

**Testing for life?: Emergent regimes of sociotechnical governance**

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Laboratory, imaging and other medical tests play a vital role in diagnosis and screening for disease. It is perhaps unsurprising then that clinicians and patients have high expectations of tests in healthcare and the use of tests is increasing in many countries (Verstappen *et al.*, 2014). While many people undoubtedly benefit from early diagnosis through testing, research shows that some tests may lead to unnecessary and costly, if not harmful, treatment. Moreover, a growing body of evidence suggests that over-testing is becoming a significant problem globally with implications for clinicians, patients and the health system (Morgan & Coleman, 2014; Moynihan *et al.*, 2012). Importantly, pervasive medical testing and related imperatives, such as the broadening of diagnostic categories and the expansion of health surveillance, bring an ever-widening range of people within the purview of medicine. These developments raise pressing social, politico-economic and ethical questions. For example, how do testing practices configure the relations between risk, health and disease? How does testing contribute to contemporary regimes of biopower and health governance? What role do different stakeholder groups (e.g. pathology services, peak medical associations, patient organisations) play in decisions about appropriate tests for each patient context: who should be tested and when? Who are the most influential actors in policy and practice? What does ‘informed choice’ mean in a context where choosing not to be tested or screened would mean the loss of access to certain health and social services?

In keeping with the interdisciplinary focus of *Science, Technology and Society*, this special issue aims to address the **socio-technical, politico-economic and ethical implications of the rise and expansion of testing in healthcare**. Following existing scholarly work on the sociology of medical testing, we conceive testing and screening as *social interventions* as much as medico-technological ones (Armstrong & Eborall 2012). As such, they raise significant social, political, economic and ethical concerns that warrant critical scholarly attention. We are particularly interested to explore how testing technologies and practices in different healthcare contexts produce novel regimes of sociotechnical governance and new, medicalised subjects. In broad terms our interest lies in the **contribution of science and technology studies (STS) to understanding the rise and expansion of diagnostic testing and screening**.

We invite articles that explore topics such as:

- The epistemology of diagnostic testing and screening, e.g.:
  - What role does promissory discourse play in generating and sustaining optimistic expectations for healthcare testing?
  - How has consensus about the benefits, limitations and risks of different kinds of tests been established?
  - The processes of ‘evidence-making’ in relation to knowledge about medical testing, e.g. What forms of evidence are drawn on to support claims about the effectiveness of healthcare testing?

- How are scientific ‘facts’ about particular tests established and what political and social practices are involved in producing these facts?
- What are the connections between medical testing and the management of risk and uncertainty? What contributions do STS perspectives offer to understandings of medical (un)certainty?
- The politics of healthcare testing and population-based screening e.g.:
  - Who are the ‘choice architects’ (Thaler & Sunstein 2009) who seek to promote particular testing technologies by influencing the conduct of policymakers, clinicians and patients along certain preferred diagnostic paths? How do these actors ‘nudge’ people to take part in screening and diagnostic testing without infringing on ‘free informed choice’?
  - How does the expansion of testing produce new modes of monitoring and regulating health?
  - What role do patient and citizen advocacy groups play in the demand for particular medical tests or screening programs? Do the ‘worried well’ exert particular influence?
  - The relationship between new testing technologies, markets for tests, and the expansion of healthcare testing
- Producing subjects/the subjectification effects of diagnostic testing and screening
  - What is the role of screening in producing populations and new kinds of medicalised subjects?
  - Do contemporary practices of diagnostic testing imply particular kinds of citizenship?

*Kindly note that the suggested topics above are a guide only and we will also consider papers addressing other topics related to the special theme. Potential contributors should send an abstract of up to 200 words to [kiran.pienaar@monash.edu](mailto:kiran.pienaar@monash.edu) by **31 October 2018**. Please include with your response details of all authors’ **institutional affiliation(s) and contact details**.*