

## Reviews

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Joseph Howell and William Sale (eds), *Life Choices: A Hastings Center Introduction to Bioethics*, Georgetown University Press, Washington DC, 2000, 616 pp., £25.25 pbk ISBN 0 87840 757x.

Raymond J. Devettere, *Practical Decision Making in Health Care Ethics: Cases and Concepts*, Georgetown University Press, Washington DC, 2000, 601 pp., £25.25, pbk ISBN 0 87840 763 4.

Forty or 50 years ago textbooks on the ethics of medical practice were very different from those that are published nowadays. Their emphasis on the proprieties of professional behaviour gives them a distinctly old-fashioned air and they were remarkable for the absence of that kind of philosophical discussion which now makes up the substance of most books on medical ethics (or bioethics or health care ethics). Medical ethics was presented essentially as a professional code of practice, and the heart of the matter was understood to be the dependence of patients on the judgement, skill and knowledge of doctors. Trust, the life-blood of the relationship, was sustained within a stable legal framework of rights and obligations. What obligations does the doctor acquire by entering into such a relationship – and what counts as an abuse of the trust that the patient places in the doctor? Codes of professional ethics made explicit the nature of these obligations insofar as they were free from disagreement or uncertainty – they gave formal expression to (and no doubt also followed) best practice. If, for whatever reason, the obligations of doctor to patient became uncertain or disputed, then moral theology or law might (occasionally) be called on to help. If questions or problems arose, they were primarily questions or problems *for* doctors – even though advice might be sought from non-doctors.

Academic and public interest in the ethics of medical practice has increased substantially over the last 50 years. Questions and problems have been raised about the *regulation and control* of medical practice and research which extend medical ethics far beyond the domain defined for it by the idea of a conscientious and trustworthy doctor. There are of course several reasons for this. New technologies have opened up new issues or sharpened old ones; public views about what is permissible medical practice have changed; and the ideal of professional autonomy has been largely replaced by respect for patient autonomy and a growing sense of *collective* professional responsibility.

What we now expect from textbooks on medical ethics has changed accordingly. First and foremost, they should attempt to take accurate measure of the depth and complexity of the many ethical controversies associated with the practice of medicine. Whether or not they should also have something useful or interesting to say about the resolution of these difficulties is more debatable, though many of the books that are now regarded as ‘standard

texts' have established their reputation by the thoroughness with which they work out a general approach to the problems of medical ethics. The 'four principles of biomedical ethics' elaborated by Beauchamp and Childress – beneficence, non-maleficence, autonomy and justice – are perhaps the most famous case in point. The authors argue, reasonably enough, that, since most medical-decision making occurs in situations where some kind of practical decision has to be made, medical ethics *must* be serviceable. Practitioners and policy makers do not want to find themselves embroiled in arguments about the foundations of moral reasoning; nor is scepticism about the role of reason in guiding human affairs (or the 'Enlightenment project') an available option. What they expect of ethical analysis and discussion is that it will enable them to be reasonably sure that they are making the best decision in the circumstances. This requires a consensus about the nature and weight of the moral considerations that inform a decision about the rights and wrongs of medical practice and research; and the four principles summarise this consensus.

The problem with books like *The Principles of Biomedical Ethics*, by Beauchamp and Childress, is precisely their ambition to supply answers to ethical problems. Judicious teachers will remind their students that such books are not to be swallowed uncritically, and that they deserve effortful attention for this very reason. Books, on the other hand, that set out to be textbooks often tend to incorporate this caution into their approach to the subject. Their ambitions are more modest, and so it is with *Life Choices*, edited by Joseph Howell and William Sale.

The book issues from the internationally renowned Hastings Center in New York. The Center, founded in 1969, has exercised considerable influence on public and professional debate on bioethical issues, inside and outside the USA, through its periodical publication, the *Hastings Center Report*. Howell and Sale have brought together a collection of papers from the HCR with the intention that it should be used as a textbook introduction to bioethics. They claim to have been guided by the determination to present a selection of the 'best' articles published over the last 20 years, though it is questionable whether this is so. Most of the articles are no more than 15 years old, and many well-known contributors to the field have been omitted. What seems more than anything else to have guided their selection is a pedagogic aim – to provide a satisfactory coverage of a large field by means of articles that will help newcomers find their way around.

