Sandal Stoddard, *The Hospice Movement: A Better Way of Caring for the Dying*, London, Jonathan Cape, 1979. 266 pp. £5.95. ISBN 0 224 016 407.

Sandal Stoddard's book is the first general account to be published on the rapidly developing hospice movement. She writes with conviction of her support for and advocacy of the hospice approach to the care of the terminally ill and their families. The author follows the fairly well-trodden path of portraying the inadequacy of the contemporary hospital with its dominant emphasis on 'cure and recovery' as a suitable locale for coping with and meeting the needs of dying patients and their families. In the same vein cultural factors which make our acceptance of death problematic and the erection of taboos around the subject are outlined. The hospice concept is seen as a solution to 'our' problems and difficulties in accepting and dealing with death and dying. Euthanasia is anathema to the hospice approach to terminal care; in the words of one of the Medical Directors of an English hospice quoted in the book 'if anyone really wants euthanasia, he must have pretty poor doctors and nurses.'

The historical development of the hospice is outlined; this is important in understanding the contemporary hospice which is seen by Stoddard as the modern equivalent of its medieval predecessor. The traditional meaning of hospice is hospitality; giving a welcome not just to the sick and dying but to the hungry wayfarer, the needy poor, the orphan. The medieval hospice involved more though – a sense of life as a journey, of a passage, a trip towards some future state of rest. The term was used in the twelfth century by the Knights Hospitallers of the Order of St John of Jerusalem who were important in setting up a network of hospices especially along the routes of the crusades. Hospitals existed in ancient Greece and Rome but like their modern counterparts tended to concentrate on cure not terminal care. An alternative model to cater for the needs of the terminally ill and based on compassionate care had to be created – this was the hospice approach. Religious faith was a major component of the early hospices and the dying person was often placed so that he could focus on religious symbols until death.

The author's journey through time and space continues via her research into the contemporary hospice movement in North America and England. She argues that the modern hospice movement reaches back into the past and 'recovers our lost heritage' but points out that the modern hospice is much better than its medieval ancestor by combining hard science and technology with the original philosophy of compassionate and humanitarian care of the dying patient.

The pioneering work of Dr Saunders, the founder of the first modern purpose-built hospice – St Christopher's in London – is outlined in depth. St Christopher's and its principles and philosophy of hospice care has acted as a model for the subsequent rapid growth of the movement particularly in North America. The hospice approach to the care of the terminally ill centres on a concern not just for the physical and medical needs, but also for the spiritual and psycho-social needs of the dying patient and his family. Of central importance to hospice care has been the research by Dr Saunders and her

associates into pain control and the development of drug regimes especially the use of narcotics (see the appendix) to alleviate pain. The relief and control of the pain experienced by terminal cancer patients is seen as crucial in alleviating their anguish and suffering and enables as full and dignified a life to be lived as possible whilst dying.

A variety of hospice models all of which reflect the basic principles and philosophy are discussed. It is pointed out that there is a central tension within the movement between those who think that hospice care can be provided within the environs of the general hospital and those who think a fully autonomous unit is necessary. The author supports the latter view arguing that the evidence supports it and that in such a situation the patient is spared from a clash of differing models of care. However, clear evidence on this issue is lacking and more research is needed to substantiate the claim.

The author draws on her experience as a volunteer worker in St Christopher's, and on interviews and visits to several hospices to illustrate the principles of hospice care; the biographies of patients vividly illustrate the effectiveness of hospices in improving the quality of life for dying patients and their families. Unfortunately the reader has to wait until chapter ten for a statement of and summary of the essential features of modern hospice care; those who are mainly interested in this aspect should read this chapter first.

Stoddard isn't a social scientist and her research into the hospice movement doesn't meet the more objective cannons of appraisal usual in such an approach. She has become too close to her subject matter acting as an advocate for the hospice movement instead of giving a more detached analysis. The essence of the hospice movement is interpreted by Stoddard in spiritual/religious terms. The claim is made that 'the fully realized hospice community is a paradigm of what a more highly conscious human life might be and of what a society might therefore become.' To my knowledge few if any hospices would make such a claim. This is overstating the case for hospices in a way which could be counterproductive.

The author's research can be seen as conversion and subsequent commitment to a cause – the hospice movement. In the last chapter the author points out how writing the book has been a journey – 'a search for meaning and personal transformation not just a search for facts.' Commenting on an interview with a bereaved family she gives a clear example of the impact of the hospice. 'One doesn't interview people under such circumstances and then go. The inquirer becomes part of the process, given such gifts of self and is bound into the organism of the hospice.' Similarly her analysis of people who work in hospices is interpreted primarily in terms of religious motivation. Claiming that 'there could be no other basis that could cause people to behave to one another the way they do in the hospice situation.' However not all hospice staff are necessarily religious and more rigorous research is needed into the motivation and sources of satisfaction and dissatisfaction amongst hospice staff.

The book clearly highlights contemporary dilemmas surrounding death and dying and provides a very favourable analysis of the hospice movement and its approach to the care of the terminally ill. Furthermore, the history of the hospice is outlined and the link between the contemporary hospice and

its medieval predecessor established. The author though is overambitious in her advocacy of the hospice movement and what it can achieve, a more objective appraisal is needed.

The working group (of the Standing Sub Committee on Cancer) report on *National Terminal Care Policy, DHSS 1980*, though clearly influenced by the hospice movement gives a more balanced and objective analysis of its role in terminal care than does Stoddard. The care of the dying is shared between the primary health care team, the general hospital and the hospice/special care unit. The report stresses that terminal care informed by hospice principles should be linked to the other sectors and not be seen as in opposition to them. Doctors should not see the death of a patient as a failure, nor the end of his responsibility. What is primarily needed is the provision of high quality terminal care. The techniques (pioneered by hospices) already exist: the solution is enlightened professional attitudes.

Unlike Stoddard, the report suggests that it is not possible to identify one place as providing the best care for all patients; it very much depends on the individual's wishes and needs and those of his family and the facilities available. A major disadvantage of autonomous hospices is the separation of terminal from other aspects of care, and the report highlights a concern lest a new terminal care service (based on hospices) develops to interpose between the established care teams and their patients.

The report is not in favour of increasing the present number of hospices. The way forward is to 'encourage the dissemination of the principles of terminal care throughout the health service and develop an integrated system of care emphasizing co-ordination between the three sectors.' To achieve this aim a major emphasis is placed on giving adequate training in terminal care to health care professionals. However, changing established professional ideologies and practices is a complex and far from easy task. The committee members producing the report take an over-optimistic view of the capacity of education to bring about such change.

G. SPARKS

Huddersfield Polytechnic

Age Concern, *Claim to be Heard*, Age Concern, Mitcham, 1980, 32 pp. 90p. ISBN 0904502 945.

This report of the Age Concern Working Party on the role of religious organizations in the welfare of the elderly raises rather more hopes than it fulfils. In the preface it draws attention to the existence in the elderly of non-material needs, related to attitudes and values, and to their need 'to retain a valued place in society'. Although it does return to both themes later it does so very briefly and thereby misses an opportunity to begin the exploration of an area that is surely among the most neglected in the field of gerontology. I say 'begin' because though there is a growing realization that the elderly do have spiritual and emotional needs little attempt has yet been made to examine them closely.

The bulk of the report, and the whole of its companion handbook, *What*