

## Book reviews

**Legal and Healthcare Ethics for the Elderly.** By George P. Smith, II. Pp. 207. (Taylor & Francis, Bristol, PA, USA, 1996.)

This small volume of twelve chapters and four appendices is tightly packed with information, data and anecdotes on the plight of United States elders with respect to health care. Unfortunately, Smith does not provide a precise statement of the purpose for this volume in either the Preface or the introductory chapter on 'Aging as a Phenomenon' and the reader is left to wonder precisely where the author is heading. Smith concludes his Preface by stating '... the task becomes one of finding a good balance or point of equilibrium that supports measured medical progress, yet seeks to prevent illness and reduce the debilities of old age rather than promote high-technology cures that in truth are palliatives.' Smith tackles this general issue throughout the remaining chapters.

In Chapter 2, Smith attacks delivery bias in health care and examines the right of access to health care services. He reports that a 'fair number of physicians appear to use chronological age as the most important factor in the decision-making process to deliver or withhold medical treatment ...' Thus, 'negative characteristics ... , poor prognosis, cognitive impairment, limited life expectancy, decreased social worth, and decreased quality of life are attributed to the elderly because of their age.' Smith promotes a New Healthcare Delivery Ethic '... stressing the need to withhold curative, or life-extending technologies for the critically ill, likely terminal, or irreversibly declining patient, unless two conditions are met simultaneously: namely, a good probability the treatment will modify in a significant way the direction of the underlying illness by arresting or reversing its course of development and a positive long-term patient outcome is achievable.' In Chapter 3, Smith examines the complex manner by which health care for elders is financed in the US, which ranges from 'assaults on autonomy' to 'benevolent paternalism' and how this leads to numerous common ethical issues. He finds that '... the central ethical issues arising from the complexities of health care financing are ... the extent to which quality of care can be assured and a level of cost efficiency maintained within the system itself.' Included are discussions of Medicaid and Medicare financing, current efforts at cost-containment through use of Diagnostic-Related Groups (DRGs) and Prospective Payment Systems (PPSs), The Older Americans Act (OAA), Noninstitutionalized Long-Term Care, and Health Maintenance Organizations (HMOs), Preferred Provider Organizations (PPO) and competition between such groups. Given all these changes in health care financing it appears that today patients, particularly the elderly, '... are released even if they are weak and in considerable pain from surgery. The end result of early discharge is longer recovery periods, continuing complications, and sometimes premature death.' Smith concludes Chapter 3 with two current suggestions for curbing Medicare costs: 1) reduced '... payments in the last 2 years of life through greater use of advanced

directives and hospice care and less aggressive interventions (e.g. do not resuscitate orders); 2) ‘... encourage the use of long-term and primary care services designed to maintain functional independence and avoidance of hospitalizations.’

Smith uses Chapter 4 to examine issues of economic efficiency, prioritizing and rationing of health care. Although ‘ideally, the delivery of medical care resources should be shaped by standards both of economic efficiency and of commitment to individual patient needs ... these two principles are having a disrupting influence on the health profession.’ Furthermore, ‘rationing has been in effect for quite some time’. ‘Renal dialysis and heart transplantation are perhaps the two most relevant examples of contemporary rationing’, and Smith examines how these have developed. On the other hand, prioritization refers to the limitation of covered benefits so that fewer are available or covered within a plan. However, when beneficial health care is denied prioritization becomes rationing. In the future, prioritization could be viewed in terms of ‘... net benefit, ... defined in terms of longevity plus quality of life.’ Then, ‘the productivity of health care ...’ may be measurable in terms of ‘quality-adjusted life years (QALYs)’. In the next five chapters, Smith explores ‘Issues of Autonomy, Competency, and Guardianship’, ‘Informed or Negotiated Consent’, ‘Advanced Directives’, ‘Treatment and Nontreatment Decisions’ and ‘The Nursing Home Industry’.

