Book Reviews

SUICIDE AND EUTHANASIA IN OLDER ADULTS: A TRANSCULTURAL JOURNEY

Diego De Leo has gathered together a very notable international group of researchers in suicidology to produce this most readable collection of material on a subject that has had little exposure: the suicide and euthanasia of older persons. It contains a collection of data that are not readily available, or at best “buried” with data in populations or overshadowed by the more “sexy” topic of youth suicide.

It sets out with world epidemiological trends, and journeys through Europe—from Sweden, to Denmark, Switzerland, and Slovenia; and then to Turkey, Hong Kong, Japan, across to Canada, and ends in Australia, the new home of Diego De Leo. The strength of this book is in its very clear tables, graphs, and epidemiological mapping of the subject. The references are not overdetailed and are relevant and economical, giving the reader a user-friendly set for further exploration.

Although it has handled elderly suicide in a most admirable fashion, there are only two chapters (35 pages) dealing with euthanasia and I was a little disappointed in this coverage, although in these two chapters, readers are provided with a taste of what could be discussed in future editions (or another more specific book on this very current and important subject). Another gap in this book is the absence of a chapter from China, although Yip and Chi did make a fleeting reference to China in their chapter on Hong Kong. A chapter from Singapore would have also been useful, because the low rate of suicide among the Muslim population would have given an opportunity to explore cultural/religious issues.

That said, the chapter “Suicide in the Elderly and Youth Populations—How Do They Differ?” was a masterful exploration of effect of age and related sociodemographic and health status factors. De Leo’s poignant plea in his preface is worth repeating here: “... beyond calling attention to the neglected tragedy of elderly suicide, and perhaps the most important thing: to claim more attention to our fathers and mothers, especially if they have been left lonely and isolated.”

At a price of $US 24.50, this volume is a must for all who have the welfare and interest of older persons at heart.

Reviewed by
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The field of health promotion for older people is an exciting and dynamic area of gerontology. The diseases associated with middle age predominantly exert their burden through premature mortality, and the major ones for the developed world relate to heart disease and cancer. As people pass through middle age into older age groups, the major health issues are dominated by the chronic disabling musculoskeletal and neurodegenerative disorders. These conditions are associated with considerable societal burden, not so much through mortality, but the requirement for acute health services, rehabilitation, and the provision of care, both in the community and in institutions. Recent evidence has demonstrated that the common disabling problems of older people, some examples of which are cognitive impairment, depression, osteoarthritis, and osteoporosis, may be linked to lifestyle factors and remediable health behaviors. A book that summarizes the evidence as to what is effective health behavior for older people, and how we can encourage older people to incorporate such behaviors into their lives, is sorely needed. Unfortunately, this book does nothing of the kind.

This book is dominated by academic psychological discourse. The first chapter, relatively lucidly compared to the remainder of this disappointing book, describes a biosocial model and how it might apply to older people. However, nobody else in this book seemed willing to develop any aspect of this model in anything approaching a pragmatic fashion. We then move on to personality type (Type A) and risk of heart disease, screening behavior and adjustment to the diagnosis of breast cancer, some chapters on methodological difficulties, and two brief, extremely superficial chapters on exercise with limited emphasis on older people. The last third of the book focuses on health care organizations, including a thorough description of U.S. Medicare funding principles. Unfortunately, this will be of little interest to anyone outside the United States apart from illustrating how the U.S. health care system has a major barrier to developing health promotion to older people as a public health intervention.

My major disappointment was that the title of the book suggested something that would be of considerable utility and interest, but the content was entirely different. I doubt that this book would be of any interest to the majority of readers of *International Psychogeriatrics*.

**Reviewed by**

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ETHICS, LAW AND AGING REVIEW, VOLUME 8: ISSUES IN CONDUCTING RESEARCH WITH AND ABOUT OLDER ADULTS

Research involving vulnerable adults raises some complex ethical concerns about which there has been much debate. The collection of essays in this volume is intended to contribute to that discussion.

