chronic disease and disability burden, escalating health care costs (which will not be met solely by the government), and ever-increasing public expectations and demand. The book covers all of these areas, and gives the reader a good framework within which to tackle these issues in Hong Kong.

In examining the determinants of health, the chapters describe a good database of health indicators that is constantly being updated to reflect trends, and emphasise the importance of examining inequalities in these indicators within a single country. Socio-economic circumstances or methods of health care delivery may contribute to such inequalities, and it is important for any country to monitor these variations. The latest government health target—Healthy People 2010 Objective—is described, and there should be valuable examples here for Hong Kong.

The chapter on health policy and the politics of health describes in detail the dynamics between policy and politics—something which all health care workers should read! The reader might be forgiven for receiving the impression that politics is the main factor in deciding policy. The section on the interaction between medicine and public health strikes a more positive note, however, by showing how much has been accomplished through preventive efforts, and the power of collaboration between the two disciplines. The section on health care financing may not be of great interest to readers outside the US, except for the chapters on how health care financing methods may affect quality of care, and how quality of care may be measured in any health care delivery system.

A separate section is devoted to women's health. This area has been highlighted in the US in recent years, showing that women (particularly blacks and ethnic minorities) have poorer health, are at a disadvantage in socio-economic terms, and suffer biases in terms of health care provision and physical abuse. Since women have a longer life expectancy than men, they also spend a longer period with chronic illnesses and disabilities. The major diseases affecting older women are heart disease, osteoporosis, Alzheimer's disease, and depression. Women are also prone to the consequences of having to take on the role of informal caregivers, since the general direction of governments is to shift chronic long-term care to the community.

Overall, this book should be of interest to health care workers involved in organising health care services, as well as to politicians who would like to address the issue of health care provision.

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Psychosocial oncology and palliative care in Hong Kong: the first decade

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"To cure sometimes, to care always" and *"When we can no longer add days to life, add life to the days*" are sayings at the heart of this book, and must linger in the ears of all health professionals who care for patients with cancer. In today's complex and high technology hospital-clinic environment, it is easy to forget that caring for the patients is as important as treating the cancer—and even more so when the disease is incurable.

For many decades, the curriculum of medical, nursing, and other health care sciences offered little (if any) introduction to this very important aspect of professional education. The novice doctor, nurse, or social worker had to muster his or her wit coping with each situation, and learning all the way. On the one hand, we encourage the potentially cured patient with cancer to 'get back on his or her feet' and face the challenges of life. On the other, we help the incurable patient and their loved ones overcome their mental anguish, and add comfort, dignity, and love to the remaining days. It takes a lot of skill, knowledge, and experience. Some of us more or less succeed after many years. Others never acquire that skill.

Psychosocial oncology is now a recognised discipline in the broad sphere of oncology. Palliative care and the hospice concept have become important elements in the comprehensive care of patients with cancer in the West, and now increasingly, in the East. Yet, these services vary in availability and quality, and seem to remain as ‘specialty’ areas in the health care system of Hong Kong. In the last chapter of the book, the authors correctly challenge this view and practice. Among the questions they ask are: *“Why must it [palliative care] be delivered by specialists?”* and *“Why is it that only some doctors understand the principals of symptom control?”*, and also *“What is happening to professional training that medical and nursing graduates are not intimately familiar with the principle of …cure when possible, control when not, and care always”?*

The attitude of health care professionals towards patients with cancer and their families has gradually changed over the past 10 to 20 years. Previously, vagueness and even avoidance prevailed in our dialogue and behaviour. Today, however, we strive for openness, frankness, transparency, and compassionate engagement. We tell potentially cured patients that their cancer may recur, yet emphasise that they can—and indeed must—get on with their lives. We also tell incurable patients that their cancer may cause pain or other debilitating symptoms, and that in time they will succumb. We are careful to choose the best time and place to do so, always reassuring them that we have many means available to alleviate these dreaded symptoms.

Health care professionals dedicated to this approach have time and again found that even the most distraught and withdrawn victim of terminal cancer can learn to live with their illness and make the best of their days. Many start smiling again, get out of their sickbed, and return to their circle of friends. Some have even managed to do charity work, help other patients, or write a book.

There is now a great deal of information and knowledge on this aspect of cancer care. In Hong Kong, hospice care began in the 1980s, thanks to the vision and untiring efforts of Lucy Chung. In the ensuing years, Hong Kong has benefited from a wealth of expertise in the developing disciplines of psychosocial oncology and palliative care. *Psychosocial Oncology & Palliative Care in Hong Kong: The First Decade* offers a state-of-the-art review of the many facets of this field, including areas of research and development in Hong Kong. The book contains many illuminating case histories that will be useful to the day-to-day health care practitioner. It also describes studies of techniques in psychosocial intervention and research methodology that will interest specialists in these fields.

Throughout the book, considerable emphasis has been placed on experience with Chinese patients in Hong Kong. Special strategies need to be adopted in dealing with some Chinese patients due to their unique concepts of death and suffering, of the stigma of cancer, of family values, and other beliefs. The authors of the book have done much to show that these unique concepts need not militate against the modern view of active intervention and empowerment of the patient with cancer. Indeed, all Chinese recognise that the old saying *‘to be born, to get old, to get sick, and to die’* describes normal and natural events, and that everyone must come to grips with them. This book will tell the reader how the authors have succeeded in helping these patients.

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