

Reviews

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Trevor Adams and Jill Manthorpe (eds), *Dementia Care*, Arnold, London, 2003, 260 pp., pbk £18.99, ISBN 0 340 81020 3.

This book includes material which makes a significant contribution to the literature on dementia care, and highlights some difficulties related to the multi-disciplinary nature of this field and the corresponding tension between different paradigms or ‘ways of seeing’ dementia. The book begins with a foreword by two service users, one of whom has a diagnosis of dementia. This is a refreshing touch, and helps to ground the book in the day-to-day experience of living with dementia.

The editors suggest in the introduction that the definition of person-centred care they have adopted is that of the UK Department of Health’s (2001) *National Service Framework for Older People*. This definition is, however, a very pallid reflection of the best that has been thought and said on the subject of person-centred dementia care, not least by Kitwood (1997), whose work is far more likely to have influenced both readers and contributors to this book. Some conceptual confusion creeps in here, for it is not clear whether the editors’ criticism that the person-centred approach marginalises embodied experience, people who are dying and the importance of group work, is aimed at the NSF definition or to the entire body of work on person-centred dementia care since the mid-1980s. This confusion between policy directive ‘new-speak’ and conscientious theory-building recurs at points throughout the book. Everybody is person-centred nowadays, or so it seems, even when their person-centredness is rendered in terms of unreconstructed biomedical discourse: that is, that dementia is a progressive disease that requires medication as a first line of approach, proceeds through unvarying ‘stages’ and manifests as problematic behaviour.

This frequent slippage between ‘old’ and ‘new’ cultural terminology is by no means confined to this book, but it becomes particularly noticeable in juxtaposition to the material in the first chapter by Trevor Adams and Ruth Bartlett on constructions of dementia. Dementia – referred to in the cover notes as a progressive disease – is then described in various chapters as a bio-medical construction; ‘not a disease’; a disability; a syndrome; and a terminal illness. If the book had been presented as an open debate between the proponents of these various perspectives, the result might have been a lively, challenging and, I think, much needed text about what we are (consciously or unconsciously) ‘buying into’ when we adopt particular discourse practices in relation to dementia. *Dementia Care* is, however, presented as a text on care practice with a ‘unique holistic approach [that is] essential reading for student health and social care professionals’, but I suspect that many students will be confused by being told that dementia is both ‘a disease’ and ‘not a disease’ in the same book. This is not a purely semantic point, since what we believe dementia *to be* inevitably affects the

ideas we form about the kind of care intervention that people with dementia will benefit from.

The absence of a unified standpoint does not detract from the excellence of many individual chapters. The whole of the first section, 'Approaches to practice', goes a considerable and much needed way towards putting dementia into its macro social, economic and political contexts. The final chapter of this section, by Trevor Adams and Jill Manthorpe, provides a particularly helpful synopsis of policy developments that have affected the care of people with dementia since the 1950s. The second section, 'Person-centred practice', has eight chapters on various aspects of dementia care, including work with people who have recently been diagnosed, communication, counselling, physical care, palliative care, group work, and work with younger people with dementia. There is much positive, practical advice in this section and, at its best, the material is often inspiring as in the chapters on counselling (Elizabeth Bartlett and Richard Cheston) and group work (Richard Cheston, Kerry Jones and Jane Gilliard).

The final section, 'Practice systems', also includes strong contributions that cover support for families, ethnically-appropriate practice, supervision for practitioners, elder abuse and quality standards. The chapter by Anthea Innes on ethnically-sensitive practice provides valuable guidance on a subject that is somewhat overlooked elsewhere in the text, and Mark Holman's chapter on supervision opens up an area of discussion which deserves far more consideration than it has so far received in the practice literature on dementia care. Like other recently published books of its type, this text is an accurate reflection of current understanding and practice in relation to dementia care. It raises as many questions as it answers and carries within it the seeds of many other books still waiting to be written. This is no mean achievement.

Reference

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Ursula Adler Falk and Gerhard Falk, *Grandparents: A New Look at the Supporting Generation*, Prometheus, Amherst, New York, 2002, 320 pp., pbk \$21.00, ISBN 1 57392 966 2.

