

### **Sexual health: an Australian perspective**

*Edited by Meredith Temple-Smith and Sandra Gifford.  
Published by IP Communications, Melbourne, 2005.  
Paperback, 324 pages with index. RRP \$65.  
ISBN 0975237 1 1.*

#### **Reviewed by Peter Trebilco**

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This is a reference text that has been written by 19 contributors with great honesty and objectivity. The chapters, in five parts, are collected so that there is a flow from the statistical data, through descriptors of the range of sexual practices and cultures, to biological and physiological threats to sexual health, to the inequalities of sexual health in Australia. The last part makes several recommendations about health promotion in sexual issues for young people, medical practitioners and their patients, the wider health services, policy and legal considerations, and a conclusion by Rob Moodie outlining some strategies for action in the 21st century.

Throughout all the chapters, some the work of a group of authors, others by a single writer, there is sensitivity to all the diverse needs of women and men who, over the centuries, have had to face the horrors of criminal abortion, infanticide, access to contraceptive devices, and the threats of sexually transmitted infections. The age of consent, contract of marriage, legal basis for divorce, obscenity, pornography, male homosexual activity and efforts to suppress prostitution all came within the ambit of 'policy' and none were very successful agents of protection or change. The irrationality of religious practices was only one of the barriers.

Each chapter has an extensive and relevant set of references, Australian wherever these exist, and from many overseas researchers, published in reputable journals and from international conferences. The extent of research into all aspects of human sexuality and sexual health is very impressive, and there seems little that has been repetitious or imitative. One exception to this is the section 'Well-women and well-men checks'. There is one reference to the behaviours and expectations of women and men who are having a check of their sexual health, who are "not wishing to learn that they actually *have* an STI".

There is no substantiation for this claim, although impressionistic evidence would support it. Readers may wonder at the convenience of each chapter having its own set of references, without there being a bibliography at the end of the book. There is also one error in nomenclature: ASHM is the Australasian Society for HIV Medicine.

There are two areas that might have been more detailed: mental health as a factor in sexual health; and the ageing process. The stigma of disability in sexual health is analysed, but not the emotional aspects of stigma. There does not appear to be any other mention of mental health flowing from a satisfying sexual life, free from disease, disability or discrimination.

The matter of ageing is discussed under the heading 'Sexual wellbeing and life transitions' on pages 119-121 (and page 321). Since Rosenthal and Browning, writing in their chapter, point out that "It is noteworthy that research studies on sexuality often do not include people (sic) over 60", they were only able to identify a survey reported in 2003 for Australia. This would seem a fruitful field for research and investigation, using, perhaps, the Swedish model as a basis?

The publishers aim this textbook at "tertiary level students of nursing, medicine, public health, and health promotion". It is well suited for these audiences and for more experienced practitioners in community medicine and health services. Sexual health is a population health issue, and it is to books such as this one that the wider population should turn, in addition to all practitioners, for information, policy and strategies.

### **Behavioural Change and Evidence- Based Handbook for Social and Public Health**

*Edited by Colette J. Browning and Shane A. Thomas.  
Published by Elsevier Churchill Livingstone, USA, 2005.  
Paperback, 316 pages with index. ISBN 0 443 07357 0.*

#### **Reviewed by Adrian Bauman**

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This is an ambitious book that attempts to distil the principles of behaviour change in an applied way relevant to social and public health problems. The book comprises a series of chapters written by different experts in an area of health behaviour change. A strength is its comprehensiveness, in that information is available on many health risk behaviours such as physical inactivity, unhealthy diet, sexual health, alcohol and tobacco, but there are also chapters on more clinical issues including depression, insomnia and problem gambling that have behavioural elements.

There is a wide range of disciplines represented in the authors of these chapters and this is both a strength and a weakness. The strength is in a diversity of perspectives on behaviour change. This enables a reader to see a particular issue from the perspectives of the authors of a chapter. At times this leads to a lack of consistency in the chapters, because some focus on an individual-level approach or clinical behaviour change approach for people with a problem and others are oriented to the population health level. A good example of the latter is chapter 3, on evidence; it is grounded in a broad health promotion approach to evidence. In other chapters, individual 'therapy' in clinic settings provided by health professionals or psychologists provides a different approach to behavioural issues such as problem gambling. The chapter by Lindner on the management of depression is even more clinically directed, and the book vacillates between behaviour change in

clinical settings and that relevant for social and public health change suggested by the title. The influence of public health approaches such as environmental factors, social disadvantage and the role of regulatory and policy approaches is therefore patchy.

