

# Book Reviews/Comptes rendus

Northcott, Herbert C., and Wilson, Donna M. *Dying and Death in Canada*. (2nd Ed.) Peterborough, ON: Broadview Press, 2008.

Reviewed by Paul Morgan Baker, University of Victoria

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This is an update of Northcott and Wilson's 2001 book, which continues to be a useful introduction to some of the key areas in the field of death and dying. As with the first edition, a multidisciplinary approach is used: the authors come from sociology and from nursing; most of the cited works come from health-related fields, with a focus on Canadian sources. This review assumes that the overwhelming majority of readers will be students, learning about social, psychological, and medical aspects of death in Canada.

The first chapter of *Dying and Death in Canada* deals with death among Canada's aboriginal inhabitants, the effects of European immigrants on patterns and rates of death, and the significant changes in causes and levels of mortality with the advent of twentieth-century lifestyles, medical care, and public health initiatives. Many of my students find this chapter to be a real eye-opener when they read about the decimation of the aboriginal populations and the persistently higher mortality rates in that group today.

The second chapter gives three tables and two figures of statistical data on current Canadian mortality, but it could benefit by the addition of a few more tables showing the dramatic increase in life expectancy over the past century, the significant age differences in cause of death, comparisons with less-developed nations, and variations in death rates by province and territory. This chapter's strength is its explanation of the difficulties in ascertaining "the" cause of death, from a medical perspective. The issue of determining the proximate and distal causes of death is briefly noted, but more discussion of accidental deaths would be very helpful. For example, young students are often unaware of how *unlikely* they are to die of anything, and of the preventable predominance of motor vehicle deaths in their age group; they also tend to overestimate greatly the statistical importance of HIV/AIDS in the general mortality rate in Canada. Finally, a useful teaching topic might be a discussion of the leading accidental cause of death—falls—among the aged. Comparisons with motor vehicle accidents would necessarily involve debates about individual responsibility, limits to prevention, and so on.

Chapters 3 and 4 are very strong and give students important insights into the social and cultural forces that

affect dying in Canada. The emphasis is on current beliefs and practices in the domains of family, religion, the law, and health care. The description of some of the changes and contradictions in our health care system introduces students to a number of key issues, including euthanasia, costs of dying, and palliative caregiving. Summaries of the iconic Canadian literary works on dying—*The Stone Angel* (University of Chicago Press, 1993) and *Who Has Seen the Wind* (McClelland & Stewart, 2000) open a chapter on cultural variations. This edition of *Dying and Death in Canada* adds a brief discussion of recent studies on Chinese-Canadian beliefs and practices to the authors' previous survey of non-Christian cultural understandings of death. This is very useful to students, but instructors may need to add Hinduism and other major religions to their list, and they might also need to point out the relatively low levels of conventional religious adherence in Canada. The brief discussion of types of death (physical, social, psychological, legal, and so on) is an important part of this chapter, as is the reminder that dying persons are often stigmatized, and that this negative label has real consequences for them and for their caregivers.

Chapter 5 deals with psychology: how do individuals face death? The essential concepts of trajectories of dying and awareness contexts (from Glaser and Strauss) are well described, and throughout this chapter, case studies (such as the one on Sue Rodriguez) really bring the somewhat abstract ideas about dying close to home. Discussions of fear, denial, risking death, and choosing to die will provide grist for much classroom debate. The authors describe with care the many possible ways to meet death, and the importance of understanding how to discuss value-laden perspectives. They make the student think hard about the intersections among religion, medicine, the law, and personal values.

The final chapter is about grief. Newly added is a section on the death of a grandparent, but the single paragraph should be expanded by teachers, who could note the changed structure of the Canadian family, as well as problems of step-relations (children of remarried parents face a complex situation). Earlier in the book, the authors give the necessary critiques of Elizabeth Kübler-Ross's "stages of grieving/dying"; here, they provide a solid summary of what we know about

the many variables that affect how people grieve, and the many types of grieving, including a note about Doka's "disenfranchised grief."