Increasing rates of parental separation and the multiplication of deaths from AIDS, drug abuse and judicial incarceration oblige an ever-growing number of American grandparents to play a leading role in the lives of their grandchildren. Few new parents a generation ago anticipated this, and few now welcome it. The main purpose of this book is to help prepare coming cohorts for what is in store,

and stiffen their morale, by providing a comprehensive guide to what modern grandparenting is all about. This goal however proves too ambitious, and the book ends up as rather incoherent, with some parts much stronger than others. The best parts are the most factual, immediate and practical sections that outline the problems faced by grandparents, illuminate their scale, and explore ways in which the cultural diversity of American society shapes experience. It is perhaps the pace of change which impresses most of all. A 1998 US survey found six per cent of American children (or nearly 4 million) living with grandparents – with no parent present in a third of the cases. The percentage is rising. New York City's 'Orphan Project' estimated in 2000 that at least 100,000 children in the city became orphans when their parents died of AIDS. No wonder there is panic in the air.

The difficulties faced by grandparents who then try to (help) bring up grandchildren derive partly from the slowness of public authorities to adjust to the new realities. All US states have legal provisions regarding visitation rights and guardianship, and these are detailed in a useful appendix. But what can grandparents do when hospitals still require explicit parental consent before giving medical treatment? And the attitudes of neighbours are influential too. It seems that local parents are often reluctant to include grandparents in the after-school circuit. So it is obvious why grandparental self-help and support groups are booming.

Ethnic and cultural differences produce very different experiences. Among Black Americans, two-thirds of children are now born to single mothers, mainly teenagers, so the age gap between generations is only 14 to 15 years, compared with 23 for Americans as a whole and 30 or more for professionals. Black American women are often grandmothers by age 30 and great-grandmothers by the late forties. From another dimension, the role of grandparents is still revered among most religious communities, in particular the Mormons, while among what the authors refer to as the 'postmodern subculture' of business and professional folk there is a serious disdain for all family ties, which are seen as an impediment to individual advancement. Much of this is lively and readable (helped by sprinklings of case studies) but the argument goes wrong when it turns to theory. For example, there is a long, angry chapter on the derogatory and unhelpful stereotypes of grandparents promulgated by the American media. Most examples given, however, are of the 'grandmother shot by burglar' variety, in which the kinship label is irrelevant. In almost all cases it is *age* which is the butt and, as the book itself elsewhere points out, not only are grandparents getting younger but in any case people tend to see their own kin as exceptions to stereotypes. Even greater confusion is betrayed by the authors' recognition that 'because old age is viewed with so much fear and contempt in America, grandparents in television advertisements are shown with young faces and gray [not white] hair'. So *why* the whingeing?

It may be that the authors contain a powerful streak of postmodernism themselves, and regard the private realm as seriously demeaning. For instance, one of the media portrayals they condemn is a film about a grandfather who is rehearsing for a part in a play and explains this to his granddaughter. The fact that he is shown as active and 'having a life' is approved but the authors add

the comment: ‘nevertheless, his companion is a little girl, not an adult, and his conversation is at a child’s level as well’. This reveals a remarkable ambivalence towards an activity which is surely at the core of grand-parenting. The priority the authors give to the public sphere is confirmed later by their proffered explanation for the (to them puzzlingly) positive attitudes of grandchildren towards grandparents. Ignoring the many theories relating to this oft-noted phenomenon, they state that positive views are partly because many current grandparents have a college education (not just old duffers!), and partly a result of the similar placing of every second generation on the Kondratieff Wave – producing affinities in attitudes. This book is written for the ‘sixties’ generation which knows in its bones that public life is more important than family. That presumably is why they need instruction and support, now that they find themselves being thrust into senior positions in kinship groups. But it is the insights into their own soul and mindset which in the end constitute the book’s most fascinating feature.

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Emilie Roberts, Janice Robinson and Linda Seymour, *Old Habits Die Hard: Tackling Age Discrimination in Health and Social Care*, King’s Fund, London, 2002, 41 pp., pbk £6.99, ISBN 1 85717 462 3.

