

and Jay Sokolovsky's chapter on 'Cross-cultural and Global Perspectives on the Life Course' makes reference to geographically divergent experiences of ageing, these are not systematically considered in other chapters. More fundamentally, the book perhaps leaves insufficiently explicit space for the possibility of divergent, non-Western gerontological imaginations themselves. In so doing, however, it serves to crystallise a key challenge for those researching ageing in other parts of the world. In his opening chapter, Kenneth Ferraro explicitly welcomes 'challenges and additions' to his take on a gerontological imagination and notes that the 'intellectual climate for discussion is vibrant'. The collection of perspectives that Janet Wilmoth and Kenneth Ferraro have put together makes an important contribution to this vibrancy.

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Maartje Schermer and Wim Pinxten (eds), *Ethics, Health Policy and (Anti-) Aging: Mixed Blessings*, Springer Science+Business Media, Dordrecht, The Netherlands, 2013, 311 pp., hbk £126.00, ISBN 13: 978 94 007 3869 0.

This is the first volume in a new series published by Springer in the field of ethics and health policy. It brings together contributions from a multi-disciplinary group of contributors based on presentations at a conference on ethics and ageing in Amsterdam in 2011. The book is divided into four parts: 'Setting the Scene: Views on Age and Ageing', 'Taking Care: Caring for Elderly in an Ageing Society', 'Looking Ahead: Ethics and Prolongevity' and, finally, 'Choosing Directions: Healthcare Policy and Ethics'. The editors succeed in bringing together a range of topics and disciplinary perspectives concerning ageing and longevity, the compression of morbidity, biomedical developments in anti-ageing and justice in care for older people.

For gerontologists, these are not new subjects and at times the book treads some very well-worn paths, but the variations in disciplinary stances throughout generate some fresh perspectives and different lines of argument from bio-gerontologists, physicians, medical ethicists and social scientists. The editors and around half of the 22 contributors are based in the Netherlands and this gives the book a strong orientation to health-related ethical questions, including – but not confined to – those concerned with end-of-life decision-making and physician assisted dying. For example, Haartogh's chapter on older people's death wishes and the role of doctors considers how best to respond to the requests of older people who are not terminally ill but 'tired of life' and how responses can and should be incorporated into law. I found the level of engagement with such fundamental ethical questions quite absorbing. For example, Touwen's chapter considers the ethical questions that arise when people with dementia behave in ways that are out of keeping with their lives before dementia

and argues that respect for long-standing values and wishes (including those set out in advance directives) must be balanced with individual wellbeing and pleasure in people's changed circumstances. The question of whether longevity is a good thing is explored thoroughly, including in the chapter by John Vincent. He provides a sound argument on the anti-ageing movement from a sociological perspective. Soren Holm raises some interesting arguments about the role of empirical anthropological research in providing a scientific gloss on what are essentially normative claims in policies. Like other contributors, he points to the absence of older people's perspectives in public discourses and policy outputs concerning societal ageing.

The book is particularly strong in drawing attention to the implications for researchers in ageing of the issues covered. Ehni, for example, argues for inter-disciplinary co-operation between biogerontologists, geriatricians and health economists to address not only ways of tackling long-term health problems but also questions of justice and the accessibility of health care. On the other hand, as a social policy specialist, I thought there could have been greater engagement with the policy process and more critical engagement with the way that policy agendas and priorities are constructed. For example, Sethe and Magalhaes call for more expenditure on anti-ageing interventions as a way of reducing the 'economic burden' arising from societal ageing. This was not the only chapter where this fundamental assumption was evident and there was a need for a stronger challenge to it. Other chapters did a great job of setting out the ethical case for policy interventions. Hertogh questions the ethical acceptability of investment in strategies to postpone or reduce frailty without equal investment in research to improve the quality of life of the oldest old who have 'passed the threshold of frailty'. This is a sound ethical argument which would benefit from an accompanying critical analysis of political priorities in policy making and why these two aspects of the ageing experience receive unequal attention. The final chapter by Hermerén does an excellent job of pulling together the key ethical points raised and considering the policy implications of these, but a better balance between the three areas of focus – ethics, health policy and anti-ageing – would have been achieved by a stronger focus on the policy process and the ethical dilemmas that beset policy makers.

There are some irritating spelling and grammatical inaccuracies that should have been corrected by the publishers. When a book costs over £100 readers are entitled to expect correct English! The discursive style of the book makes it easy to read and there is a wealth of ideas to explore. Overall, I found this book an enjoyable and stimulating read and consider it would be a useful addition to libraries.

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