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Book Review

Bodies in Flux: Scientific Methods for Negotiating Medical Uncertainty

Christa Teston

Teston, C. (2017). *Bodies in flux: Scientific methods for negotiating medical uncertainty*. University of Chicago Press.

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At the time of this writing, the New York Times reports that more than 10,000 people have died from the coronavirus worldwide. Healthcare systems across the globe are struggling to keep up with the number of cases being confirmed each day. Over 50 studies on the virus were published in January 2020 as scientists worked to better understand it and potentially develop a vaccine (McFall-Johnsen, 2020) but there has not yet been a vaccine developed. While this is not the only global health crisis happening in early 2020, it is likely the one to which many readers have paid closest attention. We cannot know now the impact the spread of the coronavirus will have on the globe and yet individuals and organizations are currently working to transform uncertainty about the virus into evidence that governments and the public can use to make actionable decisions. While the book under review here does not deal with the coronavirus specifically, it does engage with issues of key importance related to the coronavirus: those of medical certainty and those of medical uncertainty.

When the future seems more uncertain than ever Christa Teston's *Bodies in Flux: Scientific Methods for Negotiating Medical Uncertainty* (2017) offers readers insight into what she describes as the "backstage biomedical methods and materials" (p. 41) that shape the construction of evidence in health and medical contexts. Teston sheds light on the ways these evidences are less certain than many might like to believe, emerging from complex inter- and intra-actions between human, nonhuman, and extrahuman actors. Importantly, Teston provides readers with strategies with

which to navigate the increasingly complex networks of relations within which academics and practitioners in communication design and technical communication—particularly those interested in or involved with health and medical contexts and issues—may find ourselves, and urges us to use those strategies to better understand these networks of relations.

Teston organizes *Bodies in Flux* into six chapters. In her introductory chapter, she clearly outlines her research questions for readers: "...how are evidential worlds assembled from bodies in perpetual flux? From where does medicine's evidential weight hail? What protocols and procedures elevate everyday biological activities to positions of argumentative authority?" (Teston, 2017, p. 1). She firmly grounds her analysis in rhetorical theory, stating early in Chapter 1 that one goal of the chapters that follow is to "trace how modern medicine *does* rhetorical work" (Teston, 2017, p. 2). For readers unfamiliar with rhetorical theory, Teston provides nuanced and detailed explanations and analysis of the rhetorical concepts with which she engages, explores, and theorizes her case studies. For practitioners and academic readers alike, Teston's case studies—which make up the bulk of the book's chapters—will likely be of particular interest. Those readers with an interest in or background with rhetorical theory will likely also be interested in the rhetorical constructs Teston uses to explore each of these case studies.

In Chapter 2, "Evidencing Visuals," Teston explores "the obscure work" (2017, p. 23) of how pathologists, visuals such as pictures and stains, instruments, and disciplined bodies work together to materially evidence whether and to what degree a patient has cancer. In so doing, Teston describes engaging with such a series of relationships as "dwelling with a rapidly changing assemblage of not-quite-human objects" (2017, p. 56). This requires, according to Teston, a new definition of the rhetorical construct of *kairos* and she describes dwelling kairotically as "a rhetorical skill required for attuning to spatial and temporal contingencies of constantly changing phenomena" (2017, p. 57). One of Teston's strengths throughout *Bodies in Flux* is her skill in describing her case studies in such detail that she is also asking readers to reorient themselves

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to contexts which we may have previously understood to be more straightforward than we originally realized. Once we recognize that complexity, Teston provides us with the rhetorical tools to better navigate those situations. “Dwelling kairotically” in the face of cancer care is one such example of this.

The case study at the heart of Chapter 3, “Assessing Evidence,” will likely be of particular interest to *CDQ* readers. In this chapter, Teston focuses on the Food and Drug Administration’s (FDA) Avastin hearing, which took place in 2011. The hearings were the result of a drug company challenging the FDA’s decision to withdraw approval for a drug (Avastin) which had previously been granted accelerated approval. Like Chapter 2, Teston’s focus here is on cancer care; Avastin had been approved for the treatment of end-stage breast cancer. Teston analyzes transcripts from the two-day hearings, as well as previous FDA deliberations and clinical trial data (including inferential statistical analysis), to explore the material-discursive conditions that lead to the hearing. Teston describes her work in this chapter as opening “the black box of how inferential statistical analysis attunes deliberators to value some degrees of disease experiences or evidence over others” (2017, p. 88). Opening such “black boxes” of biomedicine is a project which will require the perspectives and expertise of individuals from diverse backgrounds; and indeed, is one to which *CDQ* readers may be particularly attuned.

