

Reviews

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Jacqueline H. Watts, *Death, Dying and Bereavement: Issues for Practice*, Dunedin Academic Press, Edinburgh, UK, 2010, 124 pp., pbk £14.50, ISBN 13: 978 1 906716 08 0.

This small volume is the 11th of 13 titles in the *Policy and Practice in Health and Social Care* series edited by Joyce Cavaye and Alison Petch. The series aims to provide an introduction to key topics from a primarily Scottish perspective. Jacqueline Watts's contribution has seven chapters which together provide a readable and accessible overview of some important themes in death, dying and bereavement. The book is suitable for undergraduates and other students of the health and social care professions. It provides some contextual background in terms of mortality and morbidity trends in the United Kingdom (UK), showing how these have changed rapidly in the last century, before going on to present synopses of contemporary challenges for policy and practice and some insights into the rich theoretical perspectives in this field of research and scholarship. Diversity, communication and the philosophy and practice of palliative care are overarching themes. The material on religious and spiritual aspects and on bereavement and loss is particularly interesting, and provides an excellent resource on which to base further research and study. Similarly, the interweaving of theoretical literature at various points makes for lively and thought-provoking reading. I would have liked to have seen some more case study examples: where these are used they make a valuable contribution to understanding.

The material on the ethical aspects of end-of-life care is less well developed than other aspects and the book only very briefly touches on debates about assisted dying. In so doing, it presents a rather outmoded set of categories and definitions associated with euthanasia. Similarly, it does not really grapple with the implications of the policy shift from 'palliative' to 'end-of-life' care, nor the pervasive prognostic uncertainty now commonly associated with life-limiting illness. This uncertainty means that many people never assume the status of 'dying' before death: as a consequence, the old model of palliative care (that was predicated on a clear transition to 'dying') is barely fit for purpose. However, discussion of this is perhaps beyond what should be expected of the volume. It provides a very useful guide to some key innovations in policy, especially the *End of Life Care Strategy* in England (Department of Health 2008) and the Scottish equivalent, *Living and Dying Well: A National Action Plan for Palliative and End of Life Care in Scotland* (Scottish Government 2008). Both are landmark documents insofar as they are the very first national care strategies published in the UK to be aimed at improving end-of-life, and they are driving significant changes in policy and practice.

References

Department of Health 2008. *End of Life Care Strategy: Promoting High Quality Care for All Adults at the End of Life*. Central Office of Information and Department of Health, London.

Scottish Government 2008. *Living and Dying Well: A National Action Plan for Palliative and End of Life Care in Scotland*. Scottish Government, Edinburgh.

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Gurcharan S. Rai (ed.), *Medical Ethics and the Elderly*, third edition, Radcliffe Publishing, Abingdon, UK, 2009, 188 pp., pbk £22.99, ISBN 13: 978 1 84619 307 1.

The ethical dilemmas which arise in health care and medicine are challenging and prompt debate about issues which affect everyone, and to which everyone can contribute. What does it mean to be a person, and when does someone stop being a person? What does it mean to be an autonomous person and how is autonomy affected by the relationships among people? Does the greater good of society ever take precedence over individual good, as is sometimes argued, for example in the debates about assisted suicide and euthanasia? Questions such as these highlight the fact that ethics (including medical ethics) has its roots in moral philosophy, in which very often there are no right answers, just differing perspectives and different arguments about how ethical dilemmas might be resolved. So whilst traditional ethical theory focuses on the rights and duties that people might have, or on maximising welfare as a framework for addressing problems, recently some ethicists have advocated an approach from ‘virtue ethics’ or the ethics of care to resolve particular dilemmas – what would a virtuous or caring person do?

Unfortunately, however, very little debate of this kind features in this edited collection, which focuses instead on the overlap between medical ethics and the law. There is undoubtedly a close relationship between the two, but where ethics favours debate and almost relies on disagreement in order to further argument, the legal response by necessity operates within a more prescriptive framework. It is certainly important that those providing health care and medical care operate within the law, whether working with older adults or not, and a careful explanation of the law is invaluable, but it is a shame not to engage with the wider debates that the study of ethics offers.

The most obvious debate prompted by this book is, of course, why focus specifically on *Medical Ethics and the Elderly*? What is it, if anything, about being an older adult that brings with it special considerations? A number of the chapters in this book discuss the concept of capacity, and the implications of the recently implemented *Mental Capacity Act* in England and Wales. Yet nothing about capacity is age dependent. In fact, the debate is more often in the other direction – at what age do we consider young people to have capacity? There may be some conditions, such as stroke or dementia, that give rise to questions about capacity, and these conditions may occur more frequently in older adults, but it is important to