

Book reviews

Ethics and Aging — The Right to Live, the Right to Die

Edited by James E Thornton and Earl R Winkler, 256 pages, Vancouver, £13.55 pbk, University of British Columbia Press, 1988

'For a variety of historical and cultural reasons, we presently confront a vast array of practical and moral problems and decisions concerning the status, role and welfare of the elderly in society'. Thus this book describes and contributes to the ethical clarification needed to respond to this challenge in the present climate of 'general concern about individual rights, and claims — to autonomy, health care, equality and so forth'.

The editors, from educational gerontology and philosophy at the University of British Columbia, were instrumental in the creation of a symposium on ethics and aging in 1982. Some contributions derive from the symposium, others were invited subsequently to broaden the book's scope. The urgency of tackling these problems derives not solely from changes in population structure but also from evolving family structure, the mobility of working populations, the impact of retirement on individuals and societies and medical technological developments. This breadth is reflected in the authorship which spans gerontology, philosophy, law, theology, sociology, psychology, medicine, nursing and economics. What emerges is not an untidy hybrid but an invigorating debate, clarification coming as much from conflict as from consensus.

The early chapters provide a factual and conceptual background for the later discussion of specific issues. The shortfall of current health care and

social programmes is explored, in terms of quantity and also with regard to questions of professional dominance, against the background of misconceptions about and marginalisation of elderly people themselves. The characterisation of aging as decline rather than growth is contested from recent evidence and fresh interpretation of psychological research.

A detailed analysis of the economic implications of the demographic changes provides cautious optimism that the task involves a planned reallocation of resources rather than a substantial increase. With regard to the very topical issue of making priorities in provision of health care, E H W Kluge makes a convincing rebuttal of current approaches such as cost-effectiveness and cost-benefit analysis, on the grounds that discrimination is based upon the abstract category of age rather than ethically relevant differences between individuals.

Many contributors tackle the 'withdrawal of treatment'. One, a theologian, was the only octogenarian in the assembled cast. The contrasting outcome of the Canadian Law Reform Commission and the (Canadian) President's Commission on the subject are critically discussed from the point of view of ethical content and consistency.

A most interesting and useful chapter explores the question of consent for research with 'incompetent elderly', for example those suffering from Alzheimer's disease, and goes some way towards establishing a practical approach for researchers and ethics committees. A major problem in the resolution of many of the ethical problems posed is that of the lack of involvement or control held by elderly people themselves, but a contribution on gerontological research with elderly people as research collaborators shows the way forward.

This book is Canadian in conception

and authorship but the problems tackled and the methods used have no nationality.

I thoroughly enjoyed reading it, but more important, the book has changed my understanding of what I do in daily clinical practice.

I thoroughly recommend it not only to clinicians working with elderly people, but also to administrators, planners and politicians.

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Strong Medicine — Health Politics for the Twenty-first Century

Steve Iliffe, 157 pages, London, £5.95, Lawrence and Wishart, 1988

It seems slightly unfair to read and review Steve Iliffe's political essays in the days following the publication of the NHS Review, *Working for Patients*. Overnight, the whole debate on the future of the NHS and the political and social implications for the next decade have been shifted from one level of uncertainty to another, leaving Dr Iliffe's book looking rather dated in detail if not in spirit.

In particular, the first section of the book in which Dr Iliffe attempts to predict the political consequences of the crisis in the NHS now seems irrelevant to the fundamental arguments of the ethical development and defence of health provision into the next century. What is more relevant is the review of the foundation of the National Health Service and the egalitarian principle of

'free at the point of delivery'.

In discussing the decline of the service and the acceleration towards crisis under the Thatcher government, Dr Iliffe predictably catalogues increased technology, altered definitions of illness, an aging population and increased professional activity as the difficulties to be tackled. It is perhaps disappointing that by concentrating on condemning the inadequacies of right-wing policy and the commercialisation of the health service, he misses an opportunity to question the underlying ethical trends, only making amends with a brief discussion on the dilemmas of screening for cervical cancer and ischaemic heart disease – both of which are easier and less productive in the articulate and demanding minority.