All the contributions are North American, overwhelmingly from the U.S.A. This has obvious implications for the relevance of some of the discussions to a British context, as can be seen in a paper that opens with the assertion that 'the most difficult responsibility for any health care system is deciding whether patients with life-threatening illnesses will receive insurance coverage for unproven treatments' (p. 89). Given that many of the debates refer to legal judgements, it is also important to bear in mind the substantial differences between the British and US legal systems. That being said, anyone who turned to this book for a review of the landmark decisions of the US courts on bioethical issues would be disappointed. For gerontologists, however, the most important limitation of this book is its breadth of coverage: only a handful of

the 40 or so papers deal directly with ethical issues associated with old age. There are a few papers each on the role of the family in decision-making, on treatment decisions in terminal care, on euthanasia and on the use of chronological age as a standard for limiting medical treatment. Although nearly all the papers generally argue *pro* or *contra* particular conclusions, the editors have appended questions at the end of each article to help the reader put the arguments in perspective. Sometimes also the editors juxtapose arguments for contradictory conclusions in different papers. This does not always happen, however, as when John Hardwig's argument that there are circumstances in which old people have a duty to die is placed alongside Daniel Callahan's advocacy of age-based rationing of life-prolonging medical care.

Raymond Devettere's book on *Practical Decision Making in Health Care Ethics: Cases and Concepts* differs though, like the Hastings Center volume, it clearly sets out to be a textbook, and shares some of the limitations that go with a North American provenance. Also like Howell and Sale, Devettere aims to cover most of the field. The coverage is rather different, however, with a much larger proportion of the book being given over to topics likely to be of immediate interest to gerontologists, including substantial chapters on decisions about life-sustaining treatments, cardiopulmonary resuscitation, and medical nutrition and hydration, as well as euthanasia and assisted suicide. Another advantage that this book offers over Howell and Sale is the fairly detailed discussion of many of the leading cases in the US courts centring on the termination or withdrawal of medical treatment. In other words, it is a competent and useful text book, with the added value of good bibliographies.

A major interest of the book is the author's claim to offer 'an alternative approach to health care ethics'. In place of the dominant approach to the analysis of ethical issues in medicine (represented by authors like Beauchamp and Childress), which relies on the application to particular situations of general principles specifying obligations and duties (with their correlative rights), Devettere presents 'an ethics of personal fulfilment and well-being', which relies on Aristotelian and Thomist ideas about the nature of the virtues, and in particular the 'intellectual virtue' of prudence (Aristotle's *phronesis*) – the characteristic 'excellence' of practical reasoning. The approach, says Devettere, is 'motivated by the conviction that ethics is more about the habits, feelings and behaviors that we need to cultivate in order to live well than it is about our obligations; more about flourishing in life than about duties' (p. xvii).

This then is the programme, and it is most definitely at odds with the usual course of debate on these issues, though, as Devettere acknowledges, there has been a revival of interest in virtue-based ethics in recent years. 'Rights talk' is still, however, the dominant moral language of our age, and it owes this position *inter alia* to the widespread perception that the nature of human flourishing is precisely the sort of thing about which people in our society tend to disagree. There is an intimate relationship between ethical and legal reasoning on biomedical topics which is clearly reflected in the central position given to the ethical underpinnings of the legal doctrine of informed consent (*i.e.* the principle of autonomy) in works like that of Beauchamp and

Childress. Arguments about rights and obligations are the common currency of legal judgements on these matters.

Clearly there are important philosophical questions to be asked about Devettere's programme. How viable is his distinction between virtue-based ethics and duty-based ethics, and how solid are his reasons for preferring ethical reasoning which relies on the latter? Fortunately, however, it is not necessary to accept the philosophical foundations of the programme in order to get something from the book. Devettere gives a clear and useful account of some of the distinctive features of virtue-based ethics, explaining the relationship between the virtues and personal happiness, and the importance of prudential reasoning in exercising the virtues. This includes an interesting but regrettably brief discussion of the idea of dignity, a virtue 'which is of the utmost importance when we are faced with adversity, illness, aging and death'. Unlike many moral philosophers who trade in rights-based or duty-based theories, Devettere is able to offer a comparatively rich account of the idea of dignity as it is displayed in 'unavoidable suffering and affliction. Dignity is the way good people respond when bad things happen to them'. The interest of the book lies mainly in the attempt to apply virtue-based ethics to concrete problems of undoubted complexity, the kinds of problems which might be thought to offer little leverage to his favoured approach.

