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[Book Review of] *Taking Care: Supporting Older People and Their Families*, by Nancy R. Hooyman and Wendy Lustbader

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blood-letting in 1944. A sense of the transcendence of the German Reich helped to obscure the awareness of corrupt behavior. Always, the physician was required to be the key person in the life and death decision-making and persistent use was made of biomedical language for the programs. Anti-semitism was described by Himmler as "delousing" and S.S. Dr. Fritz Klein described Jews as "the gangrenous appendix of mankind" which he had removed "out of respect for human life".

Throughout the war, the charade of medical control was sustained. It was always the medical personnel who carried out the selection process, separating the able-bodied workers from the "useless eaters" who were consigned to the ovens. When euthanasia was carried out by phenol injections, it was the physician who gave or supervised the injections. When death by poison gas was found to be more efficient, it was the medical officers who directed the strategies of extermination by Zyklon-B or carbon monoxide. The notorious Dr. Joseph Mengele at Auschwitz had a great sense of purpose in his medical experimentations on twins, dwarfs and other special categories of inmates. He looked upon the death camps as a great opportunity for controlled experiments on disenfranchised subjects.

Leading scholars of the Holocaust went through tens of thousands of Nazi documents without encountering a single mention of the word "killing". As in the abortion movement, it was necessary to sanitize the language and to depersonalize the victim. "Terminating a pregnancy" and "fetal tissue" are semantic substitutes for "killing" and "unborn child". Nazi doctors also became psychically bound to a realm of derealization, disavowal, and non-feeling. The Nazi state was the first Biocracy. In the Biocracy, a vast political movement was disguised as a process of biological purification through which the state would be revitalized and cleansed of racial contamination.

Lifton brilliantly analyzes the crucial role played by the medical profession in the Holocaust. Genocide began as a collective understanding which became a collective will. There was a prefiguring or rehearsal in the form of prior, smaller genocidal events (direct medical killing in the euthanasia project). The smaller genocide developed the technology (poison gas), the personnel (medical units), and the structures (killing camps). Medical killing proved that the large scale event of genocide *could be done*.

As Eric Ericson has pointed out, "pseudo-speciation" or "seeing other human beings as belonging to a different species" was central to the calamity. By defining other human beings as "Jewish vermin", untermenschen, fetuses, hopelessly handicapped infants, or comatose vegetables, we are able to accept their deaths without compunction. Robert Jay Lifton describes, as the motivation for writing *The Nazi Doctors*, his desire to bear witness to the fact that "doctors killed and did so in the name of healing". Hopefully, this lesson will not be lost on the modern American readership.

— Eugene F. Diamond, M.D.
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Taking Care: Supporting Older People and Their Families

by Nancy R. Hooyman and Wendy Lustbader

The Free Press (MacMillan), 1986, 313 pp.

This is an excellent, informative and comprehensive volume by two Seattle, Washington social workers. It deals with the attitudes and concerns of both older people and those who

relate to them, especially family members. Hooyman and Lustbader wrote in a context which recognizes the major social changes which have taken place in our country, particularly in the last 30 years.

As the authors point out, there has been a major growth in our population of individuals over the age of 65, at the same time that there have been marked changes in our society which make the ways those individuals have to adapt markedly different than in the past. The authors recognize the increased social mobility of our society, change in family size and, with both of these, a serious undercutting of our traditional support systems.

What the authors have given us is first, a broad recognition of the multifaceted problems and attitudes which can occur in an aging population. This is a major strength of the book, but not the only one. The authors' approach helps develop a sensitivity to how the older person may perceive his/her change in life and, at the same time, gives a great deal of data about what realities he/she actually faces.

A second major strength of the book is one which complements the first and that is the excellent comprehensive listing of resources, references and options. There are tables which list potential problems which can serve as useful check lists for evaluating home environment, a list of practical suggestions and, for instance, an excellent question and answer section on social security. These are only a few of the areas covered which are dealt with by providing not only an awareness of possible concerns and problems, but also by listing practical suggestions.

Ethical considerations have a limited place in this worthwhile book, but issues such as the importance of meaningful communication to protect a sense of worth of the individual and the inherent paternalism in nursing homes is covered. In discussing the right to refuse treatment, the authors make an important distinction between *imminent death* and *terminal illness*. This is not a book, however, which has an ethical perspective and, unfortunately, even religious dimensions are not suggested as options.

However, overall, this is an excellent practical volume for professionals concerned with the aging population, their families and almost anyone over the age of 50 who would like to plan for his or her coming years.

— Robert J. Barnett
Reno, Nevada

On Moral Medicine: Theological Perspectives in Medical Ethics

Stephen E. Lammers and Allen Verhey, Editors

(Grand Rapids, Michigan: William B. Eerdmans Publishing Company, 1987). x+657 pp.
\$35.00 cloth, \$24.95 paper.

In these days when the cost of books can run in excess of 10 cents a page, this book represents a really impressive value. Covering 650 densely printed, double-column pages, no less than 105 articles are reprinted, dealing with a vast range of issues in biomedical ethics.

The book is divided into three parts and 19 chapters, each chapter prefaced with a brief introduction raising the principal issues discussed in the following articles. Part one is entitled "Perspectives on Religion and Medicine" and contains three chapters. The first deals with medicine as viewed from within the Judeo-Christian perspective. Chapter two analyzes the relation between theology and biomedical ethics, and Chapter three examines