

Families, Labour and Love: Family Diversity in a Changing World

By Maureen Baker

Allen & Unwin, Sydney, 2001, xii + 320 pp., \$42.95 (Paperback)

Maureen Baker is Professor of Sociology at the University of Auckland, New Zealand. The idea for this book was conceived when, on moving to Auckland from McGill University, Canada, she was unable to find a recent New Zealand text on the sociology of families. Further, most analogous texts from countries with broadly similar social histories—Australia and Canada—failed to mention New Zealand, let alone each other. This book, then, is written to fill a gap. It is a scholarly textbook for academics and students in Australia, Canada and NZ (p. xi), a comparative study of these three “settler societies” that share a broadly similar history of colonisation and subjugation of Indigenous culture—but exhibit significant differences within their individual histories.

The treatment of the topic is both comprehensive and thorough. An introductory chapter provides an overview of the personal and social worlds of families, identifying trends common to all three societies, including rising life expectancies, declining fertility, declining legal marriage rates, rising rates of remarriage, and greater participation of women in the paid workforce. Subsequent chapters discuss cultural variations in families; issues involved in conceptualising families; intimacy, cohabitation and the quality of marriage; childhood, reproduction and child care; families and paid/unpaid work; separation, divorce and remarriage; state regulation of family life; and the future of family life. At the end of each chapter a set of discussion questions encourages reflection on key issues and their implications. These questions are designed, presumably, as tutorial guides, but they also offer a valuable review framework for individual readers. An extensive glossary is provided for readers unfamiliar with the language of family studies.

A particular strength of the book is the multiple approaches through which the sociology of the family is investigated and illustrated. Maureen Baker has assembled a large amount of comparative statistical data across the three societies under review. She provides a social historical context for each issue discussed. She reviews a range of ways for interpreting these data, whilst preferring feminist and political economy approaches, a combination that permits examination of power relations along economic as well as gender lines. The result is a solid overview of the continuing and complex negotiation of what constitutes the family today, and the relationship of family with the state.

While implications for health are not examined explicitly in this text, the book provides a major resource for students and practitioners of public health and health policy. Health care provision, of necessity, must mediate between social relationships as they are in fact, and social relationships as they are constituted in legislation. The contrast between legal and social understandings of family is a recurring theme in this book, and the concluding chapters on state regulation of the family and the future of family life merit careful attention from health care providers and policy-makers. Health policy that fails to discern the new patterns of caring and intimacy emerging within society risks becoming ineffective and irrelevant. This book offers the means by which the at-times-vague health care rhetoric about family support and community care might become focused and intentional.

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Social Research Methods

By Alan Bryman

Oxford University Press, Oxford, 2001, xiv + 540pp., \$75.00 (Paperback)

This book covers a range of research methods for data collection and differing ways of analysing data. Social research has many different traditions and the book focuses on a dialogue between quantitative and qualitative approaches. In his book, Bryman discusses the similarities and distinctions behind both traditions. This makes the book interesting and informative.

The book "explores the nature of social research" (p. xi). It therefore "attends to issues relating to fundamental concerns about what doing social research entails" including, for example, "Is a natural science model of the research process applicable to the study of people and society? Why do some people feel it is inappropriate to employ such a model? What kind of research findings are regarded as legitimate and acceptable?" (p. xi). These issues are dealt with at different stages throughout the book. I agree strongly with Bryman who argues that "while knowing how to do research..., so too is a broad appreciation of the wider issues that impinge on the practice of social research" (p. xii). I believe this is what all researchers in social science have to deal with. These are critically debated in this book. As such, the book offers readers a comprehensive picture of doing a piece of social research.

The book is composed of 25 chapters and divided into four parts. Part one sets the scene of the book. It contains two chapters and focuses on the background of social research discussing its nature, theoretical framework, strategies and designs. They are, as Bryman claims, "the basic building blocks" (p. xii) for the rest of the chapters in the book. In chapter one, the distinction between quantitative and qualitative traditions is introduced. In chapter two, the basic frameworks within which social research is undertaken, including social survey, case study and experimental research, are discussed.

