

Book Reviews

Testing the Medical Covenant: Active Euthanasia and Health Care Reform

William F. May

Eerdmans Publishing, Grand Rapids, MI, 1996, 158 pp., \$14

WE IN CATHOLIC HEALTHCARE ARE acutely aware of both the practical and theoretical dilemmas posed by attempts to provide a just healthcare system within the American context of our regulated, free-market economy, our autonomy-fixed culture, and our own mission to continue the healing ministry of Jesus. This book examines the struggle to propose and develop delivery plans, whether government based or market driven, that balance competing interests and provide for all persons' dignity and well-being while staying fiscally sound and politically acceptable. Deeply immersed in the problems of access, affordability, quality, and selection, we also realize that these issues are intertwined with other social and economic controversies.

In the midst of this struggle, we are simultaneously facing the growing clamor for assisted suicide, often presented as if it were removed from the larger context of society's commitment to providing healthcare and as if it were merely a simple, private matter of individual and family wishes. In this book William F. May demonstrates the interconnections between these two issues in the light of virtue-based ethics and religious covenant.

This work is the second in a series offered by The Institute of Religion to "those in health care who want to understand and undertake their work as a calling, as a form of ministry," and "to members of believing communities who would support, encourage, and admonish one another," including those who are sick,

suffering, or dying and their caregivers.

Readers with a firm understanding of the theological basis for the healthcare ministry or those who have thoughtfully compared principle-based ethics with virtue-based ethics may gain few new insights into active euthanasia. This book's primary audience is those healthcare providers with little time to reflect on the relationship between a deeper understanding of their calling and the decisions they face professionally and as citizens. With relative brevity, this text offers new images and categories for thinking about that relationship.

Author May counters the seductive assertions that assisted suicide (or its variants) is the logical and deserved right of citizens in a free and nonsectarian society, a right necessary to protect our most basic liberties and fundamental choices. He makes the explicit connection between the illusion of voluntariness in a "right-to-die" decision and the lack of accessible, affordable, comprehensive, and high-quality healthcare. "A system that denies them treatment cannot smuggly claim that it merely allows them to die; it consigns them to death and hardly with mercy" (p. 99).

Arguing from a social covenant that contains the relational commitments of biblical pacts rather than the impersonal duties of a negotiated contract, May focuses on traditional philosophical and theological virtues. He explains the implications of an ethical approach that requires us truly to care for one another, even in the context of earning our livelihood by the provision of care. By avoiding the exclusive use of rights-based arguments and moving beyond them to the concepts of virtue and covenant, May gives a special warmth and richness to the discussions by asking not merely, "What must I do and not do?" but also "What kind of person must I be? What kind of society shall we be?"

In his four discussions on care for the dying, professional behavior, medical futility, and healthcare reform, the author

speaks a language that resonates well with the values of faith-based, not-for-profit healthcare. For those who support the Catholic Health Association's positions on healthcare reform and appropriate care for dying patients and who want a quick resource to explain the factual, theological, and philosophical foundations, this book will fulfill their needs.

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The Future of Long Term Care: Social and Policy Issues

Robert H. Binstock, Leighton E. Cluff, and Otto von Mering, eds.

Johns Hopkins University Press, Baltimore, 1996, 324 pp., \$38.50

THIS WIDE-RANGING BOOK DISCUSSES the history, problems, and future prospects of long-term care in America. Inspired by the 1992 National Health Forum held at the University of Florida and edited by an interdisciplinary team from medicine (Cluff), anthropology (von Mering), and social gerontology (Binstock), it contains chapters by 15 authors who represent the diverse fields of history, ethics, social welfare, nursing, health policy, and healthcare administration.

The book's central theme is the fundamental issue that both healthcare and the elderly population are changing in the United States. Planners and providers of long-term care must be aware of these changes and the many obstacles to effective response that currently plague their profession. The baby-boomers will soon be reaching the age of declining health and income, and they are better educated and more sophisticated than their parents. They will also live longer, many with

chronic illnesses. As a group they not only will need much more long-term care than our society now can provide but also will demand better care at a time when fewer resources will be available.

