

HEALING TECHNOLOGY

FEMINIST PERSPECTIVES

Kathryn Strother Ratcliff, Editor



Healing Technology

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Introduction

Kathryn Strother Ratcliff

The subject of women and health has become a focal concern for academics, activists, and practitioners. Since the 1969 meetings that resulted in the Boston Women's Health Book Collective and the 1971 Women and Health Conference in New York City, a distinct women's health movement has emerged and continued to grow. Participants have criticized the health care provided to women, voiced frustration with the traditional paternalistic doctor-patient relationship, challenged professional authority and expertise, objected to the medicalization of childbirth and the loss of understanding and control of their bodies, called for more humanistic and affordable care, educated each other, and demanded changes in the health and health care of women (Ruzek 1978).

While decidedly activist in orientation, the women's health movement has been unique in its extensive grounding in research and education. In important ways the movement's growth has been propelled by the discoveries of threats to the health of women, of inadequacies in available health care, and of power imbalances in society that affect women's health. As such, the women's health movement has been a particularly fertile ground for the combined energies of academics, activists, and practitioners. This book further develops this important link between research on women and health and the efforts of activists and practitioners to address the health needs of women and to mobilize around issues relevant to the women's health movement.

The special focus of this book is on ways in which changing technologies affect the relationship between women and health. Technology is broadly defined to include devices, drugs, and procedures. Many of the technologies considered here are part of the health care system, but we also look at occupational and environmental technologies that affect women's health. As the contributors to this volume make clear, rapid changes in a range of technologies in recent times have had profound implications for women's health. Our concern with technology stems from a growing recognition of the importance of technology in our everyday life—that it is, on the one hand, ubiquitous and obvious, but, on the other hand, often so accepted as to be rendered invisible. The importance of research on technology and women's health is par-

ticularly great, not just because the problems are complex but because values and biases in the larger society tend to obscure our view of how technological changes affect our lives.

Among the key values that shape popular perceptions of technology are a kind of technological determinism and the notion that whatever new technologies emerge are the only options available. Together these two values support the view that new innovations are developed "according to their own inner necessity, from laws that govern the physical and biological world," (Wright 1987, 9) and that it is not relevant to examine political and economic contexts in order to ask why some technologies are produced while others are not. According to this viewpoint, one either accepts all emerging technological innovations or one is antitechnology.

The research approach represented by the authors in this book rejects the validity of this choice. Instead, we see technological change as a process involving constant choices among a wide range of technological possibilities. We see the asymmetries of power, especially in regard to class, gender, and race, as well as the incentives of the economic system as key determinants of the particular technological innovations that are produced. Certainly abundant evidence shows that technology is also shaped by political factors (Bodenheimer 1984; Corea 1977; Scully 1980; Brown 1979; Kaufert and McKinley 1985; Dreyfus 1977; Rothschild 1983; Banta and Gelijns 1987; Winner 1985).

In some areas relevant to women, health, and technology, the political struggles have been quite open. The long history of severe restrictions on access to safe contraception and abortion represents an area in which women's health has been directly regulated through the political process. Less overt but certainly still important have been areas in which the political system has been selective in gender-biased ways in regulating experimentation and general utilization of new technologies.

Concern with the political and economic determinants and effects of technology focuses our attention on asymmetries of power—between the middle and upper classes and the lower class, doctors and patients, the scientific community and citizens, men and women, whites and blacks. These asymmetries have both shaped the development of technology and often been increased by technological developments. Health care provides clear examples: technologies such as surgical procedures and monitoring machines reduce the power of the patient as they enhance the power of the professional. In the workplace, asymmetries of power allow technologies to include or exclude workers, as for instance when fetal protection laws exclude women from the work-

place or require them to be sterilized, or when research examines the effects of technology on men but not on women. Power asymmetries along gender lines are often operative in both settings.

A concern with the political economy also focuses attention on the incentives built into the economic system. The for-profit intrusions into health care are of particular concern, as they encourage the use of technology and diminish the importance of improved health as the overriding concern in decision making in a setting allegedly trying specifically to improve health. Various chapters in this book document the growth and effects of for-profit forces in health care. Furthermore we examine the profit considerations in the workplace that have diminished the societal surveillance of technology and the concern for possible occupational and environmental health hazards.

In examining technology we certainly take a critical stance. Such a stance is amply justified by the evidence of the negative health effects of many technologies such as Thalidomide, DES, and the Dalkon Shield. The crises produced by these technologies should help us learn about the forces of production and distribution, the social and ethical implications, and strategies for changing the available technologies. It would be incorrect to see this critical stance as antitechnological. Rather, our overall message is not one of halting technological development, but redirecting it and, as the title suggests, "healing" technology in the sense of removing its diseases and defects. Women have, indeed, asked for technological responses to problems and in many instances benefit from new technologies. Women want good contraceptive technology and many want more prenatal information about the fetus. Instead of arguing for an end to technological development, we need to show early, sustained, and organized concern with technological innovations so that women's interests have a greater role in shaping the process. The staying power of particular innovations, even when they are found to represent threats to women's health, must be addressed. At the design and assessment stage critical, wide-ranging, and different questions must be asked. The questions need to be more women-centered and more infused with a concern for ethical and social issues.