Devettere asks of each of the main participants in a decision process – patient, provider and sometimes also proxy – whether or not they were being 'reasonable'. Thus it was reasonable of Mary O'Connor (case decided by the New York Court of Appeals in 1988) not to want tubal feeding in the event of serious and irreversible neurological damage. She was not trying to commit suicide, but 'merely wanted to be left alone so that nature could take its course'. It was reasonable for her daughters, who knew her previously declared wishes, to request the withdrawal of feeding lines from their mother after a series of strokes left her 'somewhat conscious' but unresponsive and unable to eat normally. It was, however, unreasonable for the providers to continue to oppose the wishes of patient and proxy after they had clarified their legal liabilities in a lower court: there were 'no compelling moral reasons' for subjecting Mary O'Connor to medical interventions she did not want at the end of her natural life. To distinguish this sort of analysis from a more conventional duty/rights-based approach is not always an easy task. Still, whatever view one takes of Devettere's success in his declared task, the attempt makes for interesting reading and is worth having on the shelf alongside more conventional introductions to bioethics.

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Rivkah Harris, *Gender and Aging in Mesopotamia: the Gilgamesh Epic and Other Ancient Literature*, University of Oklahoma Press, Norman, 2000, 288 pp., £49.95, hbk ISBN 0 8061 3167 5.

This is a brave book. Any attempt to merge two disciplines is fraught with danger, and to apply the very modern precepts of social science to the few remaining texts of a very ancient civilisation is more dangerous than most. The basic premise that, in Mesopotamia, old age was a time of failing powers, when the next generation might be waiting with some exasperation to come into their inheritance, is examined through various sources. For instance, the text called *STT 400* makes a hopeful start by defining the life stages thus: 40 years the prime of life, 60 maturity, 80 old age, and 90 extreme old age. There is also encouragement for present-day academics and civil servants in studies which indicate that Babylonian scribes and administrators were the social groups most likely to continue functioning for decades. A Sumerian folktale gave the possible lifespan as 120 years – which is remarkably the same estimate as modern scientists give for the limit of human longevity. One eminently quotable Mesopotamian ambition was ‘to live long enough to see gray hairs in the beards of one’s grandsons’.

In discussing the condition of being old, little contemporary comment survives, except what may be indirectly deduced from linguistic and literary sources. Certainly a good and healthy old age was regarded as the reward of virtue but, on the other hand, there were also words for decrepitude, dependence and destitution. The poetic Akkadian expression for people in general was ‘the dark-haired’, whereas the major adjective for the old was ‘grey-haired’, which suggests that they were set apart. Indeed, they did not like going grey any more than we do, and recipes for hair dye survive. On the deepest level, which is where the *Epic of Gilgamesh* always takes one, the hero’s last adventure, to the extreme ends of the earth where he meets his venerable ancestor who has survived the Flood, is in search of a plant. It is usually described as the plant of immortality, but the literal translation of its name is ‘The old man becomes young’, which confirms that old age, however ripe, was not considered the most blessed state.

Another epic, *Enuma Elish*, describes the seizure of power in heaven by the young god Marduk. The destruction of an older generation of gods is also a theme of Greek myth but, in treating the Mesopotamian myth, Rivkah Harris highlights the human parallel contained in the intergenerational challenge to the authority of the old. In *Enuma Elish*, some of the older gods may still be wise, but they were weak and insecure, and most have become passive and intolerant. There are scenes which show clearly how the actions of the gods could be extrapolated from human relationships, as when Marduk’s grandfather Anu gives him the four winds as playthings with that gentle humour that can exist between grandparents and grandchildren. However, the villain of the piece is the matriarch Tiamet who, from being the original nurturing mother of the gods, has turned into a monster. ‘Her might is enormous, she is imbued with terror, she is altogether mighty, none can go against her.’ Harris suggests that Mesopotamian civilisation experienced the phenomenon of old women growing more assertive while old men grew more

timid: 'Tiamet's powerful masculinity threatens male control, which is intolerable. It is not surprising that there is special emphasis on her repulsiveness ... and there is a particular vehemence in the words describing her slaying'. Did the same idea strike the Anglo-Saxon author of *Beowulf* when he made Grendel's mother more terrible than Grendel, and does this make the poem an anti-feminist text? Harris does not acknowledge that terrifying supernatural females are widespread in mythology, or that it is doubtful whether normal human behaviour, in Mesopotamia or elsewhere, mirrored that of the gods.