This booklet reports the findings of a survey of the views of service managers in health and social services on age discrimination which was undertaken only two months after the launch of the *National Service Framework for Older People* (Department of Health 2001). In this NSF, which applies to England rather than the UK as a whole, the government set out eight standards to improve health and care services for older people, the first of which was that age discrimination should be ‘rooted out’: the ‘National Health Service (NHS) will be provided regardless of age, on the basis of clinical need alone. Social care services will not use age in their eligibility criteria or policies to restrict access to available services’.

Health and social care managers were thus presented with a substantial challenge: age discrimination had not previously been a live policy issue, but now it had been thrust into the spotlight. While older people certainly felt that age discrimination existed in these services (Help the Aged 2000), nobody knew how widespread it might be or what forms it might take. The survey was thus a timely attempt to determine whether managers felt their services were affected by age discrimination and what form this took. It was administered to 100 senior managers in National Health Service primary care trusts, community trusts and acute trusts and local authority social services departments in 25 diverse areas; and 75 agreed to participate. They struggled with the definitions, especially for ‘indirect’ age discrimination, but three-quarters believed that it existed in their services, while a quarter were doubtful. Only one expressed the view that rationing by age was justified in principle. The managers believed there were few explicit age bars or written policies and, where these existed, felt they could either be justified or

could operate in older people's favour. The most common explanation for age discrimination was competing priorities for resources.

Hospital acute trust managers had a poorer response rate than those in other sectors, but felt that things had changed for the better over the years. Some felt that better care for older people was available in specialist than in general wards. Others questioned whether older people were well served, especially once they had entered the system and with regard to discharge. Specialist services were a concern across all sectors, as these are often targeted at specific age groups. In mental health, older people in one area had themselves challenged a 'rigid requirement' to move from 'adult' mental health to 'older' people's services at 65 years of age. One useful discussion point is that access to specialist NHS services should be determined not by age, which is arbitrary, but by rigorous definitions of clinical need, such as multi-organ disease or rehabilitation. On an individual level, while judgment had to be exercised regarding appropriate treatment for older people, 'the fact that 60 isn't old any more' implies a subjective element to clinical (and wider social) evaluations of quality of life in older age – an issue which has been strongly raised by disabled people too.

Social services managers felt that the very design of their services was 'inherently discriminatory' as a result of historical patterns of service provision: 'older people were more likely than other clients to be placed in residential care or to have less choice over care options'. Cost ceilings for older people were routinely lower than for younger people, though some managers put this down to 'market forces' rather than discrimination. Whatever the cause, the underlying message that older people matter less than others is unmistakable. Indirect discrimination is touched on in several contexts, *e.g.* the inadequacy of continence and chiropody services. In social care, the lack of low level 'preventive' support was seen as leading to 'irreversible loss of independence, so further disadvantaging individuals as they get older'. Managers consistently remarked on the low expectations of older people themselves, but relatives who sought to intervene were seen as a source of conflict. The researchers point to a double standard: 'low expectations of care may be self fulfilling, but conversely if people do demand services to which they are entitled, they may find themselves labelled as "difficult"'.

The report concludes with six recommendations: a conceptual framework is needed to clarify the meaning and consequences of age discrimination; benchmarking of services is needed to enable comparisons between areas (as now exist for some clinical fields: Department of Health 2002); primary legislation is needed to outlaw age discrimination so that individuals can challenge poor practice; age discrimination should be rooted out of *all* national policy in order to create the right environment at local level; there needs to be investment in education and staff training; specialist services should be critically assessed to determine whether chronological age *per se* is the relevant factor; finally the debate about specialist *versus* generic services needs thorough examination and clarification. Since this useful and provocative report appeared, the King's Fund has published an audit guide that is described as 'a practical approach to promoting age equality in health and social care' (Levenson 2003). Managers today not only

have local experience under their belts but much better guidance to ensure that older people are better and more equitably served.