The chapters in Part two and Part three have their emphases on the practice of social research. These two Parts are extremely useful in assisting students to make informed decisions about undertaking their research. Part two deals with a quantitative research approach and contains 10 chapters. The first chapter explores the nature of quantitative research and provides a context for the rest of the chapters in this Part. Four chapters in Part two deal with aspects of social survey research including sampling technique, type of interviewing that occurs in survey research, the design of questionnaires, and how to ask questions. The systematic observation of social behaviour is given in chapter eight. Chapters nine to twelve focus on data analysis ranging from a content analysis to the use of computer software (SPSS). In these chapters, there are numerous examples for students and I found them simple and easy to follow.

In Part three, all chapters discuss the essence of a qualitative approach. In a similar format to those chapters in Part two, this Part begins with a chapter on the nature of qualitative research (chapter 13). In chapter 14, Bryman discusses issues relating to ethnography and participant observation: "the source of some of the best known studies in the social sciences" (p. xiii). The following two chapters deal with interviewing methods including the focus group interview method. Conversation and discourse analyses are discussed in chapter

17. This chapter is interesting and well written. The last two chapters in this Part deal with analysis of qualitative data and information relating to computer-assisted qualitative data analysis; in particular the use of NVivo is given in chapter 19. In the last Part, Bryman brings issues relating to the previous three Parts together. In chapter 21 and 22, Bryman discusses the divide between the quantitative and qualitative traditions and then succinctly argues for the combined use of these two approaches. There are some critical debates in these two chapters that I found extremely useful. In chapter 23, writing up social research results is discussed. Ethics in social research are critically dealt with in chapter 24. The book finishes off with the chapter on conducting a small-scale project. In this chapter, Bryman illustrates the use of both quantitative and qualitative approaches in a research project. This, to me, is invaluable for many young researchers and students who embark on a piece of research.

Up to now, readers may question what makes Bryman's book different from other research method books. Here are some answers. Bryman nicely puts together some special features of his book to make it more helpful. First, the book is full of examples that help researchers learn how others have undertaken their research and what lessons they have learned. This is extremely invaluable for novice researchers and students. Not too often do we receive these from lectures and academic books. Secondly, the book is also full of boxes that may contain examples to make it easy to read, or the definition of key terms, or a list of important points of the chapter. As Bryman explains, the boxes "help to break up the text and to provide a focus for definitions and for key examples" (p. xiv). Thirdly, the book contains a reader's guide to chapters. Hence, prior to commencing each chapter, readers are provided with a "route map" that they can follow. At the end of each chapter, some key points that have been covered in the chapter are provided. Additionally, a series of questions that help readers to test their understanding of key concepts and ideas are also provided at the end of each chapter. These are another two key features of the book that I think are useful for everyone. Lastly, a glossary of central terms is provided at the end of the book. In addition to these key features, the book is supplemented by a website that contains other relevant materials for students and lecturers and a PowerPoint lecture series. These make Bryman's book a comprehensive resource for not only students but also lecturers and researchers in the research methods field.

Despite the claim that "research methods are not tied to a particular nation: many if not most of the principles transcend national boundaries" (p. xi), the book has its British emphasis, as Bryman has used mainly British examples of research to illustrate his points. This may limit the access to research examples for researchers and students in other nations.

In addition, as the book focuses on social research, it does not contain many aspects and examples in health care. Some materials are, however, useful for those in the health domain. In general, the format of the book is user-friendly. Each part commences with a summary and interesting cartoons which makes the book rather entertaining as well. Each chapter contains sub-headings, which makes it easy to read and follow the argument. References are up-to-date and interesting and

the index is comprehensive.

In sum, the book is well suited for undergraduate students who take a course on research methods in subjects such as sociology, education, social policy and social work, and health sciences. In particular, it will be valuable for undergraduate students who undertake a research project as part of the requirement for their degrees, as the book contains many practical aspects. This book will be extremely useful and resourceful for those who are teaching research methods. I have used some materials in Bryman's book for my teaching and the students have found it very useful. In addition, the book is a valuable reference for researchers in social sciences. In my opinion this book is well worth adding to your collection on research methods.

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The Social Origins of Health and Well-Being

By Richard Eckersley, Jane Dixon and Bob Douglas (Eds.)

