

# Book Reviews

## Competence to Consent

Becky Cox White

Georgetown University Press, Washington, DC, 1994, 224 pp., \$45 (cloth), \$17.95 (paperback)

DISCUSSIONS ON INFORMED CONSENT often contain an unspoken assumption that the patient is "competent." Although competency is a prerequisite for consent, a definition of competency and a

full delineation of its characteristics have remained elusive. Consequently, healthcare professionals often rely on intuition when determining competency.

In *Competence to Consent*, Becky Cox White builds on fundamental notions of informed consent and the work of other scholars to construct a more systematic definition of competency based on nine capacities necessary for consent. In doing so, White presents a needed theoretical foundation from which competency tests

might be developed.

Writing for practicing healthcare professionals, White divides her text into six main chapters. Using case studies, chapter 1 defines the question and gives ample evidence to support the need for a more complete definition of competency—especially in the borderline cases that professionals encounter daily. Chapter 2 provides a nuanced analysis of the classic values underlying informed consent as they relate to competency issues. Chapter 3 presents

## BOOK BRIEFS

### Pursuing Wellness, Finding Spirituality

Richard J. Gilmartin, *Twenty-Third Publications, Mystic, CT, 194 pp., \$12.95 (paperback)*

Gilmartin, an Ontario psychotherapist, argues that human nature is physical, psychological, and spiritual, and that people need to be healthy in all three aspects of their lives. In 14 chapters, he describes how psychotherapy can treat these dimensions in an integrated way. The author, who notes that pastors nowadays often have some training in psychology, suggests that psychologists would do well to spend more time studying spiritual matters.

### Information Technology for Integrated Health Systems: Positioning for the Future

Kerry Kissinger and Sandra Borchardt, eds., *John Wiley & Sons, New York City, 1996, 246 pp., \$45*

The editors and their colleagues, all associates of Ernst & Young LLP, a business consulting firm, have produced this book to help healthcare organizations meet the information technology (IT) demands of today's market. In eight

chapters, the authors describe the development of healthcare IT from the 1960s through the present, with emphasis on its use today by integrated systems. In addition, the authors describe emerging IT standards and advise healthcare executives how to employ them.

### The Clinician's Guide to Managed Behavioral Care

Norman Winegar, *Haworth Press, Binghamton, NY, 1996, 324 pp., \$24.95 (paperback), \$49.95 (hardcover)*

This book, the second edition of *The Clinician's Guide to Managed Mental Health Care*, explains to clinicians how they can develop and market their services to managed care systems. The author, a managed care professional, also tells the reader how to manage the utilization process and reshape an office practice or hospital-based program so that it fits managed care. Appendixes include a sample provider agreement, a sample treatment summary, and a 1995 directory of U.S. managed care companies.

### Patients First: Experiences of a Patient-focused Pioneer

William J. Leander, with Dennis L. Shortridge, Jr., and Phyllis M. Watson,

*Health Administration Press, Chicago, 1996, 300 pp., \$36 (paperback)*

In the late 1980s the author, the director of a management services firm, helped restructure Lakeland Regional Medical Center (LRMC), in Lakeland, FL, to make it the first "patient-focused" healthcare facility in the nation. Leander's first four chapters describe the problems—including labor shortages, overcompartmentalization, and customer dissatisfaction—he sees afflicting most contemporary U.S. hospitals. Then, in the subsequent nine chapters, he tells how reengineering solved these troubles at LRMC. The author provides many charts and graphs to illustrate his story.

## BOOKS RECEIVED

*Both Sides of Recovery*, Harry Harrison and Melissa Harrison, Paulist Press, Mahwah, NJ, 1996

*HealthSpeak: A Complete Dictionary of America's Health Care System*, Ellen Freudenheim, Facts on File, New York City, 1996

*Homosexuality: Catholic Teaching and Pastoral Practice*, Gerald D. Coleman, Paulist Press, Mahwah, NJ, 1995



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Next Issue of  
**Health  
Progress**

**WORKING WITH COMMUNITIES**

*Catholic healthcare organizations across the country are involved in innovative partnerships to improve their communities' health status. The September-October issue will focus on several such programs for women and children, as well as providing guidance on how to identify true community benefits.*

**FROM MISSION TO MARKET**

*David M. Semple, a former hospital CEO, argues that the rise of for-profit healthcare will profoundly cut care for the poor and uninsured and, at the same time, undermine the financial health of not-for-profit providers, including Catholic facilities. He offers a strategy through which Catholic organizations and not-for-profit allies might combat this trend.*

**ASSESSING VALUES INTEGRATION**

*To help Catholic healthcare facilities maintain their mission and values in today's changing environment, SSM Health Care System developed a tool with key indicators for charting progress in implementing mission and values and assessing the compatibility of potential partners' values.*

current controversies surrounding the nature of competency, which are evaluated and resolved in Chapter 4. White argues that competency must be understood within a specific context and along a continuum that allows for gradations of competency and recognizes the importance of both the cognitive and affective aspects involved. Chapter 5 outlines and justifies the nine capacities that White believes are necessary to establish competency (e.g., the capacities to recognize information, to relate situations to oneself, and to reason about alternatives). In chapter 6, White presents some implications of her theories for the future, as well as responses to critiques of her position.

*Competence to Consent* is worth reading for many reasons. Most important, the text thoroughly analyzes the two elements of informed consent primarily related to competency—knowledge and understanding—and thus establishes a foundation for developing competency tests. Additionally, White articulates an integrated interaction between patient self-determination and professional expertise that avoids the extremes of paternalism and unbridled autonomy. Her emphasis on the affective component of the patient's perspective enriches the discussion and guards against paternalistic approaches to care. Although the text does not specifically explore competency in children or the developmentally disabled, it at least offers a framework for such an analysis.

The thought-provoking case studies and analyses throughout the text provide coherence, interest, and realism. And the extended footnotes and comprehensive bibliography offer the reader opportunities for further exploration.

On a practical level, a weakness of the text is that it mentions only briefly some provocative contemporary ethical topics. For instance, White provides only limited discussion of the two classic dilemmas associated with informed consent: patient waiver and therapeutic privilege. In light of multicultural sensitivities today, a more thorough discussion of these exceptions

as they relate to culture would have been interesting. Also, although by design, the text does not thoroughly analyze the third element necessary for informed consent: freedom or voluntariness. Yet coercion and lack of freedom often compromise and raise questions about a person's ability to give consent competently.

On a theoretical level White's conclusions about the importance of informed consent, the nature of competency, and the extensive role of the healthcare professional in the decision-making process are undermined somewhat by the philosophical underpinnings of her argument. She rejects the notion that universal goods exist which need to be actualized by all people. Yet informed consent seems to be one of those goods. Her adoption by default of a philosophical foundation based on the satisfaction of patient desire threatens to lead to an overemphasis on patient autonomy, where the patient's best interest, or beneficence, is achieved through the "satisfaction of autonomous desires." Yet, at the same time, she asserts that care givers should dissuade patients from committing to "bad choices." Thus, to achieve the balance she rightly advocates between autonomy and beneficence, White might have better grounded her model of shared decision making in the fundamental and common nature of the human person.

In sum, *Competence to Consent* offers a thorough and helpful capacity-based definition of competency that clinicians could use in practice. The book balances theoretical foundations with practical implications in a clear and understandable style. The cases and associated analyses provide realistic and thought-provoking material for clinicians, ethics committees, and teachers of ethics. It could thus serve as a valuable resource.

*Rev. Patrick F. Norris, OP  
Associate Director  
Center for Health Care Ethics  
Saint Louis University  
Health Sciences Center  
St. Louis*