouping of feminist-oriented forces working in resistance to the resulting objectification of the female body (p. 61).

This book is best conceptualized within the substantial tradition of radical feminist writing on the reproductive technologies. It offers an incisive critique of the dyadic principles through which obstetric theory and practice is organized – mother–foetus, natural–preternatural, normal–abnormal – positing a substantive challenge to the truth and knowledge claims of medicalized birth practices. The analysis of the history of strategies for tackling puerperal fever is particularly effective in highlighting the ways in which theory, or ideology, determine practice, often to harmful effect; the setting out of recurrent patterns of the deployment of female bodily insufficiency and excessive emotionality both as justifications for