Chapter 10 begins with a Patient’s Bill of Rights for residents in long-term care settings. Smith finds that individual autonomy for the elderly in long-term care is compromised most by the routine, regulation and restricted opportunities that typify these communities. To advance and enhance options for personal autonomy, Smith suggests that ‘... absolute rules should be replaced by procedural mechanisms that advance ... equity among all residents’. Additionally, ‘... every incident within the nursing home ...’ need not be structured ‘... as a health care decision’. In the penultimate chapter, Smith explores: ‘death with dignity’ and the ‘right to a good death’. From the bioethicist viewpoint, he enumerates three ethical components to the right to die: 1) ‘right to have full information provided ... regarding one’s medical problems in order that one may give an informed consent to treatment or nontreatment’, 2) ‘a right to both human company and care’, and 3) ‘a right to die unmolested by meddle-some procedures, including a right to refuse certain types of treatment.’ ‘In the final analysis, it is the physician’s responsibility to create a medical environment that promotes a peaceful death.’ In the final chapter, Smith looks towards the future and concludes that ‘... only by limiting ethically inappropriate and medically unnecessary care will medical costs ever begin to be brought under control. ...’

In this short volume, Smith provides a thorough and eclectic review of legal and ethical issues surrounding health care delivery for US elderly. Smith has produced a well-researched and referenced volume packed full of useful and timely information for anyone interested in current health care issues affecting elders. This volume should be read not only by biomedical researchers and health care workers, but also by the lay public, the elderly, and anyone who is or has a relative who soon will be in need of long-term care.

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**Consuming Geographies; We Are Where We Eat.** By David Bell & Gill Valentine. Pp. 236. (Routledge, New York, 1997.) £14.99.

This is one of those rare and thoughtful books that help to blur the hackneyed distinctions between anthropology and sociology, science and critical theory. The focus is on the social geography of eating, and on the multiple ways in which folk experience and pop culture permeate dietary attitudes and practice. At first sight the book holds scant prospect for an empirically voracious biological anthropologist, but tuck in and you will soon be clamouring for dessert. It provides exposure to some of the more digestible and salient aspects of post-modernist thinking. We learn how a variety of social observers have come to understand the ways in which food choice, preparation and consumption are integral to the development of individual, household, community, regional and national identities. Do not be discouraged by the potted references to Bordieu, Foucault and the like. Eating is presented as a lens through which issues of health, gender, life history and inequality can be viewed. The book argues not simply that what and how people eat is in some sense determined and constrained by social values, cultural beliefs, class, age, gender and ethnicity, but that consumption as a set of activities deeply imbued with meaning is used to construct social relations. It therefore provides crucial insights for scientists interested in the biocultural aspects of nutrition.

I commend many features of this book. The text makes excellent use of an extensive bibliography, which will provide a rapid entry into the social science literature on food for several years to come. Its publication flags and critiques the small explosion of literature on food and culture published in the last 5 years. A jaunty, humorous and incisive writing style facilitates the presentation of wide-ranging and subtle ideas. The bold use of quotations from vernacular informants talking about myriad aspects of consumption is revealing, entertaining and renders the text excellent for teaching purposes. The logical progression of scale and ideas ensures coherence. After Chapter 1 deftly establishes food as popular culture, successive chapters review the literature on links between food and body image (eating disorders, obesity, notions of healthy eating); how eating articulates with emic definitions of what constitutes the 'home', 'proper meals', and power relations among household members; how eating is important in forming communities (located in space as neighbourhoods or commercial clienteles, in time as ethnic identities, and in both space and time within institutional settings such as schools, workplaces, hospitals); the role of restaurants and supermarkets in defining life in the modern city; the regionalization of food production; the characterization and regulation of consumption within nations; and the role of expanding diet breadth in the politics of global citizenship.

From the perspectives of anthropology, biology and clinical nutrition some interpretations of the cultural patterns discussed could be deemed inadequate. The unacknowledged privileging of anglophone Western societies in choosing case studies limits its theoretical scope and will be frustrating to readers interested in dietary practices in developing countries or other European cultures. References to scientific findings are weak (e.g. a British Sunday paper is the authority for statements on the uterine effects of caffeine and folic acid, p. 46). Questions about the evolutionary underpinnings of certain behaviours are never addressed, perhaps because they seem

obvious to the authors (Why do we show aversions to certain substances redolent of bodily emissions, or certain predilections to family formation? Why should the recent emergence of ‘gastro-pornography’ in advertising successfully induce women to buy?). None of these criticisms detracts from the potential value of the book as a lively reader for the biosocial scientist seeking to orient to the sociological literature on eating, or as an authoritative introduction to ‘cultural’ and ‘political’ issues when incorporated into undergraduate courses on nutritional anthropology.