Part 1 starts with an overview of the issue of informed consent focusing on capacity, voluntariness, and confidentiality, themes taken up in subsequent chapters. This is followed by a discussion of decisional capacity based mainly on the report of the National Bioethics Advisory Commission in the US. Two other chapters discuss health services research and the implications of regulating research for mental health professionals respectively. The former is a good discussion of the ethical challenges posed in health services research (for example, the right to privacy versus the need for information) while the latter reviews and critiques the current North American regulatory structure and contains a series of suggestions for practice. All chapters included here are rooted in the principlist approach to medical ethics and a North American perspective, and one is left wondering what other ethical frameworks or other cultural perspectives might contribute to the discussion.

Part 2 supplements the discussion of research issues with three independent chapters dealing with surgical intervention, legal care, and respect for patients’ preferences. While chapters in Part 1 provided a useful summary of the ethical issues in research involving vulnerable adults, those in Part 2 were, on the whole, more thought provoking. The first advocates aggressive surgical intervention on the basis that the principle of beneficence subsumes the other principles of autonomy, nonmaleficence, and justice and on that basis, with which others may disagree, makes a series of useful recommendations for practitioners. The final chapter discusses different views of advance directives and respecting patients’ preferences based on the author’s family experience.

Two chapters are particularly interesting in that they raise fundamental questions. In Part 1, Jason Karlawish examines the interaction of language, science, and ethics. He points to the lack of a coherent language of benefit and argues that current treatments for Alzheimer’s disease (AD) were not inevitable and need not be the way they are. Delving into the socially constructed nature of AD treatments, the author suggests that debates about the interpretation of research results are “largely resolved along the lines of authority and power” and raises the question “How well does the system represent the interests of the people it intends to serve?” In Part 2, Israel Doron argues for a transition from elder guardianship to a new model of long-term legal care. Whereas guardianship and substitute decision making are “more about control and preserving the rights of third parties,” the long-term legal care model aims to “assist the person in making
decisions and, when that is not sufficient, to make the decision in a shared manner as much as possible." As such, it is based on the principles and values of citizenship, choice, and empowerment and is better expressed in the language of the feminist ethic of care. Although there may be problems with this model, this chapter should promote debate about just what it is that we want to achieve in this area.

Although there is much that will be familiar to health professionals in the field—both researchers and practitioners—there are a number of chapters that have the potential for prompting an engaged response and thus generating further discussion.

REVIEWED BY
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DRUG TREATMENT IN OLD AGE PSYCHIATRY

After reading this wonderful book, I realized I had been waiting for such a book to emerge. It is well written in an "easy to read" style. The 10 excellent chapters cover all broad areas of old-age psychiatry where psychotropic prescribing is likely. The authors tackle all major groups of psychotropics and several drugs that are uncommonly used also. They cover all important diagnostic groups and specific areas such as prescribing for noncognitive symptoms in dementia. Their reasoning for use of specific drugs, the dosing, precautions, and possible interactions form a useful source of information. The authors also are careful to draw attention to nonpharmacological strategies for treatment either in combination with psychotropic drugs or as a precursor to them. In addition to being readable and user friendly, it is a very comprehensive text. The absence of a large number of cited references in the text makes it very appealing. Those who wish to read further can access the reading list at the end of the book. The frequent use of boxes further adds to the friendliness of the book.

This book is suitable for all disciplines involved in old-age psychiatry and also suitable for all grades of staff in these disciplines. For the first time I have read a short, sharp, and simple book dealing with a very complex topic in understandable language. Once I started to read the book, I wanted to read through to the end—rather like a novel. This book should also be on the shelf of every library catering to staff working in old-age psychiatry. I will treasure my copy.

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OLDER ADULTS' VIEWS ON DEATH

This interesting book provides us with exactly what it promises, in the form of an in-depth study of the views of a group of older adults, backed by a wide-cast, though predominantly American, net of research findings. The author is a well-known academic psychologist with a particular interest in intergenerational relationships and decision making within families. The study that led to the book came from his observations, when studying older adults' end-of-life decision making, that older adults had diverse views on this subject, which he hypothesized might relate to their views on death. His initial literature search revealed little that related specifically to those over 70, so he recruited a small convenience group of subjects for in-depth interviews. These 109 subjects came from a group of 68 Whites and 41 African Americans over 70 living in or near Indianapolis, with a mean age of 80.7, of whom 93 were women. This latter finding demonstrates again both the increased longevity of women and their willingness to take part in surveys.