The book is replete with descriptions of behaviour change models and theories. For example, the health belief model is referred to in numerous chapters, and given perhaps a selective emphasis that current determinants research may not warrant. Another and more minor concern is that self efficacy, which is “situation specific confidence that an individual can perform a particular behaviour in a defined setting”, appears to be associated or dissociated with various theories in different parts of the book. In chapter 2, on models of behaviour change and health promotion by Browning and Thomas, self efficacy is placed by itself as if it is a discrete theory. It was clearly articulated in the 1980s within social cognitive theory, but was then borrowed by numerous other theorists because of its high explanatory power, and it certainly should not be divorced from these roots.

Some chapters, such as the chapter on alcohol and drug use by Toumbourou, provide a theoretical approach to harm reduction and to the aetiology of substance use. Then, individual, group and community interventions are classified according to the theoretical typology developed. This is an excellent example of a theoretical framework and then known interventions are mapped on that framework. For other chapters, such as the chapters on nutrition or physical activity, there is less logical structure to the range of interventions described. In some chapters, there is also a reluctance to accept non-traditional and non-randomised research designs. This is a problem at the population health level; for evaluating a national mass media campaign, the best possible design might be a time series before and after. There is variability and complexity to public health program evaluation, “beyond randomised trials”, which is better addressed in chapter 3 on the effectiveness of health promotion programs.

The best chapter in the book is by Ory, Glasgow and colleagues, and relates to the difficulties of translating behavioural interventions at the population level using frameworks concerned with dissemination and sustainability. This contextualises an innovative social and public health approach using frameworks developed by Glasgow and others (which include the well-known RE-AIM framework).<sup>1</sup>

In summary, this is an interesting and varied book. The limitations are inconsistent frameworks across chapters, some of which address the social and public health agenda better than others. Nonetheless, all are well written, all are interesting and have expert reviews of the specific behaviours. As a mid-level text for people with some background in health promotion, health behaviour change or related disciplines, this book is a worthwhile read.

## Reference

1. Glasgow RE, Klesges LM, Dziewaltowski DA, Bull SS, Estabrooks P. The future of health behavior change research: what is needed to improve translation of research into health promotion practice? *Ann Behav Med.* 2004;27(1):3-12.

## Changing ways of death in twentieth-century Australia: war, medicine and the funeral business

By Pat Jalland. Published by UNSW Press, Sydney, 2006. Paperback, 409 pages with index. RRP \$39.95. ISBN 0 86840 905 7.

Reviewed by Rachel Gear

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*“A study of dying and grieving takes us to the heart of any culture and sharpens our understanding of the meaning of our lives” (page 3).*

With sensitivity, clarity and compassion, historian Pat Jalland’s latest book is the first of its kind, drawing together and exploring the major forces that have collectively shaped the death and bereavement culture of Australia over the past 100 years.

*Changing ways of death* focuses on the world wars and the impact of medicine as the two most dominant causes of change affecting death and grief in 20th century Australia. The book is divided into five sections and covers topics such as war death, the suppression of sorrow, the medicalisation of death, cancer, euthanasia, palliative care, the funeral business, burials, cemeteries, cremation, and the more contemporary revival of expressive grief.

The author draws from a wide variety of primary and secondary sources, using these often-moving and personal accounts to effectively illustrate her discussions. For example, the human cost of suppressing sorrow is poignantly revealed through the inclusion of the following excerpt from an autobiography: “To be wonderful [calm, capable] is to handle grief badly... one has the choice either of being wonderful or falling to pieces. And if you have children or others... you cannot afford to fall to pieces. So the mourning is not done, and the tears that run down inside turn to acid that may corrode your soul for years” (page 33). The use of such excerpts from diaries, letters, oral accounts, art and the media collectively result in a text that is personable, emotional, readable, and profoundly relevant to today.

Jalland skilfully unmask the cumulative denial of both death and individual emotional pain that accompanied the two world wars and raises questions regarding the repercussions of such denial on the survivors, the bereaved, future generations, and the Australian cultural psyche. Even the language that is used today – such as ‘soldiering on’ – reflects the continuing impact of this point in Australian history.

