# What does it mean to ‘care’? Thinking with Annemarie Mol

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**Abstract**

Annemarie Mol is a contemporary Dutch philosopher, currently Professor of Anthropology of the Body at the University of Amsterdam (<https://www.uva.nl/en/profile/m/o/a.mol/a.mol.html>). Her ethnographic studies of health care in the 1990s and 2000s are recognized as major theoretical contributions in the field of Science and Technology Studies. In these studies, Mol explores everyday clinical interactions focused on chronic conditions, and develops theory from examining differences therein. Instead of trying to tame the messiness of everyday practice into some sort of coherent monolith, she emphasises what we learn from the differences.

In *The Logic of Care: Health and the Problem of Patient Choice*, Mol describes different logics co-existing in health care. Logics are practices that have affinities, commonalities, and coherence within a given culture at a point in time. In the book, she differentiates how logics of choice and care co-exist but differ in ways that are consequential for those living with chronic conditions. She argues that patient choice – emphasising autonomy, which is linked to ideas about freedom – will not bring about the hoped-for improvements to health care, because “it alters daily practices in ways that do not necessarily fit well with the intricacies of our diseases” (p. 2). Instead, she defends a logic of care, which is not to be interpreted solely as kindness, dedication, or generosity. A logic of care rejects fantasies of control of disease; instead, there is attentive, ongoing tinkering with what makes a difference in a person’s life, experimenting with the collective in which the person lives, in hopes of crafting more bearable ways of living.

Mol’s ethnographies of variations in clinical practice, and her resulting theories, help us appreciate that there are other ways of doing things, because they are already done differently elsewhere. And in her theory of care, Mol offers a theoretical lens against which we can reflect upon contemporary service delivery.

After introducing Mol’s core arguments about logics of choice and care, I will discuss how her ideas help us unsettle some taken for granted clinical concepts, such as risk and adherence. I will do so by providing examples from a co-analysis of current clinical routines, where children’s neuromuscular clinical teams working with researcher applied Mol’s logics.

**Primary reading**:

Mol, A. (2008). *The logic of care: Health and the problem of patient choice.* London: Routledge.

**Suggested readings:**

Gibson, B.E., Terry, G., Setchell, J., Bright, F.A.S., Cummins, C. & Kayes, N.M. (2019) The micro-politics of caring: tinkering with person-centered rehabilitation. *Disability and Rehabilitation,* DOI: [10.1080/09638288.2019.1587793](https://doi.org/10.1080/09638288.2019.1587793)

Struhkamp, R., Mol, A., & Swierstra, T. (2009). Dealing with In/dependence: Doctoring in Physical Rehabilitation Practice. *Science, Technology, & Human Values*, 34(1), 55–76. <https://doi.org/10.1177/0162243907312954>

Winance, M. (2010). Practices of experimenting, tinkering with, and arranging people and technical aids. In A. Mol, I. Moser, & J. Pols (Eds) *Care in Practice: On Tinkering in Clinics, Homes and Farms*, pp. 93–118.Verlag, Holland: transcript <https://doi.org/10.14361/transcript.9783839414477.93>

**Questions**:

Do current understandings of “patient/client-centeredness” orient more to a logic of choice or care?

How are the logics of choice and care embedded in your practice?

What would we need to ‘tinker with’ to shift physiotherapy practice more toward the logic of care?