The participants were subdivided into groups by ethnicity, age, sex, marital status, education, occupation, and socioeconomic status. The detailed structured interview obtained information on the participants' religious beliefs, health and functional status, morale and family relationships, as well as their fear of death, personal meanings of death, and their understanding of the dying process. For the latter two questions, new instruments were either developed or used for the first time in this population. Although the data were analyzed using a "wide variety of statistical methods," the author cautions that the findings must be interpreted carefully because the sample was small and had few men.

The book is attractively set out, with each chapter presenting what is known about the issue from previous studies followed by the data from this study. We build up a picture of the influences on older people's views of death using the following frameworks: personal and sociocultural meanings of death, the dying process and religion, health, and relationships.

The principal findings of the study can be summed up in the following statement: None of them wished to live to 100 and they believed that death would be a peaceful transition to a pleasant afterlife. This global view hides the details; more African Americans wanted to live longer, women of lower socioeconomic status used a broader range of concepts and metaphors to talk about death, and the White participants were less positive about an afterlife. Those in very poor health were the most likely to express concerns about the dying process, though seeing death as a relief from suffering. With regard to families, most people expected to be missed, but those with closer families and those of higher socioeconomic status considered their death in terms of leaving a legacy, either financial or family values. The most interesting findings were that almost none of the sample population had a concrete view of how they might die, and there
was a U-shaped response to the fear of death, lowest in the oldest old and the youngest group with a higher fear of death in those around 80.

I can recommend this book as a very useful resource for clinicians and students in any clinical or psychological discipline working with older people. The very thorough review of the literature and the detailed accounts of the study subjects, including many direct quotes, will give those of us who work with the old old as they get closer to dying a framework to use in our discussions with them and their families. Further research in populations other than North Americans would be useful to see if the findings are specific to the study group or more general.

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**HEALTH EXPECTATIONS FOR OLDER WOMEN: INTERNATIONAL PERSPECTIVES**

Women are the majority of most aging populations internationally. An array of international experts provides research looking at how women age, longevity, and health trends in both developed and developing countries. The introductory chapter explores health expectations and sets the tone for the book. In the chapter, “Patterns of Active Life Among Older Women: Differences Within and Between Groups,” the authors present their examination of U.S. women, identifying changes in life expectancy, exploring living with disabilities, and posing questions regarding the demand and need for health resources and expenditures.

Much of the information is based upon studies in the United States, United Kingdom, Canada, and Europe, providing a framework of research findings that can be applied to developing countries. Only two chapters present women from different cultural backgrounds, Japan and Fiji. For a book offering an international perspective, many women are not represented, though the research presented can be applied to women throughout the world. Many issues remain constant for developing countries: Women tend to live longer than men do but generally live in poorer health. As noted in the chapter on Japanese women, men have shorter lives and generally are cared for by their spouses. When widowed, Japanese women are more likely to become disabled and be cared for by someone other than a family member. As, importantly, the researchers observe, the changes in traditional Japanese society contribute to the decline of family caregiving, which had been the norm. Similarly in Fiji with increasing elderly populations in rural areas, there is a growing need for services to be developed and redistributed to rural areas. Currently a governmental infrastructure is not in place to assist families, thus challenging their caregiving capabilities.

The most valuable chapter is “Global Patterns of Healthy Life Expectancy for Older Women.” The researchers used data from the World Health Organization...
for women and men from 191 countries to examine the difference between healthy men and women at age 60 and to identify the major injuries and disability causes in older women. Their findings note that despite the fact that women live longer in more developed countries, they still have a greater likelihood of acquiring nonfatal disabilities. In poorer countries, the disability has more impact and there are fewer years of good health.

The authors present solid research on the complex issues of aging women, their health, and disability projections that will have an effect on the family, society, and programming resources required to address the needs of aging women worldwide. This book is of great value to those involved in women’s issues, and social policy researchers interested in health trends and social program development.

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