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TESSA HARDING

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Rhonda J. V. Montgomery (ed.), *A New Look at Community-Based Respite Programs: Utilization, Satisfaction and Development*, Haworth, New York, 2003, 180 pp., hbk \$49.95, ISBN 0 7890 1748 2, pbk \$24.95, ISBN 0 7890 1749 0.

This is a report of an evaluation of the United States 'Alzheimer's Disease Demonstration Grants to States' programme to develop support for people with Alzheimer's disease and their caregivers. The report has been published simultaneously as: *Home Health Care Services Quarterly*, 21 (2002), 3/4. It details innovative approaches to engaging with traditionally underserved groups and to meeting diverse needs through flexibility and partnership working. The authors look back on 11 years of the programme, which evaluated respite service access, provision, use and need among multi-ethnic rural and urban communities in 15 States. Although the recommendations relate specifically to practice in the United States, the project encompassed such diverse populations that many of the findings and recommendations have international relevance to dementia care service development. An important finding from the evidence collected from 226 service agencies is that culturally appropriate respite services can be designed and used effectively when the definition of culture includes ethnicity, family relationships and the geographical location of families. The contributors discuss how the above variables were linked during the project to identify various cultural groups each with their own perceptions of dementia and services.

A refreshing dimension of the approach used to target respite provision to minority and hard-to-reach populations was that it took into account the need to reflect each target group's beliefs and practices concerning family values and respect for older people. This is a welcome departure from the usual narrow concentration on language and religion as the important yardsticks of differences in need among multi-cultural service users. As well as insights into service design,

the report presents some important messages for service providers about overcoming barriers to recruiting clients to services. Successful strategies from some of the demonstration projects included:

- Configuring and advertising respite care as a supplement to rather than a replacement for family care-giving.
- Emphasising the ‘social’ aspects of care, such as providing a homely atmosphere in day care settings, planning activities that were familiar to the clients and renaming support groups ‘clubs’.
- Strategies for raising awareness of dementia were similarly tailored to each cultural group, for example, by acknowledging that folk beliefs about dementia and dementia care in some cultures are a good starting point for talking to people about dementia and the help available.

A useful summary of findings, which incorporate some of the lessons learnt and limitations of the project, is included. Findings are linked to recommendations for policy and practice. The report ends with case presentations of five successful demonstration projects, which offer constructive frameworks for anyone seeking to develop respite service provision for under-served populations.

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Francis Caro, Robert Morris and Jill Norton (eds), *Advancing Aging Policy as the 21st Century Begins*, Haworth, New York, 2000, 219 pp., pbk \$24.95, ISBN 0 7890 1032 1, hbk \$69.95, ISBN 0 7890 1032 1.

This Haworth Press volume was co-published simultaneously as a special issue of the *Journal of Aging and Social Policy*, 11 (2000), 2/3 and as this edited book. The publishers note that dual publishing enables libraries and others who do not need or cannot justify a subscription to the journal to purchase specific thematic issues of interest. In this case, the theme is ‘ageing policy’, and the editors argue that the start of the 21st century is as an opportune time to examine advances in this field. To this end, they present 21 policy-oriented chapters that make up an Introduction, an Overview section (4 chapters) and eight more sections including ‘Employment and retirement’ (4 chapters), ‘Long-term care’ (5 chapters), five single chapter sections on ‘Economic security’, ‘Aging prisoners’, ‘Latino elders’, ‘Family medical leave’ and ‘Transportation’, and a two-chapter section on ‘End-of-life issues’. As might be expected with so many chapters, they are short (10–12 pages) and are easy reading. The invited authors, an impressive array of predominantly United States gerontologists, are respected and well published in their fields. An international perspective is provided by four chapters on ageing policy in Switzerland, Germany and Japan and on the United Nations International Year of Older Persons (IYOP).