Moreover, as the excellent chapter on

history by Martha Holstein and Thomas Cole shows, the industry has evolved largely without planning, as evidenced by the inefficiency, varied quality, and biased distribution of current services. Too many elderly people, especially racial

minorities, women, the very old, and those living alone, lack the necessary access. A recurrent theme is the care burden carried by women, many in frail health, often poor, and usually underpaid, who are the primary caretakers of most disabled elderly people today. The authors also demonstrate that a large proportion of those needing long-term care services are children, adolescents, and young adults.

The Future of Long Term Care examines a number of proven and promising approaches toward improving this situation. Valuable experience has been gained from demonstration projects throughout the United States, showing how innovative funding and delivery schemes can improve quality and lower cost. The authors provide useful details on many of these, including projects on assisted living, case management, improved integration of acute care and long-term services, and health promotion. Another chapter describes currently underused technologies that promise longer lives with a higher quality of life.

In discussing what needs to be done, the book effectively exposes the irrationalities of current funding. Cost-saving services such as health promotion, case management, and environmental improvements usually are not reimbursable. Separate insurances for separate services (social, acute, and long term) discourage coordination. Current Medicare and Medicaid rules offer few incentives for clients to plan for their futures. In an effort to cut costs, payers often micro-manage care, resulting in great administrative waste and poor balance between needs and services. A useful concluding chapter by Dennis Kodner reports the results of a Delphi study of long-term care experts, recommending fairly specific and realistic changes in practices and funding. The experts who participated have a vision of the future and have managed to break away from the traditional thinking that still limits most of us in the field.

The style of *The Future of Long Term*

BOOK BRIEFS

Reorganization and Renewal: Strategies for Healthcare Leaders

Donald N. Lombardi, *Health Administration Press, Chicago, 1997, 218 pp., \$38 (paperback)*

Many hospitals and health systems across the country face the difficult tasks of restructuring, merging with other organizations, and reducing their workforces. This book provides practical strategies for managing the process, including selecting the appropriate restructuring model, finding ways to involve and motivate staff during the restructuring process, and creating a unified culture and improving morale after restructuring. The author writes for all levels of healthcare executives and human resources professionals.

Predicting Successful Hospital Mergers and Acquisitions: A Financial and Marketing Analytical Tool

David P. Angrisani and Robert L. Goldman, *Haworth Press, Binghamton, New York, 1997, 132 pp., \$22.95 (paperback)*

This book is designed as a tool that hospital and hospital system executives can use to determine the potential success of a merger or acquisition within the nonfederal hospital sector. The authors develop a model to predict a merger candidate and present guidelines and financial analytical approaches

that enable the reader to forecast the results of proposed mergers or acquisitions between acute units.

BOOKS RECEIVED

**The Ethics of the Ordinary in
Healthcare: Concepts and Cases,** John Abbott Worthley, *Health Administration Press, Chicago, 1997*

**The Healer's Calling: A Spirituality
for Physicians and Other Health
Care Professionals,** Daniel P. Sulmasy, *Paulist Press, Mahwah, NJ, 1997*

**Reengineering Healthcare Liability
Litigation,** Miles J. Zaremski and Frank D. Heckman, *Michie, Charlottesville, VA, 1997*

**Risk Adjustment for Measuring
Healthcare Outcomes,** Lisa I. Iezzoni, ed., *Health Administration Press, Chicago, 1997*

**Spirituality & Health, Health &
Spirituality: A New Journey of
Spirit, Mind, and Body,** Bruce G. Epperly, *Twenty-Third Publications, Mystic, CT, 1997*

**Strategic Planning in Healthcare:
Building a Quality-Based Plan Step
by Step,** Bernard J. Horak, *Quality Resources, New York City, 1997*

**When Love Meets Fear: How to
Become Defense-less and Resource-
full,** David Richo, *Paulist Press, Mahwah, NJ, 1997*

Care is a major asset. Unlike so much literature in gerontology, the book is clear, straightforward, and well focused on practical issues, while maintaining a high standard of scholarship throughout. Both academics and service professionals will find it extremely useful. My single stylistic quibble involves the index, which should include more entries, especially geographic names.

