

Readers are invited to contact Greg S. Loebe in writing at Midwestern University, Glendale Campus, Bioethics Program, 19555 N. 59th Ave., Glendale, AZ 85308 (gloebe@arizona.midwestern.edu) regarding books they would like to see reviewed or books they are interested in reviewing.

Ethical Dilemmas in Long-Term Care (Facilitator's Edition), by Janine M. Idziak. Dubuque, Iowa: Simon & Kolz Publishing, 2000. 261 pp. \$182.50.

Only within the past decade or so have medical ethicists, healthcare policy analysts, and politicians devoted significant time and energy to the myriad issues and problems facing the elderly. Careful consideration has revealed multiple concerns over the treatment of the elderly by families, healthcare providers, government agencies, and facility administrators and staff. One particularly troublesome area of concern involves nursing home placement and care. Dramatic stories sometimes rise to the level of national attention and scrutiny. We hear and read accounts of elder abuse by nursing home staff, indifference by nursing home administrators, disagreements over whether to initiate or withdraw a particular life-sustaining treatment, pain management protocols, physician-assisted suicide, and the issuing and honoring of DNR orders. But then these stories, as well as the ethical and policy debates they engender, are soon forgotten by the general public. Stories often not heard at all involve the everyday, mundane problems and dilemmas faced by nursing home residents. These problems include roommate selection, waiting lists, privacy surrounding grooming and sexual relations, scheduling of meals and sleeping, confidentiality of medical conditions, freedom to walk around the facility or take trips out-

side the facility, and use of mechanical and chemical restraints. In one sense, these issues are more problematic and more intractable than those represented in dramatic but fleeting news accounts. What is gradually becoming obvious to many is that the problems faced by the elderly in long-term care—whether these problems are remarkable or mundane, rare or frequent—deserve sustained, careful attention.

Those on the front lines of developing and implementing humane and ethically defensible policies and procedures—members of ethics committees, physicians, nurses, social workers, and administrators—now have a valuable and user-friendly resource. In her book, *Ethical Dilemmas in Long-Term Care*, Janine Idziak provides a method by which those charged with providing care to the elderly can examine, analyze, and discuss ethical issues surrounding the treatment of the elderly in multilevel institutional settings. By “multilevel” Idziak means to include not just the traditional nursing home but also institutions offering independent living, assisted living, skilled nursing, and hospice care. In addition to this distinction, the author makes and employs a distinction between levels of ethical inquiry. The questions she wishes to address—through extensive use of case studies—relate to clinical

ethics, organizational ethics, and what she terms “everyday ethics.” Examination of this last level, assessing the normal, even banal problems that are present in all long-term care facilities, makes Idziak’s book extremely valuable and well worth reading. The overall purpose of the text is to provide a “comprehensive, in-depth educational program which can be used in modules for staff in-service programs and for educating members of ethics committees” (p. vii). Availability in two editions—facilitator’s and study editions—promotes the educational goals of the text. The former is reviewed here, given that it contains everything in the study edition plus some extra materials.

The book is divided into four major parts, accompanied by an introductory chapter and an appendix explaining ethical principles and theories. Idziak’s introductory chapter sets the stage and provides justification for her educational program. In addition to a very brief discussion of the nature of ethics, the elements of ethical decision-making, and the functions of ethics committees, the author sketches the kinds of ethical issues in long-term care she will discuss. The four major parts are “Ethical Issues about Residency in a Long-Term Care Facility,” “Ethical Issues at the End of Life,” “Issues of Professionalism,” and “Special Topics.”

Part 1, divided into six chapters, covers admission to multilevel facilities, transferring and relocating residents, autonomy and rights of residents, ethical dilemmas in institutionalized daily living, relationships between male and female residents, and the use of restraints. Those new to the area of ethical dilemmas and issues of the aging in general, and the ethical and policy concerns of long-term care in particular, will find all the chapters in this section essential reading. Deserving

special attention in this section is Idziak’s chapter on everyday concerns faced by staff and residents. Through detailed case studies and questions for discussion Idziak tackles the mundane but important issues of allocation of private rooms, assignment of roommates, negotiating acceptable levels of risks with residents, and how best to use common spaces within the facility.

