

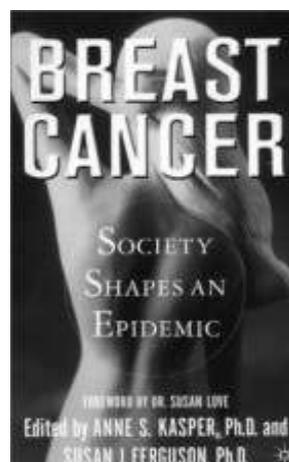
Breast Cancer: Society Shapes an Epidemic

(St. Martin's Press, 2000, 377 pages)

Edited by Anne S. Kasper and Susan J. Ferguson

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This book argues that every facet of breast cancer- its incidence, prevalence, research directions, treatment alternatives, prognosis, personal experience, methods of early detection, the paucity of knowledge or policies regarding prevention- results from social, political, historical, economic forces. Breast cancer ought not to



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be seen as a biological problem with medical solutions. Rather it must be seen in the context of social organization, structure, process and culture. This collection fits within the social constructionist theoretical paradigm as the fundamental assertion is “whether or not we are aware of it, society and social institutions shape the occurrence of disease, the forces called upon to respond to disease, and the experience of illness” (2).

The scope is indeed broad as it ranges from a history of breast cancer and breast cancer treatment, to the medicalization of women’s breasts, to issues of inaccessibility, inefficiency and inequity in U.S. health care systems, to corporate interests in profits resulting from treatments such as chemotherapy and radiation and methods of detection such as mammography, to the experiences of women resulting from the fact that the cancer is in the breast, to the particular hardships faced by poor women at every stage from possibilities of prevention to early detection and treatment. Policymaking at the federal level, controversies in research, links between breast cancer and the environment, media portrayal of breast cancer and the recent history of the breast cancer movement are also topics in the book. The concluding chapter by the editors does an admirable job of summarizing the arguments of the individual chapters of the book. Called ‘eliminating breast cancer from our future’ the last chapter is a call to social, political and economic change as the only way to eradicate breast cancer. Basically, the argument is that powerful economic (corporate), political, medical, scientific interests are served by a continuance of the status quo- the increasing rate of breast cancer coupled with increasingly toxic treatment and chemoprevention prevention strategies. Moreover, the argument goes, it is only when these powerful interests are challenged in favour of radical social change that breast cancer will be eradicated. The end of the breast cancer epidemic requires changes in how scientific research is funded. It requires a focus on prevention and not solely on treatment. It requires the elimination of corporate interests in profiting from the disease, its prevention and treatment.. It necessitates clarity as to the political and economic interests served by the current policy-making agenda. It demands a health care system that serves all Americans not just those who can pay. It involves altering the misconceptions, and the sexism involved in the portrayal and the experience of the disease.

The argument is well documented. The editors have selected authors who are experts in a wide range of fields to document the book’s thesis. The concluding chapter wraps up the book by briefly summarizing the findings from each chapter with respect to the ways in which they have contributed to the fundamental argument of the book.

Just as the book is broad so too would be, I believe, interest in it. This book will appeal to social scientists, policy makers and writers, women’s health

advocates, educated readers interested in social critique, in medicine, in women's health and in breast cancer. I can imagine it being included in the additional readings section for students in courses in women's health, society and health, politics or economics and health.

A major limitation in the quality of the book lies in the fact that it is an edited volume. Some chapters are strongly argued, well written and documented. Others seem weaker. Unevenness is thus an issue that arises from the many different perspectives taken by the authors of the chapters. The contributors are from a wide range of disciplinary and practice backgrounds including anthropology, law, sociology, medicine, zoology, public health, social relations and nursing. This multi-disciplinarity is both a strength and a weakness. As a sociologist I appreciated the consistent systematic argument from point to point building to a well documented thesis that is found in the concluding chapter. Yet it did seem that some of the arguments made in this last chapter were not quite obvious from the chapters to which the authors point as their sources. At times the ideology of the editors interferes in their otherwise strong and useful critique. At times they lack a voice that is also self-critical and they seem to over-generalize and to advance value positions that (although I agree with them) lack empirical substance. For example, they argue that since the search for a cure has been fruitless (so far) that prevention should take centre stage (358). Here the argument should be I think that there needs to be a balance in efforts between searching for a cure and for root causes. Women who are presently sick and who will become sick in the immediate future cannot wait for prevention and ought not to be forgotten yet the argument seems to be that cure is not possible and that all treatments are designed primarily to serve corporate profits and not the individual women with the disease. There is, without a doubt a great deal of value in the push for research on prevention. However that should not necessarily require that current treatment strategies and research directions are totally abandoned.

To conclude this is an excellent and thought-provoking book and it should be widely read by people on all sides of these issues as it brings many of the arguments from the perspective of a women's health movement forward with clarity and strength.