

burnout. However, male physicians were 3 times more likely to be in the higher claims group for malpractice. This might suggest that female physicians interact more effectively with their patients but at greater emotional cost, which is likely to be of increasing significance with the feminisation of the workforce.

The morbidity rates in the profession quoted in the book are alarming: 'On average death by suicide is about 70% more likely among male physicians in the United States than among other professionals and 250–400% higher among female physicians'. On a less sombre note is the interesting finding from a study that investigated couple relationships, which found that physicians who sought marital counselling on average talked to their spouses 30.5 minutes per day whereas those who neither considered nor sought marital counselling averaged 57.3 minutes per day, a novel way perhaps of ascertaining the possible health of a relationship. This possibly reflects some of the challenges and difficulties in being able to achieve a work/life balance.

The Physician as Patient is a very good and helpful book and I recommend it to anybody who is involved in treating physicians, is interested in physicians' health or to educators responsible for preparing future generations of doctors to cope with the challenges of their life as members of the medical profession.

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Legislation on Coercive Mental Health Care in Europe: Legal Documents and Comparative Assessment of Twelve European Countries

Edited by Thomas W. Kallert & Francisco Torres-Gonzales.
Peter Lang, 2006. 408pp.
£44.80 (hb).
ISBN 9783631554463

The government's tortuous attempts to reform the Mental Health Act in England and Wales, and the recent introduction of new legislation in Scotland, has meant that mental health legislation has been hotly debated in recent years, at least in the UK. This book, with its unashamedly European perspective, adds a different dimension to that debate. It describes a study, funded by the European Union, that compares mental health legislation in 12 of the member states, in an era that has seen the introduction of community care and more specialised treatments, but also increasing rates of compulsory admissions.

Most of the book is devoted to individual chapters describing the legislation in the different states, written by many different authors whose first language is not English. There are some extensive quotes from legal judgments which can be a little hard-going. Nevertheless, the chapters provide a useful introduction for the travelling clinician. It was interesting to read that

as a consequence of devolved powers, the 16 different *Länder* in Germany all have their own mental health law – we can be grateful, perhaps, that we only have three in the UK.

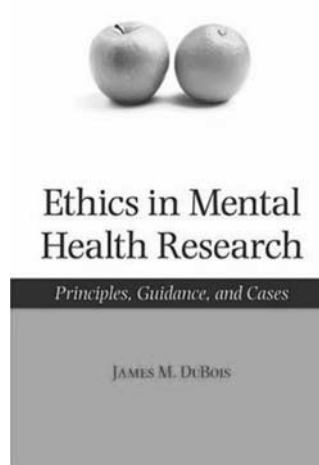
Many psychiatrists have been concerned about the British government's proposals to extend compulsory powers to detain more people with mental health problems in England and Wales. Many have advocated for various exclusions in the definition of mental disorder, including one for political and cultural beliefs. In the former German Democratic Republic, we learn that during 'high-ranking international political events', the political authorities would 'advise' hospitals to admit people who might behave in a socially disturbing way, or restrict the freedom of those already admitted.

The final two chapters are of more general interest, making comparisons between the legislatures. They note a paradigm shift where, although public safety remains an important issue, there is increasing concern for the safe and adequate treatment of people with mental illness. Most countries require a court to authorise detention, and it is perhaps unfortunate that proposals for tribunals to authorise detention of patients in England and Wales within the first few weeks of their admission were dropped by the UK government.

I would have welcomed an index and, more importantly, some discussion about the differential impact of mental health legislation in different cultural groups. In spite of this, the international psychiatrist will find this a useful companion.

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Ethics in Mental Health Research: Principles, Guidance and Cases

By James M. DuBois.
Oxford University Press, 2008.
£23.99 (hb). 256pp.
ISBN 9780195179934

This is an excellent book, useful for anyone who is interested in research ethics or would like to learn more about how to do research in an ethical way. Much of the material can be generalised to all clinical research, as well as being useful to those interested specifically in mental health research. The book is, however, based upon, and refers almost exclusively to, regulatory procedures, guidance and practice in the US.

The first three chapters describe and justify DuBois' approach and the remaining seven explore central issues, amply illustrated with case studies centred on mental health. The first part should be read in its entirety before dipping into the second part, if the book can't be read from cover to cover.

