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BOOK REVIEWS

Dubois, Paul M. *The Hospice Way of Death*. New York: Human Sciences Press, 1980, 167 pp., \$22.95 cloth.

In this book, Paul M. Dubois provides a comprehensive overview of the development of the hospice concept and factors involved in its implementation. Hospices, for those unfamiliar with the term, provide palliative care for terminally ill patients who have not responded to aggressive therapy, and to their families. Because hospice care recognizes the needs of those patients whom modern medicine cannot save, DuBois asserts, the medical establishment and the federal government have been obstructively unenthusiastic about their development.

Most of the book is devoted to describing the medieval origins of the hospice and its current components. This includes three lengthy case studies of attempted hospices, two of which have been successfully implemented, and one that failed. There is also a short chapter on demographic and epidemiological changes in death rates since the turn of this century, with implications for the quality of modern, technologically dependent death. A lengthy concluding chapter examines the federal government's response to hospice development. DuBois consistently refers to "the hospice movement," but provides no evidence that there are linkages among the isolated groups working to establish hospices in various locations.

DuBois covers a wide range of material in this book, and it comes across as an odd mix. The reason for this seems to be that he is attempting to reach a broad audience which is poorly targeted. The author states that he wrote the book for "(p)lanners, physicians, and other professionals concerned with health care in the United States, as well as lay people who pay for that care" (p. 11). The result is that the book includes some material which is too basic for part of its potential readership and some that is too involved for another part. Health professionals are well aware of changes in causes of death and death rates over the past century. The inclusion of this material is unnecessary for them. On the other hand, lay people have little use for the exact formula of the

Brompton cocktail, a pain-killer developed by St. Christopher's Hospice in England.

Another shortcoming of this book is its redundancy in describing the components of hospice care and the unsuitability of existing facilities and personnel. DuBois delineates the essentials in Chapter 4 and then re-describes them throughout the rest of the book, especially those chapters that are case studies of existing or attempted hospices. Regarding the case studies, I wish the author had focused on an existing hospice in the United States with fully developed inpatient and outpatient programs. The chapter on Hospice, Inc. is well done, but much of it reports what is planned for the future when the inpatient facility is complete. The hospices that are fully operational in the United States are merely summarized in Chapter 8, "The Hospice Movement."

Despite its weaknesses, the book does some things quite well. The author's background in organization and administration of human services enables him to depict the barriers to hospice development at both the local and federal levels. With careful analysis, he shows why the proposed hospice at Strong Memorial Hospital failed. He also provides an explicit breakdown of the budget of the National Cancer Institute, which devotes seventy-nine percent of its money to research. Although two-thirds of all cancer patients die of their disease, only a small amount of funding is allocated to their needs (pp. 149-151). The chapter on the federal response is over-worked, however. It includes twenty-two conclusions which have already been made explicit in the preceding text and six proposed hypotheses to be tested by social scientists, which are nothing more than characteristics of institutions now existing to serve terminally ill patients. The author would have done better to omit these sections before ending the book with his model of institutional lag (pp. 165-167). The description of institutional lag and the resistance of entrenched professionals and funding sources to competition for existing money is informative enough to have stood alone without the unnecessary material that precedes it.

When I first read *The Hospice Way of Death*, my major problem with it was deciding for whom it would be recommended reading. It is apparent that DuBois overshot his mark. I would

not suggest this book as a required text in an undergraduate medical sociology course because its focus is too narrow. It is not the overtly sociological study of dying that one finds in Glaser and Strauss' *Awareness of Dying* (1965) and *Time for Dying* (1968) or in Sudnow's *Passing On* (1967). It is a more likely candidate for inclusion in a course on death and dying, although perhaps as recommended reading for specific term paper topics. In that capacity, it might also be useful for students in organization or planning courses. It is an important book for teachers in the fields of medical sociology or death and dying. I would also strongly recommend this book to anyone who is thinking of starting a hospice. The descriptions of hospice components, political pitfalls, and funding priorities provide information which could be extremely helpful in setting strategy.

DuBois obviously hopes this book will foster the development of hospices across the country. While he has provided a volume of material that will inform those interested in the field, his hopeful attitude seems increasingly unwarranted given a federal government with slight concern for the needs of the living, let alone those of the dying. As DuBois notes, the dying are not a powerful lobbying group. Be that as it may, *The Hospice Way of Death* is a contribution to scholars, professionals, and planners because it brings together a range of material that has mostly appeared in short articles, which are documented in an extensive bibliography.

Other materials referenced:

- Glaser, Barney G. and Anselm L. Strauss
1965 *Awareness of Dying*. Chicago: Aldine.
1968 *Time for Dying*. Chicago: Aldine.
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