The four chapters in the Overview provide a solid start, avoid the usual rehash of the projected increases in the number of older people, and present a good

introduction to the complexities of ageing policy in the 21st century. Scott Bass argues that while the two key policy areas of health and income security can never be neglected, the emergence of 'third age' baby boomers, with their associated better health and wealth, suggests new possibilities for policy development which might enhance this large group's social and economic integration. He also alerts us to the dangers of affluent baby boomers using their political clout to get policy precedence. Robert Binstock takes this issue further in a policy analysis of political sensitivities to the so-called 'grey vote'. He provides an incisive insight into factors that will influence which policy issues are put forward and their chances of success. Employing devices such as 'time to start-up', for a policy to be phased in over a long period, reduces the immediate threat to the *status quo*, as with controversial proposals to raise the retirement age. Charlotte Nusberg similarly points out how the policy theme of the 1999 IYOP, 'A society for all ages', was more acceptable because it moved the spotlight from a narrow focus on the problems of older people to holistic and multi-generational perspectives. Achenbaum completes the Overview with an analysis of the future policy influence of lobby and interest groups, and highlights the power of the *American Association of Retired Persons* with its 37 million members aged over 50 years.

The extensive array of thematic policy chapters will be of great interest to most gerontologists and of course older people, not only within the United States. That on 'Economic security' is primarily about economic gender equity, while policies relating to diversity and family responsibilities emerge in those on 'Elder Latinos' and 'Family medical leave'. The volume has a useful index with around 1,000 entries. I would have liked more on the balance between residential and community care, and on how policy decisions about 'who pays' are determined, because these are perennial and regionally pervasive issues. My major criticism of the publication, particularly as a separate volume, is the lack of an introductory chapter that explains and defines 'policy' and discusses methodologies for policy development and analysis. To enhance the stand-alone version, particularly for the less initiated, more basic definitions of policy concepts and frameworks and of what policy is and how it works would have been useful. Overall, however, the separate monograph is a useful and interesting read.

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Jeanne Samson Katz and Sheila Peace (eds), *End of Life in Care Homes: A Palliative Care Approach*, Oxford University Press, 2003, 205 pp., pbk £24.95, ISBN 0 19 851071 3.

As patterns of health and illness change, so do patterns of dying – the starting point for this book. We are less likely to die of an acute illness, and more likely to die after a lengthy period of chronic and multiple illnesses, and some of us will die in care-homes. Realising this has implications for the way that we manage and support care in care-homes, where the understandable emphasis has been on promoting active and engaged living. Acknowledging that many residents will die

in the care-home should lead us to think through the implications for residents, families and staff. This edited book does this by presenting discussions about palliative care for older people in care-homes. It draws partly on studies by the chapter authors of the practices of caring for dying people in care-homes and the implications for developing practice. As the preface makes clear, this is not an instruction manual for palliative care, rather it explores strategies for delivering palliative care to a group who have experienced chronic health problems and moved into care-homes. The authors also suggest that there is evidence of the disadvantaged and disenfranchised lives of care-home residents – produced by a combination of frailty and vulnerability and the constraints of the sector's care practice.

The initial discussion of the development of palliative care services provides a context for the questions at the heart of the book. This fascinating and challenging account describes the situations that led to the growth of the hospice movement. In most parts of the health care system, death and dying have been unpopular subjects for discussion and seen as failures to be brushed over as quickly as possible so that the real business of health care, the cures of acute or life-threatening diseases, proceeds undeterred. Recognition that this approach neglects the dying, and that in fact they need skilled physical, social and emotional care, prompted the development of the hospice as a place where these skills could be applied and supported. As the authors point out, however, hospice care was largely established for people with malignant diseases, and there has been a vigorous debate about whether its principles are transferable to patients with other terminal illnesses without diluting the special skills and knowledge of palliative care professionals. There is also concern that, for people with more uncertain trajectories, adopting a terminal care approach may well work against maximising engagement in life – treating people as if they are dying may not help them in living.

The main part of the book reports the authors' research and goes some way to providing answers to these questions. Drawing upon interview data and case histories, the authors describe some of the difficulties of dealing with the dying in care-homes. The examples are from homes in which the staff deal with death sensitively and in a caring way. Their care strategies are constrained by the lack of resources and time, as well as commercial considerations – an unoccupied bed is a loss of income for the home. The difficulties and dilemmas involved in trying to provide a multi-disciplinary approach to terminal illness are well illustrated, as is the impact of death and dying within the community of the care-home, where staff and residents have known each other for some time. The moving accounts from staff and residents of their attempts to deal with the dying illuminate a frequently overlooked aspect of care-home life.