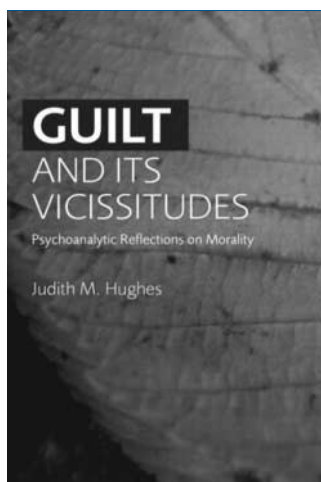
DuBois adopts a modified version of the 'four principles' approach: 'the four principles humanised' (for instance, beneficence becomes 'respect for persons as finite and in need of goods' (p. 32)). To these he adds a fifth principle of 'relationality'. This principle, he says, 'reminds us that in order to flourish, actions must respect the relationships that an individual is in or should be in' (p. 34). This permits (and encourages) respect for cultural and other differences. Fortunately, DuBois is not vague as a result – when discussing his numerous case studies, he reaches firm conclusions and is unafraid to state that pursuing one option over another would be wrong, even in some quite controversial areas. His views are clearly reasoned and justified, a model of how to write for a non-philosophical audience without losing philosophical rigour.

Coverage is comprehensive. The variety of the case studies allows the author to skilfully weave most of the important issues into the second part of the book. The referencing is thorough and DuBois supports his philosophical views with evidence (unsurprising, given that he adopts the 'stakeholders, facts, norms and options' analysis approach to cases).

This is a book all new clinical researchers should buy (not just those working in mental health).

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Guilt and its Vicissitudes: Psychoanalytic Reflections on Morality

By Judith M. Hughes.
Routledge. 2008.
US \$35.95 (pb). 160pp.
ISBN 9780415435987

This book offers a description of Freud's account of moral development and later Kleinian reflections on guilt. The author describes Freud's writings on the super-ego and its function as an internal censor, and how he considered guilt as a universal phenomenon arising, perhaps, from universal taboos. For Freud, ambivalence was 'a source of conscience'; and the author describes how ambivalence has its roots in group psychology, and the conflicted feelings that the infant has for the mother. She concludes that the super-ego, in Freud's account, has 'hate at its core', and that learning to tolerate the conflict of love and hate in each one of us is the medium of psychological growth and maturation.

The book is extremely well-written by a professor of history and psychiatry. It has a wealth of examples and excerpts of material which add a clinical and personal quality to the text.

There is no doubt that the writer is a superior academic writing thoughtfully and with assurance about their subject: guilt from a psychoanalytic perspective.

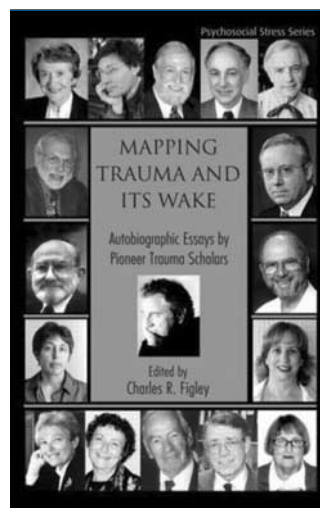
My difficulty is that I came away knowing something of what Freud said about guilt, but not much about the experience of the guilty. Only one single theoretical exegesis (i.e. psychoanalysis) was on offer. But guilt, as one of the moral emotions, has been studied and discussed in great depth since Freud and later analysts were writing; does it not make sense to relate the analytic vision to later or different accounts? How, for example, might the Freudian account of guilt relate to later accounts of the development of moral thinking by Piaget, Kohlberg and Gilligan? How does Freud's account of taboos fit with cross-cultural work about violators of group rules? What is the relationship between conscious guilt and unconscious guilt?

This last issue is important because, as a moral emotion, guilt has elements of internal and external reality. Arguably, guilt arises in relation to an internal discourse which begins, 'I should have not done that' or 'Others will say that I should have not done that'. It is part of the discourse of 'ought' and 'should' that marks an ethical, not a factual, discourse: it is oriented in a social matrix.

Hence, what I missed in this book was any other accounts of guilt to compare Freud's with: I wanted to compare it with contemporary philosophical, theological and psychological accounts. It was difficult not to feel that this was a book written by an analyst (as Yeatman and Sellars might have said), 'for other analysts who will understand'. This may indeed be of some analytic interest (no pun intended; actually, who am I kidding? some pun intended), but I am not sure it helps me, as a busy clinician, to understand the problems of guilt as it is lived out by the guilty.

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Mapping Trauma and its Wake: Autobiographical Essays by Pioneer Trauma Scholars

Edited by Charles R. Figley.
Routledge. 2006. 272pp.
£31.50 (hbk).
ISBN 9780415951401

Using a very simple method, Charles Figley has produced a fascinating book. He has collected autobiographical essays by 17 pioneer trauma scholars (himself included) and, in so doing, has produced a book which very richly describes the evolution of modern psychotraumatology.

Each author was asked to answer four questions about the events that led to their interest in trauma, their greatest achievements in the field, the people who most influenced them and their