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Book Reviews

The Right Thing: Ten Years of Ethics Columns from the Healthcare Forum Journal

Emily Friedman

Jossey-Bass Publishers, San Francisco, 1996, 416 pp., \$29.95

THE HEBREW SCRIPTURES CONTAIN EVIDENCE that people became very nervous when there were no prophets in the land. The absence of prophets meant that God had stopped speaking to the people and had left them to deal with life on their own—a frightening prospect.

I was reminded of this as I read *The Right Thing: Ten Years of Ethics Columns from the Healthcare Forum Journal*. Nowhere in this collection of

columns does Friedman claim to be a prophet. She does not claim to speak for God. Nonetheless, those of us who read her columns have a strong suspicion that she is, indeed, a prophet in the troubled land of healthcare.

The Right Thing includes almost every column that Friedman has written in 10 years at *Healthcare Forum Journal*. Her subjects cover a wide range, including Canadian medicine, Australian healthcare, managed care, and the goodness of those who work in healthcare. Friedman is keenly aware of what is happening in her field, and she is conscious of the significance and the implications of both events and trends.

Friedman's column is not primarily about events, facts, or figures, however. Her columns provide us with an *interpretation* of these things. And this is the book's great value. As Friedman considers the issues, she provides interpretations that are real and meaningful.

Friedman's writing is crystal clear. Her presentation of complex and emotionally charged issues enables the reader to understand those issues as well as the ramifications of the various positions on them. Friedman recognizes system trends as well as social ethos that influence the interpretation of healthcare issues. For example, in a column titled "Above the Law," Friedman writes, "We are a nation of mavericks, dedicated to individual liberty, and none of us likes to confront the specter of constraint."

One learns from reading these columns. Friedman elucidates principles and teaches lessons. In "Concept of Community," she asks, "What is a community?" She then describes different types of communities and the benefits and inadequacies of each. It would be well for all of us in the healthcare field to reread this column before next discussing how we will improve the health of *our* communities.

RESOURCE BRIEFS

Seeking Strategic Advantage through Health Policy Analysis

Beaufort B. Longest, Jr., *Health Administration Press, Chicago, 1997, 169 pp., \$36 (paperback)*

According to the author of this book, healthcare's most serious problems—uneven access and cost inflation—are traceable to past failures in public policy. These problems, he writes, affect both society at large and individual healthcare organizations. His book is meant to help such organizations' strategists identify, monitor, predict, and influence public policy issues. In eight chapters, the author discusses what he calls "public policy environments" and ways they can be influenced strategically. As an example of successful strategy making, he describes the history of the University of Texas's health center in Tyler, TX.

Delmar Series in Health Services Administration

Stephen J. Williams, ed., *Delmar Publishers, Albany, NY*

Delmar has added three new volumes to its series. *Principles of Public Health Practice* (1997, 377 pp., \$56), edited by F. Douglas Scutchfield and C. William Keck, discusses the history, organization, content, character, and future of the practice of public health at the local, state, and federal levels. Charles H. White's *The Hospital Medical Staff* (1997, 366 pp., \$49) advises healthcare organizations on the management of medical staff functions. Leiyu Shi's *Health Services Research Methods* (1997, 410 pp., \$56) is a practical guide to the development, management, and analysis of original health services-related research, as well as to the critical evaluation of published research.

Ethics in Health Services Management, 3d ed.

Kurt Darr, *Health Professions Press, Baltimore, 1997, 310 pp., \$34.95 (paperback)*

The author, a professor of hospital administration, has written this book to help managers of healthcare organizations prevent or solve administrative and biomedical ethical problems. He focuses on methodologies and techniques that can help managers understand ethical issues and develop the individualized solutions they need. He offers 66 case histories and vignettes dealing with such critical ethical issues as end-of-life decisions, physician-assisted suicide, consent for treatment, allocation of resources, confidentiality, and whistle blowing. For this new edition of his book, the author has added a discussion of the ethical issues involved in managed care.

