Tangled Diagnoses: Prenatal Testing, Women, and Risk by Ilana Löwy (review)

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on their experience with providers. Still others questioned the gendered focus of the initial vaccine when the real target of the vaccine was an STI that infected people of all genders.

While beyond the scope of a book focused primarily on the context within which parents and activist groups reacted to Gardasil, Gottlieb's story opens up yet another key question: why was the institution of public health not more critical of the marketing campaigns of Merck? Public health could have generated more complex discussions about transmission and management of HPVs—discussions that remain important since even the new Gardasil vaccine does not contain all the possible HPV types that infect the genital tract. Such an approach might have led to more widespread uptake of the vaccine.

Gottlieb's well-written and balanced book contains many lessons for interpreting future pharma-driven public health campaigns. Merck's advertising campaign for Gardasil was seductive and undoubtedly generated profits that aided the company's bottom line in the aftermath of the Vioxx scandal. But as a public health campaign, ignoring the complexities of HPVs, and their transmission, including existence of genital tract HPVs still not included in a vaccine, was a serious failure that has stymied thoughtful public health education on STIs. As Gottlieb makes clear in the final chapter, she is not against vaccines. In the case of Gardasil, however, promoting the vaccine as a cancer vaccine was misleading. It was, she writes, an "epidemic without a demand" (p. 14). Her nuanced and sensitive exploration of the various perspectives held by groups in response to the normative behaviors promoted by Merck ads is an important contribution to public health education.

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Ilana Löwy. *Tangled Diagnoses: Prenatal Testing, Women, and Risk.* Chicago: University of Chicago Press, 2018. 319 pp. Ill. $37.50 (978-0-226-53409-1).

In this brilliant study, Ilana Löwy compares the story of contemporary prenatal diagnosis (PND) to "a classic detective story in which each protagonist attempts to hide something" (p. 212). Nearly all stakeholders are reluctant to discuss some aspect of PND, she proposes, because PND is a system that produces abortion, emotion, suffering, and confusion.

Feminists for example downplay the liminal and unstable status of the fetus and the personal repercussions of selective abortion for women; health professionals avoid mentioning the high profit generated by PND; public health officials avoid calling attention to the savings produced by preventing the birth of people who will make demands on the health care system; and women choosing an abortion based on a diagnosed anomaly avoid the idea that their choices are "selfish," framing their decisions instead in terms of preventing the suffering of the (malformed) fetus. Meanwhile, advocates of late-term abortion rights obscure the material aspects of the actual medical interventions involved—the blood and the fetal bodies. And opponents of pregnancy termination in general, for any reason, downplay the real diversity of inborn impairments and disability, some minor, some devastating.

There are, Löwy says, "wide zones of silence around PND" (p. 213). Her study helps us vividly see how these zones of silence function and why they matter. While many other scholars interested in reproductive technologies have noticed the selective silences in these systems, Löwy is the first to make them central to her analysis. The result is a sensitive and powerful study of a very special form of medical intervention.

In general terms, the text is a study of contemporary practices of PND in France and Brazil, with a particular focus on some key medical specialists including fetopathologists, clinical geneticists, obstetric nurses, and genetic counselors. Löwy draws on ethnographic research, interviews, archival research, and a rich and compelling secondary literature in anthropology, history, and sociology, deployed well. Like Rayna Rapp, who looked at PND in the United States, and Charis Thompson who considered the social and medical worlds of the infertility clinic, Löwy provides a guide to the messy front lines of biotechnology, gender, and reproduction, where so many things are being negotiated at once in real time. But unlike many others who engage with PND and its social consequences, she thinks about abortion not as something negotiated inside the mind of the person choosing to undergo an abortion. Rather, it is a structural opportunity, common even in countries like Brazil where is it illegal, and shaped by class, law, the professional standards of different medical specialists, and the fine and varying details of the gender system.

Ethicists who weigh in on the long-term risks of future designer babies, she says, are missing the point. PND is already a real-time ethics crisis, and it is not a hypothetical crisis of designer babies, nor the single, monolithic suite of practices that appear in public debates about "new eugenics" or abortion rights. It is rather, as Löwy suggests, "situated risk management" that produces wide disparities in the probability that a pregnant woman will learn anything actionable about the life/future life that is growing inside her. Löwy concludes that PND is a mass-distributed diagnostic technology and a feminist issue.

This is the kind of book no newcomer to scholarship in this complex zone could manage to write. Löwy is an accomplished sociological observer who does not blink. Some of the text is painful to read, but if we are to understand what this system does and how it works, we have to be willing to see the very things that stakeholders turn away from. In her perceptive and careful reading, Löwy shows that PND is a realm of things not said, of secrets, evasions, quiet gaps, misdirection. These unsaid things appear in the ways that nurses handle aborted fetuses; in the protocols followed for talking to expectant parents, in the options presented and not presented to them, even in the questions prospective parents do not ask; and in the staged architectural configurations of testing and diagnostic centers. While the rules are different in different settings, and France and Brazil differ dramatically in how health care of this kind is organized, in both places PND involves crucial silences and evasions.

I admire work that is deeply theoretical and crystal clear at the same time. This study exemplifies the power of such a style. I would characterize it as required reading for anyone concerned with contemporary medicine in general.

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Muriel R. Gillick. *Old and Sick in America: The Journey through the Health Care System.* Chapel Hill: University of North Carolina Press, 2017. xxii + 300 pp. $29.95 (978-1-4696-3524-8).

Growing old can, even in the best circumstances, be disorienting. But in America today, the circumstances in which we age are far from best. *Old and Sick in America*, by Muriel R. Gillick, provides a detailed image of a health care system that is, for elderly patients, fragmentary, confusing, and ultimately punishing. It also presents a path to something better.

Gillick is a seasoned geriatrician and a well-published scholar of health policy, with an appointment in Harvard's Department of Population Health. This dual perspective makes her extremely well suited to capture the problems that appear in clinical care as well as the policy structures that lead to them.

But Gillick does not just detail the micro and macro elements of our present dilemma. She also constructs a nuanced understanding of how we got to this place. It is the book's engagement with the history of American medicine that will be of most interest to readers of the *Bulletin.* And Gillick's account of this history is compelling in both its content and its practical implications for change. *Old and Sick in America* is a good example of how historical research can shape solutions to current health care dilemmas.

The book is divided into three sections, each one of which illustrates a location of contemporary elder care: the doctor's office, the hospital, and the skilled nursing facility (SNF). These sections begin with the story of an elderly patient receiving care in that location. These vignettes are comprehensively told, examining care from the perspective of patients, families, and providers. As stand-alone chapters, they could be easily excerpted for teaching in bioethics and medical humanities.

Integrated into the larger book, they are accessible gateways to a deeper understanding of health policy. Each section's opening chapter is followed by one chapter that considers, generally, how the particular site of care introduced in the vignette differs from others sites of the same type. For example, chapter 1 describes the experience of a patient in a solo practice affiliated with a community hospital, while chapter 2 details how this solo practice differs from other kinds of offices. The third chapter in each section describes how internal and