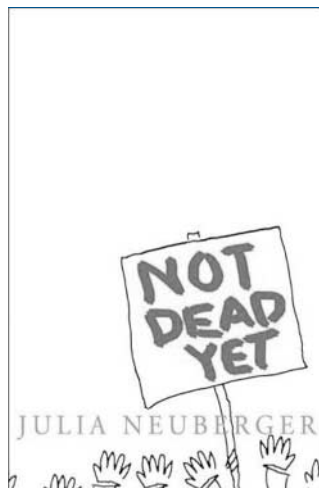


Book reviews

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.

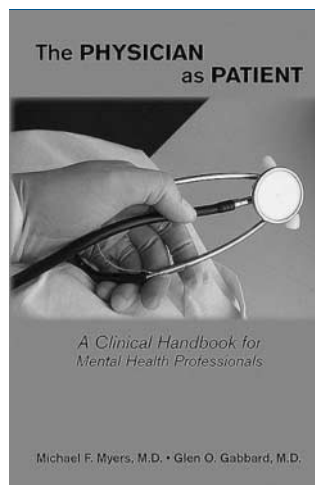
It is perhaps disappointing that so little of the book addresses mental health issues directly. The debate about National Institute for Health and Clinical Excellence guidelines and access to cholinesterase inhibitors is discussed in detail and the need to support carers well argued, but the notion that 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