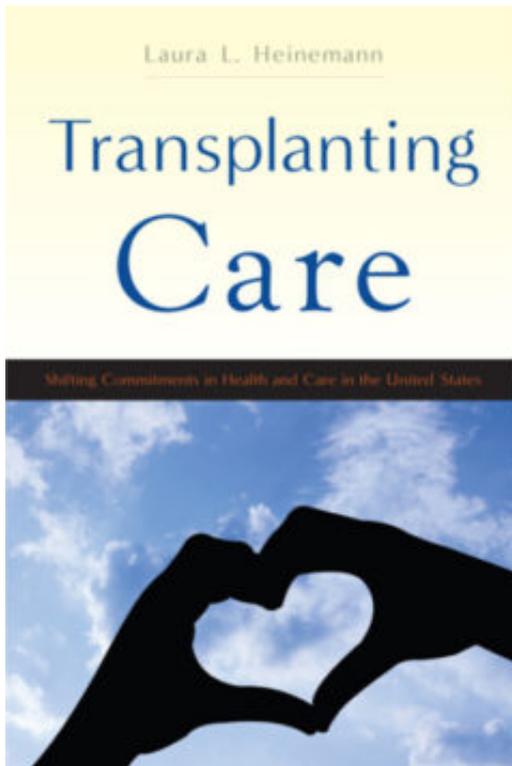


<http://somatosphere.net/?p=14264>

Laura L. Heinemann's Transplanting Care

2018-03-01 10:24:21

By Ellen Rubinstein



[Transplanting Care: Shifting Commitments in Health and Care in the U.S.](#)

[Laura L. Heinemann](#)

Rutgers University Press, 186 pp.

Heinemann's work eschews the dramatic moment of transplant surgery in favor of detailing the transplant process as it occurs across space and time, always intertwined within the rhythms and realities of everyday life. Based on 24 nonconsecutive months of fieldwork and 100 interviews with patients, caregivers, and health practitioners in the Midwestern U.S. city of "Metrotown," Heinemann shows how a "need" for organ transplantation emerges from a complex interplay of biological pathologies, social biographies, and structural inequalities. Building on Tim Ingold's (2011) concept of "wayfaring," Heinemann follows the movement of care and caring practices as people move toward, away, and through the transplant

process. She situates her work within the scholarship on the feminist ethics of care, following Cheryl Brandsen's (2006) call for a "public ethics of care" and the need for care to be treated as a shared public responsibility rather than relegating it to the private domain.

The first chapter begins with a clinical encounter as an entry point into describing how biomedicine constructs the pre-transplant body, replete with physical, emotional, and cognitive criteria that patients and caregivers must meet to become "good" transplant candidates. In chapters 2 and 3, Heinemann traces the social and material conditions that contribute to organ failure, mapping the "moral etiologies" that locate causes of disease not simply in failing organs but in failing systems of care, both personal and political.

Chapters 4 and 5 examine the overlapping roles of patient and caregiver and "reciprocal webs of care," taking inspiration from feminist philosophers who argue against strict distinctions between people who give and receive care. It is because of their role as caregivers that some patients decide to undergo organ transplants; rather than its life-sustaining potential, transplant appeals because of its ability to help individuals maintain care for others. Conversely, sometimes it is kin's failing health and patient status that leads to their "conscription" into full-time caring for others.

Chapter 6 describes the movement of care from home to hospital and back to home. Where medical care once fell under the purview of women working in the domestic realm, with the twentieth century rise of medical professionalization and specialization, physicians and hospitals (or clinics) took center stage as places that provided increasingly technically advanced care. More recent political and economic shifts are once again relegating care to the private realm, and Heinemann details the encroachment of biological apparatus into private domestic space. What emerges in this ambivalent blend of lay and clinical practices is a hybrid space where domestic life must be reworked to adapt to the intrusion of biomedical supplies and clinical routines.

Those who have the means to adapt are lucky, however. Chapter 7 relates the stories of a few individuals who find themselves without a supportive kin or community network. In these instances the existing gaps in the health care system become yawning chasms, with individuals denied access to transplant services because they cannot cobble together a post-transplant informal care team. Heinemann highlights the creative strategies that some employ to create kin-like bonds of obligation and responsibility where caring relations are otherwise absent. These strategies include a rethinking of gender roles, where men take on caregiving duties and find new forms of masculinity by doing so.

In her conclusion, Heinemann revisits how the increasing gaps in the health care system contribute to increasing health care disparities and makes suggestions for how social scientists and the “caring” professions (notably, not physicians) can work together to restore a failing health care system. Heinemann emphasizes how little the technical advances in medicine mean without sufficient resources to support the people who are ostensibly the focus of such life-saving technologies. As such, Heinemann’s book is a quiet but powerful indictment of the U.S. health care system, both the lack of preventive care and the neoliberalization of care, where patients and close kin become responsible for managing complex medical regimens—from transporting patients to and from appointments, to administering daily doses of immunosuppressants and other medications, to managing the medical machinery that turns home into hospital—in the absence of public assistance. With its clear and compassionate prose, *Transplanting Care* makes an important contribution to ethnographic insights into understandings of care, kinship, chronic illness, and the moral influences they exert upon everyday life.

[Ellen Rubinstein](#) is a medical anthropologist and Postdoctoral Fellow in the Department of Family Medicine at the University of Michigan. Her current research is on mental health care across clinical and community settings.

AMA citation

Rubinstein E. Laura L. Heinemann's *Transplanting Care*. *Somatosphere*. 2018. Available at: <http://somatosphere.net/?p=14264>. Accessed March 1, 2018.

APA citation

Rubinstein, Ellen. (2018). *Laura L. Heinemann's Transplanting Care*. Retrieved March 1, 2018, from Somatosphere Web site: <http://somatosphere.net/?p=14264>

Chicago citation

Rubinstein, Ellen. 2018. *Laura L. Heinemann's Transplanting Care*. Somatosphere. <http://somatosphere.net/?p=14264> (accessed March 1, 2018).

Harvard citation

Rubinstein, E 2018, *Laura L. Heinemann's Transplanting Care*, Somatosphere. Retrieved March 1, 2018, from <<http://somatosphere.net/?p=14264>>

MLA citation

Rubinstein, Ellen. "Laura L. Heinemann's Transplanting Care." 1 Mar. 2018. Somatosphere. Accessed 1 Mar. 2018.<<http://somatosphere.net/?p=14264>>