

Book Reviews

Joyce, K. A. *Magnetic Appeal: MRI and the Myth of Transparency*. London: Cornell University Press 2008. 208pp. \$21.95. (pbk) ISBN: 978-0-8014-7456-9

Magnetic Resonance Imaging (MRI) occupies a privileged position in health care. MRI exams produce anatomical images that are used to diagnose pathologies in patients' bodies. In *Magnetic Appeal*, Kelly Joyce rewrites the story of MRI, situating its use within its cultural, historical, and political economic contexts. Since its introduction to clinical practice in the 1980s the use of MRI for medical diagnosis and treatment has been dramatically increasing. Rejecting the simple explanation that 'we use it because it is the best', Joyce demonstrates how culture, politics, and economics make MRI the right tool for the job.

An excellent example of methodological inclusiveness, *Magnetic Appeal* draws on seven years of in-depth research including interviews, content analysis, multi-sited fieldwork, and targeted literature reviews. The methodology, which is detailed in the appendix, allows Joyce to capture the complexity of forces that constitute MRI. *Magnetic Appeal's* six chapters are written as standalone essays. Taking her cue from Donna Haraway, Joyce describes the essays as 'diffractions' into the world of MRI. Every chapter interrogates MRI from a different angle, each in turn questioning cultural assumptions in conjunction with the social, political and economic relations that support and define the use of MRI. Taken together the chapters of *Magnetic Appeal* open a fascinating window into the realm of medical imaging technology.

Rejecting causal explanation in favour of the co-production of social phenomena Joyce paints a complex picture of MRI that challenges our understanding of technology and its use in healthcare. The rise of MRI technology is

situated within a broader trend of visualisation where everyday life is increasingly transformed into visual images. Cultural beliefs that equate seeing with believing make the anatomical pictures produced by MRI the equivalent of an unmediated depiction of the inside of the body. In this cultural context, MRI is a technology of truth. But, MRI exams do not reflect the interior of the body, they produce it. Joyce argues that linguistic tropes used to talk about MRI in popular discourse erase the processes of human decision-making and interpretation that construct the anatomical images produced by MRI and support its increasing use.

Joyce challenges the authority accorded to medical images by revealing the actual practices that go into creating and interpreting the images produced by MRI. Interviews and observations with the technologists and radiologists who use MRI machines provide access to the tacit knowledge that reveals the work of creation, interpretation and translation that produce the body in MRI exams. Technologists make decisions about the parameters of the images that MRI machines will produce that affect the final image outcome, while radiologists are responsible for sorting out pathology from normality in the scans that often contain ambiguous 'artifacts' and unidentifiable 'objects'. The tacit knowledge of radiologists and technologist challenges the belief that MRI exams reflect the inner body by highlighting the uncertainties of diagnosis through medical imaging technology. Ethnographic methods also bring to light how MRI workers are constrained by forces such as pervasive organisational emphasis on speed and efficiency rather than quality of patient care.

The book includes a political economy chapter, where MRI is analysed as a commodity, situated within corporate and governmental structures. In this diffraction MRI use is promoted by factors including advertising, fee-for-service

reimbursements, government investment and policies, medical standards of evaluation, and fear of litigation. The analysis of the circuits of exchange adds depth to the book and expands the analytical terrain of studies of medical imaging technology and illuminates how the forces of profit in conjunction with the cultural prominence of imaging technology support the rising trend of MRI use. Physicians and radiologists are aware of this connection between the bottom line of MRI machine producers and how that affects their work practices. Acutely aware of how fear of litigation affects MRI use, the phrase 'cover your ass medicine' is used to describe how some doctors order unnecessary scans to avoid malpractice suits.

Although each chapter contributes significantly to the overall picture, it is not until the final chapter that Joyce weaves all the strands together. In the last chapter, Joyce suggests that we think of MRI as a sacred technology. As computer imaging becomes increasingly critical to how we understand our bodies and our selves, technologies such as MRI become symbols of hope that can magically show us the way to health and happiness. The connection to religion highlights the faith that we have in medical imaging technology and most powerfully emphasizes the significance of the multi-sited study of MRI. A valuable read for those interested in medical technology, trends in healthcare, and science and technology studies, *Magnetic Appeal* brings to light the multiple factors that constitute our faith in medical technology.

Aleia Clark
University of Maryland
U.S.A.

Holloway, M. *Negotiating death in contemporary health and social care*. Bristol: The Policy Press, 2007 viii + 216pp. £60.00 (hbk) £19.99 ISBN 978-1-86134-722-0 (pbk)

Holloway sets out in this book to provide a relevant knowledge base and a practice framework that is fit for purpose as a professional tool, and in so doing closely allies theoretical insights into death's meanings in modern society with implications for contemporary professional health and social care practice.

The author discusses attitudes and beliefs, issues of bereavement and grief, questions of

euthanasia and assisted dying, assumptions and reality in respect of death in old age and end of life care, practices in regard to funerals and memorials, discussion of patterns and boundaries between public and private meanings of death, as well as current health and social care practice in respect of death and dying. Throughout the book the author makes brief and strategic use of case study material to illustrate discussion and in her final chapter usefully incorporates more detailed case studies to emphasise the ways in which theory can infuse and integrate with practice.

Holloway articulates the often unstated but confounding influences in modern society that challenge our responses and actions, whether as general citizens or as professionals dealing with death and dying and highlights issues of personal control and choice, for example regarding timing and place of death, and human rights, for example balancing the rights of individuals and society in the context of euthanasia.

Holloway argues that death is 'complex' in the social context of late modernity and valuably gives attention to sociological, philosophical and theological insights in addition to the more commonly aired ideas embedded in psychological and psychiatric perspectives. The aim of this broader examination is to provide a more integrated approach to the social as well as individual perspectives on death and, therefore, scope for better theoretical underpinning of practice and research. It is suggested that health and social care practice is not sufficiently co-ordinated in regard to an individual's holistic needs at the end of life and also emphasises the importance of health and social care workers having time to provide necessary emotional support.

Holloway consistently points out the relevance of paying close attention to religious and cultural dimensions, for example the need for practitioners to appreciate differences in how grief is expressed across cultures, but she does not lose sight of the fact that cultures are dynamic and so practitioners have to be sensitive to changing beliefs as well as tradition and also need to recognise that there are common features of grief that transcend cultures.

The book is welcome and timely, given the demographic changes associated with an ageing population and the social, ethical and