It is not only Friedman's vast knowledge or the clarity of her perceptions that make this book a valuable resource. It is, finally, Friedman's passion. Her columns are not detached analyses of abstract issues and rational positions. They are the intelligent writings of an expert in the field of healthcare in the United States who cares deeply about that field and the people who serve in and are served by it. Whether she writes about the more than 700 deaths in Chicago's 1995 summer heat or society's responses to AIDS, Friedman does not forget the people who are involved, who suffer, or who die. Her columns frequently make plain what many of us would rather not see. Sometimes the reader wishes that Friedman were a little less involved, a little more dispassionate. But this is the reader's desire for ease, not the writer's shortcoming.

Although this book may trouble us, it also gives us hope. We can clarify mud-

dled issues. We can work together and find solutions. We are not alone in this troubling world—we have each other. It is this last fact which finally consoles the reader. If there is one conviction that echoes in every column, it is that we are in this together. To remember this is our challenge, and our opportunity. As Friedman tells us, "We can certainly keep in the back of our minds that we have this singular opportunity—to answer helplessness with goodness—and that few others are so graced."

We can all take a deep breath. There are prophets in the land.

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Healthcare Marketing in Transition: Practical Answers to Pressing Questions

Terrence J. Rynne

Irwin Professional Publishing, Burr Ridge, IL, 1995, 287 pp., \$45.00

TERRENCE RYNNE'S BOOK DELIVERS ON its promise to provide practical information that will help those faced with contemporary healthcare marketing challenges. Well organized, the book guides novice as well as experienced marketing professionals through a logical approach to market assessment, planning, and positioning for today's evolving healthcare systems and services.

Rynne proposes that healthcare marketing is experiencing fundamental change because the healthcare purchasing decision, in both content and context, is fundamentally changing. Rynne argues that, under the old paradigm, "consumers choose physicians; physicians choose hospitals; and insurance

programs pick up the tab." Across the country, at various paces, this decision model is moving to a new paradigm, under which "employees choose their physicians, hospitals and other healthcare providers at the same moment they choose their insurance. It is all bundled together in one package."

Thus, the book acknowledges, most healthcare marketing professionals are living "between the times," juggling the old, the new, and the in-between on a day-to-day basis. The first chapter provides a practical overview of marketing to consumers, physicians, employers, and managed care companies under all three paradigms. Also helpful is a basic guide to assessing market readiness while moving through the paradigms from traditional fee-for-service care to capitation.

Rynne identifies the unique challenges in marketing integrated healthcare delivery networks, which are complex, unknown products in today's marketplace. The fundamental principles of marketing apply: Trace the mechanics of the purchase decision and understand the variables in the decision-making process; reposition the concept of an integrated healthcare delivery system and the basic product and place of the marketing mix in terms of consumer benefits; take charge of the system's identity; and orchestrate a communications campaign.

Rynne stresses that, before initiating any external marketing program, internal systems and people must have a marketing orientation. He acknowledges that, all too often, hospitals and healthcare systems are internally focused, "expert-driven" organizations that are not aligned with patients' expectations. Rynne advocates "a marketing management philosophy that makes listening to the customer in an in-depth way the first step of service delivery and design."

In chapter 3, Rynne identifies four strategies for instilling a marketing orientation throughout a healthcare organization. These include using qualitative market research, making marketing the subject of a management system, providing simple-to-use formats for operating

BOOKS RECEIVED

Geriatric Home Health Care: The Collaboration of Physicians, Nurses, and Social Workers, Philip W. Brickner, et al., eds., Springer Publishing, New York City, 1997

So You've Been "Integrated": Now What? Opportunities for Physicians Practicing in Managed Care Systems, Richard E. Thompson, American College of Physician Executives, Tampa, FL, 1996

The Joy in Loving: A Guide to Daily Living with Mother Teresa, compiled by Jaya Chaliha and Edward Le Joly, Viking, New York City, 1996

unit managers to develop their own marketing plans, and using existing organizational lines of power to force the issue of key changes in service design.