Part 2, “Ethical Issues at the End of Life,” occupies the most space in the text. These chapters cover withholding and withdrawing life-sustaining treatments, resuscitation, artificial hydration and nutrition, patients in persistent vegetative state, advance directives, euthanasia and assisted suicide, and pain management. Idziak’s discussion of the distinction between patients as disabled but not dying and patients who are terminally ill, which appears in the chapter on persistent vegetative state, is especially thought-provoking and should prove enlightening for ethics committee members.

Included under the heading of professionalism, the subject of part 3, are discussions of issues surrounding confidentiality, workplace ethics, staff objections (on moral and religious grounds) to specific medical practices, and multicultural perspectives on truth telling to terminally ill patients. Of most practical and immediate value, especially for ethics committee members working in rural facilities, are the case studies and explications surrounding confidentiality. Idziak’s discussion of the principle of confidentiality, how to recognize issues relating to confidentiality, and why confidentiality is a value in healthcare will encourage ethics committee members to develop in-service programs on this topic.

Readers most likely will find the fourth section of the text covering special topics in long-term care to be the least satisfying. The three topics cho-

sen for consideration are research and experimentation on human subjects, allocation of resources (at both the macro and micro levels), and AIDS. The discussion of proxy consent for participation in therapeutic or nontherapeutic research protocols on behalf of incompetent residents will seem, even to readers new to the topic, inadequate. Additionally, there will be those who will wish Idziak had devoted more space to the concept of rationing and to different ethical justifications for competing allocation schemes. Given what is at stake for institutionalized elders, one might wish Idziak had gone into more detail regarding such concepts as distributive justice and provided more substantial analysis of the cases she uses for illustration.

Throughout the text, Idziak makes reference to and applies common ethical theories and principles. This material is not covered in any depth until the end of the text because “pure exposition of ethical theories and principles can seem very abstract and removed from the experience of health care providers, and hence, can prove difficult to understand” (p. vii). In the appendix, Idziak does provide in-depth explications of autonomy, beneficence, nonmaleficence, and justice (she borrows heavily from Beauchamp and Childress’s *Principles of Biomedical Ethics*).¹ Her explanations of common ethical theories are adequate, and she even provides one or two criticisms of each theory. Although readers familiar with medical ethics will find nothing new in this material, ethics committee members and healthcare professionals, who are likely to be less familiar, should find her presentation quite accessible.

Because the book is marketed as an educational tool, and because it is rather expensive (\$182.50 for the facilitator’s edition), users of the text—such as ethics consultants and members of ethics committees—should be aware

in advance of the book’s structure. Each chapter is organized in the following manner: (1) a brief introduction, (2) a list of specific issues covered in the chapter, (3) one or more case studies, (4) expository material, (5) topics for group discussion, (6) a short list of resources for further study, (7) a worksheet that reprints the cases, (8) a listing of audiovisual resources, and (9) an analysis of the cases selected for group discussion. Each chapter is short, averaging 10–12 pages in length. Idziak’s expository material and discussion of the cases are derived chiefly from the scholarly literature on elder care. Those familiar with this literature will be pleased for the most part with how Idziak has interpreted and used relevant ideas, concepts, and principles. The book is provided in a loose-leaf, three-ring binder form for easy removal and copying of pages. This format certainly helps those who wish to conduct workshops and to make educational presentations to staff in long-term care facilities.

The text does contain a few drawbacks or disappointments. Given that the text is heavily focused on case studies and because Idziak promises analysis of cases, it is surprising that some cases are not analyzed and others suffer from lack of in-depth analysis. Additionally, those familiar with the literature dealing with ethical issues in elder care will find some of Idziak’s expositions and summaries simplistic. However, given Idziak’s laudable goal and the monumental task she sets for herself, these shortcomings can be overlooked.

As one who provides consultation services to long-term care facilities and who develops and implements workshops on ethical issues surrounding elder care, I find the text quite valuable. I would recommend that each ethics committee functioning in a long-term care facility purchase a copy. New

members of ethics committees will find Idziak's manual especially helpful. There are enough cases and discussion questions to allow for many educational sessions that ethics committees may wish to design for other staff in the facility.

