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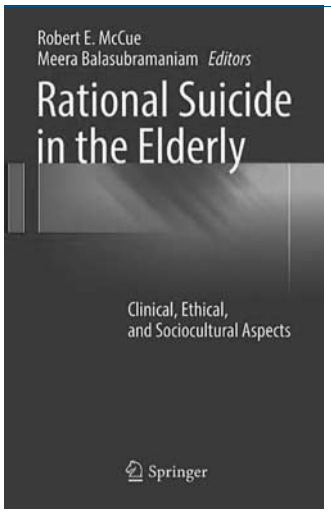
Book reviews

Edited by Allan Beveridge, Femi Oyebode and Rosalind Ramsay



Rational Suicide in the Elderly: Clinical, Ethical, and Sociocultural Aspects

Edited by Robert E. McCue & Meera Balasubramaniam. Springer. 2017. £66.99 (hb). 238 pp. ISBN 9783319326702

This is an interesting read. I got a little stuck on Chapter 1, which was very competent on ethics, but it reminded me of Wittgenstein saying that philosophy 'leaves everything as it is': 21 pages to establish that 'suicides in the elderly can be both rational and ethically justifiable'. Nevertheless, it usefully set out criteria for what might count as rational in this regard, which were then put to the test in Chapter 2. The authors also used the sad case of Gillian Bennett, who had dementia and took her own life, to bolster their arguments. They quote Gillian Bennett writing about her 'mindless body', her carers looking after her 'carcass' and of her being a 'vegetable'; and they talk of her 'being bodily alive but lacking a self'. They do not, however, question whether it is reasonable to talk this way about people with dementia. Many of us involved in dementia care would like to argue it is not. Of course, the view that you can live well with dementia can be contested, and many people do not live well; but it may be that things – the psychosocial environment – could be improved so that suicide would look less rational than it did to Gillian Bennett.

There is a brief foray into the law, mostly American, followed by a very interesting chapter on refractory depression. It raises questions about when we should give up and let our patients, like their counterparts with physical illnesses not responding to treatment, say enough is enough. Chapters follow on ageism and the effects this might have on demands for suicide, on anthropology (the cultural context is always an issue) and a stimulating chapter on the meaning of life. The effects of the Baby Boomers as a cohort on the demand for rational suicide is not something I had considered previously.

The second half of the book covers demographics, psychological issues, psychodynamics and the psychotherapies in relation to rational suicide. A chapter on spirituality and religion is suitably penetrating in its analysis of mainly Christian teaching. The penultimate chapter suggests (in effect) that magic mushrooms might be the 'cure' for demands for suicide. But in many ways I thought the final chapter, by Anthony Daniels (one of only two authors from the UK), was the most elegant and thoughtful of all.

The editors of this book have done a sterling job. It includes very practical and sensible advice about how we should react to those who demand suicide seemingly on rational grounds. My one concern is this: although we are told that the proportion of suicides that are rational is very small, it is almost as if we are gradually talking-up the possibility of rational suicide rather than considering the many good reasons, set out in the book, to look harder at the potential causes (individual and social) of the inclination to a rational suicide. Even if it is rational, it may be an inclination equally rational to resist.

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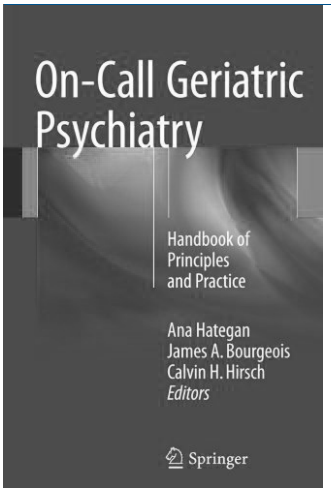

On-Call Geriatric Psychiatry: Handbook of Principles and Practice

Edited by Ana Hategan, James A. Bourgeois & Calvin H. Hirsch. Springer. 2016. £82.00 (pb). 404 pp. ISBN 9783319303444

Assuming that *On-Call Geriatric Psychiatry* is a book exclusively for old age psychiatrists significantly underestimates its relevance and scope. The book opposes viewing mental and physical illness as a dichotomy. Instead, it highlights that psychiatric illness cannot be successfully treated without due consideration of physical health.

Emphasis on acute and emergency psychiatric presentations ensures that this is not a book solely for those working in mental health. The assessment and management of delirium, polypharmacy and the psychiatric impact of physical illness are recurrent themes throughout. All physicians, particularly those in acute, geriatric and emergency medicine, would find this a valuable resource. Similarly, chapters on physical examination, common physical complaints and adverse effects of medication are vital reading. The book uses tables effectively, which contributes to it successfully achieving its remit as a handbook. For example, tables on the anticholinergic activity of commonly prescribed medication, and psychotropic medication dose adjustments for renal and liver impairment, are easy to refer to while on-call and during daily clinical practice.

Clinically relevant and highly practical, the book succeeds in imparting expertise gained through a wealth of experience. It successfully blends clinical recommendations and everyday tips with a strong evidence base. Plausible fictional case scenarios are incorporated into the majority of chapters. Boxes are used throughout to highlight clinical recommendations and to summarise key learning points. This approach creates text that is easy to read, thought-provoking and always relevant to clinical practice.