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This book complements a rapidly growing list of books dealing with social determinants of health and illness. The text is a splendid collection of 21 essays divided into five sections: (a) historical, global and cultural perspective; (b) explaining health inequalities; (c) social organisation of health; (d) development and biological perspectives; and (e) implications for policy, interventions and health research. According to the editors, this book is an important collection of essays for two main reasons. "First the existing literature has focused on the North American and European situations; we want to put the Antipodes on the social epidemiological map. Secondly, the recent literature has concentrated on socio-economic inequalities as a prime determinant of health; we believe this book adds important historical, global and cultural dimensions to the social sources of health and well-being" (p x).

The book comprises 21 chapters. The first chapter, written by John Poweles, provides a useful overview of historical perspectives on the social and economic determinants of health. This chapter basically examines the complexities of the relationship between economic development and health improvement noting both the health-favouring and health-damaging potentials of increased incomes. Chapters 2, 3 and 4 examine the range of theoretical perspectives brought to the discussion of historical and cultural perspectives of health. In chapter 2, David Legge elaborates on how the international health gap is widening, emphasising the structured unfairness of the new world order. The chapter by Butler et al. (chapter 3) explores a relatively new topic in health sociology—globalisation and environmental change: implications for health and health inequalities. They discuss the resurgence of marketism, problems of marketism, declining biodiversity, ecosystem health and the impact of global environmental change upon Australian health. The chapter by Richard Eckersley (chapter 4) explores cultural influences in seeking to understand the social determinants of health and well-being, suggesting that cultural changes can amplify or moderate the health impact of inequality.

In chapter 5, (part B), Najman examines a general model of the social origins of health and well-being. He deals respectively with general model of disease, biological or social origins of disease and foetal programming. Turrell, in chapter 6, makes a detailed discussion on income inequality and health. He emphasises the argument that, "despite the long-held myth of equality and egalitarianism, Australia is a socially and economically divided society" (p. 83). His critical discussion mainly focuses on "what is income inequality, income inequality and health, cross-national studies, within country studies, income inequality and health: why they are related, income inequality and health: what is the likely fundamental cause, and reducing income inequalities" (pp. 83-104). Chapter 7 discusses mediation of the effects of social and economic status on health and mortality. Chapters 8 and 9 each deal with mortality differences in Australia and New Zealand, income inequality and health in New Zealand respectively.

Part C of this book comprises chapters 11, 12 and 13. Peter Newman, in chapter 11, refers the reader to "the healthy cities movement" (p 159). He stresses the fact that the physical environment of our cities presents a range of problems that

concerns health professionals—namely indoor air pollution, toxic chemicals in the workplace, industrial pollution, and toxic site remediation. The impact of structural workforce changes and the work environment on health is discussed by Feyer and Broom in chapter 12. They start the chapter by stressing the fact that the centrality of work to health and well-being is unarguable.

Part D, which focuses on development and biological perspectives, includes chapters on health inequalities: the seeds are sown in childhood, what about the remedies? (chapter 14); family, early development and the life course (chapter 15); health inequalities: is the foundation for these laid before the time of birth? (chapter 16); and, how social factors affect health: neuroendocrine interactions (chapter 17). Together these chapters raise important questions about biological perspectives of health inequalities, and should be of interest to most readers.

The last part (E) of this book is devoted to the implications for policy, interventions and health research. For the first time, Aboriginal health is addressed in chapter 18 by Ian Anderson. This chapter examines Aboriginal health and social disadvantage, Aboriginal people and race, modeling in social epidemiology and Aboriginal health policy, and Aboriginal people, racism and health outcomes. The important point emphasised in this chapter is that the development of multi-level explanatory frameworks in social epidemiology, promises to provide a more systematic and evidence-based approach to policy development in complex areas of health policy such as Aboriginal health. The chapter by Harris et al. (chapter 19) explores whether limited analysis of the dimensions of poverty limit the way we seek solutions to inequalities in health. They argue that the current health challenge is (a) to develop research methods and models of understanding that are capable of unravelling the complex, multi-layered social problems that underly ill health (b) to shift the research emphasis from describing the problem, to developing and evaluating interventions (c) to develop partnership among researchers, practitioners and the community (d) advocate for changes outside the health sector's traditional areas of influence and (e) to ensure that success is judged not just in terms of improvement in the health of the most disadvantaged but also in the narrowing of the health gap between rich and poor. The book concludes with a chapter by Sibthorpe and Dixon (chapter 21) in which they examine the prospects for rethinking the evaluation for policy action on the social origins of health and well-being.

