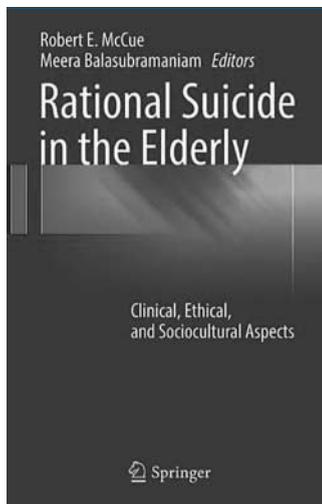


## Book reviews

Edited by Allan Beveridge, Femi Oyeboode  
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.

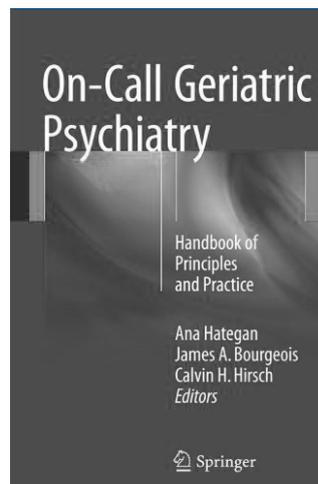
The second half of the book covers demographics, psychological issues, psychodynamics and the psychotherapies in relation to rational suicide. A chapter on spirituality and religion is suitably penetrating in its analysis of mainly Christian teaching. The penultimate chapter suggests (in effect) that 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.

**Julian C. Hughes** School of Clinical Sciences, University of Bristol, Level 1, Learning and Research Building, Southmead Hospital, Southmead Road, Bristol BS10 5NB, UK.  
Email: julian.hughes@bristol.ac.uk

doi: 10.1192/bjp.bp.116.197806



**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.

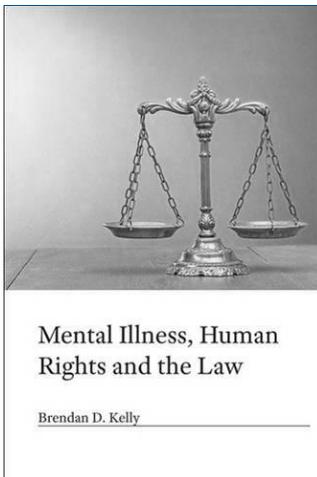
Clinically relevant and highly practical, the book succeeds in imparting expertise gained through a wealth of experience. It successfully blends clinical recommendations and everyday tips with a strong evidence base. Plausible fictional case scenarios are incorporated into the majority of chapters. Boxes 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.

However, the strengths of scope and relevance to many are also the book's weaknesses. This is a concise handbook, not a definitive textbook. Its breadth inevitably leads to a lack of depth. I doubt the reader would significantly change their clinical practice on the basis of this text alone. Each chapter is a whistle-stop tour, covering so much that you are left unsure of which key message to take away. The book is a starting point, highlighting areas for future reading and providing reference lists to support this.

This book promotes itself as the first handbook devoted to on-call geriatric psychiatry. It should be regarded as a handbook for all health professionals involved in the care of older adults.

**Kathryn Milward** ST5 in Old Age Psychiatry, Birmingham and Solihull Mental Health Foundation Trust, Ashcroft Unit, Hockley, Birmingham B18 5SD, UK. Email: kathrynmilward@doctors.org.uk

doi: 10.1192/bjp.bp.116.197756



### Mental Illness, Human Rights and the Law

By Brendan D. Kelly.  
RCPsych Publications. 2016.  
£40.00 (hbk). 272 pp.  
ISBN 9781909726512

### Mental Illness, Human Rights and the Law

Brendan D. Kelly

This book is different from other books on mental health law. First, it gives an overview of the four mental health acts in force in the UK and Ireland. Second, it assesses the degree to which

these Acts comply with a number of international human rights standards, specifically the European Convention on Human Rights (ECHR) and the controversial UN Convention on the Rights of Persons with Disabilities (CRPD). Third, there is a description of more philosophical approaches to human rights. The book addresses questions such as why, despite their large numbers, people who suffer from mental illnesses have so little political power. Finally, and unusually for this type of text, the author expresses his personal opinions about the legislation.

I would be astonished if anyone could read this book and not learn something both new and thought-provoking. I learnt, for example, that President Roosevelt (in 1941) talked about 'four essential human freedoms', two of which, in my view, remain highly pertinent in relation to people with a mental illness (details are in the book). It had never occurred to me that the Universal Declaration of Human Rights (United Nations 1948), which I think excellent, has been criticised because it fails, for example, to include 'the right to refuse to kill', i.e. to be a conscientious objector, or the right to a clean environment.

Discussion of the four Acts covers many issues, in addition to ECHR and CRPD compliance, such as is dignity a human right and should mental health law include positive obligations on public bodies to provide services? Then, as mentioned, there are personal opinions. In the Mental Capacity Act for England and Wales the person must be able to 'use or weigh' the information. The Northern Ireland Mental Capacity Act adds 'appreciation' of the information to that. The author doubts the latter adds anything. Of the 2007 changes to the 1983 England and Wales Act, the author states: 'the legislation demonstrated strong overall potential to advance rights'. Would everyone agree?

Despite the lack of discussion as to whether or not the Acts may cause significant harm (my hobby horse) and that the author's opinion about the Northern Ireland Act is just wrong (my opinion), this is a very informative and stimulating book which I highly recommend for all mental health professionals.

**Anthony Zigmond** c/o The British Journal of Psychiatry, 21 Prescot Street, London E1 8BB, UK. Email: aszigmond@me.com

doi: 10.1192/bjp.bp.116.192948