

Carl Elliott. *Better Than Well: American Medicine Meets the American Dream.* New York: W. W. Norton & Company, 2003. 320 pp. Clothbound, \$26.95.

Bioethics professor Carl Elliott's *Better Than Well: American Medicine Meets the American Dream* offers a wide-ranging, ironic, and gently mocking (while still very serious) consideration of the emerging partnership between American medicine and the biotech century. Elliott's topic puts him in the company of a host of contemporary scholars who sense something unusual and something worrisome about the current techno-medical moment. These scholars argue that the emerging biotech century dramatically ups the ante of biomedical interventions because it so thoroughly increases biomedicine's reach into the fabric of our daily lives.

Like other scholars in this area, Elliott uses new terminology to articulate his concerns. Where others use terms like *cyborg*, *posthuman*, *body projects*, or *cosmetic psychopharmacology*, Elliott uses the current bioethics terminology of *enhancement technologies*. Elliott explains that the phrase "enhancement technologies" entered the bioethics literature in the 1980s with the advent of new gene therapies. Bioethicists worried that the potential for human genetic treatment would also bring the peril of new eugenic manipulation. They attempted to parse the good from the bad by drawing a bright line distinction between treatment and enhancement—with treatment being the good genetic manipulation and enhancement the bad genetic manipulation. Other health-care experts followed suit, and the phrase "enhancement technologies" is now routinely applied to an array of new biotechnologies. Experts hope that the treatment-enhancement distinction will help determine which technologies deserve support and which technologies pose a public threat.

But, as Elliott demonstrates, the treatment-enhancement distinction does not hold up well. The new biotechnologies prove too slippery for rigid binaries and absolute hierarchies. With the advent of Prozac, Ritalin, Viagra, Propecia (for baldness), Protropin (growth hormone), Botox, aging science, sex-reassignment surgery, cochlear implants, and the explosion of cosmetic surgeries (just to name a few of the interventions Elliott discusses), the priorities of the treatment-enhancement distinction can often flip. Enhancement can become more desirable and more valuable than treatment. Plus, the treatment-enhancement distinction can blur beyond recognition when the same technology is used as either a treatment or an enhancement.

As a result, efforts to constrain biotech excess in medicine by calling some interventions "enhancement" have dismally failed, and the

biotech gold rush in medicine is now under way. Investors consider this moment a watershed for biomedical speculation because, more than any other life-sciences sector, human biological manipulation leads the biotech century forward. Elliott does not estimate how big the enhancement-treatment gold rush has become, but *The Wall Street Journal* reports that in 1999 the pharmaceutical industry alone generated \$343 billion in revenue, which was an increase of 11 percent from the year before. With that kind of growth, the *Harvard Business Review* predicts that the biotech industry will eventually become the "largest industry in the world."¹

Refreshingly, Elliott enters the techno-medical domain not by reproducing the treatment-enhancement distinction or by separating medical interventions into "good" and "bad" categories. Elliott considers instead the broad cultural and historical context of these new technologies. For Elliott, "we need to understand the complex relationship between enhancement technologies, the way we live now, and the kinds of people we have become" (p. xxi). The important issue for Elliott is not so much "enhancement" as "identity." He finds identity and identification a better framework for considering these technologies because the concerns they create are not purely medical but address deeply "the kinds of people we want to be" (p. 27). If we have mixed feelings about these technologies, it is largely because we have mixed feelings about "the good life these technologies serve" (p. 27).

Elliott's curiosity about American identifications with the new biomedical technologies extends not only to America's eager consumption of the new technologies but also to America's lingering anxiety and unease about that consumption. He makes his diagnosis of Americans' "anxious enthusiasm" by attending to the tension between consumer desire and consumer disquiet. Summarizing broadly, Elliott finds the American self replete with deep conflicts between the relentless pursuit of self-fulfillment and social status and the insistent yearnings for authenticity and a true self. He finds Americans unable to negotiate these conflicts and highly vulnerable to the lure of medical enhancements. Such technologies promise an improved self at the same time they threaten feelings of authenticity. Thus, these technologies create an anxious enthusiasm for Americans.

Elliott is doing something very important with this analysis. By simultaneously concentrating on enhancement technologies and American cultural identifications, Elliott makes it clear that medical enhancement technologies have fully inserted themselves into American identity dynamics and the circuits of American popular culture. This insight is

Elliott's main contribution. His wide-ranging meditations demonstrate the stark impossibility of understanding new medical technologies through medical science or bioethics literatures alone. Elliott admirably follows his own insights and draws liberally from anthropology, sociology, history, and American literature. This interdisciplinary matrix augments his philosophical background and proves invaluable for helping him contextualize American identifications with the new technology.

The next interdisciplinary step Elliott could have taken (but unfortunately did not) would be to draw on fields like women's studies, disability studies, gay and lesbian studies, postcolonial studies, and cultural studies of science and technology. These scholarships add a harder-edged appreciation that cultural identification always involves power struggles over the institutional terrain of identification. Such scholarships work not only to understand cultural identifications but also to *intervene* toward a more just politics of identification.

Without these additional tools, Elliott ends up focusing too much on cultural consumption and cultural identification and too little on the increasingly antidemocratic way enhancement technologies are produced and regulated. To his credit, Elliott does discuss aggressive pharmaceutical marketing and advertising practices. But these promotional practices are only a surface manifestation of a deeper issue. Most enhancement technologies arise from an elite alliance of corporation, academic science, and government agencies that have become dramatically intertwined in the last twenty years of government deregulation.² Cultural producers and (de)regulators from such an elite cultural alliance encode their products for the preferences and continuation of that alliance. Medical enhancement technologies are no exception.³ A host of cultural scholars have shown that the medical producer's institutional, political, and ideological order is imprinted on their technologies along the all-too-familiar lines of social injustice: ability, race, gender, class, sexual preference, nation status, and age. In addition, medical producers encode their products for their own bottom-line profits and status advancement. Consumers may still benefit in this environment, but it is a trickle-down benefit at best.

This elite alliance of medical production and regulation creates a problem for Elliott's analysis of cultural consumption and identification. I agree with his sensitivity to the dynamics of identification and consumption. Demonizing these new technologies with sweeping terms like *enhancement* does not work. At the same time, bioethics scholars (and medical humanities more broadly) must be a canary in the coal mine for deeply problematic institutional practices. Elliott is at his best

at helping to tease out the streams of biomedical identification and consumption. He does less well with the dynamics of biomedical production and regulation.

Despite these concerns, Elliott's scholarship broadens our interpretive horizons. Elliott helps us leave behind a simplistic treatment-enhancement distinction so that we can focus on the larger cultural forces at play in the consumption of emerging biomedical capacities. After we let go of sweeping distinctions, however, there will be much work ahead to articulate, regulate, and constrain the temptations and short-sighted hubris inherent in the emergent American medical partnership with the biotech century.

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NOTES

1. Quoted in George Wolff, *The Biotech Investor's Bible* (New York: John Wiley and Sons, 2001), 19.
2. Dorothy Nelkin, "Conflicts of Interest in Our Genetic Future" (paper presented at the NYC Consortium on Science and Society, New York, NY, October 2002).
3. Kathryn Pauly Morgan, "Contested Bodies, Contested Knowledges: Women, Health, and the Politics of Medicalization," in *The Politics of Women's Health: Exploring Agency and Autonomy*, ed. Susan Sherwin and the Feminist Health Care Ethics Research Network (Philadelphia: Temple University Press, 1998), 83–121.