Given that the book is mostly a collection of essays, it is not surprising that it presents like a series of snapshots of topics that are associated with health inequalities. A useful feature of this book is the addition of chapters with historical, global and environmental dimensions of ill health. The book is written in a style accessible to an academic audience so that it would be of most interest to people working in the area of health, nursing and sociology. It would be a good supplementary text for students in health and social sciences. This text is an excellent example of the insatiable appetite of health researchers to publish books in the area of social determinants of health and illness.

This book would have benefited from a more systematic and critical appraisal of basic concepts of health, illness and society together with the terminology and concepts. There is room for more theoretically-informed analyses of some issues raised in this book, particularly in chapter 2 (Health inequalities in the new world order), chapter 5 (A general model of the social origins of health and well-being), chapter 7 (Mediation of the effects of social and economic status on health and mortality) and chapter 14 (Health inequalities).

Overall, notwithstanding some shallowness of analysis of some chapters, I would recommend this book as an additional reading for undergraduate students in health and social sciences. The publication of this book will hopefully stimulate further work, particularly some empirical research in the area of health inequalities in Australia.

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National Hepatitis C Resource Manual

Commonwealth Department of Health & Aged Care and the Australian Institute for Primary Care

This useful manual is a collaborative effort on the part of a large interdisciplinary group of people who are specialists in the area of hepatitis C. The manual adopts a social educative approach to hepatitis C that supports its prime aim of providing a "resource to enhance the health outcomes of people affected by hepatitis C by providing standardised, accurate and current information about hepatitis C and associated issues to a wide range of health care providers".

The manual is well set out and easy to navigate. Each of the nine chapters begins with a summary of important points, then expands into information about the points or issues which form the focus of the chapter, and conclude with a section of commonly asked questions. Words that are used for the first time, which might require an explanation, are in bold type with explanations provided in the Glossary—a useful tool, which again reinforces that the manual is intended for a wide-ranging audience from different professional backgrounds.

Chapter one focuses on providing information about the hepatitis C virus (HCV). General information about HCV becomes gradually more detailed with discussion about genotypes, transmission risks, differentiation between acute and chronic infection, and a specific history of hepatitis C in Australia as well as a time line of important events in the development of hepatitis C. The natural history of HCV is clearly described in a flow chart of estimated outcomes.

Chapter two looks at HCV in conjunction with the other hepatitis viruses (A, B, D and E) and also HIV. In this chapter the complex issue of co-infection with other viruses (including implications for people with haemophilia) is discussed, the major emphasis being on co-infection with HIV and disease progression. Curiously, concise information is provided about the other hepatitis viruses, although not HIV. There is an appropriate proviso that information can change very quickly and it is best to seek specific information about clinical issues and management from specialists.

The next two chapters deal with transmission and diagnosis. The third chapter is a really pleasing summary of transmission within the community and preventive responses to these transmission risks, covering transmission in the home, social, workplace, blood service, and health care settings. The need to be sensitive to cultural and religious beliefs about blood is highlighted in a good discussion about blood awareness.

Preventive strategies of harm minimisation, harm reduction, safer using, blood bank testing and donor selection and infection control practices are discussed. Scattered throughout these discussions are practical advice on dealing with blood spills, using safely, preventing overdose, accessing and disposing of injecting equipment. The Barriers to Safer Using section provides an important reminder about the difficulties associated with safe injecting drug use, and provides useful triggers for exploring attitudes about safer using.

The fourth chapter focuses on testing for hepatitis C. This chapter includes straightforward concise information about current specific screening and diagnostic tests, presented in reader-friendly language. Curiously, pre- and post-test counselling are not discussed in this chapter but are included in the next chapter on health maintenance. It may have been more useful to have all aspects of testing in the one chapter. The next two chapters explore issues about living with HCV. Chapter five is concerned with health maintenance for people affected by HCV. The information provided here is very useful with practical strategies for managing HCV-related symptoms like nausea, fatigue, and anorexia and diet. Dental and oral health are also discussed. Chapter six discusses both conventional and complementary treatment options, exploring options, quality of life issues, criteria for access, and treatment options for people in remote and rural settings.

The last three chapters focus on issues of discrimination, education and resource provision and how governments have responded to hepatitis C.