Also worthy of note is her clarity of insight and expertise in guiding the reader through the potential minefield of changing cultural, ideological and philosophical approaches that underpin often contentious issues such as euthanasia: “... the philosophical basis of euthanasia is humanist and individualist and that of palliative care is Christian and community-focused” (page 257).

This is a very timely book given that public health practices in health promotion, prevention, harm reduction, community development, and education are now a part of Victorian palliative

care policy, and that health promotion is one of the five strategic work areas for Victoria's new State-wide Bereavement Service. Palliative Care Australia – the main body nationally – includes health promotion in its guide to service provision in Australia. Victoria is leading the field in applying public health practices to grief, loss, bereavement and dying.

Minor editing is needed in the notes and index sections, however, these changes can be readily addressed in a second edition.

Suitable for reading by the general public and all who seek an understanding of the Australian cultural heritage, *Changing ways of death* is bound to become a much-used and valuable resource for all who work and study in the fields of grief, loss, bereavement, death, burial and health promotion. In it, we see our parents, our grandparents, and our shared history of heartache, trauma and loss. And through it, we gain insight into those forces that have collectively and historically shaped who we are today.

### **Closing Asylums for the Mentally III – Social Consequences**

*Health Sociology Review Volume 14 (3) 2005. Edited by Pauline Savy. Published by eContent Management Pty Ltd, Sydney, December 2005. ISBN 0 9757422 1 3.*

#### **Reviewed by Beverley Raphael**

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*Closing Asylums for the Mentally III – Social Consequences* is a timely contribution to the many concerns and proposed government initiatives about mental health.

'De-institutionalisation' has become the public focus of criticism in terms of concerns about the effectiveness of both the National Mental Health Policy and initiatives in States and Territories in Australia. Sociological analysis, as presented by the contributors to this volume, is particularly timely. This is useful in response as so much emphasis on de-institutionalisation has been linked to Irving Goffman's identification of the problems associated with 'institutionalisation'. Many of the contributors identify this, but also note that this movement has other sources. Some are seen as related to human rights, others perceived influence of medical model domination of illness paradigms in this field. Nevertheless, as perhaps best highlighted by Hazelton's comparative analysis, deinstitutionalisation is a worldwide phenomenon. It is supported by authoritative organisations such as the World Health Organization (WHO), which has developed systems of reporting on mental health policy and programs worldwide and through its global reports and World Health Organization Atlases.

First, it is useful to consider the themes reflected in the contributions to this volume. Sev Ozdowski provides a foreword with passionate advocacy for the needs of those experiencing mental illness and the urgency for action. Pauline Savy, guest

editor, discusses the rise and fall of asylums in Australia, noting both the compassionate intent and the failures in terms of many who were so cared for. She emphasises the contributions social sciences can make to mental health issues, highlighting findings from social research-based methodological approaches, including those derived from anthropology, social phenomenology and ethnography. She highlights the value of such studies in exploring "the every day, out of sight worlds" of those so affected and their carers. Stated plainly, such work can provide new insights for those involved in policy and program development as well as clinical care. Richmond and Savy describe the findings of various reviews and the devolution of much institutionalisation to practice in a community setting. These authors suggest that the biomedical view predominates, that intolerance has grown in many community contexts, and that rehabilitation and social systems have not been adequately engaged in the response. They also suggest that other societal influences such as psychotropic drug production and distribution may contribute challenges that are not well analysed. Nevertheless, they consider the changes to mental health treatment are "on the whole positive".

Hazelton challenges whether mental health reform has enhanced citizenship participation and human rights, particularly for those affected by mental illness. Reviewing deinstitutionalisation in Australia, the United Kingdom, Italy and Brazil, he shows that non-institutionalised democratisation, community care can take many different forms, which may arise from processes as diverse as attempts to reform poor State services to more radical motivations. He emphasises that "humanising and democratising values" are central issues. He concludes that there is a very great need for "the kind of analysis that only the sociological imagination can provide" (page 239).

Henderson emphasises neo-liberalisation as a domain of influence, leading to a focus on choices and self care, and the difficulties that may arise for those called upon to influence choice of care when there is a "dominance of market principles in the delivery of health and welfare services" (page 252).