The same criticism applies to the chapter entitled 'Gender and sexuality in the myth of Nergal and Ereshkigal'. The latter, goddess of the Underworld, twice lures the reluctant Nergal from heaven to be her consort. Although she is sexually dominant and desperate, Harris assumes the goddess is being portrayed as a typical female: incomplete without a male. But can the use of such mythological evidence be academically sound, especially when it ignores the parallel Greek myth of Hades seizing Persephone to be his consort in the Underworld? Here, the gender roles are reversed, but no one has considered this as evidence of Hades's male inferiority. Similarly, the final chapter examines 'Inanna-Ishtar as paradox and a coincidence of opposites'. This great goddess of love and battle was Ereshkigal's sister, or perhaps even her other self, like inseparable images of life and death. She too was a temptress who could beguile and terrify, and she was very capricious. Rivkah Harris makes much of Inanna's links with prostitution, but from a modern and disapproving perspective, without any discussion of the complex issue of sacred prostitution. And, in describing Gilgamesh's horror at Inanna's attempts to seduce him, Harris seems to take this at face value, as a puritanical man rejecting a woman of easy virtue; not what it surely was, a mortal trying to escape an encounter that would destroy him.

Despite the weaknesses in an argument that deduces normal human behaviour from the divine, and attitudes to gender and old age from the actions of the gods, this is a fascinating and thought-provoking book. It is nobly constructed to examine social mores over two thousand years from a minimum of evidence. It offers an extensive bibliography and notes for further investigation, and if it leads its readers to the *Epic of Gilgamesh*, so much the better.

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Norberto Bobbio, *Old Age and Other Essays*, Polity Press, Cambridge, 2001, 108 pp., hbk £40.00, ISBN 0 7456 2386 7, pbk £12.99, ISBN 0 7456 2387 5.

This book of essays is described in the publicity as 'a book by one of Italy's oldest and wisest intellectuals [and] as a philosophical and personal meditation on ageing'. I expected a series of essays about different aspects of ageing, but

while themes can be distinguished, this is much more a personal account. The essays which form the chapters are all by Norberto Bobbio, Emeritus Professor of Legal and Political Philosophy at the University of Turin. Born in 1909, his academic career led to honorary degrees and special events, such as this *estschrift* for his 80th birthday. The chapters include speeches of thanks at conferments of honorary degrees, addresses to conferences, and responses to critics of his papers. None are free-standing ‘essays’ on old age. Nevertheless they form an interesting account of his life, and how age and the ageing process has affected him. As he says in his opening essay, ‘Old age is not an academic subject, but I am an old academic. So allow me to speak this time, not as an academic, but as an old man’ (p. 3).

Although Norberto Bobbio does not set out research evidence either to endorse or refute current myths about ageing, his personal reflections are interesting. For example, there is a widely held view that older people feel younger than they are. He claims that when he was young he occasionally felt older than his chronological age, and now conversely sometimes feels older. Similarly, although he paints a fairly gloomy picture of old age and its media images, he reminds us that older people are now courted as a potentially large consumer market.

His descriptions of being old are often quite painful to read. For example, the slowing-up process about which younger people often feel so intolerant. Having discussed the deliberate slowness of circumstances, such as of pall bearers at a funeral, he observes ‘The slowness of old people, however, is distressing for themselves and painful for others to watch. ... He would like to quicken his steps, but simply cannot do it. When he speaks, searching for words as he does so, others listen with respect but nearly always with some sign of impatience’ (p. 25). The importance of cohorts is underlined in his observations about defining moments in life. For him it was the falling of the Berlin Wall. Perhaps for the current generation it will be the events in New York on 11th September, 2001. Originally published in Italy in 1996, this book has been translated by Allan Cameron. It is probably more interesting to those who know the academic writings of the author, especially when he sums up what he has written in his own discipline and refutes his critics.

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Tony Walter, *On Bereavement: The Culture of Grief*, Open University Press, Buckingham, 1999, 208 pp., pbk £17.99, ISBN 0 335 20080.

This book represents a change of emphasis in the literature on death, dying and bereavement. The change has been developing over the last decade, with a move away from the dominance of the psychological perspective on grief, to one which embraces wider cultural definitions. Tony Walter (1996) has made a significant contribution to the post-modern debate on the nature of the experience of grief, challenging the professional monopoly of the bereavement literature by clinicians and counsellors. His sociological perspective provides

both a historical and a cultural context in which to account for the reactions and practices associated with bereavement.

