

# Book Reviews

## Health Care and Information Ethics: Protecting Fundamental Human Rights

Audrey R. Chapman, ed.

*Sheed and Ward, Kansas City, MO, 1997, 482 pp., \$29.95 (paperback)*

THE CHAPTERS IN THIS TEXT ADDRESS A significant problem in the application of computer technology to facilitate storage and access to patient medical records: the protection of human rights, especially the right to privacy. When these rights are abused, the entire healthcare system needs to be modified to ensure confidentiality and patients' control of information pertaining to their health status.

Editor Audrey Chapman properly frames the rationale for the material presented in each of the chapters in the "background" section. She correctly

points out that "the establishment of computerized healthcare information systems has significant human rights implications" and that "protection and promotion of four fundamental human rights norms—universality, privacy, nondiscrimination and consent—will depend upon efforts to address human rights concerns in all stages of the computerization of healthcare data."

Following the two introductory chapters laying out the human rights issues, the volume has two major sections. The first addresses issues related to monitoring access to healthcare, particularly the status of underserved, vulnerable, and excluded populations. The second deals with privacy, nondiscrimination, and consent.

This material, an outgrowth of a project sponsored by the American Association for the Advancement of Science (AAAS) with support of the Robert Wood Johnson Foundation, was developed during 1994 and 1995, an extremely fluid two-year period. Major reforms to the U.S. healthcare system

were under intense discussion and debate. The editor correctly points out that in August 1996, two major laws—the Health Insurance Portability and Accountability Act of 1996 (Kennedy-Kassebaum bill) and the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (welfare reform)—were passed, with significant implications for access to and use of healthcare information. This volume, therefore, is an excellent source of the modern view of the struggle between human rights and the desire to use medical technology to efficiently administer healthcare services.

The two overview chapters preceding each of the major sections, that is, Chapter 2, "Issues and Methodologies for Monitoring Universality," and Chapter 10, "Introduction and Overview: Privacy, Nondiscrimination and Consent," are concise and well written. They convey the general issues before the American people, identify limitations in data collection, discuss data interpretation problems, and define

## BOOK BRIEFS

### The Challenge of Health Care Leadership: Executive Strategies for Managing Responsible Change

*Earl A. Simendinger, ed., American Hospital Publishing, Chicago, 1997, 206 pp., \$35 (paperback)*

This book presents 10 case studies based on actual events that represent challenging, high-stakes problems any organization is likely to face. Each study was coauthored by the practicing CEO who was the primary decision maker—the problem solver—in the case. Recommended for CEOs, aspiring executives, and trustees, the book takes readers through an interactive process to analyze the problem and find the solution. The first part of the book focuses on situations that take place

within the healthcare organization; the second half deals with cases involving the healthcare facility's relationships with outside entities, including other hospitals, managed care organizations, and physician practices.

### Healthcare Strategic Planning: Approaches for the 21st Century

*Alan M. Zuckerman, Health Administration Press, Chicago, 1998, 122 pp., \$36 (paperback)*

Written to guide healthcare professionals in developing a long-term strategic plan, this book emphasizes the importance of a solid strategy to confront the daunting challenges facing healthcare, including fierce competition, regulatory changes, stringent demands to reduce

cost and demonstrate quality, and diminishing consumer confidence. As a practical guide to understanding and establishing the strategic planning process, the text defines strategic planning, enumerates the stages of creating a plan, shows how to analyze an organization's culture and identify its strategic direction, and discusses future trends. Four case studies are included.

## BOOKS RECEIVED

**Companions in Hope: The Art of Christian Caring**, Robert J. Wicks and Thomas E. Rodgers, Paulist Press, Mahwah, NJ, 1998

**Euthanasia and Physician-Assisted Suicide: Killing or Caring**, Michael

## COMMUNICATION STRATEGIES

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terms and policy implications. They properly set the tone for the chapters that follow.

All chapters are generally well written and focused. Two chapters of particular note are Chapter 7, "Designing an Information System to Monitor Population Access to Care, Health and Health Care Use," and Chapter 12, "Guidelines and Mechanisms for Protecting Privacy in Medical Data Used in Research." Both are logical presentations of important aspects of human rights issues.

In general, this timely volume reflects the concerns of individuals and desires of administrators. It provides an important framework for designing and evaluating computerized efforts to develop medical database systems that adhere to human rights concerns. For the medical ethics community, it is a must read.

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Manning, Paulist Press, Mahwah, NJ, 1998

**First Aid and CPR, Third Edition, Web Enhanced**, National Safety Council, Jones and Bartlett Publishers, Toronto, ON, 1999

**Making Change Work for You in Health Care**, Richard S. Deems and K.C. Warner, American Media, West Des Moines, IA, 1998

**MD/MBA: Physicians on the New Frontier of Medical Management**, Arthur Lazarus, American College of Physician Executives, Tampa, FL, 1998

**Women's Health Care: Activist Traditions and Institutional Change**, Carol S. Weisman, Johns Hopkins University Press, Baltimore, 1998

munity outreach campaign for Alana, more than 35,000 Hawaiians volunteered blood samples.

The strategy was pure grass roots. The media were enlisted to tell stories about Alana's plight, and what began as a family/hospital/registry effort grew into a campaign involving more than 500 volunteers. St. Francis organized a team to coordinate donor recruitment and blood sample collection and testing, placed its tissue-typing lab on a 24-hour schedule, and got help from UCLA for the extra work. More than 30 donor recruitment sites were set up in churches, schools, parks, hotels, and shopping malls on all the islands. Volunteer technicians and nurses took blood samples from potential donors and sent them to the lab. A local firm donated offices and computers for the campaign. Hundreds of volunteers worked around the clock to process data.

Meanwhile, public relations staff turned out daily news releases and fliers. Entertainers put on concerts to draw donors. Volunteers created orange bows to show support. Every one in the state seemed to know about Alana and wanted to help in some way.

The campaign worked. A donor was found through the international registry, Alana received her transplant, and today she is a healthy preschooler. In addition, the campaign resulted in more than 200 potential matches; and a number of perfect matches have helped save lives worldwide.

These are just a few examples of the true meaning of marketing and public relations. Forget the big bucks. It's all about common sense, creativity, innovation, and big ideas. Pretend you have just a few dollars to spend in communicating with the community. You'd be surprised at how successful your efforts can be. □

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