
A challenging dimension of writing book reviews for journals such as *International Social Work* is that you are sometimes sent books that you wouldn’t read or digest otherwise as they fall outside ones professional scope. This can result in pleasant surprises and extending ones horizon, or traumas of having to read an irrelevant book. *Social work in health care in the 21st century* certainly does not fall into this latter category. Although the book would be outside my professional reading and have little chance of ending up on my desk or order list, it has been most welcome and interesting reading.

The book describes itself as: “gives social workers up-to-date, comprehensive information about the roles they can play and the skills they need in all aspects of health care. The book focuses on health care’s four major domains – acute care, ambulatory care, illness prevention and health promotion, and long-term care.” I couldn’t provide a better description of the contents. In a very structured way, for each domain the author describes the history of social work and the likely future social work roles. From this, he deduces the knowledge and skills that will be required from future professionals. Whether one agrees with every details or not, this is essential reading for every staff member of schools of social work or health care.

For instance, in chapter 5 Dhooper describes the role of social work in ambulatory care and distinguishes between acute and non-acute ambulatory care. For each of these contexts, he outlines the to-be-expected future roles of social work. Some of these may seem obvious, such as the social worker’s position between health care and the family of a patient in medical emergencies. But the comprehensive overview the back cover promised us wouldn’t be comprehensive without integrating common knowledge with innovative perspectives. If one matches Dhooper’s analysis with accounts of social workers’ practice (e.g. from part one of *Days in the lives of Social Workers*, edited by Linda Grobman, 1996), one gets a good view on what it implies to be a social worker in a health care setting.

Overall, Dhooper succeeds very well in his ambitious aims to provide the reader with a comprehensive overview of what the future of social work in health care might bring. Having said that, some aspects of this publication could have been different. For one, Dhooper seems to be reasonably optimistic on several levels, e.g. regarding the present and future importance/power of social work in health care settings, the advancements we can expect from medical knowledge and some elements of the societal and policy context of health care. For instance, Dhooper writes “women …will have secured not only an easy entry into the fields of medicine and health care management but also positions of leadership” (p.10-11). One can only share his enthusiasm, but current reality only indicates slow improvements in this area.

Unfortunately, Dhooper makes little attempt to put his findings into a comparative perspective. The described developments and conclusions are primarily based upon the North American situations. As we know, major trends in human services have substantial commonalities across the Western world. But as a European reader, I would have expected another balancing of the weights assigned to certain developments. Some developments (e.g. evidence based practice or devolved budgets) that seem to dominate European health care seem to be less important within the North American context.

All in all, this is a very readworthy book that has been an accessible, interesting and thought provoking reading. I recommend it to the readers of *International Social Work*.

*Dr. Jan Steyaert*

*Faculty of Health Care and Social Work*
Critical thinking is dangerous, according to a Times editorial urging readers to vet sources with Wikipedia lest they fall into traps set by evil conspiracy theorists and be tricked into questioning the paper’s iron-clad truths. You wouldn’t want that, would you? Close that browser window NOW! Read more. Conspiracy theories on Covid-19 come from BRAIN DAMAGE? Questionable science is being used to pathologize real dissent. The professor, one Michael Caulfield of Washington State University Vancouver, offers up a series of thought-stopping clichés to be reverted-to whenever one believes one is reading wrongthink: Stop. 2. Investigate the source. 3. Find better coverage. 4. Trace claims, quotes and media to the original context. Don’t worry, you’ll get your exam results in a day or two. OK could be going to (x2) may not 5 We may all work from home in the near future as not going to probably unlikely will (x3) it is likely that companies will want to reduce office costs. 1 Tom won’t be there yet. Let’s face it, he’s always late. 2 A: So, do you think it’s likely you will get the job? B: Well, it’s unlikely. Over 500 people have applied and I guess they’re going 1 They were running out of time and only had three to probably looking for someone with more minutes to This question requires an audio for the answer, and I don’t have access to this audio, but I will give you a help so that you can detect the correct answer. Explanation: The most convenient thing is that you listen to the audio several times and try to identify the words you know, so that by context you can understand the rest. Using headphones is also a good option for you to focus better. As far as I can tell, the audio is about travel tips, or steps to take either on a trip or at an airport. The question you want to answer must be related to the following words in Spanish: “El pas Start studying Books. Learn vocabulary, terms and more with flashcards, games and other study tools. Before a book is sent to be printed, the author must check the copy (as of typeset text) made for examination or correction. proofs. Where is three of this set of encyclopaedias? I don’t often buy books. I just browse. I was through fashion magazines to find a new hairstyle. to look through a book or magazine without reading everything. If I come to a boring bit in a book, I just a few pages till the real story starts again. skip. I read the Silmarillion from the beginning to the end. Statements with the low fall convey a calm, reserved, unsurprised, dull, possibly grim attitude on the part of the speaker. When the low fall is preceded by the descending head the speaker may sound considered, responsible, intense, pressing, and rather emphatic. E.g. Nora: I’m expecting. she is coming. for the day. Exercise 1. Read the following conversational situations with statements. Remember that the low fall is used in final, calm, reserved, categoric statements. Can you come tomorrow? Yes. 2. Whose book is this? Anne’s. 3. Where do y...