

in labor relations and contracts.

Still, Pozgar's book is an excellent primer on legal issues for long-term care administrators. Perhaps the weaknesses in the text will be effectively addressed in the newsletter.

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Ethics in an Aging Society

Harry R. Moody

Johns Hopkins University Press, Baltimore,
1992, 288 pp., \$40

IN THE PREFACE HARRY R. MOODY informs readers that *Ethics in an Aging Society* is a compilation, at least in part, of a number of articles and speeches he had given previously. The format both enhances and detracts from the book's content. One benefit is that Moody covers a spectrum of topics dealing with ethical issues in late life. Unfortunately, readers will find a bit of discontinuity in the flow of the subject matter from one chapter to another. As a result, they may feel a sense of disconnectedness.

Moody introduces readers to the new language of ethics and the elderly. Terms such as "negotiated consent" (a physician-patient discussion on treatments and their expected outcomes) and "communicative ethics" (communication in ethical decision making) help enlighten the often complex situations encountered in decision making at the end of life. Moody emphasizes that issues such as nursing home placement and withholding or withdrawing treatments could be handled better than they currently are by using these tools. Decisions for the elderly are difficult not so much because the issues are inherently difficult but rather because communication is lacking among patient, family,

professional care givers, and healthcare team members. Moody provides an excellent discourse on how to better communicate and negotiate when making decisions at the end of life.

Another strength of this book is the chapter, "The Long Good-Bye: The Ethics of Nursing Home Placement." Moody's emphasis on professional gerontology and case management adds new insights to the ethical issues of nursing home placement, which have long gone unnoticed. This chapter should be required reading for all levels of nursing home personnel.

Ethics in an Aging Society has a number of weaknesses stemming from the fact that it is a distillation of earlier works. Many chapters are deeply ingrained in philosophy. For readers unfamiliar with the philosophers or schools of thought to which Moody refers, the content is lost. On the other hand, Moody's heavy use of vernacular language in some chapters is distracting and dilutes his message. For this reason it is difficult to determine the book's appropriate audience.

Another weakness of the book is that Moody glosses over the critical role of the physician in decision making. His explanation of advance directives is also inadequate. In addition, most of the material in the book was published before the implementation of the Omnibus Budget Reconciliation Act of 1987 guidelines for nursing home reform. Some of the problems he cites (e.g., restraint use) are addressed in new nursing home regulations.

Nevertheless, *Ethics in an Aging Society* is a good attempt at examining a range of topics from long-term care to rationing to rational suicide. I believe the book is a useful resource for particular areas of interest such as nursing home placement and consent in the nursing home setting.

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Coming in the
Next Issue of

Health Progress®

LONG-TERM CARE

Two articles in May's special section will focus on alternative housing options for the elderly—senior apartments for the high-risk frail elderly, and a retirement community for those no longer fully independent. A Catholic Health Association study will identify key issues facing Catholic long-term care facilities in the 1990s, including concerns related to leadership, system affiliation, ethics, and AIDS. And CHA government liaison Julie Trocchio will report on the long-term care version of the Social Accountability Budget, a method of planning for and documenting services to the community.

SAFE MEDICAL DEVICES ACT

Final regulations are due this spring on the Safe Medical Devices Act of 1990 (SMDA), which broadens the Food and Drug Administration's review and reporting powers. Although the long-term impact of the SMDA reporting requirements is unknown, healthcare facilities must prepare now by becoming familiar with the regulations already in place.