Gerrard reviews the effectiveness and, as she suggests, success of the deinstitutionalisation movement in Victoria where community services were developed to prepare for the move to community care. Chesters, on the other hand, also writing of experience in Victoria, sees deinstitutionalisation as an "unrealised desire", as poor treatment can also occur in community systems: it is care rather than plan. She highlights as well as this counter critique the "complexity, interconnectedness and cyclical nature" of mental health services. Sawyer, also writing in the Victoria context, describes the very important shift, as she calls it, from a therapy focus to an administration focus, with the move from the "crisis care model" to the "risk assessment model" with its associated documentation requirements and containment control correlates.

Hocking et al. highlight these issues in the New Zealand context, especially the use of narrative analysis to understand the experiences of everyday life and needs for care for those with mental illnesses.

This volume is a valuable drawing together of some sociologically based analyses of the challenges in contemporary mental health care. It is likely to be of value to policy makers and practitioners. Nevertheless, it is only a first step. Analysis across Australian jurisdictions needs to take into account the complex Australian Government and State and Territory financial and policy arrangements, the politics and the special challenges that the move to National Mental Health Policy involved in such social contexts, particularly as the mentally ill had only been seen previously as the responsibility of the States. Social science models could inform this challenge, which has in many ways been addressed by all governments, although in different ways. Second, discourse analysis needs to examine many factors contributing to pressures on mental health care. Such social science analyses are well equipped to address such issues as: why the focus on deinstitutionalisation? Why the stigma of labelling people with diverse mental illnesses as “the mentally ill”; why, and if, problem levels are rising and what social determinants contribute to the frequency of problems; why illicit drug use has become a focus in a way that excludes recognition of the problematical interfaces of use with mental illness, for instance cannabis and schizophrenia; and why do children and their increasing rates and earlier onset of mental illnesses receive so little attention?

Social sciences need to be a key component of all education and training in mental health and rehabilitation. These sciences bring new questions, new ways of inquiry and potentially new and important answers for the future.

## Human Parasitic Diseases Sourcebook

By Stephen A. Berger and John S. Marr. Published by Jones and Bartlett Publishers, Massachusetts, 2006. Paperback, 537 pages with index. ISBN 0 7637 2962 0.

### Reviewed by Priscilla Robinson

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This is a great little book. For people who are familiar with the *Control of Communicable Diseases Manual*,<sup>1</sup> it is much the same size and shape and gets over the problem of losing pages with overuse by being spiral-bound. The authors are clearly organised and knowledgeable, and have provided it as another instant-access manual but devoted entirely to parasitic creepy-crawlies of various sorts, from micro to macro, which can invade and affect humans in various ingenious ways.

It is up-to-date and easy to navigate. It includes a great set of classifications, listing parasites in various ways including by clinical complaint, those known to cause hypereosinophilia, by known reservoirs, and vectors and vehicles of transmission. One chapter is basically a table, listing parasites and the clinical picture they cause, and another provides detailed (up-to-date as of publication date) information of which of these parasites exist where in the world, complete with maps.

The book includes a chapter that lists alphabetically about 100

parasites (differentiating in detail within some species, for example the book lists filariasis in general and 11 subspecies). There are some great accompanying drawn figures showing the very clever ways that parasites use to get themselves inside humans and how they survive once inside. An accompanying chapter provides treatment details including drug names and schedules used in the United States for your parasite-of-choice, including possible interactions and the side effects you can get from the treatment itself. So, you can look up what parasites are common where you plan to go on holiday, how you might pick one up, how it will make you sick, how to treat it and what side effects the treatment will have – all in one place.

The only thing that is missing is a section (either parasite-specific, disease-group specific or more general) on public health intervention and prevention. However, each individual disease ‘chapterette’ has a short and current reference list, often the US Centers for Disease Control, which certainly does cover such aspects in details.

This handy book comes with a lovely dedication to one Eileen Pike, an enthusiastic teacher of parasitology who clearly inspired these two then-students. Apart from an assortment of travelling hypochondriacs and space movie writers, this great book will be absolute bliss for someone from a communicable diseases unit in a health department, schools of health science, the travellers’ vaccination and medical centres, and communicable diseases units in hospitals, where instant access to clear information as an *aide memoir*, such as that presented in this sourcebook, is daily bread and butter.

### Reference

1. Heyman DL. *Control of Communicable Diseases Manual* (18th edition). American Public Health Association and the World Health Organization; Washington (US): 2004.