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**Human Families. Social Change in Global Perspective.** By Stevan Harrell. Pp. 598. (Westview Press, Oxford, 1997.) £55.00.

The bulk of Stevan Harrell’s 550-page text is devoted to descriptive data on four civilizational types: *band-organized societies* – male-egalitarian hunting–gathering peoples in demes of 100 or so individuals (for example Mbuti, Naskapi, Walbiri); *rank-organized societies* – in demes of thousands (for example African tribes, Polynesian Island kingdoms); *complex but pre-modern societies* – (for example South Asian peasant and Mediterranean rural dwellers in the early-to-mid twentieth century); and *modern societies* – peoples who are the product of fully-fledged, industrialized nation states (for example the USA, Japan, Northern Europe).

The implied scheme is social evolutionary. Thus, between the types (actually stages) occur Three Great Transformations: sedentarization, the emergence of social classes, and industrialization (still in progress). Strictly speaking, the scheme objectifies only disparate technological and political factors, since we will never have adequate knowledge of band and rank societies as they were *before* the emergence of the two later – and now pervasive – societal forms (Complex and Modern) (see p. 49 n. 3). This qualifier – one of many issued by Harrell throughout the book – aims to ensure the knitting (or even ‘forcing’) together of huge amounts of data not restricted just to ‘families’.

A definitive influence on family form and family growth (‘the family developmental cycle’) has been the family’s attachment or non-attachment to property, an insight going back to Morgan and Engels in the nineteenth century. Such a generalization – in this case about property – means, by Harrell’s own admission, the ‘forced unity’ of extensive and superficially diverse data on great swaths of the world’s peoples. For example, in the ‘C-cluster’ (‘C’ for Premodern Complex Societies, Part 6 of the book), Harrell assures us:

‘Because of this forced unity, *we can group together* systems from Japan and England, from China and the Balkans, from Java and Spain, and expect them to be *explicable in the same kinds of terms*. It is in the pre-industrial, but complex, stratified, state societies of the “great civilizations” of Asia, Northern Africa, and Europe, that we find *a particular kind of family system*, a system which, in the end, can be explained, both in its commonalities and in its geographic particulars, by the necessity of families to adjust

their membership and operation to their particular rights to property in the basic factors of production: land, labor, and capital.' (Page 365 – emphasis supplied WDW.)

The question is whether readers, wanting to flesh out this satisfying if wordy proposition, will be willing to plough through the mass of descriptive summaries, the numerous low-level comparisons, and indeed the many loose ends.

In some ways the book resides in a kind of time warp, as though the resurgent Marxist styles of the 1960s and 1970s had never been challenged. The author acknowledges that he began it in 1979 yet readers looking for perspectives on the family and the developmental cycle concept will find that Harrell either summarily rejects or simply omits to mention approaches which, even then, proved very fertile and suggestive: Buchler and Selby's statistical and stochastic approaches to domestic groups (*Kinship and Social Organization*, 1968), the 'Westermarckian' Chinese families revealed by Arthur Wolf, the 'atom of kinship' devised by Lévi-Strauss, families with patrilineal parallel cousin marriage (*Kinship, Honour and Solidarity*, by Ladislav Holy, 1989), and the many studies making highly productive calls on the Human Relations Area Files (for example *Marriage, Family and Kinship: Comparative Studies of Social Organization*, by M. and C. R. Ember, 1983 or *Female Power and Male Dominance: on the Origins of Sexual Inequality*, by Peggy R. Sanday, Cambridge University Press, 1981).