It is important that we question technological developments and the directions in which they are moving at their inception because a technological trajectory is difficult to redirect once it is established. "By far the greatest latitude of choice exists the very first time a particular instrument, system, or technique is introduced. Because choices tend to become strongly fixed in material equipment, economic investment, and social habit, the original flexibility vanishes for all practical purposes once the initial commitments are made" (Winner 1985,

30). A major difficulty is that the development of technology often proceeds by incremental steps, thereby discouraging debate on the ethical or social implications, because each change is so small. When debate does occur, the principles used set the stage for approval of later developments that may be more troubling. Once society has ventured forth, it is hard to retreat. We argue for increased and continued vigilance over technology. The biotechnology field offers numerous examples of the need for early vigilance. We are moving in the direction of ever earlier detection of an increasing number of physical problems. Prenatal detection encourages prenatal surgery and potentially raises standards for "acceptable" newborns. Early detection done on children and adults poses the possibility of advance warning of pain and our likely cause of death. We must spend as much time discussing the social and psychological ramifications of that knowledge as we do in producing the technology to obtain it. Our stance is hopeful, in that we see organized activism as influential in altering the contours of public debate and decision making.

Our book contains a range of feminist perspectives. Although the contributors have sought not to align themselves with any particular viewpoint within feminism, there are still certain commonalities of approach. First of these is a more wholistic view of health. Our concern with the health of women is not limited to physical health, and our criterion for physical health is not just being officially certified as disease-free. Health includes mental and emotional well-being and as such particularly includes being active and empowered. Such an inclusive view of health remains a controversial idea, including as it does elements of process and outcome. Central concerns of health become lay involvement in decision making, access to information, humanistic care, and a concern with the overall quality of life.

Second, our analysis is woman-centered. We object to the devaluing of both women and stereotypically female characteristics. Evidence of such devaluing in the history of science (Keller 1985), in corporate decisions concerning health products for women (Mintz 1985), in health care (Ehrenreich and English 1973; Corea 1977), in policy (Parker 1983), in ethics (Tronto 1987), and in other arenas is disturbing. We want to encourage women to be active participants in all aspects of technology and we want their voices heard. We are concerned with the tendency to minimize or exclude a consideration of the impact of technological developments on women of all races and classes, in the United States and abroad.

Third, and closely associated, we are critical of male domination in corporate, government, health care, and educational settings. Al-

though there are signs of change—for instance almost two-fifths of current medical students are women and it is projected that by the year 2000, 20 percent of practicing physicians will be women (Altekruse and McDermott 1988, 66–67)—women remain underrepresented at the top of the field while they are overrepresented at the bottom, comprising 70 to 90 percent of the health workers in lower positions. Authentic involvement of more women in decision making about technology is needed, and this involvement must come from all races and classes.

Fourth, we continue to see choice and informed consent as critical and empowering elements in the use of technology. The full ramifications of such processes challenge professional dominance, and developing them has been central to the women's health movement. Choices need to be real and the information about each alternative must be available and as accurate as possible. Part of making the choices real for any individual is to restructure the discussion of options so they occur in supportive settings, where women are not cast in subservient roles and economic constraints do not preclude choice. Even if we are well informed, we become powerless in the face of the traditional structures (Fisher 1986).

Fifth, we reject the assumption that research or decision making can be value-free. When researchers study the causes of premature delivery and neglect to ask about the nature of the women's employment (Messing 1983, 81) or the government ignores the ethical and social implications of a technology in favor of a quantitatively based cost-benefit analysis, values have entered into the research and changed the direction of technology. Discussions about technology must expose and question the underlying values. We find a devaluing of risks to women evident in the choices of which technologies are to be developed.

And finally, we are committed to change, with the goal of a more healthful and just society for all. Grounding change in grass roots politics and involving the active participation of those who are affected by technology is a practical strategy for change. In addition, such grounding and such participation are valued ends in themselves. Greater participation by women in decision making about the development and distribution of technology, together with better and more informed choices for workers, consumers, and patients, will not automatically produce an optimal set of technologies which have only beneficial results. Such involvement, however, should drastically reduce the number of horror stories of technologies prematurely implemented, poorly reviewed, and ultimately more harmful than helpful to women. In addition, such a process of technological development will be more in line with democratic ideals. The chapters challenge us to raise ques-

tions about the development and utilization of technologies, and they argue for collective discussion and action to shape future decisions about technology.

Unlike most writing on women and health, this book is organized around issues raised by technology, rather than around a single health issue (e.g., reproductive technology), or around problems of health care delivery (e.g., the education of obstetricians), or the women's health movement. It is organized around various technologies, only some of which are in the health care setting, but all of which are relevant to women's health. It explores common themes in the development, utilization, and impact of technology on women's health. First, we are concerned with understanding the political and economic contexts within which technologies are designed, produced, and distributed, and in particular the devaluing of health, women, poor people, and minorities in those processes.