The content is excellent but necessarily has its shortcomings, given the broad subject matter. Although the book provides essential background on the history, economics, and politics of long-term care, a wider perspective is needed. Anyone seriously dedicated to reforming long-term care must understand the relevance of the far-reaching, persistent problems in American society, of which the book's focus is but one small expression.

For example, the reader is left wondering how the long-term care industry will manage to provide better trained personnel (one of the book's recommendations) when underpaid nursing aides, often from urban ghettos, now perform most of the work. The observation that "tomorrow's elderly will be wealthier" ignores the increasing gap between rich and poor people and the current trend to exclude certain populations from services. It would be more correct to say that "a few of tomorrow's elderly will be enormously wealthy; the sicker majority will be as poor as ever." Many references are made to community-based and home-based care, but none to the problems of crime and environmental degradation, which are among the most serious obstacles to these solutions.

We hope that long-term care, along with many other societal obligations, can be improved without a total overhaul of the society. The broader conditions just mentioned would seem to limit the options, however, and could be an appropriate subject of a supplemental book.

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MEDIA CAMPAIGNS

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The communications programs position California to give babies the best possible start in life.

Every major branch of the California Department of Health Services participated on the Blocks for Life team, as well as the California Healthcare Association, the California Medical Association, and the California Association of Health Plans. The Blocks for Life materials include posters, magnets, t-shirts, immunization innovation awards, and a parent's promise certificate, to be given to new parents while their baby is still in the hospital. Materials are produced in both English and Spanish, to reach nearly 90 percent of the state's parents of infants. A popular television PSA was also done in both languages.

The immunization campaign was formally launched in April 1997 at Long Beach Memorial Medical Center. Guests of honor were the Shier quintuplets, who were born in early 1996 at Long Beach Memorial and who were about to receive their 15-month inoculations.

Community organizations and county health departments throughout the state were eager to add Blocks of Life items to their immunization materials. In the months since April, thousands of pieces with the new logo have been distributed to hospitals, doctors' offices, and clinics. People from more than 30 other states are interested in adapting the campaign for their areas.

The BabyCal and Blocks of Life communications programs position California to give babies and infants the best possible start in life. □

FINAL SAY

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Joy comes from our belief that God is faithful.

the world from God's creative love."²
 This is what we are trying to do in our faith institution, so that God's creative love will present hopeful alternatives.

To create something new, we have to constantly live in the center, in that healthy tension between hope and realism, ministry and business. This quest for a new creation arises from faith and is sustained by hope. Hope is not naive optimism, but rather the conviction that God is at work in the world. Through this hope we speak to a broken world of God's justice, and God's kindness.

Being faithful to that vision of hope in our discordant society requires us to have courage. That courage comes from a conviction that everything is going to go well. We have a deep faith that God is with us, and an interior joy that comes from knowing we are not, ultimately, responsible. We are not the Messiah. We are ministers.

Joy also comes from our belief that God is faithful, and that our struggle to follow Christ—not our success—is what will bring God's reign of love to the world. We rejoice in the invitation to join in the struggle—to seek justice, to be compassionate, and to reflect mercy, which God gives unconditionally to the world. □

NOTES

1. Charles M. Johnston, *Necessary Wisdom: Meeting the Challenge of a New Cultural Maturity*, ICD Press, Seattle, 1991.
2. National Conference of Catholic Bishops, "Economic Justice for All," U.S. Catholic Conference, Washington, DC, 1986.