

Book Reviews

Euthanasia in The Netherlands, The Policy and Practice of Mercy Killing

by Raphael Cohen-Almagor

*Kluwer Academic Publishers, 2004
Dordrecht/Boston/London. 205 pp.*

Israel as well as many other countries in the West has developed new laws and recommendations for physicians and other health professionals coping with the terminally ill patient. Professor Abraham Steinberg is the chairman of the committee of which I am a member that has formulated a proposal for a law dealing with this critical and potentially harmful problem.

The question discussed in this book, “**physician assisted suicide**,” was also discussed in our committee but was not included in our proposal. Jewish tradition puts the sanctity of life as the higher value, stressing that nothing be done to shorten life whatever the conditions. However, a physician can decide not to use or renew practices that can prolong life if it has been well established that this prolongation of life is futile, harmful and senseless.

Whatever one's views on this issue, this book is a must-read for anyone who wishes to understand the pitfalls of policy-making where euthanasia and physician assisted suicide are concerned. It will be most useful in academic forums but also for all of us who participate in ethical committees in hospitals or in health professional organizations. In addition, lawyers and judges will wish to study and consider the rich data compiled in this book.

The interviews of physicians and patients are the most interesting and stimulating for formulating a personal opinion.

In chapter 11, the so-called Chabot case, we are confronted with psychiatric issues and illnesses. Are there psychiatric terminal illnesses? If yes, is there a justification for suicide and psychiatrist assisted suicide in resistant major depressive or chronic schizophrenic disorders?

Psychiatrists are also involved in most cases to

determine if the patient who requests assistance to his/her suicide is psychologically competent, according to this same law. Can we, and do we have the competence?! This book confronts us with basic philosophical issues concerning life and death.

Jocelyn Hattab

Seminars in Clinical Psychopharmacology

Edited by David J. King, 2nd edition

College Seminar Series, Gaskell, The Royal College of Psychiatrists, 2004, 688 pp. £30.00

This book contains sections on general principles of psychopharmacology, pharmacology of the major psychotropic drug groups, psychopharmacology of children and the elderly, drugs of abuse and unwanted side effects. It also contains many informative figures and tables. Special chapters are devoted to forefront issues in psychiatry such as pharmacogenetics and pharmacogenomics in psychopharmacology, drug development, evidence based drug treatment in psychiatry, treatment of drug resistant mental disorders, molecular and cellular mechanisms of psychotropic agents and the neurobiology of drug addiction.

On the whole the book is well and clearly written, providing a wealth of information on various aspects of psychopharmacology. It is updated to the latest developments in the field. It is refreshing in its coverage of the behavioral effects of psychotropic drugs and in the lack of a “cookbook” approach to the subjects. Clinicians will not find here guidelines as to prescription of the various medications discussed. Rather, they will find well updated reviews of the basic pharmacology of these drugs and of their behavioral effects in both human and non-human species.

We recommend this book to both nervous system clinicians and basic scientists.

Abraham Weizman and Ruth Gross-Isseroff

“CANE: Camberwell assessment of need for the Elderly”

Edited by M. Orrell & G. Hancock

Gaskell, The Royal College of Psychiatrists, 2004, ISBN: 1 904671 06 3, 208 pp. £80.00

The CANE (Camberwell assessment of need for the Elderly) is a tool developed for both clinical and research use in order to assess and quantify the needs of elderly subjects, mostly those suffering from psychiatric morbidity.

The need for such a tool is great. Already in 1982 Murrell et al. (*Am J Community Psychol*) published an examination of the concurrent criterion-based validity of different measures used in a statewide in-home need assessment survey of a representative sample of older persons in the U.S.A. However, very few studies have been published since.

Reynolds and colleagues have attempted to fill the gap and published their effort in the *Br J Psychiatry* (2000). Following an extensive development process, the CANE was subjected to validity and reliability studies. The CANE comprises 24 items (plus two items for carer needs), and records staff, carer and patient views. The psychometric properties of the CANE are highly acceptable. It was easy to use by a wide range of professionals without focused training. Following the initial construction of the CANE Walters et al. (2000) conducted a feasibility study in primary care and compared the needs identified by patients, carers and health professionals. The researchers concluded that: “(the CANE) is feasible to use in primary care and can identify perceived needs not previously known about by health professionals.”

