All Gerontology is Divided into 500 Articles

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Rosalie Kane, Peter Arno and colleagues, and Norman Daniels. Part two will be of interest to a broader audience: not only lay persons, but also health professionals and scholars in ethics, law, and policy. Among the most impressive essays in the volume is philosopher William Rudick’s deconstruction of widespread stereotypes of home and hospital, noting that “hospitals may prove more hospitable than some patients’ homes,” not only for those whose social and economic circumstances make home an unwelcome or abusive place, but for any ill person for whom illness and treatment transforms “even spacious quarters and caring family relationships into hospital-like conditions . . . los[ing] their familiarity . . . intimacies and . . . trust” (p. 168). Also strong is an essay by Noddings, who critiques the concept of caregiving obligations and proposes the alternative idea of networks of moral support. Kane offers expert analysis of the difficulties associated with defining and applying criteria for quality assurance in the home care setting. Other essays address dying at home in a high tech environment, the economic impact of high-tech home care, and achieving justice in access to high-tech home care.

The Moral Challenge of Alzheimer Disease, by Stephen G. Post, starts with the bold assertion that “the ethics of dementia attach no moral relevance to mental acuity or decline. The value of a human being is not diminished by even profound forgetfulness; we must assume equal moral seating and awaken a new beneficence . . .” (p. 3). It defends this claim, first, by “attentive listening to the voices of people with dementia” (p. 17), reviewing the stories of elderly people whose lives were affected by progressive, irreversible dementia. Post next draws on the Judeo-Christian tradition, which holds that the moral status and dignity of people should not be assessed “in relation to social value, productivity, and rationality, but in relation to the deity, and is therefore absolute” (p. 34). The author worries that an exclusionary and hypercognitive secular Western culture is inhospitable to persons with Alzheimer disease, and describes the veneer of respect for such persons as thin.

The longer, second half of the book shifts focus and considers the practical ethical quandaries involved in caring for persons with AD. Post considers the ethics of behavior control in the context of family caregiving, pre-symptomatic testing, the quality versus the sanctity of life, and assisted suicide and euthanasia. These chapters generally break little new ground, but provide a competent overview of the topics. The kinds of conclusions the author draws often state the obvious, and fail to address more thorny problems. Thus, discussing behavior control in the context of family caregiving, Post concludes that art, music, dance therapy, organized ambulation, and environmental modification are preferable to medication or physical constraints. Assessing the prospect of prenatal testing for familial Alzheimer disease, the author cautions that imperfect creatures can teach important lessons about “the meaning of equality and commitment” (p. 92).

Among the most provocative chapters of the book is one that challenges inhumane attempts to prolong the lives of persons with advanced Alzheimer disease. Post defends a human-centered quality of life ethic that discourages treatments producing mental or physical pain. Appealing to this ethic, Post justifies omission of many forms of life-prolonging treatment, yet is also compelled to conclude that prolonging permanently unconscious life is mandatory if, for example, family members find meaning in a patient’s unconscious existence. Unfortunately, the author does not address the implications of such pronouncements for the autonomy and integrity of health professionals, who would presumably be required to act contrary to conscience and to professional standards of care by engaging in heroic acts to extend the lives of permanently unconscious patients.

Readers of both Bringing the Hospital Home and The Moral Challenge of Alzheimer Disease will be richly rewarded and frequently challenged. Both books are well suited for students in bioethics, philosophy, and health law since they assume no prior medical background. Ethics portions of the books will be of interest to health professionals facing practical ethical decisions about patient care. Lay persons who give or receive care will find these books challenging, but relevant and generally accessible.

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ALL GERONTOLOGY IS DIVIDED INTO 500 ARTICLES


One of these days, a technology for reviewing an encyclopedia will emerge. For the present, each reviewer develops a personal approach, one which rarely includes a cover-to-cover reading. This reviewer approached the task in four ways: a prior selection of 30 topics in order to determine whether these or related entries could be found; an attempt to categorize the topics contained in a random 200 pages in order to determine the content emphasis; a reading of a random consecutive 100 pages in order to judge the quality of the entries; and pure browsing. All of these perspectives furnish information on the extent to which this second edition met its goals.