## Clinical Practice in Correctional Medicine (second edition)

By Michael Puisis. Published by Mosby Elsevier, 2006. Hardback, 576 pages with index. ISBN 0 323 03265 6.

### Reviewed by Michael Levy

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The second edition of this textbook is published eight years after the first and is presented as being extensively revised. The revision is in response to an altered prisoner population and the drive to bring prisoner health services within the ambit of evidence-based health care practice.

The book is arranged in seven sections, moving through general topics such as ‘The Correctional Physician’ and ‘Medical Care in Corrections’, to the specific health issues of infectious diseases, mental health and public health. Drug and alcohol issues do not receive specific attention; rather, they are nested within the public

health section. This is curious given the criminalisation of drug use and the immense clinical needs for addiction medicine by this client group. There is only a short chapter on dental health services, an area of intense interest to prison health consumers.

Every chapter is extensively referenced; the secondary references are one of the strongest aspects of this textbook.

There are many useful chapters within this edition. I would single out the section on 'Correctional Nursing'. Correctional health care is overwhelmingly nurse-based, with clearly demarcated roles for medical practitioners (and, where they exist, allied health workers).

The limitation of this publication to Australian and New Zealand health workers in the prison environment is that the entire textbook is so American! Every one of the 55 contributing authors is from the United States.

The American prison environment is quite different to the Australian and New Zealand experience. First, the United States incarcerates five to six times as many citizens as do our two countries. The consequence of this is not just the number of prisoners, but the difference in health profiles of prisoners. Examples are the continued low prevalence of human immunodeficiency virus (HIV) in Australian and New Zealand prisons and the relative early recognition of the hepatitis C epidemic in Australian prisons.

The distinctive differences in administrative structures of the American and Australian prison and health systems will also limit the applicability of most of this textbook to Australian and New Zealand practitioners. Most prisoner health services in Australia and New Zealand are public-sector funded, with consequent matches, albeit imperfect, to community health services; the American situation is predominantly private-sector with notable gaps in safety-nets for those unable to access private health care. Even prisoners are expected to offer a co-payment for in-custody health services; such arrangements are virtually unknown in the Australian context.

If a comparable textbook were written for Australian and New Zealand scholarship, there would be no section on 'Abolition of the Death Penalty'. The American Medical Association and the Society of Correctional Physicians oppose this historical and political aberration. The author notes that the United States still executes those with mental illness, and that only since 2005 did the United States Supreme Court prohibit the execution of juveniles. The authors note that: "The existence of death rows have an effect on those who must work in them and test the ability of physicians and nurses to provide life-sustaining care to those who are scheduled to be executed."

Although the differences have been stated, it is also the universality of humane health care for disadvantaged populations that is the outstanding attribute of this textbook. Who could not applaud the following statement: "... correctional health administrators and physicians seek to maintain and improve correctional medicine within the boundaries, disruptions, and culture of the prison".

The Australian prisoner health enterprise has a stronger

epidemiological base than our New Zealand and American counterparts. With the template of this excellent textbook, perhaps an Australian companion text will be born in the future. Until then, this textbook will fill an important niche in an evolving health subspecialty.

### **Promoting Health: the primary health care approach (third edition)**

*By Lyn Talbot and Glenda Verrinder. Published by Elsevier Churchill Livingstone, Australia, 2005. Paperback, 290 pages with index. RRP \$61.82. ISBN 0 7295 3755 2.*

#### **Reviewed by Anne Johnson**

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This is one of the few Australian textbooks available that addresses a primary health care approach to health promotion. It is the third edition of the book, and the two authors have revised what was previously Andrea Wass's first two editions.

The preface acknowledges the principles of comprehensive primary health care are looking increasingly at odds with the dominant paradigms that appear to be influencing government health policy and health service delivery today. Because we have more evidence that a primary health care approach is important to addressing the determinants of health and health inequity, publications such as this book are vital to ensure that principles such as social justice, equity, empowerment, participation, multi-disciplinary and intersectoral approaches to addressing health are not lost from undergraduate and postgraduate teaching programs in health. This book communicates these principles clearly and applies them to health promotion.

The book is organised into eight chapters. The first two chapters are very similar to the previous two editions in that they focus on health promotion in context (primary health care and the new public health movement) and concepts and values in health promotion. These two chapters really set the context well for understanding the development of primary health care and health promotion, and the importance of a value-based approach to addressing the determinants of health. The authors have then used a continuum of health promotion approach to organise the contents of the next five chapters.

