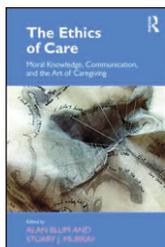


Review



The Ethics of Care: Moral Knowledge, Communication, and the Art of Caregiving. Edited by Alan Blum & Stuart J. Murray. London, UK: Routledge, 2017, 248 pp. ISBN: 9781472475596.

Alan Blum and Stuart J. Murray's 2017 volume, *The Ethics of Care*, may seem an odd title to review in the *Canadian Journal of Communication*. More than a contribution to research on caregiving for those who work in the field or a text for those who view health communication through a narrow lens that only considers interpersonal communication around death, *The Ethics of Care* challenges readers from a variety of backgrounds to consider what is at stake regarding communication at the end of life. These stakes are important for each of us, of course, and not only because the end of life is a certainty we all face, but also because, as a problem for communication and culture, end-of-life tensions reveal a lot about the institutions and structures of care; how informed consent is defined and articulated; who has the power to represent and communicate the end of life for whom; how the end of life is represented in media and elsewhere and with what effects; and so on. *The Ethics of Care* may seem to be a cluster of disparate chapters addressing the end of life, but Blum and Murray weave them together masterfully with the Introduction and Afterword in order to show how critical perspectives of institutions, ethics, and care can come together to inform health communication. They also touch on a perspective that Charlene Elliot (2014) has called "communication and health," which asks what tools a distinctly communication approach might contribute to thinking about health topics. *The Ethics of Care* opens the door to exploring how a communication perspective can supplement and come into conversation with other disciplines that focus on end-of-life care. In this, the book is quite instructive.

As they turn the pages, readers of *The Ethics of Care* may be puzzled by the absence of the usual suspects in literatures addressing the ethics of care, particularly feminist scholars. Feminist scholars are frequently cited in books with similar titles (for instance, Carol Gilligan, Nel Noddings, Sarah Ruddick, Virginia Held, or Joan Tronto), but do

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not appear in this volume, excepting in Murray's Afterword. The absence of well-known feminist literature, according to Murray, marks the book's departure from feminist care ethics toward "a more intersectorial perspective on the 'management' of care in context" (p. 228). For those interested in critical interdisciplinary bioethics, this departure is to be welcomed; the move away from conceptualizing care under a distinctive normative theory makes this book a unique addition to the growing body of literature on the ethics of care. It also marks an attempt to think the labour of care away from frameworks that might, albeit inadvertently, reproduce social assumptions that tie it to women.

The book has three parts, sandwiched by an Introduction and Afterword by the two editors. In all, eleven chapters are grouped around three themes: informed consent in end-of-life care, Indigenous rights and social justice in the postcolonial (Canadian) context, and case studies examining diverse realities and representations of care giving. Understandably, the contextual nature of this volume makes it difficult for the contributors to share a precise definition of care. Instead, in his Introduction, Alan Blum lists the myriad forms care can take—as a notion, social phenomenon, gift, debt, practice, value, relationship, and profitable art, for example—and encourages readers to consider how neoliberalism frames care as "a requirement with no escape" (p. 13). The blistering critique of neoliberalism, and its pervasive influence on even the end-of-life experience, serves as a motif throughout this book.

Part I features three essays on the topic of informed consent at the end of life. While the concept of informed consent in postwar Western bioethics stemmed from medicine's devotion to redress the power imbalance between physicians and patients, when applied to end-of-life care, informed consent often appoints clinicians as the final arbiters, a reality that is not without its problems. The three chapters, especially Chapter 1 and 3, provide rich descriptions of how the legal discourse of informed consent represents physicians as heroic protagonists defending patients' autonomy against their naïve and irrational family (antagonists). The authors of these chapters quite correctly argue that institutionalized form of care tends to disregard the intersubjectivity inherent to (end-of-life) care. However, they seemingly presuppose that healthcare providers are homogeneous conveyers of automated intervention—or "anonymous technology" (p. 14) in Blum's words—while paying little attention to the individual dispositions, experiences, and roles in interdisciplinary care teams. Recent family-centred care initiatives have led to the greater involvement of families in medical decision-making to respect family values and beliefs (Sedig, 2016), a development that may work toward remedying certain imbalances. With the increasing number of stakeholders involved in end-of-life care, the question of who has the right to advocate on a patient's behalf is becoming much more complex. Though it is beyond the scope of these chapters, a more nuanced critical analysis, geared specifically to the role of diverse healthcare providers and patients' family members in end-of-life care, would add a richer picture to the informed consent debates as they relate to concerns of health communication.

