# **Book Reviews**

### Ministry and Meaning: A Religious History of Catholic Health Care in the United States

Christopher J. Kauffman

Crossroad Publishing, New York City, 1995, 309 pp., \$29.95

IN THIS BOOK, HISTORIAN CHRISTOPHER Kauffman expands on his previous studies of Catholic religious orders involved in healthcare. He has taken on the enormous task of presenting fairly the contributions of large numbers of religious orders. Some of these orders view healthcare as their primary mission, whereas others undertook it at a time of

pressing need or at the request of civil or ecclesiastical authorities.

Although Kauffman has clearly conducted painstaking research into the historical record, his presentation of data is the least successful aspect of the book. Not only does the book overwhelm the reader with facts and information, it lacks a coherent plan of integration. Sometimes the historical material is organized chronologically, sometimes geographically, sometimes according to type of institution, and sometimes by broad conceptual themes. Because a clear and consistent overall plan is lacking, some material is repeated two or three times in different contexts.

Readers interested in a particular religious order or healthcare institution may find it useful to skim the chapters or the index for references to that organization.

Kauffman presents a wealth of factual information about the organizations he discusses. He also integrates information about orders whose work in healthcare had similar origins and motivations, for example, the teaching orders that began nursing in response to epidemics like cholera.

The reader may spot small inaccuracies, however, that call into question the information's reliability. For example, in reviewing the section on the Sisters of St. Joseph in Minnesota, I noted three errors on just one page (p. 98). In 1851 the sisters opened St. Joseph's Academy in St. Paul, and by 1855 they had established three more schools in Minnesota, but none of them was called St. Catherine's Academy. The names of Sr. Seraphine (Ireland) and Sr. Ann Thomasine (Sampson) are also misspelled on this page.

#### **BOOK BRIEFS**

#### Doing What Works in Brief Therapy: A Strategic Solution Focused Approach

Ellen K. Quick, Academic Press, San Diego, 1996, 244 pp., \$39 (paperback)

The author, a clinical psychologist at Kaiser Permanente in San Diego, wrote this book for psychotherapists working in a time when demand for their services is high but the willingness of insurers to pay for them is dwindling. In 13 chapters, the author combines two established healing models: brief strategic therapy, which emphasizes the clarification of problems; and solution-focused therapy, which focuses on the amplification of solutions.

#### Drug War Politics: The Price of Denial

Eva Bertram, et al., University of California, Berkeley, CA, 1996, 364 pp., \$48 (cloth), \$17.95 (paperback)

The authors, four political scientists, describe what they see as the "politics

of denial" involved in the United States' decades-old war on drugs. Because it is politically popular, the federal government focuses on interdicting drug supplies and prosecuting drug dealers and users. When these methods do not curtail drug use, the government redoubles its efforts—causing increasing damage to U.S. society. In 11 chapters the authors, first, analyze the government's failure and, second, recommend a different strategy: treating the drug epidemic as a public health problem rather than a moral one.

## Self-Care Nursing in a Multicultural Context, 2d ed.

Juliene G. Lipson and Nancy J. Steiger, Sage Publications, Thousand Oaks, CA, 1996, 352 pp., \$24.95 (paperback)

Human beings, the authors write, have diagnosed and treated themselves for various illnesses throughout history. Although medicine in the twentieth century became nearly the monopoly of white, middle-class men, the women's movement of the 1960s and 1970s helped make self-care respectable again. In this book's 13 chapters, the authors discuss self-care's history, associated theories, principles, practices, and future. The authors, noting that this is a new edition of their 1985 book, argue that knowledge about self-care is especially important for cultural minorities, so many of whom have no healthcare coverage.

#### **BOOKS RECEIVED**

AIDS, Communication, and Empowerment: Gay Male Identity and the Politics of Public Health Messages, Roger Myrick, Harrington Park Press, Binghamton, NY, 1996

American Health Care Blues: Blue Cross, HMOs, and Pragmatic Reform Since 1960, Irwin Miller, Transaction Publishers, New Brunswick, NJ, 1996

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NOTES

1. Germain Grisez, "Difficult Moral Questions: May a Husband End All Care of His Permanently Unconscious Wife?" Linacre Quarterly, May 1996, pp. 41-46.

2. Grisez, p. 43.

3. Catholic Bishops of Pennsylvania, "Nutrition and Hydration: Moral Considerations," Origins, January 30, 1992, pp. 541-543; Catholic Bishops of Louisiana, Approaching Death: The Moral Choices, Louisiana Catholic Conference, New Orleans, 1995.