Now the book is available. It is fluent, clear and well written. There are 11 chapters followed by comprehensive references, an index and three valuable appendices in which the instrument and its shorter version are presented. The introduction is of particular importance and interest. It covers the definition of needs and especially the needs of older people. The second chapter dealing with the CANE in primary care settings is concise and goes a long way to assuage fears that such a comprehensive tool may evoke among overloaded primary care physicians. The chapters specifying the use of the CANE in differing psychiatric settings are a bonus as mental

health professionals from all aspects of care delivery can apply the data and material. The CANE assesses accommodation, looking after the home, food, self-care, caring for someone else, daytime activities, memory, eyesight/hearing/communication, mobility, continence, physical health, drugs, psychotic symptoms, psychological distress, information, self-harm (deliberate or inadvertent), abuse/neglect, behavior, alcohol, company, intimate relations, money and benefits. In order for the CANE to become a more universal tool it lacks specific items such as religious needs, intellectual stimulation and aesthetic needs. In addition, the use of an “open” item that may be added in special populations or settings will also increase the generalizing of the CANE.

In summary, the CANE is indeed an assessment of needs that is clear and user friendly. The book does justice to the instrument and professionals in the field of gerontology really need this book.

Yoram Barak

Perfectionism: Theory, Research, and Treatment

Edited by *Gordon L. Flett & **Paul L. Hewitt

Washington, D.C.: American Psychological Association (2002), Price: \$49.95 (Hbk), ISBN: 1-55798-842-0. pp. xiv+435

The role of perfectionism as a vulnerability factor in psychopathology is a predominant theme in the burgeoning literature on personality and maladjustment. Over the past decade, researchers have continued to demonstrate the destructive effects of various dimensions of perfectionism. Perfectionism has been associated with a wide variety of personal adjustment problems, including depression, suicide, anxiety disorders, and eating disorders. Perfectionism has also been linked with problems in interpersonal and family functioning, and with maladaptive coping strategies. This enlightening book by Flett and Hewitt (I had the privilege and honor of working with Flett as a postdoctoral fellow) is the first book-length comprehensive summary of research and theory on perfectionism.

According to Hewitt and Flett’s model, trait perfectionism consists of three distinct and enduring dimensions: self-oriented (SOP), other-oriented

(OOP), and socially prescribed perfectionism (SPP). SOP, an intrapersonal dimension, involves rigidly requiring perfection of oneself and compulsive striving for achievement. SOP is associated with all-or-none thinking, excessive guilt over self-perceived failures, and harsh self-rebuke. OOP, an interpersonal dimension, includes unrealistic expectations for and harsh evaluations of others. OOP is marked by an intolerance of and impatience toward others' shortcomings, and has been linked to other-directed blame and relationship difficulties. SPP, another interpersonal dimension, involves the perception that others are imposing unrealistic and unattainable expectations on oneself. SPP is associated with feelings of helplessness and perceived social inadequacy, and is typified by a need for approval and a fear of rejection.

Advances in the perfectionism literature can be traced to the development of measures examining specific components of the perfectionism construct.

Among these measures is Hewitt and Flett's Multidimensional Perfectionism Scale (MPS), which has supplemented earlier unidimensional measures. Hewitt and Flett also developed the Perfectionism Cognitions Inventory and the Perfectionistic Self-Presentation Scale.

The book's editors have assembled an impressive group of contributors, including researchers who have helped establish the multidimensionality of the perfectionism construct, new emerging researchers, and seminal theorists such as Beck, Blatt, and Ellis. This wide-ranging coverage demonstrates to readers how current conceptualizations of perfectionism grew out of classic models and treatment approaches.

The introductory chapter by the editors is a comprehensive overview of the history of the field highlighting basic definitional issues. The chapter on assessment is also particularly useful, providing a clear description and critical evaluation of perfectionism measures. Another chapter highlights the many different developmental pathways involved in perfectionism, with examples of clinicians considering these different pathways when tailoring appropriate interventions to specific client needs. The book has a clear emphasis on clinical issues; a central theme is that perfectionism is linked to a wide variety of disorders. This conceptualization engenders many interesting hypotheses that await further testing.

Despite the book's remarkable scope, some im-

portant questions remain. For instance, what is the significance between high and low perfectionism? How does perfectionism manifest itself in various life domains (e.g., at work and at home)? Why has so little experimental work been conducted on perfectionism? What topics are amenable to an experimental approach? Finally, more information is needed about treating perfectionism. The time has come to develop treatment protocols that focus explicitly on the various aspects of perfectionism.

Collectively, this book's offerings convey a conceptualization of perfectionism as a complex personality construct, and describe many possible pitfalls that await extreme perfectionists. The book will be extremely rewarding for perfectionism researchers, personality theorists, and clinicians in search of treatment initiatives for perfectionists. Flett and Hewitt's book will hopefully inspire much-needed research on the treatment of perfectionism from a multidimensional perspective in the next decade.