Chapters 4 and 5 continue to explore the ways decisions and choice in a network of relations result in certain evidence “counting,” this time with a focus on methodological practices rather than sites. In Chapter 4, Teston focuses on Cochrane Systematic Reviews (CSRs) which, she argues, are not mere summaries of previously published data but “hard-fought arguments” (2017, p. 95). Chapter 5 is potentially Teston’s most explicitly political chapter. She contextualizes this chapter by explaining that “nearly two-thirds of women who request testing for genetic mutations correlated with an increase in breast and ovarian cancer do not receive genetic counseling (Armstrong et al. 2015)” (Teston, 2017, p. 135). More people than ever are exploring their genetics either through professional medical means or through tools like “23andMe.” Teston’s exploration of evidence in this chapter is particularly important. Here, she focuses on the “ideological, economic, and algorithmic machines that make genetic information meaningful” (Teston, 2017, p. 135-136), again focusing on the complex network of relations among human, nonhuman, and extrahuman actors that shapes what many believe to be evidence free of ideology. Noting how consumers’ evidences become a part of future databases, the ways that biomedicine continues to too often prioritize corporate interests, and the need for constant critical attention to this particular area of biomedicine, she concludes: “Before purchasing and simultaneously selling information about themselves, patients-turned-consumers-turned-reference material-turned-patients might do well to understand (if not inquire about) the nature of a particular laboratory’s methods for genetic sequencing” (Teston, 2017, p. 166).

In her final chapter, Teston shifts her focus more broadly to healthcare and issues several calls to action for readers. Echoing the conclusion of Chapter 4, Teston calls for “more cross-disciplinary collaborations among rhetoricians, technical communicators, and medical professionals” (2017, p. 170)—a call that may seem particularly compelling for *CDQ* readers. As both practitioners and academics in the fields of communication design/technical communication, *CDQ* readers have an opportunity to take up such

a call, challenging though it may be. That might be as simple as reaching out to a contact in your organization or institution to explore collaboration, or something more complicated, such as reaching out to those authors who publish work in *CDQ* to create cross-institutional or cross-organizational teams. Teston makes clear that biomedicine is more complex than it appears, and it is truly only through these kinds of cross-disciplinary collaborations that we can better make those complexities clear.

Teston sums up three key takeaways for the book as a whole: “(1) evidences result from rhetorical attunement; (2) methods matter; and (3) biomedical practice (not just health) is relational” (Teston, 2017, p. 171). After explicating each of these, she offers a final suggestion for what it might look like to “dwell with disease” now. Here Teston shifts again to rhetorical theory and calls for a *phronetic* medical practice. First explaining to readers some of the ways the Greek concept of *phronesis* has been explored by classical rhetorical theorists (“practical wisdom”) and her own interpretation (“profoundly attuned to phenomena”), Teston situates *phronesis* within the context of medical care, arguing for a type of care that might be “sensitive and beholden to our transcorporeal condition. Matter, movement, and time intersect in precarious ways. Practicing care as *phronesis* is the act of attuning to such precarity” (2017, p. 179). It is a bold claim and, were it to be taken up by the medical professionals whose work Teston explores and analyzes in *Bodies in Flux*, would transform health and medicine. Drawing on incredibly thorough work throughout the case studies she explores in the previous chapters, this call for transformation of medical evidence is a strong culmination to the book, and Teston offers two helpful vignettes for what this might look like in practice, one focusing on a woman getting re-fitted for a wheelchair and one focusing on the immunology of cancer care.

Throughout the book Teston makes it clear that part of what is happening when medical professionals and scientists attempt to navigate medical uncertainty is something that is not at all unfamiliar to communication design and technical communication practitioners and scholars: the need to make something clear enough for the audience to make a choice. Teston’s focus on the “backstage” labor that shapes supposedly certain medical evidences will likely be helpful for communication design and technical communication researchers and teachers to use in classrooms and as opportunities for considering new research sites. Indeed, each of Chapters 2-5 could stand alone easily as an excerpt from the book focusing on an individual case study. Practitioners will likely find Teston’s suggestions for “dwelling” with uncertainty useful, and though they are often grounded in rhetorical theory, Teston clearly explains such rhetorical concepts so that even those without a background in rhetoric will have a basic understanding of not only the concepts themselves but also what it might look like to put them into practice. What is clear from Teston’s book is that there are a number of opportunities for intervention at all levels of both practice and the academy, and it will likely be easy for readers of all backgrounds to identify a site or method in our own contexts which could use some attention to the “backstage” labor that shapes its results. Overall, *Bodies in Flux* is a rigorous, thoughtful inquiry into a world many would prefer was clearer and more certain than it truly is. Today, though, it is likely better that we see how uncertain such contexts truly are and begin to cultivate the attunement Teston calls for in order to better prepare for an uncertain future.

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