

particolare, il trasferimento di nuove conoscenze e biotecnologie innovative in campo medico solleva diverse questioni di tipo sociale, politico, economico ed etico come, ad esempio: come allineare ricerca fondamentale e lavoro clinico? Quali sono le conseguenze politiche, sociali ed economiche di questo allineamento? Quale ruolo può essere rivestito dal paziente o dal potenziale fruitore delle nuove conoscenze in campo biomedico?

Il nostro contributo si basa su una ricerca sociologica di tipo empirico finanziata dalla Maison des sciences de l'homme et de la société di Tolosa (MSHS-T), condotta mediante tecniche di ricerca qualitative (interviste semi-strutturate e analisi di documenti) su uno studio di caso in Francia. La ricerca studia in particolare le dinamiche del trasferimento di tecnologia relativo ad una procedura innovativa di sequenziamento del DNA (chiamata "MicroLAS") più rapida e più economica di quelle attualmente utilizzate, con ricadute potenzialmente molto importanti nella prevenzione delle recidive del cancro e nell'analisi del DNA fetale libero circolante nel sangue. Tale trasferimento di tecnologia viene effettuato da un laboratorio pubblico di ricerca (il LAAS-CNRS) verso un'impresa privata (l'azienda Picometrics), attraverso la mediazione di una società di accelerazione del trasferimento di tecnologia finanziata con fondi pubblici: il Toulouse Tech Transfer (TTT). Le conclusioni verteranno sull'evoluzione delle modalità di collaborazione tra laboratori di ricerca pubblici e imprese private nel settore delle biotecnologie ad uso medico, sugli ostacoli e sui fattori facilitanti legati al trasferimento di biotecnologie e alle conseguenze politiche e sociali ad esso collegate.

### **The medication reminder as enforcing a medicalised perspective on daily life**

*Francisco Nunes (Universidade Nova de Lisboa)*

In recent decades, western countries have invested large amounts to research and develop technologies for people living with chronic conditions. Technology was the key enabler of a care reform that would shift patients from institutionalised settings to the home, where they would self-care – or manage the condition by themselves. Self-care technologies were often framed as promoting 'choice', 'autonomy', and 'emancipation', however, that might be well detached from the everyday experience.

In this paper we discuss how self-care technologies can impose a medicalised perspective on daily life. In particular, we discuss how the medication practices of people living with Parkinson's, that include planning, delaying, and skipping medication, contrast with medication reminder applications that promote blind adherence to a strict schedule with no possibility for exceptions or adaptations. Medication reminders seem to have incorporated a medicalised perspective on selfcare, where it is not about practical challenges and negotiations, but about complying with medication at the right time at all cost. While medication reminders were supposed to be tools for helping to weave medication into the daily life, they ended up functioning as tools that promote strict daily schedules. The example of medication reminders shows that self-care technologies can contribute to enforce a medicalised perspective on patients' everyday lives. What is most concerning though is that such enforcement can lead to further disciplining patients in a relationship dominated by doctors and healthcare systems.

### **Frozen oocytes: polemic bio-objects to reconfigure women's and men's wishes, fears and contradictions**

*Lucia Martinelli (MUSE Trento); Lucia Busatta (Università di Trento); Lucia Galvagni (Fondazione Bruno Kessler); Cinzia Piciocchi (Università di Trento); Arne Luehwink (Arco ART Center, Provincia Autonoma di Trento)*

Assisted reproductive technologies (ARTs) offer favorable insights for analyzing women's and men's wishes, fears and contradictions through processes continuously negotiated in the intersection of science, politics and society. In our study, analysis of narratives of various actors involved in ARTs, in Internet-based social networking sites as well as during 2 focus groups with patients and stakeholders, pointed out the ambiguous interpretation of biology innovations as promoter of new opportunities or new facade of enduring contradictions. 'Timing' and 'aging' are particularly stressed in medical narrative, as well as in the web sites of private clinics to recruit patients. This is quite noticeable in the case of social freezing, i.e. the autologous human oocyte cryopreservation to store women's eggs to be used later by the same donor for 'elective' (non-medical) reasons, which poses new questions about timing related to fertility decline and motherhood. In distorted information, social freezing to postpone parenthood is proposed as a suitable alternative to conventional reproduction. When this practice has been proposed as a new opportunity to conciliate professional needs and pregnancy, it has also been questioned if such need should be better deserve proper changes in social and working organization. A more inclusive society should instead find concrete structural solutions for supporting women to conciliate motherhood with social/professional lives. By shifting the awareness from a medical procedure to social relations, frozen oocytes become polemic bio-objects and pose the questions "what is / who decides which is the 'right' time to be a mother" and point out as ARTs may result in a medicalization of social problems.

### **Old policies, new science and global publics: governing stem cell research and therapies in India and China**

*Saheli Datta (King's College London)*

In 2012, China issued a one-year trial ban on unapproved stem cell therapies. A year later, India published the 'Guidelines for Stem Cell Research' ostensibly dropping the word 'therapy' from its earlier 2007 edition. The problem is that despite these policies, the stem cell therapy industry in both nations continues to grow. I argue that this governance dichotomy- strengthening policies and unhindered growth of divergent practises- emerges from