Note

1. Beauchamp TL, Childress JF. *Principles of Bio-medical Ethics*. New York: Oxford University Press, 2001.

—Bryan Hilliard

Death to Dust: What Happens to Dead Bodies?
(2nd ed.), by Kenneth V. Iserson. Tucson, Ariz.:
Galen Press, 2001. 821 pp. \$48.95.

In this second edition of *Death to Dust: What Happens to Dead Bodies?*, emergency physician/bioethicist Kenneth Iserson has revised and expanded the original 1994 edition. The second edition improves on its predecessor in several ways. First, it updates information on several important topics, such as rates of organ donation and the number of patients awaiting organ transplantation. Second, it includes new information in a number of topic areas, such as embalming, mummification, and cryonics. Third, the design of the book, including the page layout, graphs, and illustrations, is much clearer and more attractive. The goals and organization of the second edition, however, remain unchanged from the first.

This is truly an encyclopedic work—in fact, the first edition was named “Best Reference Book of 1994” by the New York Public Library. In it, Iserson undertakes

to provide professionals and the public with a full picture of what does,

used to, and can happen to the body after death. With that information in mind, readers can make a reasoned decision about whether to donate their own or a relative's organs and tissues to help those in need. (p. 3)

The dead body is, as Iserson points out, a taboo subject—thus, almost everyone is ignorant about what happens to the body after death. This ignorance, he believes, is an important reason why so many refuse to donate a deceased relative's organs and tissues for transplantation, despite the great need and potential benefit. To remedy this situation, the book provides detailed descriptions of brain-oriented criteria for the determination of death and of procedures for organ and tissue donation. It also describes, in detail, current methods of embalming, cremation, and burial and of the natural process of decomposition of bodies. Through comparison of these practices, Iserson seeks to convince the reader that organ and tissue donation is no more mutilating than other common methods of handling dead bodies.

A second general theme of the book, clearly present if not explicitly stated, is a critique of the U.S. funeral industry. This critique is embedded in detailed descriptions of funeral industry services and their costs, including embalming, cosmetic preparation of bodies for viewing, cremation, caskets, funeral rites, and burials. Iserson takes the funeral industry to task for discouraging autopsies and for taking financial advantage of grieving families by pushing unnecessary services and products at inflated prices. Cremation is described as a potentially simpler and less costly alternative to embalming and burial, and, in an afterword, Iserson reveals that his own personal plan is “to donate all useable organs and tissues for transplant or research, with the remainder being cremated.”

Death to Dust does not confine itself to the most common methods of dealing with human bodies. Instead, it ranges widely over more unusual, often macabre uses of human bodies, past and present. Topics discussed include cryonics, burial at sea, mummification, grave robbing, cannibalism, head shrinking, and necrophilia, among others. The many descriptions and historical anecdotes illustrating these practices are likely to satisfy even the most morbidly curious reader!

With such an encyclopedic scope, *Death to Dust* is a long book of 800+ pages. Both its length and its subject matter will make cover-to-cover reading a daunting prospect for most readers. Instead, the book is best understood as a reference work to which one can turn for information on a wide variety of specific topics. The book is divided into 12 topical chapters, each of which

contains between 9 and 30 short sections introduced by a question; for example, “Why donate organs and tissues?”, “How is an autopsy done?”, and “Who owns my body after death?”. Each chapter is fully referenced, and the volume also contains a brief introductory chapter, a lengthy subject index, a glossary, an appendix containing relevant statutes and standards, and a collection of epitaphs and sayings about the dead.

Bioethics scholars looking for detailed analyses of ongoing moral debates about the most appropriate criteria for determining death or for distributing transplant organs among potential recipients will not find them in *Death to Dust*. Remaining true to its encyclopedic format, the volume focuses on factual information, not moral argument. Thus, for example, it describes current criteria for the determination of death in some detail but does not explore the question of whether whole-brain-oriented criteria are preferable to neocortical criteria for determining death.

Although it will be of interest to healthcare professionals and bioethicists, *Death to Dust* is clearly designed for a broad, general readership. Written in an informal style with frequent humorous asides, it offers an in-depth, fascinating tour of the relatively unknown territory of what happens to dead bodies. The book’s straight talk on organ donation and funeral practices goes a long way toward dispelling the mystery surrounding these topics and encouraging more informed choices for oneself and one’s family.

—John C. Moskop