This manual fulfils its aim in providing concise, comprehensive information for people working in the hepatitis area. The manual is practical, user friendly, comes in a ring binder that makes it easy to photocopy pages, and is able to be downloaded from the website: www.health.gov.au or ordered by email phdpublications@health.gov.au or via voicemail 1800 020 013.

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Euthanasia, Ethics and Public Policy: An Argument Against Legalisation

By John Keown

Cambridge University Press, Sydney, 2002, xx + 318 pp., \$59.95 (Paperback)

Euthanasia is an issue that just won't go away. It continues to generate heated debate and passionate opinion. Comment from the general public, and in the popular media, illustrates how emotive it has become. There is also an apparent discrepancy, puzzling to many, between the results of opinion polls and the conclusions of governmental and legal inquiries and commissions, both in Australia and overseas. Given the groundswell of public support, numerous reports have been commissioned to investigate the feasibility of introducing legislation to allow active voluntary euthanasia in prescribed circumstances. Almost all conclude that while voluntary active euthanasia (VAE), or Physician Assisted Suicide (PAS) may be morally permissible in some circumstances, it would be unwise to legalise it. This book attempts to explain and justify this conclusion.

Keown does not rehearse in detail all the moral and philosophical arguments for and against VAE and PAS, although he does provide a brief summary of some of them. In this area, resolution seems unlikely given the widely divergent theoretical bases and methodologies of the participants. However, there is one question that may be addressed using empirical data and, theoretically at least, resolved. This is whether, once PAS and/or VAE are introduced, they may be effectively controlled. In other words, how real is the slippery slope?

Even the most ardent euthanasia supporter needs to consider whether the social cost of legislating to allow it is too great. How real is the danger that patients who do not make a free and informed request will also be killed? What sort of criteria should be stipulated, and can effective safeguards be provided to protect the vulnerable? What effect will it have on health care professionals, and the trust patients have in the health care system? Opponents of euthanasia are usually pessimistic about these questions, and supporters optimistic. They draw different conclusions from the data available, including the Dutch Euthanasia experience.

Part One of the book deals with definitions in an attempt to clarify some of the confusion in the debate due to failure to define terms and use of different definitions. It outlines what is meant by "voluntary" euthanasia, intended versus foreseen, and physician-assisted suicide.

Part Two deals with the moral issues: differing views of the value of human life; the importance of autonomy; the charge that the current law is hypocritical in prohibiting VAE yet both failing to enforce this in practice, and allowing doctors to end lives intentionally through other means, whether administration of palliative drugs which have the foreseen but unintended result of shortening life, or of withholding potentially life-prolonging treatment—so-called "passive euthanasia". The discussion of the doctrine of double effect, like most legal discussions of this issue, ignores the clinical reality that in skilled hands escalating doses of pain relieving opioids can be administered effectively and completely safely. There is no evidence that patients' lives need to be shortened "unintentionally" through skilled provision of adequate pain relief.

The final chapter in this part outlines the two different slippery slope arguments—the first empirical, the second logical. The first argument is that even if in principle a line can be drawn between acceptable and non-acceptable practices, a slide will occur in practice because effective safeguards cannot be provided. The logical argument goes further and claims that even if precise and effective safeguards could be framed, those guidelines would soon give way because the case for euthanasia with limitations (e.g., unbearable suffering) and a voluntary request logically entails a case for euthanasia without them. Why should an incompetent patient not be entitled to the same compassionate relief of unbearable suffering as a competent one? Or why should a competent patient not be able to define what "unbearable suffering" is for them, without having to meet any independent criteria?

The next two parts are concerned with gathering evidence for the empirical slippery slope argument—first from a detailed examination of the Dutch experience with VAE over almost 20 years, then (and perhaps most interestingly for Australian readers), the short-lived Rights of the Terminally Ill Act (1995) in the Northern Territory, and finally from the operation of the Death with Dignity Act in the State of Oregon. In each case there is a description of the guidelines and safeguards and an assessment, using both a legal critique and analysis of examination of reported cases, of how well these can/could and do/did work. This exhaustive treatment necessarily involves some repetition and may seem tedious, but highlights that "the devil is in the detail". From his survey of euthanasia in the Netherlands, Keown concludes that the incidence of VAE is increasing, that many cases go unreported and unscrutinised, and that the guidelines are not only ignored in practice but are becoming diluted in theory. There is now evidence that non-voluntary euthanasia is commonly performed, and even admission from Dutch euthanasia advocates that this was a goal from the beginning of their campaign.

