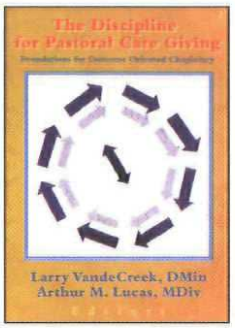
(vol. 10, no. 2, 2001, and vol. 11, 2001). Larry VandeCreek is the journal's editor; Arthur M. Lucas is director of the Department of Spiritual Care Services at Barnes-Jewish Hospital, St. Louis. Their book is largely composed of essays and case studies written by chaplains working at BJC Healthcare, St. Louis, the system of which Barnes-Jewish is a part.



The editors of *The Discipline for Pastoral Care Giving* are well-known pastoral caregivers, and their book has been praised by a number of health care professionals, including Stanley J. Mullin, DMin, Clarian Health Partners, Indianapolis; Larry J. Austin, DMin, Shore Health System, Easton, MD; George Fitchett, DMin, Rush-Presbyterian-St. Luke's Medical Center, Chicago; Thomas H. Gallagher, MD, Washington University School of Medicine, St. Louis; Valerie J. Yancey, RN, PhD, Jewish Hospital College of Nursing and Allied Health, St. Louis; and Fred L. Brown, vice chairman, BJC Health System, St. Louis. All applaud the outstanding efforts made by BJC's staff of professional chaplains and see great value in the outcomes-oriented model of care discussed in this book.

A constant theme runs through all the book's chapters: In this era of outcome-based health care disciplines, chaplains need to speak in ordinary language (rather than theological jargon) that a multidisciplinary team of professionals can use to communicate with patients and their family members.

The Discipline for Pastoral Care Giving opens with an introduction by W. Noel Brown, who describes the medical profession of 25 years ago, when physicians were encouraged by the British epidemiologist Archie Cochrane to begin building an international library of treatment outcomes. The Cochrane Collaborative, based in Oxford, England, is today a voluntary collaboration through which physicians around the world report what on what works and what does not in the practice of medicine. Noel suggests that the time has come for chaplains to follow the Cochrane example—to examine and describe exactly what we do as chaplains and exactly what happens when we do it, and then determine whether or not it is of value.

In the book's first chapter, Lucas describes a methodology called "The Discipline," which he and his colleagues have been developing for the past 10 years. He discusses the methodology's elements, the process through which it was developed, its effect on the chaplains who use it, and its implications for the future of chaplaincy. The Discipline has challenged many of chaplaincy's former assumptions, Lucas says. Because it is a disciplined, outcomes-oriented model, the methodology has deepened participating chaplains' relationships with patients and significantly increased their integration into hospital care teams.

As Lucas says, The Discipline encourages chaplains to begin by identifying the patient's spiritual needs, hopes, and resources (e.g., family, friends, pastor). From these elements the chaplain will put together a patient profile. In fleshing out this profile, the chaplain will discover the patient's sense of the words "holy," "meaning," "hope," and "community." From this knowledge, the chaplain begins to get some idea of what the patient would like to see as the outcomes of his or her treatment.

Then, having acquired an idea of the patient's desired outcomes, the chaplain can pose two questions: What can our ministry contribute to this person's healing and well-being? What difference do we hope to make? From these proactive interactions, the chaplain develops a plan, which is shared with the patient, concerning how they can mutually work toward the patient's desired outcomes. The chaplain then develops specific interventions based on the plan. With the plan in place, the chaplain begins to measure the actual outcomes of care against the desired outcomes. The process is circular in that the patient's needs, hopes, and resources are reassessed to ensure ongoing spiritual growth.

In the book's remaining chapters, BJC staff chaplains write about their experience in developing The Discipline. I found them to be refreshingly honest in their assessments. Their case studies describe the process of utilizing this outcome-oriented model, which gives the patient and chaplain a common language and structure.

The book's organization is ideal and its content, from groundwork to conclusion, is well done. I appreciated the authors' openness to further discussions, research, trials, reshapings, and redefinings as they become needed. The book is an open invitation to the members of any health care discipline to discover the true value of chaplaincy, and it further demonstrates that chaplains are integral members of the care team.

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Health Networks: Can They Be the Solution?

Thomas P. Weil

University of Michigan Press, Ann Arbor, 2001, 344 pp., $50.

THIS BOOK CONTAINS A WEALTH OF knowledge and great insight into the past, present, and future of our health care delivery system. The question concerning health networks posed by the author in his title—can they be the solution?—is an especially interesting question in view of the fact that, as early as 1929, a group called the Committee on the Cost of Medical Care was formed to study the economic and social aspects of the delivery of health services in the United States. This committee recommended that such services be organized on a regional basis, with appropriate coordination of primary, secondary, and tertiary services. Ever since then, we

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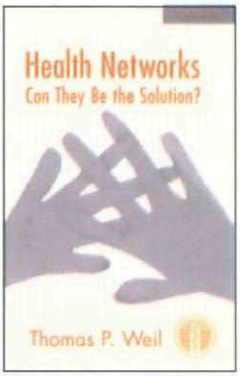
seem to have been trying to put old wine in new skins, with only limited success to date.

Throughout the book, the author has a constant theme. If health networks are organized and managed appropriately for the best interest of the community, he argues, they will provide greater access, improve quality of care, reduce cost, and enhance social equity. He cautions, however, that given the size, scope of services, and market clout of some regional networks, they could become fiscally and politically powerful oligopolies and could use that power simply to enhance financial position.



This is where health care leaders and their trustees need to be mindful of the purpose of their organizations and faithful to that purpose. Weil addresses these issues in a chapter on leadership that would serve as a good resource for leadership search committees.

Any book that discusses health networks must include the requisite comparison of the U.S. health system with those of other nations. In making these comparisons, Weil focuses on the Canadian and German health care systems. He concludes that Americans' values and cultural heritage cause us to be wedded to a multipayer, pluralistic system of organizing, managing, and funding health care. Therefore, we will not see any meaningful attempt to create universal health care in the foreseeable future. We can expect more of the same three-tiered system: fee-for-service care for the wealthy, HMOs for the middle class, and continued access problems for the poor.

The book has much to offer. I enjoyed the historical context set by the author, as well as his knowledge of the various ways the economy, coupled with cultural norms, is likely to enhance or impede the development of health policy.

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