Book Reviews

Long Term Care and the Law: A Legal Guide For Health Care Professionals

George D. Pozgar
Aspen Publishers, Rockville, MD, 1992, 498 pp., $45

The first third of this book is a broad review of general business and corporate law, addressing history, terms, and principles. The balance of the book is a fairly comprehensive look at nursing homes and legal issues. The most enjoyable and informative aspect of the text is the 150 legal cases specifically related to nursing homes and other long-term care facilities. George D. Pozgar uses cases as recent as 1991, increasing the book’s relevancy.

In the preface Pozgar writes that he will publish a newsletter to update readers on long-term care legal issues. This service is critical for long-term care facilities because the legal environment continues to change dramatically. Litigation has been increasing significantly in the past year, and a newsletter outlining current cases will be helpful.

The most significant weakness in Long Term Care and the Law is the lack of prescriptive advice for administrators. The book stops short of providing administrators a means for reducing their legal liability and prioritizing the legal issues they should address.

An important subject Pozgar did not fully address in the text was the whole body of contract law. Administrators are entering regularly into significant contracts, and good advice on analyzing contracts would help them avoid legal difficulties in the areas of employment relations, service contracts, or negligent acts in the nursing area. Overall, Pozgar’s text is strongest in addressing the issue of negligence, but it is weakest strategies for providing improved healthcare and disease prevention for this population. A foreword by former U.S. Health and Human Services Secretary Louis W. Sullivan details the discrepancy between black and white Americans’ health status and calls for collective efforts to address the problem. Separate sections examine blacks’ health status in a social context; explore critical health issues in the African-American community; discuss the healthcare needs of black infants, youth, and young adults; survey health education and resource development programs; and speculate on future directions for African-American healthcare.

BOOK BRIEFS

Chaplaincy Services in Contemporary Health Care
Laurel Arthur Burton, ed., College of Chaplains, Schaumburg, IL, 117 pp., $19 (AHA members), $35 (nonmembers) (paperback)

This handbook provides a basic resource for establishing and maintaining chaplaincy services in healthcare institutions. It offers practical guidance on organizing and operating a program; shows how chaplaincy services contribute to high-quality patient care; and explains how such services help patients and families, the hospital and its staff, and the community at large. Various chapters focus on continuous quality improvement, ethical decision making, volunteer pastoral care programs, research, and public relations.

Pay for Performance: History, Controversy, and Evidence
Bill L. Hopkins and Thomas C. Mawhinney, eds., Haworth Press, Binghamton, NY, 1992, 163 pp., $29.95 (hard cover), $14.95 (paperback)

This collection of essays examines the history and some contemporary theories of pay for performance. The opening section sketches out an historical context, with essays on pay-for-performance practices from antiquity to the 1950s and on an organizational behavior management (OBM) experiment from the late 1920s. Essays in other sections describe current experimental research, review particular OBM strategies, and present a case study of a company that made successful use of the pay-for-performance approach.

Health Issues in the Black Community

A collection of 25 essays on a wide range of topics, Health Issues in the Black Community places the health problems affecting the African Americans in a social context and offers

BOOKS RECEIVED

For the Least of My Brethren: A Centenary History of St Michael’s Hospital, Irene McDonald, Dundurn Press, Toronto, 1992

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.