

of whom, whether through personal therapy, trauma or genetic link (two of artist Lucian Freud's daughters, Esther Freud and Susie Boyt, and thus Sigmund's great granddaughters, contribute) have a Freud story to tell. Only one of the 25 contributors, Peter Kramer (*Listening to Prozac*) is a psychiatrist. He movingly describes how a period of psychoanalysis at the Tavistock Clinic opened his mind and changed his career from first anthropology then dermatology, to our very special speciality.

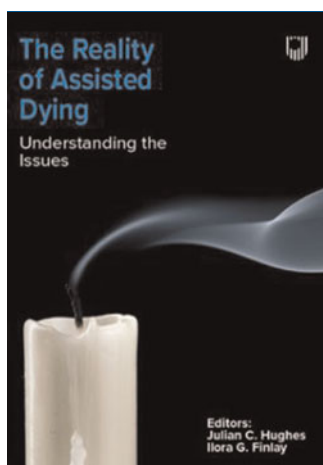
A literary collage such as this inevitably fails to make up a coherent or cogent case. What these essays have in common however is that, unlike the average psychoanalytic text – Goethe but not Nobel-prize winning Freud the exception – most are extremely well written: witty (*Floyd Archives* cartoonist Sarah Boxer), angry (Jennifer Boylan, an psychoanalytically invalidated trans), painfully honest (poet and undertaker Thomas Lynch on his daughter's suicide). Some are a little disappointing – merely using the opportunity to promote their latest projects (Colm Toibin on Henry James and Thomas Mann; Mark Solms on his new Freud translation).

As an unabashed psychotherapy 'common factors' enthusiast I was most moved by those who describe their experiences as psychoanalytic patients. The consensus, almost without exception, was as follows: (a) therapy helped and (b) interpretations and psychoanalytic theory had little if anything to do with what it was that helped.

Back then to the question: why read Freud? On the basis of these authors, a number of answers emerge. Freud teaches us to listen intensely to our patients, to learn from them, to listen to ourselves listening, to be kind, to survive not-knowing, to acknowledge that the mind is a complex and sometimes warring composite of differing impulses and phenomena and to accept that effective helping entails being consistent, human, watchful guardians of continuity of relationship and setting. Sadly these simple truths are in danger of being lost in the protocol-driven maelstrom of modern medicine. Embracing Freud helps return us to the heart of our healing mission.

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The Reality of Assisted Dying: Understanding the Issues

Edited by Julian C Hughes and Ilora G Finlay. Open University Press. 2024. £22.99 (pb). 248 pp. ISBN 9780335253173

A dispiriting feature of the current debate about assisted suicide legislation is its low quality. Words like autonomy and dignity are used with no definition and the general style tends towards emotive case histories, marketing slogans and celebrity endorsement more reminiscent of the US presidential debates than a serious weighing of pros and cons. Proposed legislation takes the form of skeleton bills with numerous so-called Henry VIII clauses that leave most of the detail to later executive decisions.

Into this space comes a new book offering a route to understanding the issues involved. Does it live up to that promise?

The book comprises 34 chapters written by 44 authors: clinicians from the main medical specialties you would hope to see; legal experts; ethicists; and religious experts. A risk of multi-author books is wearisome repetition and difficulty in following themes. Helpfully and unusually, an introductory section includes pointers to the location of discussion of key topics, and a lack of serious repetition suggests more careful attention to editing than is often the case.

I detect three superordinate themes. First a careful elucidation of the meaning and relevance of terms such as autonomy, dignity, capacity, coercion and safeguards. These chapters are by no means abstract or over-theoretical; instead, they help to clarify the complicated issues at stake. In particular I liked the two chapters discussing autonomy, its features and the circumstances under which it should be constrained for the protection of others; they are models of clarity and concision.

A second theme covers the practical experiences in countries where assisted suicide or euthanasia legislation is already in place. Two main messages emerge. The first is a familiar one – there tends to be a move once initial legislation has been passed towards less restrictive criteria for participant eligibility and staff involvement. Second is a gradual change in culture as attitudes change towards end of life care and towards suicide.

A third theme covers the implications for staff and particularly doctors. In the doctor–patient relationship there can emerge a sort of expectation of involvement amounting at times to pressure. On the other hand apprehension from patients can make care more difficult to deliver; evidence suggests palliative care services decline rather than improve in countries where assisted suicide or euthanasia is legislated.

There are inevitably some gaps, reflecting mainly the limited existing evidence. For example there is little or nothing on the implications for staff other than doctors – nursing or care staff – or on the longer term impact on families and close others.

The overall tone of the book is negative towards the idea of legislating for assisted suicide or euthanasia and indeed both editors are well-known campaigners in this country. Nonetheless, it should appeal to all readers. The presentations are well written, factually based and avoid a proselytising style. It is the best book I know about this individually and socially critical question and I recommend it highly.

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