Rynne next turns to creating a positioning strategy and positive image. Using case studies and success stories, the book provides a basic, step-by-step approach to identifying the requirements for an effective positioning statement, developing an effective positioning strategy, and emblazoning a chosen position on the mind of the marketplace. Again, the author reminds readers that good promotion will not compensate for a bad product or service.

Rynne also addresses how to determine the appropriateness of positioning the hospital versus the healthcare system in the marketplace and the relevance of positioning to the consumer in a managed care environment.

Chapter 5 provides a guide to developing results-oriented marketing plans. Rynne emphasizes the benefits of focusing on the process as well as the format, based on the assumption that a well-implemented marketing plan should not only produce results in the marketplace, it should produce internal changes in consciousness. He provides a helpful comparison of marketing, strategic, and business plans.

The final chapter of the book briefly addresses service line management, marketing, and managed care. The author identifies when and why service line management works, as well as changes necessary for success as organizations move into the new managed care paradigm.

Healthcare Marketing in Transition: Practical Answers to Pressing Questions is a good resource for professionals involved in healthcare marketing and management. It applies the fundamental principles of marketing to healthcare organizations in a rapidly changing environment.

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COMMUNITY SERVICES

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QUESTIONS FOR PROVIDERS

These findings pose questions Catholic healthcare organizations must answer. Under managed care's pressures, how will these organizations shape the evolving healthcare system? Will they view population-based services as part of operational strategy or as disconnected from "good" business? Will their mission shape decisions concerning community and institutional services? What spirit will prevail in the managed care environment—competition or collaboration? Will services be delivered in a coordinated fashion? How will ethical issues be resolved—by acquiescence, by confrontation, or by dialogue?

MISSION RELATES TO MARGIN

People often state that without margin, there is no mission. Although prudent stewardship of human and material resources is essential, decisions about institutional and community care should not be totally business related. They must also be shaped by the organization's mission and values. In our efforts to find security in the bottom line, we must never lose sight of our responsibility to serve the poor, the uninsured, and the people at the margins of society. Remaining faithful to this commitment will require vision and a willingness to change as we discover new ways to serve these persons both inside our facilities and in the community.

Technology and Individualism Technological advances increase our ability to extend our services beyond the walls of the institution and to minister to persons in the community who were previously unable to obtain services. Financial constraints, however, often militate against the provision of such care and increase the number of ethical questions related to treatment. Our nation's tradition of rugged individualism tends to adversely influence the

decisions made about care for the physically disabled, the newborn, the elderly, and other vulnerable persons. But we have the social responsibility in justice to demonstrate concern for the human community by providing basic healthcare and ethical treatment to all persons.

COMPETITION VERSUS COLLABORATION

One of the greatest impediments to the delivery of care, especially in communities that are underserved, is destructive competition. Competition was initially encouraged as a means of reducing the cost of care, but it has instead frequently accelerated rising costs. For Catholic healthcare organizations, the challenge is to unite to continue the healing ministry that Jesus bequeathed to his Church, rather than to seek to be the most powerful and profitable leader in the community. If we work together for a common end—the good of those we serve—many of the issues that now separate us will be diminished or resolved and we will accomplish far more than we can imagine.

As healthcare providers, we have the opportunity to create a system that meets the preventive, curative, and palliative needs of the communities we serve. Ultimately, our success will be measured by how well we have done that and how faithful we have been to the words of Jesus: "In so far as you did this to one of the least of these brothers of mine, you did it to me (Mt 25:40)."

NOTES

1. "Private Sector Health Care Organizations and Public Health: Potential Effects on the Practice of Local Public Health," report submitted by Macro International Inc. to Public Health Practice Program Office, Centers for Disease Control and Prevention, March 1996.
2. Executive Summary, p. ix.