The book also discusses some implications for palliative care practice. These are not couched in prescriptive or procedural terms, but address the principles of palliative care and the policies that need to be in place to allow them to be put into practice. These include systems for training staff and allocating resources to palliative care, and also comments about the identity that the care-home sector has in the spectrum of services for older people. Drawing on developments in Britain and elsewhere, the authors point to possible ways forward. The book's

greatest strengths are in raising awareness and stimulating debate rather than offering solutions. While it does not therefore provide unambiguous answers to practice problems, as a stimulus for discussion it will be valuable for all those involved with care-homes in either a practice or a policy capacity.

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Pirjo Nikander, *Age in Action: Membership Work and Stage of Life Categories in Talk*, Finnish Academy of Science and Letters, Helsinki, 2002, 243 pp., pbk €30, ISBN 951 41 0920 1.

Pirjo Nikander's careful and enjoyable study, *Age in Action*, explores age specifically through talk. A group of people around 50 years of age were interviewed to elicit their stories, views and opinions about how they made sense of chronological age. Through a scrupulous analysis, Nikander demonstrates the discursive practices around age as a category in talk. The author introduces the analysis by situating her work in the traditions of discursive psychology, ethno-methodology and conversation analysis, and examines the extent to which these have been associated with work on ageing and in particular life course research. Much of the analysis then focuses on membership categorisation, a mode of analysis derived from ethno-methodology.

Not all readers, even those with an interest in qualitative life course research, will be familiar with 'membership categorisation analysis'. In this instance, the approach offers a detailed investigation of how categories relating to age are generated and developed by people of roughly the same chronological age who are being interviewed and adjust their construction of the category 'work' as the interview unfolds. Nikander's data chapters identify several ways in which the research participants categorised age in the interview, for example by contrasting continuity and change, by managing age-related talk as having 'facticity' (with a particularly enjoyable analysis of quantification talk around age), by establishing or resisting age-specific categories, by moving between personalised accounts and impersonal or generalised accounts (completing discussions by proposing that 'everyone does that' and thereby undermining specific activities as being age related), and by undertaking categorisation linked to age through a moral dimension. In the detailed analysis presented in these chapters, the author constantly demonstrates 'age in action', which is an apt title for the book because it describes exactly what she is doing. These chapters repay a careful reading and re-reading. The analysis is very rich and demonstrates, layer upon layer, how age is 'brought off' and also how it is resisted through categorisation devices.

Another bonus is the analysis of the talk in question as interview talk. Nikander develops her 'age talk' analysis in parallel with an exploration of the construction of 'interview talk', an interactive activity which is often not seen by analysts as producing data which is 'as good' as naturally occurring talk. This analysis

addresses interviews as interactions in their own right. The author takes careful account of how the interviews progress turn-by-turn. While the focus is on membership category work, she does not ignore the relationship between interview-oriented talk and age-relevant category work on the part of both interviewer and interviewee. Some age talk is perhaps delicate, and Nikander shows respect and a liking for her research participants, while the body of her thesis examines how it all works. She also illustrates particularly well the oft-quoted phrase by John Heritage (1984: 242) that conversation is ‘context-shaped and context-renewing’, showing that so too are interviews. The exploration of how the interview questions offer context for the responses actually enriches the central analysis of the ways in which participants produce and modify age relevant categories in their talk.

I had a few quibbles, being exercised by the collocation of English and Finnish translations, but found in Appendix 1 an entirely convincing argument for these transcribing decisions. It is sometimes difficult for an author to decide what to put in appendices and footnotes, but Appendix 1 is a brilliant essay on translation and the construction of the transcripts. In my view this should have been in the main text. Similarly, a number of the footnotes contribute to the main thesis. There is no index, so it is difficult to compare different discussions of, for example, recipient design. There is a lot of very complex material in the book, which is not always easy to keep track of or to make comparisons merely by using the chapter and internal headings. Overall I think the thrust of the book is with membership categorisation analysis rather than qualitative life course research. However, I do think that qualitative life course researchers can engage with and enjoy its central project, to display at an inter-personal level how age gets ‘done’ in talk and how the immediate context of talk does matter in this project.