But despite its lacunae, *Human Families* shows diligence and seriousness in giving us yet another valuable 'take' on all those well-known (and still not threadbare) cases – the Australian aborigines, the !Kung and G/wi peoples of the Kalahari, the Kwakwak'awak (Kwakiutl) of potlatch fame, plus early modern Normandy, modern gay male and lesbian partnerships, and about a hundred more variations of possible families all arranged for purposes of the argument in six geographic 'clusters'. We learn that before long only varieties of the final stage 'M-cluster' (Modern Family Process) will remain, characterized by their members' virtually unlimited freedom of choice, self-criticism and self-expression.

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**Human Adaptability: Past, Present, and Future.** Edited by S. J. Ulijaszek & R. A. Huss-Ashmore. Pp. 325. (Oxford University Press, Oxford, 1997.) £65.00.

Not so long ago, 1960s retrospectives were all the rage among the Beatles generation. Thus, just as art and life imitate one another, so also do the papers in this book reflect upon the aims, methods, achievements and anxieties of human adaptability studies since their inception over 30 years ago with the International Biological Programme.

After a summary editorial Introduction, the chapters fall into two groups. One set (Parts 1 and 3) comprises wide-ranging reviews which encompass the conceptual, terminological and methodological minefield of 'adaptation' and 'adaptability' as applied at individual and population levels (Ulijaszek, Harrison, Schell, Huss-Ashmore and Thomas). From these four chapters emerges a sense of profound angst which has various sources. One is the long-standing tension between adaptationist or evolutionist

ideas guiding attempts to account for human biological diversity on the one hand, and on the other the interventionist or public health ethic which has increasingly driven research funding mechanisms. A second is the seductive desire for multi-disciplinary studies with a holistic character, which an individualistic sub-disciplinary myopia has too often left unconsummated. A third is the related, almost Popperian difficulty of linking broadly framed descriptive or theoretical studies to the arguably more rigorous scientific exercise of applying the hypothetico-deductive method empirically. A fourth source lies in the strange sociology of the relationship between the endeavours distinguished as biological and social sciences.

There is much merit in this navel-gazing. The thoughtful reader will be chastened by it, and should view with appropriate awe the eight case studies which comprise Part 2 of the volume. These summarize the principal findings, strengths and weaknesses of studies on African pastoralists (Little) and agriculturalists (Huss-Ashmore), the populations of Papua New Guinea (Norgan), Samoa (Bindon), the Peruvian Andes (Thomas), the Arctic (Shephard) and Aboriginal Australia (Ulijaszek). The general significance of the long and pioneering sequence of mainly biomedical studies in The Gambia is also summarily reviewed (Huss-Ashmore and Ulijaszek).

Many themes recur. Exploratory tests of models of genetic adaptation are represented by studies of non-insulin dependent diabetes mellitus (Bindon, Ulijaszek), hypobaric hypoxia (Thomas), and physical capacity for work (Shephard). The impact of 'modernization' and the associated interplay between social or cultural change and hormonally mediated stress responses are highlighted by the longer term studies (Norgan, Bindon, Shephard). Patterns of infectious disease epidemiology with their underlying links between nutrition and the immune response (Huss-Ashmore and Ulijaszek) provide a third focus of common interest. Regret over the poor integration of multi-disciplinary research designs (Norgan, Thomas, Shephard), and the wish to have incorporated more social and cultural data in earlier work (Norgan, Bindon, Ulijaszek, Thomas, Shephard) also reflect the outcome – and debatably also the wisdom – of hindsight.

In his contribution, Nick Norgan refers to Attenborough and Alpers' designation of Papua New Guinea as 'The Small Cosmos'. Certainly some of the human adaptability projects were designed to be so cosmic in scope as to aim to be *the* 'massive definitive study in the broad field of human ecology' (Shephard, p. 240). A case is the progressively more and more baroque development of the monumental Andean energy flow study (Thomas), which a cynic might consider to exemplify a variety of intellectual black hole absorbing all types of data without emitting any light. Such visions of Nirvana may in practice be unattainable and best reserved to moments of meditative calm. Nevertheless, the editors of this thoughtful, self-critical and instructive (if poorly proof-read) volume are to be congratulated for bringing together the contributions of such distinguished exponents of human biology and for drawing appropriate lessons for the future.

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