The continuum covers the following concepts: healthy public policy to create supportive environments; community action for social and environmental change; program development and evaluation; education for health; and medical approaches to health promotion. I found reading the book from cover to cover was quite confusing as it appeared to me to be quite disjointed. This was because much of the content listed under each of these chapters did not appear to be well linked, and tended to jump without a cohesive logic to the way it was structured.

For example, chapter three provides a good introduction to

healthy public policy, what is health policy, the process of public policy making and levels of policy (from global to local), but then jumps into organisational development, health-promoting schools, tobacco control, and then ways to influence policy through advocacy and lobbying. It then moves on to using policy in health promotion; working towards empowerment; sustaining partnerships and developing networks for intersectoral action; and moving from participation to partnerships.

The content covers a lot of material and because of that it does suffer from superficial coverage in parts. This could have been minimised through the provision of a 'further readings' section at the end of each chapter, rather than the list of useful Internet sites in appendix 5. The final chapter provides very practical insights into the application of the Ottawa Charter for Health Promotion.

Overall, despite the abovementioned criticisms, I think that there is some very good content in this book and that it is a very useful text, particularly for undergraduate students in all health programs. If postgraduate students are new to the concept of primary health care and health promotion, this would be a useful text for them as it does provide some very good basic information that they will be able to build on with other publications.

## Talking about spirituality in health care practice: a resource for the multi-professional health care team

*By Gillian White. Published by Jessica Kingsley Publishers, London, 2006. Paperback, 175 pages inc. index. RRP \$48.95. ISBN 1 84310 305 2.*

### Reviewed by David Dawes

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Gillian White is an English nutritionist, an Anglican, and has worked in palliative care. In her experience holistic care did not adequately enable staff to meet patients' spiritual needs. White believed that staff did not feel adequately equipped to provide the spiritual care that their patients required. When a patient raised a spiritual issue, staff were more likely to refer the patient to a chaplain. This practice challenged her understanding of holistic care. In response, White started a journey to construct a definition of spirituality and to create a methodology that could equip health care professionals to better engage with patients about their spiritual journey.

'Spirituality' has many possible definitions. In the introduction, White presents a working definition of spirituality that weaves the understanding of spirit as "linked with breath or animating principle of life" with the concepts of meaning, purpose and fulfilment as expounded by Renetzky. To reinforce the importance of meaning in a definition of spirituality, White draws on Cecily Saunders'

exploration of Victor Frankl's work. Frankl proposed that "not only do individuals seek meaning even in horrific circumstances, but that those who have a clear sense of meaning cope better". The result is a definition of spirituality that is essentially those things that give meaning and purpose to a person's life.

White accurately argues that the inclusion of spirituality in health care requires a view of health care that is broader than scientific reductionism. White clearly locates spirituality in holistic care, which views the patient as a human being and not just an amalgam of symptoms in need of treatment and cure.

As the title declares, the purpose of this book is to stimulate and support health care professionals to talk about spirituality, thereby raising awareness of the place of spiritual care within health care teams. The methodology for this is encounter groups that integrate the adult education model with reflective practice.

The rationale for these groups is the difficulty health care professionals have in clearly defining spirituality. White reports that the term spirituality has been freed from being the sole domain of religion and transformed to be a term that has meaning for all people. This transformation has meant that religion is now an aspect of spirituality rather than being the sole domain.

It is within the second half of the book that White spends the necessary time in mapping the term. White expands her initial definition of spirituality as meaning and purpose. She adds hope and the image that spirituality is a journey that requires a spiritual carer to be a companion rather than a guide.

White locates spirituality as being essential to being human. "The very essence of spirituality is about being human, with the spiritual lived out through an intricate web of physical, mental and social life so that this sense of transcendent weaves through the whole of life." It is this definition that informs White's understanding of spiritual care, which is human to human and has as its foundation the acknowledgement of a shared humanity.

These statements are laudable, but they do not take into consideration the place of suffering, nor the shadow side of humanity such as greed, envy, seduction and discrimination. These, too, are aspects of humanity and do not find a place in White's view of spirituality. The weakness of White's thesis is that it promotes the interpersonal aspect of spiritual care without addressing the sacred, suffering, and the shadow of humanity.