The book is divided into two parts and addresses two main themes. The first looks at the integration of the dead with the living. Walter sees that historically Protestantism and currently secularisation are both influences in 'the west' that produce problems in articulating a relationship between the living and the dead. The working out of this relationship, however, is a crucial task not only for the individual mourner but for society too. If the dead are left behind, then the process of remaining connected with both personal and collective history is lost. There is a need, he believes, to find a balance between 'under-integration' of the dead, common in Britain and the USA, and the 'over-integration' seen in societies dominated by ancestor influence. Walter sees the important social mechanism as one in which 'death tears apart and yet the repair work creates society' (p. 21). He traces the integration of the dead and the living in traditional societies, where ritual provides a collectively understood location for the dead. In contrast, mourning in 20th century western society is seen to have been shaped by war, together with a move towards greater privacy and individuality in making connections with the dead. With the decline in collective ritual, everyday conversation becomes the context in which the life of the deceased is reviewed and a biographical account of the dead created. Finally, Walter considers the language of death which is shaped by the medical, legal and psychological context of dying.

In the second part of the book, the regulation of grief, or in Walter's terms the policing of grief, is addressed. While a notion of policing might be regarded as pejorative, this is not the intention. Rather it is a description of the ways in which society controls and instructs the thoughts, feelings and behaviours of the bereaved. Walter provides an historical view of grief in England, which has been subject to religious and secular influences, fashions in the spontaneous and stoical expression of emotions, and varied fascination with death as an external reality and as an inner experience. The natures of traditionally evolving 'scripts' for grief, he contends, depend upon whether formality or informality, and expressiveness or reserve, are socially valued. In contrast, clinical lore has become a dimension of received wisdom through which research knowledge is filtered. It is the basis of simplified perceptions and sometimes misconceptions which inform many people who work with the bereaved. Walter believes that this knowledge is very significant in the 'policing' of grief. Contained within this clinical law have been the elements of expressivism, resolution and notions about normal and abnormal grief. These are emphasised within classical notions of grief work, and provide organisations caring for the bereaved with a way of assisting in their 'painful pilgrimage' (p. 166). Walter goes on to explore the way in which gender contributes to different grieving styles and different bereavement needs. He concludes the section by reviewing the contemporary nature of bereavement care, and suggests that counsellors, rather than being 'grief police', offer some refuge from families and groups who seek to impose a way of grieving. While counselling services might tend to be over-prescriptive, at best they provide the bereaved with an open territory in which to explore the relationship with the deceased in an unregulated context. Walter, while giving a powerful



account of the wider cultural context of grief, does not simply present his ideas as a sociological alternative to the prevailing psychological theories but argues for the integration of both perspectives. He sees the 'Dual process model' of grief (Stroebe and Schut 1999) as a theoretical structure incorporating both the psychological elements of rumination and the social aspects of restoration. This is an important book with its refreshingly new insights into the process of grief and the context of bereavement. It should be on the reading list of all practitioners and students of loss and bereavement.

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Heather Clark and Jan Spafford, *Piloting Choice and Control for Older People: An Evaluation*, Community Care into Practice Series. Policy Press and Joseph Rowntree Foundation, Bristol, 2001, 81 pp., pbk £13.95, ISBN 1 86134 243 8.

This publication is a timely evaluation of a scheme which aims to offer greater choice and control for older people over the service provision they require, at a period when direct payments for older people are being introduced into legislation. It is a brief but thought-provoking and constructive consideration of the complex issues surrounding direct payments. It offers an opportunity for the reader to consider:

1. The advantages and disadvantages of this particular scheme, which is argued to offer an alternative to direct payments and proposes to locate control with the service user;
2. The range of difficulties considered in the recent literature about direct payments;
3. The wider implications of the results for social services departments in building and developing their response to the extension of the direct payments legislation to older people;
4. An informative initial reference for practitioners and managers in attempting to develop services which encourage greater choice and control for older people, in whatever agency they work.

The authors describe the background and the factors requiring consideration in the development and implementation of the scheme. They further identify that this is in fact an evaluation of the pilot phase of the project, and that it is therefore not possible to infer longer-term benefits or difficulties from the results. As a consequence, it probably leaves one with more questions than answers. However, it is rare to find published literature at such an early stage in the development and introduction of new methods of practice and service delivery, and for this the report is to be recommended.