In the front materials, the editor-in-chief, George Maddox, frames the general goal as that of providing “definitive statements . . . about the processes of aging” (p. xiii). In order to perform such a task, the Encyclopedia was designed to be interdisciplinary — to be intelligible to the educated lay person and nonexpert as well as helpful to the expert, to contribute an extensive bibliography on the gerontology of the past couple of decades, and to represent the international aspects of aging. These goals form a convenient outline for a critical review.

How Definitive Are the Statements about Aging?

The adequacy of coverage and the basic quality of the articles are the relevant issues for this criterion. In selecting 30 topics to be located, a single reviewer’s biases become evident, despite the attempt to range broadly in choosing them. A total of 26 were locatable either directly, by cross-referencing, or by easily retrieved synonyms; an 87% hit rate seems most commendable. For whatever interest there may be, there was no entry for diagnosis-related groups (DRGs), alternatives to institutions (community alternative), or transfer income. The absence of an entry for emotion (or affect) is the only one that qualifies as
whether such topics should appear at all; an example is well-being are not adequate).

A case in point is gender, a central issue in gerontology. This topic clearly merits more than the one-plus column now allocated.

The major criterion among all criteria is the goal of quality. On a global level, this reviewer could not be more enthusiastic. Most authors appear to have been challenged to decide what was most important in their topics and to present it in a way that conveys both its importance and complexity. The majority also took seriously the editorial instruction to identify missing, ambiguous, or faulty information and make suggestions regarding future research to be addressed to these gaps. This reviewer is not a layperson, but nonetheless is certain to go first to the Encyclopedia any time he wants to get an initial picture regarding the state of knowledge in an area of gerontology in which he is not an expert.

Among the several hundred entries scanned, it was impressive to note that a high proportion of them were written by the people who are known as experts in the area. It must be very tempting for an editor to ask a writer known to write well, make deadlines, and have fairly broad knowledge to do many articles, inevitably stretching his or her expertise beyond optimal limits. There appear to be around 340 authors for about 550 articles, which represents around 340 authors for about 550 articles, which represents a determined, and no doubt difficult, search to find the most qualified writers.

A different risk in seeking out the expert is the possibility that only the author's point of view or own work will find its way into the entry. Again, the Encyclopedia comes through magnificently. Only one article, a too-short entry on personality, exhibited this ingrown defect. Identifying some especially high quality articles no doubt does a disservice to equally good ones simply not read by the layperson, but nonetheless is certain to go first to the Encyclopedia any time he wants to get an initial picture regarding the state of knowledge in an area of gerontology in which he is not an expert.

Intelligibility Across a Broad Audience

This is a goal in which the editors have been extraordinarily successful. Few readers will find equal appeal across all disciplines. However, if we think of highly policy- or program-oriented people who will wish to look up broad concepts, policy principles, legislative acts, or organizations, these topics are covered richly and uncondescendingly. These same people will find it easy to browse in the social and clinical sciences. Similarly, those involved in social and psychological research who wish to become oriented either to a policy issue, a clinical syndrome, or a biological mechanism, will find the Encyclopedia an excellent starting point. Particular attention was required to keep biological and clinical medical entries within the comprehensible range. This reader got a great deal out of reading crystal clear entries for such topics as mutations, neurotransmitters, and pressure ulcers, to name only a few well out of his usual reading range.

A Selective Bibliography in Gerontology

The single integrated reference list contains in excess of 3,500 entries. Authors in search of an elusive reference may well find this book their best first source. Encyclopedia authors were instructed to concentrate on the literature of the past couple of decades, so one cannot hope for a bibliography that represents all of gerontology. In fact, the entries vary widely in the chronological focus and span of their references. This reviewer found an unnecessary scarcity of classical gerontological references. A new edition might request each author to cite a few publications widely thought to represent the beginnings of, or classics in, an area.

The more important issue, however, is the noncontemporary quality of some entries — a minority, but enough to stand up and be noticed. There are, no doubt, a few areas in which it is the concepts that are important and their content is relatively immutable. Authors were asked to update their entries, but some perhaps not forcefully enough. There are real growth areas in gerontology, but occasionally, one would not know it when comparing entries for the first and second editions, or looking for revisions and citations to reflect recent contributions. It is doubtful that there was so little new material over the past decade in musculoskeletal systems, pensions, or depression, to name only a few. A number of other entries make the nod to updating only in a concluding sentence that cites a few newer publications without treating their content.
International Scope

This was the most difficult criterion to evaluate. Countries are not listed separately and there is no entry for “international.” Ideally, the origin of knowledge should be of subsidiary concern as compared to its usefulness. Therefore, the best situation is for entries to include other countries’ research in their discussion. Some concepts, like cognitive processes, demography, pensions, poverty, housing, and home health care are of international concern and known to have had contributions from many countries. In fact, there was no mention of data or activity outside the United States in the articles on cognitive processes, housing, home health, and pensions, and there was one sentence on poverty. Of those named, only demography succeeded in providing a global view. In another type of pass, 240 references were scanned for books or journals not published in the United States (no attempt was made to identify the residence of authors); a little over 5% were international in this sense. It does seem that more active effort will be required to elevate the international focus of the Encyclopedia.

