

Book Reviews

First, Do No Harm

Lisa Belkin

Simon & Schuster, New York City, 1993, 270 pp., \$23

HOUSTON'S HERMANN HOSPITAL, a tertiary care hospital that attracts the critically ill and injured, has limited funding for patients whose care is uncompensated. Consequently, care providers in the hospital face many hard treatment decisions. In *First, Do No Harm*, Lisa Belkin skillfully chronicles six months of the struggles faced by Hermann Hospital's ethics committee.

The makeup of Hermann Hospital's ethics committee is similar to that of most other hospitals' committees: many clinicians; a few administrators, nurses, spiritual advisers, and social workers; an attorney; and one or two nonmedical people from outside the system. As with most ethics committees, its function is to set ethics policies and educate the professional staff. The clinical advisory task is to help attending physicians make treatment decisions that are often soul wrenching.

In a personal, emotional, and historical review, Belkin describes patients and their families who present treatment choice dilemmas to care givers. Ethics

committee members rarely learn these intimate stories. Belkin also presents glimpses of committee members' past experiences that undoubtedly color their views of the dilemma.

Personal experiences with death, debilitating illness, and overwhelming family burdens determine the ethical opinions of each person involved—patient, family, care giver, and ethics committee member. As a long-time member and chairperson of a general hospital ethics committee, I am familiar with clinical dilemmas; but I have never been privileged to know what each patient, family member, and ethics committee member has experienced.

Most of us are familiar with the principles of medical ethics—autonomy, beneficence, nonmaleficence, and justice—but we also learn that one's background of family, ethnicity, culture, religion, schooling, neighborhood, training, and experience may determine what one thinks is or is not ethically correct.

Belkin discusses the following cases: a seven-month neonate, a newborn with a meningomyelocele, a teenager with short bowel syndrome, a 97-year-old demented woman admitted with a profound stroke, and a 65-year-old trauma victim, who is paralyzed and wants to die.

One case she presents involves a

patient who became a quadriplegic after a gunshot wound in the neck. He required a tracheostomy and a special wheelchair. When hospital funds were exhausted, the patient was discharged. No nursing home would accept him. Fortunately, the hospital staff, members of the ethics committee, and his family (elderly immigrant parents and an eight-year-old son) were able to provide home care successfully.

In addition to such cases, *First, Do No Harm* also includes a brief history of the evolution of the ethics committee in U.S. hospitals, which must deal with complex technology, high expenses, more lifesaving and life-prolonging possibilities, legal fears, and moral uncertainty—all of which make life-and-death decisions more frequent and more difficult.

This text recounts the drama surrounding choices in ethical dilemmas. I found *First, Do No Harm* to be fascinating in the descriptions of the personal dynamics and history of each person described in the vignettes. The short chapters flow smoothly, making the book easy to read.

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RESOURCE BRIEFS

Wellness Checkpoint

InfoTech, Healthcare Education Division, Winnipeg, Manitoba, Canada, 1989, \$398 (for one copy, network and multiple copy prices available) (computer software)

Designed for use in public health promotion and patient and employee education programs, this IBM-compatible software allows users to consider choices and adopt a healthier life-style.

Wellness Checkpoint asks a series of questions about family, life-style, and personal health history. It graphically displays a wellness risk score and encourages the user to set realistic goals. A printed profile breaks down the risk factors, lists goals, and shows how the scores will be reduced if these goals are met. The user can also track progress toward the goals. System options include wellness data analysis, Spanish and French versions, and customization.

BOOKS RECEIVED

Patient-focused Healing: Integrating Caring and Curing in Health Care, Nancy Moore and Henrietta Komras, Jossey-Bass, San Francisco, 1993

Restructuring Health Care: The Patient Focused Paradigm, J. Philip Lathrop, Jossey-Bass, San Francisco, 1993