The authors follow a logical course, raising key concerns in the introduction which are then further developed in each section of the report. Of particular interest are the critical insights into a number of factors, for example, the understanding of 'willing and able' with reference to uptake of the scheme, is raised. It is clear that the interpretation of this criterion could narrow the range of older people that could benefit from the scheme. Indeed, the authors recommend that independent advocacy should be considered to effect greater levels of choice and control, and perhaps greater inclusion of older people who are vulnerable and likely to have more difficulty in managing. They highlight that in implementing such schemes, consideration needs to be given to the means of enabling those who are vulnerable to engage, as they may benefit greatly from having their voice heard.

The complex issue of offering the scheme to carers, where a service user is unable to participate, is discussed. As the authors identify, it is evident from the evaluation that some carers were using the scheme to meet their own needs, which may not necessarily be the same as those of the service user. This raises significant cause for concern and in implementing this form of scheme at a local and national level, careful consideration must be given to the messages from the research that the needs of service users may not be those of the carer, but that both have the right to have their needs met.

The involvement of black and minority ethnic elders is also discussed. The authors make constructive recommendations for actively engaging minority ethnic communities, recognising the particular issues and needs relevant to developing such a service. Finally, the effectiveness of the scheme in actually achieving a greater level of control and choice for the older person is explored. It is clear that whilst this was the intention of the scheme, the reality is much more difficult to achieve. The authors also effectively explore the key role that care managers play in encouraging older people to engage, in assessing what constitutes 'willing and able', and in supporting the older person or their carer to manage effectively. The support, training and supervision they need to be able to manage this is also discussed. Overall, one of the most significant achievements of this report is its inclusion of the views of older people as central to the evaluation. In particular, it clearly highlights the quality standards that older people measure services by. These cannot be understated, but so often get lost in the day-to-day struggle with service delivery.

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Zmira Hornstein, Sol Encel, Morley Gunderson and David Neumark, *Outlawing Age Discrimination: Foreign Lessons, UK Choices*, Policy Press, Bristol, 2001, 84 pp., pbk £14.95, ISBN 1 86134 354 X.

The aim of *Outlawing Age Discrimination: Foreign Lessons, UK Choices* is to review existing age discrimination legislation in various national jurisdictions and the evidence of its effectiveness, and to recommend policy directions for the

United Kingdom with particular reference to the European Council directive on equal treatment in employment and occupation. The report is the culmination of a study that was funded by the Joseph Rowntree Foundation through the 'Transitions After 50' series. The foreign countries referred to in the title are Canada, the United States and Australia: all nations with comprehensive age discrimination legislation. The situation in several other developed nations is also detailed in an appendix. Although the United Nations recognised in 1982 that age discrimination is prevalent in most areas of the world (Ontario Human Rights Commission 2000), the report does not reference the status of age discrimination in developing countries, nor is this omission noted.

As the European Council's directive is specifically directed at employment and occupation, the study is primarily concerned with this area of age discrimination, although the jurisdictional review does detail the scope of other relevant legislation, for example, on the provision of goods and services and the sale of land and housing. Many readers may expect this to be a treatise on mandatory retirement, but this is only one of many areas of employment-related issues that are covered. The other topics include hiring, dismissal, job-related entitlements, recruitment, training, promotion and retention. The extent to which these topics are included in age discrimination legislation varies by jurisdiction. The review of the relevant legislation, including its scope, history, exemptions and enforcement, is thorough, and provides a good overview of the instruments and their impact to date, although it is acknowledged that evaluations have so far been limited. In addition, the authors note that a key consideration in developing age discrimination legislation is whether or not to combine it with legislation addressing other forms of discrimination, notably gender and race. The report successfully meets its first aim of reviewing the relevant legislation, and the reader will enjoy its organisation and clarity.

