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Harry Lesser (ed.), *Justice for Older People*, Rodopi, Amsterdam and New York, 2012, 211 pp., pbk €46.00/\$62, ISBN 13: 978 90 420 3490 7.

The starting point for this book is that older people are ‘often denied what they are fully entitled to as a matter of justice, not charity’. The introduction and 16 chapters that follow guide the reader through a wide range of philosophical, policy, biomedical and practice-related perspectives. The three main themes of the book are: the right of older people to dignity; the right to autonomy; and justice in relation to resource allocation. The chapter authors are philosophers, bioethicists, senior clinicians, teachers and researchers. The reader is left in no doubt that these themes require careful philosophical analysis and are of the utmost practical importance.

Peter Crome sets the scene, in Chapter 1, by discussing demographic changes globally. He highlights that while we can look forward to living longer, this results in additional demands regarding the provision of care. However, not all older people receive the quality of care they need and deserve, and some experience abuse and indignity. As Crome states, ‘civilised societies must be judged by how well they care for vulnerable people, of whom older people with mental and physical health problems are a large and growing group’ (p. 13). Andrew Edgar’s chapter, also on the theme of dignity, explores how this concept manifests in social policies in the United Kingdom. His analysis concludes that dignity is a contested concept that needs to be kept under critical review in the context of social policy. Edgar provides a summary of Nordenfelt’s four ‘varieties of dignity’: dignity of merit; dignity of moral stature; dignity of identity; and *Menchenwürde* (meaning the value or status of people because they are human). Whereas the first three varieties may vary and have a subjective dimension, the fourth refers to the kind of dignity that all humans have, which is enshrined in human rights declarations. Edgar’s discussion of dignity as a ‘trouser word’ – a word best understood in relation to a contrast term (meaning that when a word has a positive and negative, it is the negative that is emphasised, *i.e.* that wears the trousers) – enables the reader to reflect on negative experiences such as humiliation, embarrassment and indignity to better understand what ‘dignity’ means. Beatriz Cardona’s chapter examines biomedical perspectives on ageing – particularly those that focus on anti-ageing medicine – and challenges readers to consider what is meant by ‘successful ageing’. The final chapter on this theme engages with the one of the most difficult problems in later years, that of loneliness. Lesser argues that there is an obligation to respond compassionately and pay attention to older people, regardless of their ‘shortcomings’.

The second section of the book, on the theme of autonomy, discusses five sub-themes: the impact of ageing on autonomy (by Caroline Dunn); a perspective from India regarding the autonomy of older people in the context of a developing country (by Ashish Goel and co-authors); the issue of patient consent (by Harry Lesser); how the autonomy of older people can be

maintained in relation to illness prevention and health information (Simona Giorano); and how personal development can relate to ageing (Simona Hostler). This section urges a reconsideration of perspectives that oversimplify the concept and principle of autonomy in relation to ageing. Goel *et al.*'s table identifying the internal and external factors that influence patient autonomy is particularly helpful (*see* p. 68). The dilemmas of practice are not downplayed, as discussed in Lesser's chapter relating to consent, but the potential to apply positive strategies relating to health promotion and personal development to older people is well articulated.

The final section of the book comprises seven chapters on the theme of justice and resource allocation. Robin Attfield examines this theme in a global context, questioning a state's obligation to respond to local and global health inequalities, the latter described as 'the gravest problem of medical ethics' (p. 110). Margaret Harris uses a novel technique to examine the 'rival claims of children and adults to healthcare resources'. She reports a dialogue, as she says, to 'provoke debate about how life is to be valued when resources are limited' (p. 131). The final chapters examine some of the more philosophical perspectives on justice, for example, Michael Rivlin critically analysing the views of Daniel Callahan, Richard Wagland (in two chapters) engaging eloquently with arguments relating to age discrimination, and Harry Lesser discussing issues of justice and triage. The final chapter, by Julian Hughes, integrates philosophical and practice perspectives through a case study relating to the prescription of anti-dementia medication. The utilisation of virtue ethics to analyse the case study works well and helpfully responds to the complexity of such practice situations.

Overall, this is a very engaging and interesting text examining some of the most challenging ethical issues of our era. The breadth and depth of interdisciplinary perspectives are commendable. A recommendation that may appear minor, but in my view guards against depersonalisation, is that references to 'the elderly' in the text are changed to 'older' or 'elderly people'. The challenges examined are likely to increase as the population ages with on-going threats to the dignity, autonomy and desert of older people. I would strongly recommend this text to health professionals, policy makers and philosophers interested to understand and develop constructive responses to counter ageist resource allocation practices and policies. It is in all of our interests to do so.

University of Surrey, UK

ANN GALLAGHER