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Lydia Douglas
Illinois State University

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accept current circumstances and adjust their expectations. The experience of siblings in blended families was also addressed, with a suggestion for use of genograms and family maps to facilitate identification of and changes to historical patterns.

The book concludes with a review of practice approaches suggested by research findings on adult sibling relationships, including contributions from practitioners and advice from siblings. Practitioners described processes seen while treating siblings in emergency situations and over time. A smaller number recommend therapy for improving boundaries when other efforts fail.

Siblings focused on the importance of communication, forgiveness and acceptance, as well as the importance of personal effort generally in improving and maintaining positive adult sibling relationships. While sensitive to and seeking to avoid overgeneralization of cultural considerations, the authors do address the level of culture. An in-depth, culturally grounded approach would provide important contributions to the literature on adult sibling relationships.

Noteworthy were the voices of adult siblings, through case studies and quotations, as well as analysis of qualitative data. According to adult siblings in the study, improving challenging sibling relationships ultimately requires a willingness to be vulnerable, acceptance that each sibling has a point of view, and a sense of “hope that, with effort, a better relationship can be achieved” (p. 243).

Teri Kennedy
The School of Social Work
Arizona State University


My interest in healthcare had brought me to this book by Adam Gaffney. I wanted to learn more about how the modern-day health care laws and rights evolved. The book starts in the early 1700s and ends at the start of the Trump administration in 2017. The debates over whether healthcare is a right
or a commodity and whether private or public healthcare is better are discussed throughout the book. These debates have persisted throughout health care’s history. Although this book does not answer these pressing questions, Gaffney provides detailed historic evidence explaining the concepts and ideas related to these issues. The detail and evidence, such as treaties, revolutions and laws, give the reader a greater understanding of healthcare, laws, social movements and health organizations. Gaffney is an advocate of human rights and healthcare and it shines through this book.

Gaffney has written this book in seven chapters. Each chapter goes into a comprehensive understanding about healthcare and the right to health during a historical period. Gaffney writes about historic evidence from all around the world including Chile, China, and the Soviet Union. He discusses each era using evidence and facts. Beginning with a helpful introduction bringing the reader insight about the book’s topic, the subsequent chapters are written in chronological order beginning with the 18th century. The book’s central concern is the meaning of human rights as it relates to healthcare, and the origins and progression of our ideas about this. He explores this topic through both sociological and historical lenses up to and including the modern day. As the idea of human rights evolved, there is a clear emergence of discussion as to whether healthcare should be seen as a right or as a commodity. How this question is answered in turn, leads into whether healthcare is best served as a public or a private system. The book provides insight on why healthcare is being fought for and what it means to the economy.

The first chapter discusses the ancient world with perspectives from Plato and Aristotle. Gaffney examines hospitals from different eras and countries regarding ethics, rights, and healthcare. Does religion play a role in how healthcare is perceived? Gaffney makes useful observations on the ways Buddhism has played in a role in Chinese hospitals and health care rights, as well as how Christianity played a role in health care rights in other parts of the world. These religions are seen as acting creatively in the idea of charitable medical care, natural rights, the right to health, and universal healthcare.

The right to healthcare and human rights is explored in chapter two. Gaffney gives insight on what this concept has meant
in particular times and places, such as France in the late 1700s, from which came the *Declaration of the Rights of Man and Citizen*. This document states “Men are born and remain free and equal in rights” (p. 42). The French Revolution also advanced the ideal of the rights universal of human beings, including a right to healthcare.

Chapter three touches on the debate between public versus private healthcare, and the impact of each system on those in poverty. The traditional poor laws were the public system of poor relief and were seen by many to be inadequate for those in poverty in industrialized Britain. Therefore, a New Poor Law was created, but was left woefully under funded, under staffed, and with limited resources. This is largely the system of relief that made its way into the twentieth century.

Meanwhile, a revolution started in Germany about medical reform and the emergence of social medicine. There we see the development of public health insurance, which only subsequently influenced programs in Britain and the United States. A chapter focusing specifically on the United States delineates the progression of healthcare thinking and policies as these developed after World War II. Here again we see the influence of the term “human rights,” as it was affected by the war and war relief efforts. The 1948 adoption in the United Nations of the *Universal Declaration of Human Rights* (UDRH) in many ways frames our thinking about healthcare.

Gaffney uses the concept of first, second and third worlds to categorize ideas about healthcare provision. He explains people in the first world are seen as having “a *de facto* legal right to healthcare ...” (p. 118). Examples of this are given from the United States and Great Britain. The second world is seen as illustrating “the mixed legacy of communism with regard to advancing a right to healthcare ...” (p.118), and here examples included stem from China and the Soviet Union. Finally, third world examples stem from Latin America, Cuba, and Chile. Gaffney suggests that in relation to the third world, “the tides of global political change affected the emergence and/or rollback of health rights” (p.118). Gaffney compares and thoroughly explains the healthcare system in each “world” and its effects on the population there.

The final chapter examines the era of neoliberalism. The information in this chapter gives the reader a better understanding
of where we stand today in relation to healthcare policy. Topics discussed in this chapter include the HIV and AIDS epidemics in America, shock therapy in Russia, and the Affordable Care Act (Obamacare). Once again the issue of universal healthcare and the continuance of private versus single-payer healthcare is raised. Gaffney compares different countries which have both types of systems, along with the pros and cons for individuals within each system. The book wraps up with the presidential election of 2016. Gaffney discusses the candidate views on healthcare, giving special attention to accessibility and affordability. He ends with questions of whether the nation will continue to fund Obamacare or see some sort of “Trumpcare” as the future of healthcare. This review is being written nearly a year into the Trump administration, and quite frankly Gaffney’s questions are still to be answered, with solid evidence pointing in opposite directions!

For much the same reason, this book is not outdated, even though it was written before the 2016 election. The issues remain alive, and Gaffney’s book helps us all understand why certain healthcare systems have worked well, why some have failed, and what can be done to improve all systems of healthcare. The evidence and data in this book gives us hope that we will not simply repeat a history of failure, but rather that, even in the Trump administration, we might learn from that history.

Lydia Douglas  
The School of Social Work  
Illinois State University