Keown also concludes that the NT legislation was "no more, and in some respects significantly less precise and strict than the Dutch guidelines". And he claims that the Oregon legislation, which allowed for PAS, is the "least strict and precise" of all. There is no requirement that a patient is suffering, or that she be seen by a doctor with expertise in psychiatry or palliative care, and there is no mechanism to scrutinise a doctor's compliance.

Next Keown outlines "expert opinion", the reports of expert committees, national courts and national medical associations. Without exception these bodies maintain their opposition to legalisation of VAE or PAS—the first two groups predominantly on public policy grounds.

In the final part of the book Keown turns to the vexed question of the difference between killing and letting die, from a legal perspective. His examination of the Tony Bland case and subsequent cases in English Law lead him to the surprising conclusion that English Law permits the intentional killing of patients whose lives are judged "not worth living". This may be done through the withholding of medical treatment, which

includes (he says) medical provision of food and fluids. As such, this is inconsistent, Keown claims, with its continued opposition to VAE. This section is particularly thought provoking and contentious.

Given the seeming interminability of the moral argument about euthanasia, the "action" is in the legal and public policy domain. There is a need to go beyond claim and counterclaim and examine the evidence in detail. Clearly, our moral view will colour our assessment of this, and Keown clearly states that he is opposed to the legalisation of euthanasia. Supporters may in the end remain unconvinced, but will benefit from being better informed and engaging with the problems he raises. It seems to me that, if the question of whether VAE or PAS should be legalised is ever to be resolved, it will be through such a process.

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Spirituality and Palliative Care: Social and Pastoral Perspectives

By Bruce Rumbold (Ed.)

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This is an important book for any serious student or practitioner of spirituality or palliative care. As the title indicates, this is a book about both spirituality and palliative care, and its aim is to contribute to a better-informed and more reflective debate about spirituality and spiritual care in palliative care practice. The diversity and quality of the book's individually authored chapters, plus the well-organized introductory comments by Bruce Rumbold, as editor, mean that *Spirituality and Palliative Care* is well placed to make an impact in its contribution to debates about both spirituality and spiritual care in palliative care practice.

The book is comprised of three main sections. The first, "Exploring Spirituality", reviews a range of theoretical perspectives and resources that assist the reader in understanding the current scene relating to spiritual care as an emerging focus within palliative care. The second section of the book "Reflecting Upon Experience" contains five first-person accounts ranging from contributions from persons living with a life-threatening illness to contributions from those involved in offering spiritual care to people with life-threatening illnesses. The focus on experience in these five chapters reflects a recurring contention of the book—that spiritual care becomes possible in mutual, human relationships. The third section of the book, "Developing Responses", contains discussions of possibilities emerging in the field. This section is, appropriately, non-prescriptive, yet is insistent on the need for reflective practice to obviate spirituality's being captured by particular (professional) interests.

Bruce Rumbold has assembled an impressive and diverse set of chapter contributors, including sociologists, philosophers, artists and religious. In combination, these contributors illuminate the social and cultural contexts in which palliative care (and contemporary approaches to spiritual care) is being

practiced.

In reading *Spirituality and Palliative Care* two characteristics stand out. First, it takes a clear social science and pastoral care perspective. Thus there are no chapters by clinicians experienced in working in palliative care settings. One of the main contentions of the book is that, to date, the health care literature on spirituality and palliative care has been dominated by traditional clinical or professional interests. The other main characteristic of the book is that it does not attempt to provide a clear definition of "spirituality". There is no consensus among the contributors, but what each is doing is challenging the perspective of both religion and medical science when attempting to understand the spiritual dimension in the health care field in general and in palliative care in particular.

In conclusion, this is a thoughtfully-constructed edited book on spirituality and spiritual care in palliative care settings. Bruce Rumbold has done a fine job in assembling the contributors who bring a social and pastoral perspective to the spiritual and palliative care issues discussed. His introductory material at the start of each major section of the book serves to help make explicit two main contentions of this book particularly relevant to health care professionals—that spirituality is relational, and that *Spirituality and Palliative Care* matters because the views of its authors help keep care more human. These two contentions are important enough to make the book a useful addition to the library of any person interested in how health services are delivered.

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