The overall usefulness of the Encyclopedia to gerontology is clear. It is possible to think of it as the entry point for someone searching for in-depth knowledge in a given area. The authors have been very thorough in referencing handbook chapters and critical review articles, which provide a second level of depth. At the same time, the reader determined to become an expert in that area is very likely to be able to go directly to first-hand sources with the help of the references in most entries. As long as the best of the most recent literature is cited, it would thus seem that the revised Encyclopedia will be a key element in the utilization of scientific knowledge regarding aging. Fortunately is the gerontologist with quick access to this scholarly yet almost always comprehensive source of information. It should also be noted that the print, layout and illustrations are of very high quality.

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SCIENCE, SOCIAL SCIENCE, AND HUMANISM

Aging in the Past: Demography, Society, and Old Age, edited by David I. Kertzer and Peter Laslett. University of California Press, Berkeley, 1995, 422 pp., $50.00 (cloth), $18.00 (paper).


Age is so mysterious and dangerous that it provokes every discipline to bring its tools to bear. In these books, we find scientists and poets, demographers and historians, economists and philosophers, all seeking solutions to one of the most difficult of human puzzles. The reader, impressed at first by the amount of knowledge and understanding these endeavors have provided us, may end up disheartened by the widening chasm between humanists and scientists. Such divisions deprive gerontologists of the multidisciplinary scholarship that their subject requires; disrespect between disciplines impoverishes the future, damaging our ability to meet new and pressing issues.

Gerontology’s multidisciplinary character is abundantly portrayed in Profiles in Courage: A Biographical Dictionary. This biographical collection will lure gerontologists curious about the career trajectories of their colleagues, but its scholarly value lies elsewhere. Achenbaum and Albert provide annotated citations that constitute a compendium of the most important literature in gerontology; their indices and cross-references to 300 short biographies allow readers to trace the collegial and teaching links that have created scholarly areas and political networks. As the authors acknowledge, the collection of information had its hazards (including reliance on autobiography), and these dangers would have to be weighed when using the volume to analyze the origins, development, and politics of gerontology.

In Crossing Frontiers, a more straightforward attempt to accomplish these tasks, Achenbaum declares that gerontology is a science, and then, hesitating over his own assertion, decides the field “has not yet emerged as a science, a discipline, or a profession” (p. 2). In a stimulating introduction founded on the magisterial footnotes that other historians envy, the author uses two Renaissance characters, Ponce de Leon and Francis Bacon, to consider difficult issues of terminology and definition. Subsequent chapters, however, reflect choices that readers may find idiosyncratic: a biography of Elie Metchnikoff with asides to I. L. Nascher and G. Stanley Hall, profiles of several private funding agencies, a history of The Gerontological Society of America and another of the Institute of Gerontology at the University of Michigan, and a selective account of the origins and evolution of medical and social practice at the Veterans Administration. None of the chapters links the expansion of gerontology to the growth of Social Security or the political power of the elderly; such linkages would raise question about dependency and the capacity of a discipline to be objective and scientific. Given the daunting task of defining gerontology, the selection of themes must be somewhat arbitrary, but the absence of a sustained, core argument leaves the reader as indecisive as the author.

The exquisite writings collected in The Oxford Book of Aging offer no more comfortable resolution to still more difficult questions: what is aging and why does it always end so . . . finally? In their introduction, Cole and Winkler justify a historical and multicultural collection by relying on a convention now common in humanistic studies of old age and death: these events were better back in the good old days, before modern Western culture robbed them of meaning. The opposition of a golden age and a degenerate present, based in part on Cole’s accomplished research in American history, fits the arguments of scholars ranging from Philippe Aries to Daniel Callahan. In this view, old age and death were once warmly integrated and publicly