Although the report does not deal with mandatory retirement exclusively, it is addressed by all the authors, and several new and provocative issues are raised that may not ordinarily be encountered in the gerontological literature. The discussion reflects a legal/economic paradigm and may be construed as a thinly-veiled argument in favour of mandatory retirement. This is due, in part, to the rationale given for a growing interest in the issue of mandatory retirement, that is reminiscent of apocalyptic demography (Gee 2000), and leads the reader to question the relationship of this report to gerontological theory. Given the absence of a critical gerontological foundation, the report may not be suitable for those in the ageing field who seek in-depth analysis of this subject. This may not be a surprise to the authors, however, as the extent to which the ageing community is thought to be the main audience for the report is unclear. For instance, age discrimination as it is addressed in the report is not an issue primarily of/for older adults. Rather, the focus of the case studies seems to be on young and middle-aged individuals negotiating the labour market, and the impact of age discrimination post-employment is not addressed in any detail.

The recommendations regarding policy directions for Britain are confined to certain broad questions that should, indeed must, be grappled with in the

near future through implementation of the European Council directive. The key decisions noted are: whether age discrimination legislation should be dealt with through separate legislation and enforcement, or jointly with other forms of discrimination; what powers should be vested in the Council that will enforce the legislation; how mandatory retirement should be dealt with; and what to exempt from the legislation. To complement the comprehensive review of age discrimination legislation and to achieve the second aim of the report, a synthesis of the best evidence and concrete suggestions for the United Kingdom government would add substantially to the report. As it stands, it is a well-documented report on existing age discrimination legislation that may have missed an opportunity to put forward a case for a specific direction for British policy decisions.

As the report actually skirts the domain of gerontology, it may be of more interest to labour market analysts, economists and lawyers. It will, however, be of interest to policy analysts and students of social policy, as this is clearly an emergent and important issue. Building upon this comprehensive review, it is now up to the policymakers to take the findings of *Outlawing Age Discrimination: Foreign Lessons, UK Choices* to the next level by formulating and implementing policy that meets the requirements of the European Council directive.

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Peter S. Silin, *Nursing Homes: The Family's Journey*. Johns Hopkins University Press, Baltimore, 2001, 296 pp., hbk £28.50, ISBN 0 8018 6624 3, pbk £11.50, ISBN 0 8018 6625 1.

Peter Silin's experience as a geriatric social worker based in a nursing home, and providing support for residents and their families, gave rise to this useful publication. The book maps very clearly the decisions and processes leading to an elder person entering a nursing home and adjusting to life in a care setting. It focuses particularly on the role of the family as supporters at every stage of the process, and looks at the way relationships may change, particularly after admission.

The book is divided into four main sections. The first section looks at 'caring decisions'; how to introduce the subject of care, especially with a parent who

wishes to remain where they are and to continue to live at risk. There is discussion of the legality of making decisions for relatives, and the validity of advance directives and medical decisions. The personal dilemmas and frequent feelings of guilt, which face family members, are explored and illustrated with personal vignettes. The second section deals with nursing homes – policy and practice, legislation, staffing, and who does what. Most importantly, it highlights what to look for in a home. Although this is an American publication and specific to the nursing home context, most of the content is readily applicable to Britain and to the care sector as a whole.

Moving and settling in is the subject of the third part. It highlights the sensitive issues inherent in this major life experience for the individual as well as her family. Good preparation and planning, practically and emotionally, is a key element. The author tackles the question of the intending resident who refuses to go once moving day arrives, and cites instances of a family member encouraged to stay with her in the home for a few days, or even where the older person simply has day care in the home for a few days or weeks to overcome an initial fear or reluctance. Where refusal persists, however, and where the person is capable of decision making, there is no way she can legally be made to enter a home, and coercion, however subtle, is a grey area in law. As the resident settles in so the family members have adjustments to make and, for the primary care-givers, to cope with a large gap in their lives.

Being the family member of someone in care is the subject of the fourth section, which offers very practical advice on monitoring the relative's care and standards in the home generally. It highlights the need for good communications in problem solving before complaining, and also makes the very important point that good words and compliments often work faster in ensuring change. Family attitudes to visiting may change over time and become easier after the first sometimes traumatic separation. The need to ensure privacy for visits is emphasised, especially for partners – the fact that one is in the home does not constitute a good reason to assume they should cease to have a sexual relationship. Family visitors should seek to encourage resident involvement in activities of their own choice and not seek change on behalf of their relative.

Facing death and talking about the end of life is often easier for the person who is dying than for their family. The author deals sensitively with the difficulties and the guilt often felt by spouses or other close family members when the end is near, and focuses on the need to understand the person's wishes before this late stage. This is a book which will be of use to families, to individuals who may be considering residential care, and to social workers who are involved in referrals; it would also be useful as training material for care staff.

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