Reproductive Healthcare.

Each chapter within Ethical Issues in Women’s Healthcare is completely stand-alone. Some chapters are excellent—“Rural Women: Place, Community, and Accessing Healthcare” does a fantastic job framing some of the health challenges specific to rural women given their role and position in their communities. Meanwhile, “Sex Work, Ethics, and Healthcare” simply repeats the findings of a previous study conducted by the authors of that chapter.

As this example helps demonstrate, the book suffers from a lack of cohesion between chapters. Different chapters employ different ethical frameworks, and some do not cite an ethical framework at all. While some chapters utilize an ethical case-based approach, others simply report a literature review. Terminology used in one chapter often contradicts guidelines provided by another. Ironically, Chapter 9 emphasizes the importance of using non-gendered phrases like “pregnant people” in lieu of “pregnant women,” while Chapter 14 is entitled “Research with Pregnant Women.” Similarly, Chapter 5 is entitled “Drivers and Dilemmas of Female Genital Cosmetic Surgery” and discusses “female genitalia”—labia, clitoris, vagina—in spite of Chapter 9 explaining that body parts are not inherently gendered (i.e., a man may have labia, either due to an intersex variation or his transgender identity).

This book provides a grab-bag of feminist ethical topics; however, it fails to highlight their interconnectedness. We now live in an era of intersectionality theory—the theory that different elements of one’s identity are not merely additive, but interact to create unique challenges or privileges. In other words, the bioethical challenges relevant to a rural migrant woman may not be covered in the chapters on rural women or on migrant women, because these separate issues intersect with each other to create unique barriers to quality healthcare. Given the disparate nature of each chapter, Ethical Issues never really covers the interactions between issues or categories presented. Ethical Issues in Women’s Healthcare highlights important feminist issues in North America today, but in the era of intersectionality theory, this book may not be doing enough.

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Lesbian, Gay, Bisexual, Trans, Intersex, and Queer Psychology: An Introduction. By Sonja J. Ellis, Damien W. Riggs, and Elizabeth Peel. 2020. Cambridge University Press: Cambridge, UK. ISBN: (Paperback) 978-1108411486. US $45.26. 364 p.

While its conclusions are sometimes limited due to a lack of available research, this book nevertheless provides a well-written and thorough introduction to LGBTIQ psy-
chology. Readers from all disciplines can benefit from the introduction to issues common to LGBTIQ people, a marginalized population with a history of healthcare-based discrimination. Understanding relevant history and terminology of this community is particularly important for healthcare providers. Ellis, Riggs, and Peel have written the first comprehensive LGBTIQ psychology textbook, and they have done an exceptional job.

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**Designing Babies: How Technology is Changing Ways We Create Children.** By Robert Klitzman. 2019. Oxford University Press: New York, NY. ISBN: (Hardcover) 978-0190054472. US $29.95. 360 p.

*Designing Babies* is an in-depth exploration of cultural, political, and financial aspects of assisted reproductive technology (ART). Klitzman takes an esoteric topic riddled with controversy and deconstructs it for a broader audience. He utilizes detailed interviews with physicians, other providers, and patients, and quotes excerpts throughout the book to allow the reader to walk hand-in-hand with each person involved with ART. Klitzman explores each revolutionary aspect of the process and elucidates it in a scholarly yet compassionate and relatable way—including the various intricacies involved in a future parent’s difficult decision to genetically screen their unborn fetus or the various implications of a traumatic lawsuit encountered by a reproductive endocrinologist.

In the book, there seem to be no right or wrong answers to the questions that plague our society, but rather a rich, and gripping analysis of the past, present, and future. The reader is able to appreciate the history of *in vitro* fertilization and with each chapter, is able to witness how far the technology has come in the current day. With Klitzman’s writing, it’s impossible to not be amazed by the potential of ART to enrich lives yet also be conflicted about the direction it is headed. He applies his thorough research of ART and his expertise in bioethics to present solutions and changes that can be implemented to mitigate a seemingly unavoidable future.

His ability to scientifically explore yet vividly personalize the perspectives of many is what makes this work an important and timely read in this rapidly evolving landscape. While Klitzman advocates for more education about “designing babies,” his own work serves to eradicate some of the misunderstandings around ART. Anyone, from a future parent suffering from infertility and considering their options to a young woman debating whether to donate her eggs to a seasoned practitioner counseling patients and providing guidance, is sure to benefit from this read.

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**Feeling Medicine: How the Pelvic Exam Shapes Medical Training.** By Kelly Underman. 2020. NYU Press: New York, NY. ISBN: (Paperback) 978-1479893041. US $35.00. 320 p.

*Feeling Medicine* is an account of both the evolution of the pelvic exam teaching in medical school, as well as a new era in medical education which emphasizes the standardization of clinical skills, professionalism, and medical trainees being in touch with theirs and their patients’ emotions. With clear, rich, and deep prose, connections drawn between both show how much the experience of learning how to perform a pelvic exam under the instructions of lay, non-medical gynecologic teaching associates (GTAs) ultimately teaches medical students how to manage their anxiety around this sensitive exam, with an emphasis on ensuring students pay close attention to how their examinees feel throughout the exam. The work of GTAs, besides assuaging students’ anxieties, also has second-hand effects on patients who will later be subject to pelvic exams from these very students. “I teach hundreds of medical professionals a year, and that helps the countless people they will see in their careers,” wrote Althea Howes in 2017.

Underman astutely critiques the ways in which, through standardization, GTA programs have lost part of their feminist essence, which was centered around flattening the gendered hierarchies and power dynamics between medicine and women as patients, in favor of a focus towards assuaging students’ anxieties. But this work comes at a cost: the work of GTAs is intimate and places them in vulnerable positions both through repeated pelvic exams during “pelvic exam season” as described by one of the author’s interviewees, and through the contractual structure shaping their employment, not providing any benefits.

Now in my final year of medical school, I find that *Feeling Medicine* overlooks some initial aspects of clinical skills foundational to learning the pelvic exam. Early on, we practice non-sensitive physical exam on one another. Part of my experience was also learning how to draw blood, from a classmate’s arm. These experiences require that we render ourselves vulnerable, monitor our fellow classmate’s facial expression as we practice intricate maneuvers. The sense of perception that allows us to connect book knowledge to the feeling of palpating the liver or the spleen during the abdominal exam, or for