The chapters in Part II shed light on colonialist assumptions embedded in contemporary healthcare in the Canadian context. Of particular interest is Chapter 4, in which Murray and Tad Lemieux explore the widely mediated dispute over the "un-

timely” death of an 11-year-old First Nation girl from Ontario. Through a lens of elegiac ethics, Murray and Lemieux read the girl’s decision to withdraw from chemotherapy treatments as a counter-hegemonic action against the colonizing forces of biomedicine. Although such an argument, as the authors rightly admit, is prone to the charge of neoprimitivist sentimentalism, it is nonetheless a necessary step toward the postcolonial reconciliation of Western bioethics filled with hegemonic assumptions of what constitutes a “good” life and death. In alignment with a recent call for Indigenous bioethics (Kotalik & Martin, 2016), Part II serves a timely reminder that ethics currently practiced in healthcare is a product of dominant culture and ideology and may often be incompatible with cultural and bodily practices outside of it. Unfortunately, the second selection (Chapter 5) seems to be out of place in this collection. Although it is insightful to read about the lessons a university researcher has learned from her long-term collaboration with urban Indigenous peoples, the essay fails to critically address tacit assumptions about Indigenous community partners, what constitutes thriving for them, as well as the ethical and social justice issues pertinent to a university-community collaboration. Clearly, more discussion is needed about how the ethics of care framework can inform research ethics.

The final section of the book consists of five essays that problematize particular social contexts of caregiving and the manner in which these contexts normalize hegemonic discourses and practices. It is here that the one can most clearly see the contribution this text makes to a “communication and health” perspective (Elliot, 2014) that critically examines discourses underlying and informing health. What these chapters share in common is a critique of the neoliberal tendency to transfer the social, ethical, and political burden of care onto the individuals under the dicta of self-care and empowerment. For example, Deborah Lynn Steinberg (Chapter 8) examines the rhetorical contexts of the “war on cancer,” in which a patient is constructed as a heroic warrior interpellated into duties of self-care and edification, through a discourse analysis of renowned Memorial Sloan Kettering Cancer Centre’s marketing campaign. In Chapter 11, Han Zhang delineates how the traditional Confucian value of filial piety is re-appropriated and spurred by the Chinese government as “the best antidote” (p. 211) for reducing the burden of elder care, while forcing Chinese seniors to feel guilty for being a burden upon their family. Carlos Neves (Chapter 10) presents an insightful critique of Solution-Focused Brief Therapy (SFBT), an increasingly prevalent therapy model designed to offer cost- and time-effective mental health interventions. In poignantly criticizing SFBT’s neoliberal assumption that people should use their strengths to build their wished-for future on their own, Neves contends that SFBT may suppress the opportunity for patients to articulate their inner pain by trivializing subjective suffering as uninteresting and a waste of time.

Overall, approaching care from diverse disciplinary and philosophical perspectives, *The Ethics of Care* provides readers with a contemporary and comprehensive introduction to the emerging interdisciplinary care ethics. The diverse cases presented in the chapters offer invaluable resources for communication researchers exploring the symbolic, corporeal and material contours of caregiving. Students of bioethics, the sociology of medicine, media studies, communication and cultural studies of health, and

health communication will equally benefit from this book's critical, interdisciplinary approach to end-of-life caregiving.

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