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David Clark and Michael Wright (eds), *Transitions in End of Life Care: Hospice and Related Developments in Eastern Europe and Central Asia*, Open University Press, Buckingham, 2003, 299 pp., pbk £22.99, ISBN 0 335 21286 7.

This volume is the first in the *Facing Death* series edited by David Clark. Instead of focusing on theoretical and practice issues related to palliative care, it provides a comprehensive directory of hospice and palliative care provision in eastern Europe and central Asia. In the introduction, the editors suggest that the book should appeal to a much wider audience than English-speaking academics and

practitioners concerned with palliative care, the usual readers of the Open University Press *Facing Death* series. This directory is timely. Clark and Wright cite the recently revised World Health Organisation (WHO) definition of palliative care (p. 1), which incorporates the whole illness trajectory and those who are affected by the death. They note that in June 1999 the Council of Europe resolved as part of their human rights strategy that all terminally ill and dying people were entitled to dignity and palliative care.

In Britain, our knowledge of the different facilities and provision of palliative care in other European countries is patchy. As Clark and Wright note, the WHO's wider European region includes 51 countries: little is known about what is provided for dying people in these countries and what could be done to support practice, education and training. This book provides an overview of what is available, and covers 'aspects of service development, education and training, as well as financial support and linkage with the formal health care system' (p. 3). The countries of eastern Europe and central Asia are among the poorest and most deprived in the WHO European region. Having before the publication of this book visited Belarus with a group that explored health care needs, it was apparent that the general population had much lower health status than people in western Europe. Life expectancy and morbidity statistics verified the statements made by hospital and health service directors. In many of these countries, 'old' has different meanings. In Kazakhstan in 1997, for example, life expectancy was 59.4 years for men and 70.6 years and falling for women (p. 135).

The aims of the review were: to establish the levels of palliative care provision in each country and match these to demographic and mortality data; to explore palliative care training and establish how many health workers are already trained in palliative care; to assess the status of palliative care in the health care systems; and identify good practice (or 'beacons') in 'policy-making, strategic planning, service delivery and education in relation to palliative care' (p. 6). The 27 countries surveyed include those from the Commonwealth of Independent States and others in central and eastern Europe. Five individual services were identified as 'beacons', one a paediatric service, all from different countries (Romania, Hungary, Poland, Russia and Poland). These demonstrate clinical excellence and also exemplify the way in which palliative care can impact on the rest of national health care provision.

The accomplishment of this review of countries in transition from socialist to capitalist health care is quite remarkable. Clark and Wright were helped by local experts, particularly Jacek Luczak. Notes on each country begin with a brief explanation of the country's history and social characteristics as well as information about health care provision. This provides a context for the ways in which the dying have been viewed over the past 30 years and how this has changed in recent times. I particularly commend the sections on Hungary (pp. 59–68) and the 'beacon' example of St Petersburg (pp. 232–54). These two demonstrate the depth and breadth of the research. The book succeeds in raising awareness about the differences in provision and policy in the many countries surveyed and alerts the reader to good models, some of which may be suitable for adaptation to the health systems of other countries. This book is invaluable for any health workers, social scientists, and educators interested in palliative care developments

in rapidly changing societies. Despite the inevitable dating of the information, I hope that the editors will now turn their attention to other countries where palliative care still struggles to be acknowledged and funded.

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Jacquelyn Beth Frank, *The Paradox of Aging in Place in Assisted Living*,
Bergin and Garvey, Westport, Connecticut, 2002, 222 pp., hbk \$66.95,
ISBN 0 89789 678 5.