It is in the final section of the book that Dr Iliffe is most interesting, most stimulating and most disappointing. Basing his plans for a future health service on what he calls 'the gift relationship' between funding (from general taxation) and the delivery of health care, he seeks to explore a way of ironing out injustices. In this he preaches good socialism, but could just as well be preaching good Christianity or even humanism, as the ethical ground is not explored. Having defined funding, he then aims to set limits and establish priorities. Some of these priorities – patient participation, personal responsibility, and a debunking of the medical profession's domination of the system – could almost be lifted from between the lines of the Government's White Paper, but clearly the political starting point and possible end-points may not be the same!

Drawing on the Black Report (beloved of all left-of-centre doctors) he recommends the expansion of community care and the use of social service indicators to direct budgets – an area on which *Working for Patients* is predictably vague.

Taken overall, the suggestions for prioritisation of the service are sound, but Dr Iliffe does get into something of an ethical tangle over the value of such treatments as IVF. His advocacy of some sort of charging for the skier who breaks a leg or the woman who 'desires' a child seems coloured by his political judgement that the development of IVF is as much about professional power, research and the control of beds as about an altruistic wish to contribute to the physical and psychological needs of the patient.

In the end, Steve Iliffe's book is rather unbalanced, possibly because of

its origin in shorter magazine articles. The political analysis is skimpy (particularly when compared with a book like Steve Watkins's *Medicine and Labour – The Politics of a Profession*) and the proposed solutions need expanding and justifying.

Even so, if the NHS is to be turned inside-out, any well-considered contribution to the debate is valuable, and this book fulfills that purpose.

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Sentenced to Hospital

Susan Dell and Graham Robertson
170 pages, Oxford, £20.00, Oxford University Press, 1988

This well produced and clearly written book is one of the Institute of Psychiatry's Maudsley Monographs and is written by two of that institute's forensic psychiatry section lecturers. It is based upon a study of the 117 men detained in April 1982 at Broadmoor Hospital under the legal category of psychopathic disorder. The first half of the book relates to a control group of patients admitted as mentally ill (matched only for length of stay and the Section of the Mental Health Act, 1959, under which the patient was admitted).

Despite the thorough nature of the study (there are 27 tables in the book), the findings for the mentally ill patients are generally unremarkable. Patients and staff tended to agree that the patients were ill (87 per cent with the diagnosis of schizophrenia) and that treatment was of value. Consultant psychiatrists were able to consider a patient's suitability for discharge in terms of his recovery. One striking finding, however, was that these doctors believed that only 28 per cent of the mentally ill group currently required Broadmoor's maximum security.

The men admitted to Broadmoor with a 'psychopathic disorder', however, are, by definition, not mentally ill and it is clear that those responsible for their 'treatment' face a considerable dilemma. Few received medication, but many of the men, at some time, received psychotherapy. Some valued this experience highly but others viewed it as coercive. 'They want to change you... the system wants you to agree with everything the doctor says

about treatment... I want to get out of Broadmoor, so I agree with them. I play the game'. The patients believed that to be discharged, 'you have to serve the right length of time'. The consultants resisted the suggestion that there is a 'time for crime' but the study presents convincing evidence to the contrary.

The authors point out that it was the Butler Committee which stated that 'psychopathic disorder is no longer a useful or meaningful concept', a claim which this study supports. At best the medicalisation of certain offenders and their admission as 'psychopaths' to Special Hospitals allows them to serve their time in a better environment than prison ('more comfortable, less restrictive and better pay') and to have access to help such as psychotherapy. At worst, admission as a 'patient' can place a man who maintains his innocence in the situation where his release is dependent upon his responding to treatment which means accepting, understanding and then changing the behaviour which led to the offence he claims not to have committed.

Dell and Robertson propose that in future psychopathic offenders should only be voluntarily transferred to Special Hospitals from prison. Doctors would then no longer have the inappropriate task of determining the length of a man's sentence. The authors do not, however, fully explore the logical consequence of accepting their arguments: people who are not ill should not be admitted to hospital. Surely it should be possible to provide decent conditions in prison and to have there access to psychotherapy and other forms of help. Curiously the authors make no reference to Grendon Underwood Prison where this has been attempted.

The Health Advisory Service in its report on Broadmoor (1988) advised: 'The DHSS should review the role of Broadmoor Hospital in association with the three other Special Hospitals and draw up a strategic plan for their corporate functioning in association with Regional Secure Units, and hospital facilities offering lower levels of security elsewhere'. *Sentenced to Hospital* should be required reading in the Department of Health (and the Home Office). It would be nice to be able to believe that this book would be the final nail in the coffin of that old fraud 'psychopathic disorder'.

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