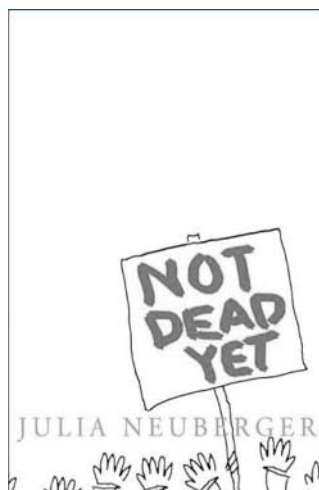


## Book reviews

Edited by Allan Beveridge, Femi Oyeboode  
and Rosalind Ramsay



**Not Dead Yet:  
a Manifesto for Old Age**

By Julia Neuberger.  
Harper Collins. 2008.  
£18.99 (hb). 358pp.  
ISBN 9780007226467

This ambitious and inspiring book describes itself as a ‘manifesto for old age’. It sets out to challenge the myriad conscious and unconscious ageist assumptions that the public in general, and more particularly policy makers and health professionals, hold about old age. Its ‘call to arms’ includes demands for the right to continue working into old age, adequate pensions and benefits without the need to beg for them, open access to learning, appropriate and wide choices for housing and healthcare, and for the right to die well.

The first chapter instructs the reader not to ‘make assumptions about [the author’s] age’. The tendency to define successful ageing purely in terms of absence of illness or disability is discussed critically in the context of the demonstrable capacity of many old people to experience high levels of well-being despite multiple illnesses. Similarly, the chapter on work challenges the assumption that older people can and should only be recipients of support paid for by their younger successors. The argument is cogently made that the potential for many older people to continue to be work-active (within the paid or voluntary sectors) needs to be expanded. The need for initiatives by government and financial institutions to enhance pension-related products is also emphasised, as is the underlying theme that it is older people themselves whose work and contributions should pay most or all of what they later draw as pensioners.

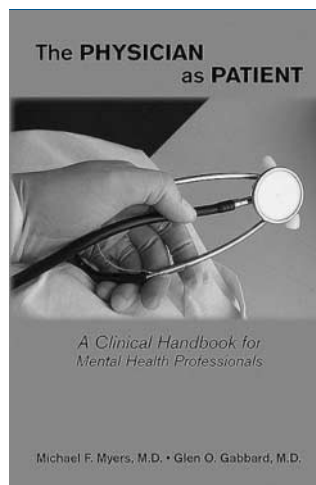
It is perhaps disappointing that so little of the book addresses mental health issues directly. The debate about National Institute for Health and Clinical Excellence guidelines and access to cholinesterase inhibitors is discussed in detail and the need to support carers well argued, but the notion that dementia can (like chronic physical illness) be associated with high levels of well-being is not mentioned at all. The very short section on depression in old age focuses mainly on suicide (important, but rare). The increasing evidence base for cognitive-behavioural therapy, problem solving and antidepressants for older people is not discussed apart from an unsubstantiated claim that ‘at best they get antidepressants’.

One of the book’s greatest strengths (and at the same time its weakness) is the wide range of scholarly and journalistic material that is sometimes uncritically invoked. Julia Neuberger is clearly a highly intelligent and voracious reader. Its other great strength is

its passion and willingness to provoke about a topic that, while unfashionable, will inevitably interest each of us more and more as the years roll by.

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**The Physician as Patient:  
A Clinical Handbook  
for Mental Health  
Professionals**

By Michael F. Myers  
& Glen O. Gabbard.  
American Psychiatric Publishing.  
2008. US\$46.00 (pb). 252pp.  
ISBN 9781585623129

As physicians’ psychological or behavioural difficulties are a taboo subject this book is to be welcomed. When it comes to these types of personal health needs, physicians arguably are a disadvantaged group, as often they are very reluctant to seek help from a colleague. This book discusses these issues both in terms of engagement and confidentiality.

*The Physician as Patient* is a well-written, comprehensive account that addresses all the relevant issues ranging from diagnosis to treatment. It is well-referenced and uses a burgeoning body of research that is emerging in this area. The authors are very experienced clinicians and have drawn on their considerable clinical practice in North America. The text is made more accessible by the inclusion of numerous clinical vignettes and a summary of key points at the end of each chapter. The chapters cover such topics as physician characteristics, treatment of physicians with addictions, physicians who attempt to take their own life, the aftermath of physician suicide and suicide prevention.

The strength of the book is that it is clinically down to earth both in discussing the challenges of engaging physicians in their own treatment and in describing a range of clinical approaches tailored to the needs of the individual. Thoughtful contributions deepen one’s understanding of the variety of difficulties, including those of professional boundary violations.

There are many interesting nuggets, such as the authors’ claim that the most common personality characteristics of physicians reside in the more obsessional compulsive area which includes perfectionism and excessive devotion to work. This is well-known by physicians themselves, but is perhaps in contrast to the view held by some governments that doctors do not work hard enough.

