

good and life in the midst of suffering and death. Recognizing that at some point certain medical interventions are inappropriate is not playing God, but resisting the temptation to claim God's ultimate responsibility over life and death.

Healthcare funding may well remain limited in large part because of misplaced priorities. In his careful analysis of this complex issue, Kilner draws some interesting conclusions, notably:

- Expensive technologies often do not offer as much health benefit for the dollar as many forms of less expensive maintenance and preventive healthcare.

- In setting priorities, we must not slight certain groups of people by allowing them to bear a disproportionately high share of the burden.

- Wise use of resources, such as for palliative care, may help lessen the clamor call to legalized euthanasia and assist-

depression. In part II, Muñoz and Wen examine research on preventive interventions. Part III describes the San Francisco Depression Prevention Research Project. And parts IV and V discuss implications of research on the subject and provide some personal reflections on the depression-prevention enterprise.

BOOKS RECEIVED

Health Care Ethics Committees: The Next Generation, Judith Wilson Ross et al., American Hospital Publishing, Chicago, 1993

International Directory of Bioethics Organizations, Anita L. Nolen and Mary Carrington Coutts, eds., Kennedy Institute of Ethics, Georgetown University, Washington, DC, 1993

ed suicide sought by many who fear the pain and alienation associated with the dying process.

Although *Life on the Line* may at times become ponderous in its detail, it remains an excellent work and tremendous resource for healthcare professionals or anyone else interested in the contribution of a distinctively Christian ethics. The guidance that Kilner offers will be a help to individuals and to the development of a truly just and compassionate public policy.

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Dementia and Aging: Ethics, Values, and Policy Choices

Robert H. Binstock, PhD; Stephen G. Post, PhD; and Peter J. Whitehouse, MD, PhD, editors

Johns Hopkins University Press, Baltimore, 1992, 184 pp., \$50 (hardback), \$18.95 (paperback)

IN HIS FOREWORD, ROBERT N. BUTLER, MD, writes, "The words in the title *Dementia and Aging: Ethics, Values, and Policy Choices* are in the right order: discussion of aging and dementia creates the need to consider ethics, values, and the ultimate choices of action, since policy choices will have to be made, like it or not." The current discussions of national healthcare reform make this a particularly timely book for those who struggle either to form choices or to deal with the choices made.

Professionals from various disciplines contributed to the book's three sections: an exploration of the medical knowledge and care-giving implications of dementia, the ethical and value choices that confront families and professionals, and

the macropolicy decisions that will shape the future of dementia care.

The greatest value in this book lies not in the answers it provides but rather in the questions it poses. The medical discussion may be too clinically detailed for some readers, but the descriptions of care-giving dilemmas are very real to those involved in dementia care. What does the patient really experience? How do we interpret previously executed advance directives in light of that experience? What of the person who has no advance directives? What is the meaning of the principle of autonomy? How do we properly weigh the burden-benefit question in dealing with those in the various stages of dementia?

We may not agree with the viewpoints of each of the contributors, but each raises nuances of the debate that challenge us to examine our beliefs and our actions and stimulate discussions among family and professional care givers, ethics committees, policymakers, and others.

In the book's third section, the authors discuss the public policy implications of dementia care. One contributor suggests, "In the last decade Alzheimer's disease has moved, in the phrase of sociologist C. Wright Mills, from a private sorrow to being understood as a public problem." The sheer number of persons affected and the changing range of services they and their support systems need as the disease progresses have moved dementia care to the public arena. Political realities exist: Research directions will be chosen, and scarce resources will be allocated by design or default among the sometimes conflicting demands for home-based, community-based, and institutional care.

As policy decisions are made, whether institution specific or national in scope, the questions the authors raise should be explored. The content and style of this collection encourage us to do so.

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