

Clarke N (2010) 'The problem of choice in the logic of care', book review forum on Annemarie Mol's *The Logic of Care*, *Area* 42(1): 135-39, final author version post peer reviewing

Annemarie Mol is Professor of Social Theory, Humanism and Materialities in the Faculty of Social and Behavioural Sciences at the University of Amsterdam. She has written a book about how the disease of diabetes is dealt with in the Netherlands that is both thoughtful and thought provoking, while being beautifully written and edited. It is also a book that shares many concerns with contemporary Human Geography. These include a concern with care that is informed by feminist moral philosophy and focuses on the consultation room as a 'space of care'; and a concern with practices of science and technology that is pursued through ethnographic methods.

Two ways of dealing with disease are compared in the book: the logic of choice and the logic of care. The former follows from the liberal principle that people should be allowed to make their own choices so long as they do no harm to others, and from the opposition to paternalism in healthcare that has arisen in some countries over the last few decades. The logic of choice brings with it an entire world, Mol argues, from ways of understanding bodies to ways of organising interaction and dealing with knowledge. Good care is hard to find in such a world. Frightened and confused people – often found in consultation rooms – rarely want to make choices on their own. Few people are actually good at making choices that involve weighing up the advantages and disadvantages of one uncertain future against another. Many people lack the material resources necessary for choosing the 'best' option. And the logic of choice shifts the weight of everything that goes wrong onto the shoulders of the patient (who 'chose' that course of action). By contrast, the logic of care follows from concerns about *neglect* that are longstanding in healthcare debates but have returned to the fore in response to this choice agenda. The logic of care involves offers of consolation and encouragement, the construction of courses of action out of what is learned during treatment about specific circumstances, and offers of support for 'individuation' so that individuals can disentangle themselves from collectives (such as families or friendship groups) that influence their needs and capacities in adverse ways.

This problem of choice is an important one and Mol makes a welcome contribution to what is still an emerging literature on choice in public services (e.g. Levett et al 2003, Clarke et al 2007). Her contribution includes a view which places care in the foreground: the artful way that care accommodates specific individuals and circumstances (*the art of care*); its collective production that involves doctors, nurses, drugs and so on but also the patient who does not act by choosing so much as by suffering and providing feedback on the effects of interventions (*the care team*); and the experimental character of care that emerges from and feeds tinkering activity – a sometimes forgotten definition of doctoring – by all members of the team (*shared doctoring*). Something else offered by the book is a wonderful example of ethnographic research: included are eloquent arguments for the value of qualitative methods, case study research, and storytelling that are best related by a couple of quotations:

The logic of care articulated here only fits the case that I studied. It does not apply everywhere. This is not to say that its relevance is local. A

case study is of wider interest as becomes a part of a trajectory. It offers points of contrast, comparison or reference for other sites and situations. It does not tell us what to expect – or do – anywhere else, but it does suggest pertinent questions. Case studies increase our sensitivity. It is the very specificity of a meticulously studied case that allows us to unravel what remains the same and what changes from one situation to the next. (Page 9)

Let us tell each other stories. Case histories. Public life deserves to be infused with rich stories about personal events. Private events should not be hidden behind the desire to be free. In fact, the story-telling I advocate is already happening. Journalists, patient activists, social scientists and others too, present us with an avalanche of stories about living with disease. I do not claim to be proposing something new here, but rather seek to raise the status of ‘telling stories’. (Pages 88-89)

Case studies do not apply everywhere, but neither is their relevance simply local. Such meticulous research generates rich stories that raise questions and invite comparisons. These stories also deny managers permission to ignore specificities whether of person or situation; geographers might say - to ignore *geography*.

Each reader will approach this book – as all books – with their own gaze and will no doubt see different strengths and weaknesses as a result. I approached this book having just completed some research on the relationship between ethics (including the ethic of care), consumption, and citizenship. I was particularly interested, therefore, in chapters 2 and 3 that focus on consumer choice and citizen choice respectively. It was here that some weaknesses appeared to me. Chapter 2 considers the market form of choice in which patients become customers and healthcare follows customer demand. Mol argues that limits are drawn around products and transactions in this market form of choice, whereas good care requires the ongoing, open-ended, boundless, interactive work of teams. But the example Mol uses is an advertisement in a magazine for a blood sugar monitor. This helps illustrate the point about limits because blood sugar monitors are products that can be bought or not; and such transactions can be completed or not. But this is a rather crude form of the market form of choice in contemporary healthcare. What about those situations where patients are offered a choice between entire care packages offered by entirely different care providers? They may turn to customer satisfaction surveys to help them make this choice. One question asked by such surveys may concern the overall quality of care people felt they received. Such situations do not fit easily into the argument of Chapter 2.

Something similar can be said about Chapter 3. Here, the citizenship form of choice is critiqued for approaching patients as citizens and healthcare as a series of rights and duties governable by contracts. For Mol, citizens are not troubled by their bodies, whereas patients are defined by troubling bodies and a lack of bodily pleasure. She draws on liberal theories of citizenship to argue this point. In the Greek polis, citizens controlled their bodies, training them so that strangers could be fought off. In the Enlightenment, citizens tamed their bodies, suppressing their passions below reason and self-rule. Or else, like Kant, they sought to escape from their bodies to a reflective distance from which critical judgements could be made. My problem here

is that contemporary practices of care are being compared to theories of citizenship – and liberal theories of citizenship at that. What about contemporary *practices* of citizenship? And what about other theories and traditions of citizenship – such as communitarianism and radical democracy – that have different relationships than liberalism to the rights, duties, identity, and participation components of citizenship (Delanty 2000)? What makes chapters 2 and 3 similar is that, in both, the logic of care is described with impressive care in a way that contributes greatly to our understanding of healthcare and care in general, while the market and citizenship forms of choice are set up as straw figures to be easily blown over. This is the one significant disappointment I experienced in reading this book that otherwise resonated loudly and clearly with me as both geographer and patient.

References

Clarke J, Newman J, Smith N, and Vidler E (2007) *Creating Citizen-Consumers: Changing Identities in the Remaking of Public Services* (London, Sage).

Delanty G (2000) *Citizenship in a Global Age: Society, Culture, Politics* (Buckingham, Open University Press).

Levett R, Christie I, Jacobs M, and Therival R (2003) *A Better Choice of Choice: Quality of Life, Consumption, and Economic Growth* (London, Fabian Society).