The authors quote interesting work on the difference between male and female physicians, for example that suicide rates are three times higher in female physicians than in their male counterparts. One study has found that female physicians spend 50% more time than their male counterparts in dealing with new patient consultation and have 1.6 times the odds of reporting

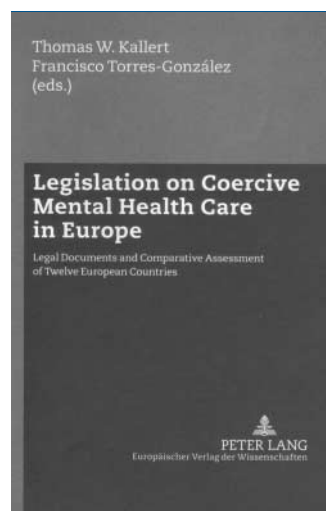
burnout. However, male physicians were 3 times more likely to be in the higher claims group for malpractice. This might suggest that female physicians interact more effectively with their patients but at greater emotional cost, which is likely to be of increasing significance with the feminisation of the workforce.

The morbidity rates in the profession quoted in the book are alarming: 'On average death by suicide is about 70% more likely among male physicians in the United States than among other professionals and 250–400% higher among female physicians'. On a less sombre note is the interesting finding from a study that investigated couple relationships, which found that physicians who sought marital counselling on average talked to their spouses 30.5 minutes per day whereas those who neither considered nor sought marital counselling averaged 57.3 minutes per day, a novel way perhaps of ascertaining the possible health of a relationship. This possibly reflects some of the challenges and difficulties in being able to achieve a work/life balance.

*The Physician as Patient* is a very good and helpful book and I recommend it to anybody who is involved in treating physicians, is interested in physicians' health or to educators responsible for preparing future generations of doctors to cope with the challenges of their life as members of the medical profession.

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**Legislation on Coercive Mental Health Care in Europe: Legal Documents and Comparative Assessment of Twelve European Countries**

Edited by Thomas W. Kallert & Francisco Torres-Gonzales.  
Peter Lang, 2006. 408pp.  
£44.80 (hb).  
ISBN 9783631554463

The government's tortuous attempts to reform the Mental Health Act in England and Wales, and the recent introduction of new legislation in Scotland, has meant that mental health legislation has been hotly debated in recent years, at least in the UK. This book, with its unashamedly European perspective, adds a different dimension to that debate. It describes a study, funded by the European Union, that compares mental health legislation in 12 of the member states, in an era that has seen the introduction of community care and more specialised treatments, but also increasing rates of compulsory admissions.

Most of the book is devoted to individual chapters describing the legislation in the different states, written by many different authors whose first language is not English. There are some extensive quotes from legal judgments which can be a little hard-going. Nevertheless, the chapters provide a useful introduction for the travelling clinician. It was interesting to read that

as a consequence of devolved powers, the 16 different *Länder* in Germany all have their own mental health law – we can be grateful, perhaps, that we only have three in the UK.

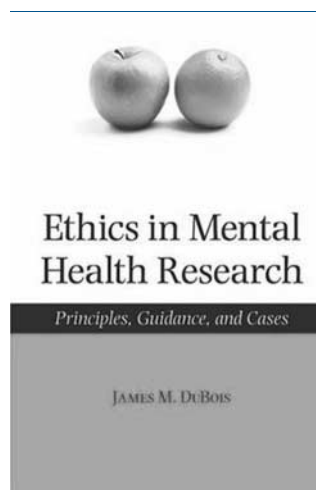
Many psychiatrists have been concerned about the British government's proposals to extend compulsory powers to detain more people with mental health problems in England and Wales. Many have advocated for various exclusions in the definition of mental disorder, including one for political and cultural beliefs. In the former German Democratic Republic, we learn that during 'high-ranking international political events', the political authorities would 'advise' hospitals to admit people who might behave in a socially disturbing way, or restrict the freedom of those already admitted.

The final two chapters are of more general interest, making comparisons between the legislatures. They note a paradigm shift where, although public safety remains an important issue, there is increasing concern for the safe and adequate treatment of people with mental illness. Most countries require a court to authorise detention, and it is perhaps unfortunate that proposals for tribunals to authorise detention of patients in England and Wales within the first few weeks of their admission were dropped by the UK government.

I would have welcomed an index and, more importantly, some discussion about the differential impact of mental health legislation in different cultural groups. In spite of this, the international psychiatrist will find this a useful companion.

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**Ethics in Mental Health Research: Principles, Guidance and Cases**

By James M. DuBois.  
Oxford University Press, 2008.  
£23.99 (hb). 256pp.  
ISBN 9780195179934

This is an excellent book, useful for anyone who is interested in research ethics or would like to learn more about how to do research in an ethical way. Much of the material can be generalised to all clinical research, as well as being useful to those interested specifically in mental health research. The book is, however, based upon, and refers almost exclusively to, regulatory procedures, guidance and practice in the US.

The first three chapters describe and justify DuBois' approach and the remaining seven explore central issues, amply illustrated with case studies centred on mental health. The first part should be read in its entirety before dipping into the second part, if the book can't be read from cover to cover.