Second, we are concerned with the political, social, and ethical implications in the use of these technologies because we are often slow to recognize any unintended impact of technology, and in particular the social and ethical ones. Third, we are concerned with empowering individuals to work for change in the development, assessment, and implementation of appropriate technologies; since technology will remain with us, the issue is reshaping the technology. Our focus on technology examines technology throughout women's life cycles—from conceiving, birthing, and nurturing young children to working and maturing in the middle years to dying. Our intent is to support an activist and feminist agenda throughout the life course.

The book is divided into three parts: reproductive technologies, health care technologies, and occupational and environmental technologies. Each part's introduction discusses the primary themes in the chapters and places each in a broader context. The first part, *Reproductive Technologies: Economic and Social Implications*, highlights the nearly universal importance of such technologies to women. Historically, the examination of reproductive technologies has been a critical rallying point for feminists (Ruzek 1986, 186). The availability of safe abortion services, the medicalization of childbirth, and new high technology reproductive methods have served to coalesce concerns for women's health. We have deliberately chosen not to feature the new reproductive technologies as such. In vitro fertilization, gamete intrafallopian transfer, surrogate motherhood, and sex predetermination not only affect few women but also have been the focus of several recent books and a new journal. Thus the current data and perspectives on various new reproductive technologies (Lasker and Borg 1987; Corea

1985; Arditti et al. 1984; Spallone and Steinberg 1987; Stanworth 1987; *Reproductive and Genetic Engineering: Journal of International Feminist Analysis*, various issues) are widely available. Several chapters in this volume do discuss these new technologies, but unlike books and articles on them alone, these contributions put the high technology innovations in the context of more widely used reproductive technologies. This highlights the similar forces that determine them and the similar social implications. Further, we examine the new technologies not just in terms of who uses them, but also who does not. We consider, for instance, the implications of in vitro fertilization for women who do not use it and the implications on the moral community of sustaining pregnancy in brain-dead women.

The second part of the book, *Health Care Technologies: Political and Ethical Considerations*, continues to develop ideas from the first part. Unlike reproductive technologies, these technologies are applied to both men and women and the implications of their use are not so obviously gendered. However, the chapters in this part draw out the gendered meaning of the implementation of technology in health care settings. Gender is especially evident in the power asymmetries of technology use. The political embeddedness of technologies has at its core male control of the production and distribution of technologies and the selling of preventative services to women. Chapters in this part examine the implications of male domination in health care settings for the use of technologies as diverse as mammograms and heart monitors. The inclusion of women as health care providers (e.g., genetic counselors) may bring different perspectives to bear, but even the conscious effort to redirect health care to meet women's needs can be co-opted, as one chapter demonstrates in the case of osteoporosis and breast cancer screening. The process of women becoming political and challenging male domination can take several forms, as the chapters also show: being able to hear critical information, seeking better data, but also reconsidering questions of ethics and values that have been male defined. The ethical questions discussed in this section include patient autonomy, informed consent, and nonmaleficence, but they are placed in a feminist context in which empowerment is central. These ethical themes are tied to the power theme because it is through authentic participation in decision making that patients in fact become powerful. Power, in our conception, is not necessarily a zero-sum game among people. For instance, in a hospice setting both provider and patient become more powerful. Jointly they shape the use of technology and thereby reject the power of the hospital setting to define use.

Some technologies seem to evoke less gender-specific concerns

than even health care systems. Nonetheless, we argue that a feminist perspective on health needs to include a gendered understanding of all sorts of technologies that have consequences for the well being of women and men. In turning to part three, *Occupational and Environmental Technologies: Research and Resources for Change*, our concern focuses on gender as it structures a variety of social experiences and at times highlights the need to consider gender similarities. Yet, our social system is structured along gender lines. Gender defines power differences, the amount and type of participation in the workplace, at home, and in the community. Because of this gendered reality, the relationship of women to technology is often different than it is for men. Women and men contribute differently to the development of technology and are exposed to it in different ways. On the other hand, this gendered reality is socially constructed and is not a "natural" extension of biological dissimilarities. Laws in the workplace "protecting" the reproductive capabilities of women ignore the fact that men, too, have reproductive systems.

In considering the health effects of the workplace and health care technologies we recognize that both women and men are often subject to the same poorly regulated technology, but highlight the way in which social arrangements distribute these effects. Technology's impact is transmitted via a gendered social reality and gender is relevant in creating the resources for activism in response to technological change. This third part thus ends with two chapters that directly discuss women as worker-, patient-, and citizen-activists reshaping the development and use of technology. The final message is thus not one of doom and gloom but hopeful optimism that a feminist perspective will empower women and men to shape tomorrow's technology in more intelligent and life-affirming ways, to develop technologies that will indeed help to heal not only individuals but society, and to contribute to the preservation of our planet.

N O T E

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