This is a useful Canadian resource for students and teachers, but as the authors note, it is meant to supplement the more comprehensive (and American) textbooks in the field. One of the book's key themes is that "there are many different ways of dying." A homily, perhaps, but necessary: social scientists and health professionals know that they must recognize individual variations in this experience, while still emphasizing the social, cultural, legal, and bureaucratic forces that give some common structures to death and dying. The brief appendix of sources in this edition now lists mostly websites, which is appropriate, but it certainly could be longer and should include an expanded recognition of the data provided by Statistics Canada, Health Canada, the Public Health Agency of Canada, and the vital statistics websites of the provinces and territories.

What is missing? Although one cannot fault a brief book about dying in Canada for being narrowly focused, I wonder about the lack of discussion of warfare and genocide. Canada continues to lose soldiers

in foreign wars, and the genocides in Rwanda had a profound impact on Lieutenant-General Roméo Dallaire, former commander of the UN peacekeeping force in Rwanda. The failure to prevent the genocides there is documented in the video *Shake Hands with the Devil* (Canadian Broadcasting Corporation, 2004). Students need to be made aware of the history of murder on such a massive scale (by Stalin, Hitler, Pol Pot, et al.). The book also sadly missed or skimmed over other topics that have Canadian content: homicide (in the news daily), serial murder (e.g., Clifford Olson), mass murder (e.g., Ecole Polytechnique), and suicide (which kills roughly 3,500 Canadians each year). Also, mention should be made of terrorism (e.g., 331 deaths in the Air India bombing) and of the many disasters that have affected Canadians (e.g., the Halifax harbor ship explosion in 1917, airplane crashes, the Ocean Ranger sinking, the Westray mine deaths, and the 2003 SARS outbreak in Toronto that killed 44 people).

I look forward to an improved third edition in a few years' time, and recommend this book highly to anybody teaching a course on death and dying.

Gogia, Prem P., and Rastogi, Nirek. *Clinical Alzheimer Rehabilitation*. New York, NY: Springer, 2009.

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Alzheimer's disease is one of the greatest health challenges faced by researchers, health care practitioners, policy makers, long-term care facility staff, and certainly by older adults and those important to them. The Alzheimer Society of Canada, on their web site, identifies 1 in 11 of Canada's older adults as having Alzheimer's disease or a related dementia. Within a generation, the Society anticipates that the number of Canadians with Alzheimer's disease will more than double.

Alzheimer's disease extends beyond the older adult to the family. As the disease progresses, clients become increasingly reliant on informal and formal caregivers to meet even their most basic needs. Given its prevalence and the wide range of issues surrounding Alzheimer's disease, it is important that current information be provided to all those affected by the disease. *Clinical Alzheimer Rehabilitation*, by Prem P. Gogia and Nirek Rastogi, is a resource for a range of diverse individuals and population groups involved in caregiving. The book provides up-to-date information about the challenges and related care of dementia—resulting

particularly from Alzheimer's—in the older adult population.

The book, which is presented in the form of a textbook or guide, is written clearly and concisely, making it straightforward for most readers, certainly for professionals. In writing for the general public, however, authors must consider reading ability: books must be easy to read to accommodate Canada's diverse cultures, religions, languages, lifestyles, and educational levels. Although this text—such as the refresher course on genetics in chapter 3—is not written at the appropriate level for many members of the lay public, professionals will nonetheless find this book of use. The book is divided into 11 chapters, each describing a different aspect of the disease process and related life needs of the older adult. Chapter titles include these: Dementia Syndrome, Causes of and Risk Factors for Alzheimer Disease, Long-Term Care of People with Alzheimer, and End-of-Life Care for Persons with Alzheimer Disease. The chapters all have a strong evidence base, primarily drawn from US work although there is the occasional Canadian reference.