Avi Besser

Suicide in Israel

N. Stein, T. Haklai and M. Aburba

Department of Information and Computing Services. Information Unit, Ministry of Health, Jerusalem, Israel, July 2005 (www.health.co.il)

63 pp. No price listed

<http://www.nfc.co.il/archive/001-D-88838-00.html?tag=12-51-53>

This is a very useful small book for all those interested to learn about suicide in Israel. It covers an extended period, 1981-2000 with regard to suicide and 1996-2002 with regard to suicide attempts. This period includes multiple external events such as the war in Lebanon, the large immigration from the former U.S.S.R. and the smaller one from Ethiopia, and the first *Intifada*. It comprises ten chapters on completed suicide: magnitude, distribution by gender and age, population groups, continent of origin, immigrants, marital status, regional distribution, mode of suicide, seasonal variation, and international comparison. Attempted suicides are covered in four chapters: magnitude, distribution by gender and age, seasonality and hospitalization on account of the attempt.

Most chapters present the information relying on easy-to-peruse tables and graphs that include absolute numbers, age-standardized rates and proportions. The authors succeed in providing an adequate epidemiological description of the theme under examination. Since all or most readers will look for time trends to check whether the external events and the mounting violence in society have affected the frequency of self-inflicted harm, they can be reassured that their curiosity will be answered since most chapters present temporal facts, and, importantly, in a reader-friendly way. To satisfy the curiosity of the reader before he/she examines the book, these are the rates per 100,000 for the population 15 years and older for selected years. While in 1981-3 the combined rate was 8.1 by 1998-2000 the rate was 8.7. The lowest rate was recorded in 1996, 7.5, and the highest, 11.6, in 1989.

Despite the apparent stability, there are reasons to worry. Among young men, ages 15-24, the proportion of suicide of all deaths reached 5.5 in the years 1981-1985 and 9.8 in 1986-1990. In subsequent years the proportion has stayed firm at about over 14. For the same age bracket and gender, the rate per 100,000 showed an almost steady climb from 4.2 in 1981 to 11.0 by 2000.

Another worrisome climb was reported for the men in the Africa-born group. While the age-standardized rate in 1982 was 7.4 per 100,000 population 15 years and over, the lowest of all ethnic Jewish groups, by 1999 the rate in the same group reached 17.2, as high as the Europe-America born group that generally has had the highest rate. The authors do not break down the Africa-born group by country of origin, but the suspicion arises that the Ethiopia-born men may weigh unduly on the estimated rate. A second group of immigrants appears to be the men of the former U.S.S.R., the rate for the population 15 years and over was 20.8 in contrast to 14.7 among all other Jewish-Israelis. But, of course, confounders may account for the difference.

The age-standardized rates for the population 15 years and over by region are of interest: Jerusalem and the settlers in the West Bank and Gaza have the lowest rates, 6.1 and 5.7, respectively. Conceivably, religious adherence and ideology may explain this interesting finding.

Facts on the Arab-Israeli population are too scarce to conclude much from this report. We learn that their rates are considerable lower than for Jewish-Israelis, but we cannot learn whether there have been any temporal changes resulting from, among other reasons, living alongside the Jewish community where suicide is about 3 times more frequent and facing social changes that may have weakened the family.

As is the case with other publications of the Ministry of Health, an analysis of facts is almost entirely missing. This is a loss, since sectors of society other than health workers may be interested in becoming acquainted with the facts, sectors that may benefit from both analysis and, at least, a brief discussion. It is likely, the attempt here is to report the facts but not to interpret them. For this we will need to wait for other publications by the same authors and/or from other suicidologists. For instance, the use of multivariate analysis would enable us to learn more about the unconfounded factors at stake, while a thorough discussion about the effect of the registration of suicide over time and in the different communities would help us to better examine temporal trends. Researchers may wish to examine undetermined external causes of death for a better grasp of possible cultural barriers in reporting.

As noted above, this book closes with four chapters on suicidal attempts, which are so difficult to validly document that the reporting may be partial. Of interest, however, is the finding that suicidal attempts are not limited to the young, although women ages 15-24 have the highest rate per 100,000 in the population 10 and older in all the years reported, 1996-2000, but that attempts are present throughout all age groups. Furthermore, the attempts in older ages, 65 and over, are followed by hospitalization in larger proportion to that of younger groups.

To conclude as this review begun, this book is packed with important information. It should not be missed by mental health workers or other professionals and non-professionals for whom both completed and attempted suicides are within their field of concern.

Itzhak Levav