Tatiana Pipan (ed.)
Presunti Colpevoli. Dalle statistiche alla cartella clinica: indagine sugli errori in sanità [Presumed guilty. From statistics to medical records: an investigation of medical errors] Milano, Guerini, 2014, pp. 288.

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Tatiana Pipan's anthology is a report from an ethnographically inspired study of medical errors in the Italian healthcare, conducted by a group of researchers from University of Rome 1, La Sapienza.

The introductory chapter by Pipan shows how controversial are data on – presumed – medical errors, when interpreted by the Ministry of Health, insurance companies, the Tribunal for Patients' Rights, and the Italian association of doctors wrongly accused of error (which uses the abbreviation AMAMI, i.e. "Love me" in Italian). Like several authors in this volume, Pipan used the concept of "boundary objects" (Star and Griesemer 1989). But hers is a study that reveals the ambiguity of the concept. Are "boundary objects" objects that are situated on a boundary, but, although interpreted differently, unite rather than separate; or are they objects that constitute a boundary, thus separating different actors? To use Pipan's vocabulary, are the statistics on medical errors liminal or limiting objects?

It appears that numbers, which are supposed to speak for themselves, fail to do so. There is a true "war of data" among various actors, perhaps because statistical data, like all numbers, are only quasi-objects, too soft, as it were, to create and stabilize peaceful connections among combating actors. But what type of object could play a stabilizing role? Pipan reports that the actors involved are considering a creation of an independent observatory, a digital infrastructure common to all (not an easy task), and/or a forum on which those battles can be fought systematically and openly. The media are obviously playing a key role in interpreting the data; at present in crisis, they prefer dramatic developments to peaceful resolutions. Will it change when the crisis is over? Most likely – with the change from paper media to digital media.

Francesca D'Angeli, Ester Pedone, and Barbara Pentimalli studied the role played by the many and varied digital medical records. A medical record is a special type of writing, a "chain of writings done by many hands", and it demands a special competence from its writers. A record can also be seen as a map of treatment; but, considering present trends in the European health care, will it be a map of treatment or – as suggested by Annemarie Mol (2008), who played with the semantic difference between cure and care – a map of choices made by the patients? The choices made will acquire greater importance if the legal appeals by patients become as common as they are in the USA. No doubt, however, that digi-

tal medical records have at least three functions: "memory", coordination (of cure), and, in the case of an accusation of error, legal evidence. Are they not in conflict, at least potentially? Was it always the case, or does the digitalization make the conflict more acute?

The next chapter, by Barbara Mellini and Alessandra Talamo, addresses the function of actual objects, not merely such quasi-objects as statistical data or medical records. These researchers examined nurses' equipment, in a search for objects that help to organize treatment. It turns out that some of those objects are formal and some have been introduced informally. Furthermore, there is a difference between professional nurses, who assist patients; and professionals of nursing, who organize treatments. A variety of objects – "objects-bridges", "dialogical objects" and "fused objects" – helps nurses to perform those tasks and stabilize the divisions. This further differentiation of the concept of "boundary objects" may be helpful in the concept's continuous use, making its ambiguity decipherable in a concrete context of application.

An interesting analogy also exists between formal and informal objects and the double bookkeeping routines, well known within accounting. No wonder: after all, the risk of medical errors demands a careful accounting of every task performed, but as in economic accounting, not everything can be registered properly according to formal norms. Both assisting and organizing require additional documentation, an "informal" one that cannot be presented officially, but which is extremely useful in practice.

In the chapter that follows, Carlo Caprari tells the fascinating story of a checklist that travelled from the field of aerial bombarding (1935 in the USA) on the wings of managerial fashions to the surgical theatre in a Roman hospital in 2004. Yet checklists are also quasi-objects of doubtful use. The solution conventionally applied is to improve the checklist or to create additional checklists. Checking on all important points soon becomes a ritual, and the longer or more numerous the lists, the more complicated the ritual. It does not reduce the actual complexity of the surgical theater, though; indeed, it becomes theatrical in the literal sense of the word.

In general, instruments such as checklists, provided by risk management – a recent managerial fashion – are perceived by the hospital personnel as "punishments and invasions". Caprari's interlocutors were often evoking the contrast between "art" (of cure) and "evidence" (alluding to another managerial fashion, that of Evidence Based Medicine). "Art" is doing treatment; "evidence" is the production of multiple quasi-objects that may or may not help the treatment.

Virginia Romano's chapter reports her direct observation of emergency services. Emergency services consist of three stages: the triage, the dispatch and the rescue. These three stages are documented on the emergence sheet, and Romano analyzed the role it plays: is it a documentation, a script for action, or both?

Emergency services can be seen as the epitome of organizing actions.

Triage – the assigning of degrees of urgency to wounds or illnesses – was originally launched in the 1930s by the French military for assessing wounds on the battlefield. It is an act of codification. Dispatch consists of translating the code into a script for action (Latour 2011). The actual rescue is heavily burdened by uncertainty about the accuracy of both the codification and the translation. Of course, organizing emergency rescue differs from most other types of organizing on at least two dimensions: speed and the cost of an error (that is, the volume of risk). But it is exactly because of these two differences that the study of emergency services – an extreme case of organizing – is of value in understanding organizing.

Barbara Pentimalli's chapter presents a fascinating case of disembedding: a travel of medical records from the hospital to the Tribunal for Patients' Rights. All of a sudden, the records become like Sumerian tablets, to be interpreted independent of the writers' intentions. Moreover, because they have been written by many hands, the records are an extraordinary example of what Mikhail Bakhtin called "variegated speech". It is not even certain that readers at the Tribunal would understand the dialects and jargons used in the clinical records, but they will certainly attempt to decipher them. The resulting interpretation may or may not coincide with the intentions of the writers, but this is true of all texts, including those written with numbers. Will all the parties involved in the interpretation be willing to accept this and other conclusions drawn by the researchers? A confrontation with the practitioners (who, hopefully, will be interested in the book) should tell.

The team's explorations are characterized by a meso-perspective: in-between the micro images of personal interactions and the abstractions of macro-theorists. In my reading, that perspective is extremely useful for practice and theory alike.

As to further research, the volume contains many threads that would be worthy of further research topics. It would be of great value if comparative studies were conducted in other European health systems.

References

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