White is writing within a health system that is required by law to provide for the religious and spiritual needs of patients. In direct contrast, Australia has yet to legislate for the protection of an individual's spiritual and religious freedom. Consequently, within the landscape of Australia's health care system spiritual care is poorly defined and addressed.

The strength of White's work is that it highlights a gap in holistic care and provides a methodology that could address this gap in health care practice. It also challenges Australian health care professionals who provide spiritual care to actively articulate, explore, research and publish their work.

### Medical Marvels: the 100 Greatest Advances in Medicine

By Eugene W. Straus and Alex Straus. Published by Prometheus Books, New York, 2006. Hardcover, 425 pages including illustrations. RRP \$54.95. ISBN 1 59102 373 4.

#### Reviewed by Stephen Leeder

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While attending a gleaming fund-raising dinner for medical research recently, my colleagues and I were challenged by the after-entrée speaker to contemplate a world, 50 years hence, full of human body replacements parts, either mechanical or biological. These, the speaker intoned, would enable those then 85 to continue in paid employment, perhaps to pay for the parts. Neither prospect stirred the fairly aged audience greatly. Never mind. Robotic antibodies would seek out and destroy our cancer cells. Little zooming mini-submersibles would ream out our clogged arteries. This evening was not a time to be worried about global warming or where today's inequalities would lead, through the ravages of war, terror or plague. The potion of technical medical advance intoxicated us all and set our cheeks aglow.

Back in the real world the next day, I opened *Medical Marvels: the 100 Greatest Advances in Medicine*, which I suspected would be more of the night before. I was surprised to discover that it began with a discussion on the healer-sufferer relationship. "Perhaps the single greatest advance in the history of medicine ... is the movement away from an approach to the sick that was characterised by shunning and abandonment, toward one in which the sufferer is fed, protected and nurtured like a child. Without this most basic concept and covenant, nothing is medically possible." I would like those health bureaucrats who think that smokers with lung cancer should not have access to public hospital care to have a chat with the book's author, Dr Eugene Straus.

Dr Straus is Emeritus Professor of Medicine at the State University of New York and his co-author son is an outstanding journalist. Both are socially perceptive and deeply humane and the combination, abetted by the fine artistry of Bette Korman, makes for a book that is technically sophisticated, easily read and very interesting. The 100 greatest advances include the discovery of

microscopic life by Leeuwenhoek in Delft in 1632 as he turned the lens system he used to examine linen on to dental plaque. There, he noted an "unbelievable great company of living animalcules a-swimming ... nimbly".

Then, through a series of crisply written three-page essays, Straus *père* and *filis* take us through the autopsy, x-rays, the discovery of hormones, germ theory, the development of sewerage systems, the eradication of smallpox, and the grim detail of the questionable elucidation of the structure of DNA. There is a hard-hitting chapter on the political corruption that surrounds tobacco in the United States to this day.

Other chapters concern transplantation, advanced imaging technologies, socialised medicine, cataract and retinal surgery, the ECG, birthing care, chemo and radiotherapy, Freud, tissue culture, RCTs, preventive medicine and patient advocacy.

All chapters are focused, accessible, referenced, brief, interesting, factual and superbly written. The book reflects Straus *père's* experience, professional excellence and wisdom and Straus *filis's* considerable journalistic skills. The book integrates basic science, clinical medicine and public health (sorry, in Australia where the word 'public' is no longer allowed, I should say 'population' health) and constructs a history that compels us to re-examine present notions of health care.

The final chapter refers to Professor Straus's experience over the past five years as a patient and the critical contribution of his wife in his recovery. "Assuring you get the correct medications ... or that you are not discharged prematurely should not be the job of your loved ones," he writes. But the common experience of many of us who have had ourselves or our family in hospital is that the job often does fall to relative advocates. This is true in the US and, alas, also true here. He writes of the need for system change leading to reinstate the patient as the paramount concern of the healing professions.

My fund-raising dinner, like a celebratory event in the spangled hall of Hogwarts School for Witches and Wizards, extolled the virtue of magic and mythical thinking when considering the future of medicine. Pass your galleons this way and buy eternal life! By contrast, this book grapples with reality, takes as its starting and finishing point the existential experiences of health and illness, and interprets medicine's brilliant technical advances within the context of humane concern and care.