This book is about ageing ‘out of place’ or in limbo. Jacquelyn Beth Frank offers a strong critique of the ways in which older people in the United States can be thwarted in their attempts to stay in supported environments until the end of their days. Whilst this is a study of what frequently happens in the USA, notwithstanding the vast differences in assisted-living settings among its States, the arguments put forward transpose with little difficulty to the United Kingdom and other western countries. They are important arguments, and are supported by ethnographic and documentary data that include a wide review of policies and procedures, and two case studies which provide a detailed account of people’s aspirations and experiences about being helped – or not – to ‘age in place’.

Frank defines ‘ageing in place’ as remaining in the same place as in earlier years and until the end of life. She then traces the development of assisted-living alongside other forms of long-term care. She shows how administrators, together with the building and care industries, have adopted and promoted the ideal of ageing in place in assisted-living. In so doing, however, she argues that this ideal has been ‘re-interpreted’ to mean offering ‘home’ in a supportive environment, and that ‘home’ has sometimes been conflated as both a product and a process with the result that it cannot be operationalised. Prolonged residence is often the best that is on offer, with a ‘continuum of care’ model prevailing over ‘ageing in place’. Where this is the case, and Frank’s examination of a considerable volume of the marketing literature suggests that generally it is, residents have only a tenuous engagement with ‘home’.

The detailed data provide telling observations from older people in assisted-living settings and from staff about the ways in which the ideal of ageing in place is eroded. First, and unsurprisingly, autonomy may be compromised. Frank accepts that autonomy is a complex concept and that its enactment should not be seen as an ‘all or nothing’ scenario. For example, she suggests that the perspective of an older person may not correspond with that of staff or administrators: what the former may view as autonomy, albeit indirect autonomy, the latter may view as acquiescence and dependency. Frank argues that, in asking for assistance and placing themselves in settings where they can expect help, older people remain autonomous. At the same time, and framing her data within Collopy’s classificatory schema of autonomy, she suggests that residents themselves may opt for immediate rather than long-range autonomy. For instance, they may express a

desire to have ailing co-residents removed from assisted-living, even if this means they will not be able to stay should they become too frail themselves. Autonomy, in its several permutations and viewed from various perspectives, is thus placed at the heart of the ‘paradox’ of ageing in place in assisted-living.

The author argues that assisted-living may frequently become prolonged residence rather than home, because residents find themselves suspended in a state of liminality, unable to achieve the level of autonomous agency that would connect them with their setting and make them truly ‘at home’. In the final excellent chapter, she admits that the issue of ageing in place in assisted-living is unresolved despite interesting speculation that providers could offer the process and product of ‘homeness’. Whilst acknowledging that dispositions on the part of providers, administrators, marketers, staff, family and old people themselves are implicated, Frank concludes that the failure to recognise that living in place entails dying in place is the fundamental issue. Such a set of arguments fits with much that we observe and that is recorded about end-of-life living arrangements for older people in the United Kingdom.

It is not surprising that the author does not reach a tidy solution. Profound matters of life and death are at the heart of the discussion. This is not disappointing since there is much food for thought in her commentary and analyses. The account of autonomy and its implications for staff training is important, as is the argument that the informants in her detailed studies remain in a liminal state because the occasion for the completion of a rite of passage has not revealed itself. We might think of this as a state of suspended animation because the older informants appear unable to act, and Frank infers that this can only be transformed by the acceptance that living in place links – indeed leads – directly to dying in place. Whilst many of us may try to obfuscate this connection, the text has challenging arguments along with rich data which, used in training and in debate around arrangements for sensitive long term care, could enhance end-of-life practices and dispositions.

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Correction

In the November 2003 issue of the journal. Tony Warnes replaced the correct name of an editor of a collection. J. Hockley, by the name of a colleague at the University of Sheffield, Jennifer Hockey. The corrected bibliographic reference is repeated below. My apologies to Jo Hockey and to the reviewer, Liz Lloyd.

Jo Hockley and David Clark (eds), *Palliative Care for Older People in Care Homes*, Open University Press, Buckingham, 2002, 208 pp., hbk \$65.00, ISBN 0 335 210619, pbk £19.99, ISBN 0 335 210600.