4. Grisez, p. 43.

5. Jean deBlois and Kevin O'Rourke, "Removing Life Support: Motivations, Obligations," Health Progress, July-August 1992, pp. 20-27; Archdiocese of Chicago Medical Ethics Committee, "Chicago Commission Speaks Out on Nutrition and Hydration," Health Progress, December 1987, p. 35; Texas Bishops Conference, "On Withdrawing Artificial Nutrition and Hydration, Origins, June 7, 1990, pp. 53-55.

6. American Academy of Neurology, Neurology, January 1989, p. 125; Committee on Ethics, American Nurses Association, Guidelines on Withholding and Withdrawing Food and Fluid, Kansas City, MO, 1987; "Position of American Dietetic Association: Issues in Feeding the Terminally III Adult," Journal of American Dietetics, 1987; Council on Ethical and Judicial Affairs of the American Medical Association, "Current Opinions," JAMA, January 19, 1990, p. 429

7. Grisez, p. 43.

8. President's Commission for the Study of Ethical Problems in Medicine and Biomedical and Behavioral Research. Deciding to Forego Life Sustaining Treatment, Government Printing Office, Washington, DC, 1983, pp. 73-77.

9. Ronald Cranford, "The Persistent Vegetative State: The Medical Reality," Hastings Center Report, February-March 1988, pp. 25-32; Multi-Society Task Force on PVS. "Medical Aspects of the Persistent Vegetative State," part 1, New England Journal of Medicine, May 26, 1994, pp. 1,499-1,507; part 2, New England Journal of Medicine, June 2, 1994, pp. 1,572-1,574.

10. National Conference of Catholic Bishops, "Ethical and Religious Directives for Catholic Health Care Services," Origins, December 15, 1994, pp. 449-462.

11. John Finnis, Moral Absolutes: Tradition, Revision and Truth, Catholic University Press, Washington, DC, 1991, p. 45.

12. John Paul II, "Evangelium Vitae," Origins, April 6, 1995, pp. 689-730.

13. Grisez, p. 43.

14. Jean deBlois, Pat Norris, and Kevin O'Rourke, A Primer for Health Care Ethics, Georgetown University Press, Washington, DC, 1994, pp. 141-143.

When Kauffman focuses on broad themes rather than factual itemizations, the book is much more successful. Kauffman demonstrates that religious orders provided healthcare in the nineteenth century in ways that seem surprisingly contemporary. Many hospitals under religious auspices specifically advocated liberty of religion and conscience for patients, long before the Second Vatican Council's document on religious liberty. Religious orders managed and staffed public institutions funded by local governments, and they contracted with businesses such as railways and mining companies to care for their employees through an early form of prepaid or managed care.

Other recurring themes involve tensions or conflicts. In the initial founding of Catholic institutions, local bishops and superiors of religious orders often disagreed with the sponsors, who sometimes prevailed simply by moving ahead with their plans. Currents of anti-Catholicism sometimes led civic officials and militant Protestants to distrust Catholic sisters who served as nurses in a variety of settings. Critics feared they were more interested in proselytizing and converting than in offering nursing services. Great nursing leaders such as Dorothea Dix and Florence Nightingale, for example, thought the sister-nurses placed their religious responsibilities to Catholic patients above their nursing duties (p. 25).

Sponsors' conflicts with ecclesiastical authority or with Protestant and civic leaders forced sponsors to focus on a central question: Is Catholic healthcare mainly a vehicle for promoting the Catholic faith, or should Catholic healthcare offer the most up-to-date services that a professionally trained staff can provide? Particularly among some Catholic religious and lay nurses, the choice between faith and professionalism appeared to be an either-or choice.

Kauffman's discussion of these central issues, especially in his handling of hospital and nursing school accreditation, is illuminating. Equally informative is his thorough account of the founding and development of the Catholic Hospital Association-today the Catholic Health Association (CHA)-and of the philosophical and policy disagreements that shaped CHA's evolution. The lines were drawn between those who favored separatism for Catholic institutions and those who favored full involvement in the pluralistic society.

A subtext emerging from Kauffman's account is the subtle sexism that has always faced Catholic women religious. Although these sisters ran the hospitals and schools of nursing, they were subject to ecclesiastically appointed superiors, hospital superintendents, and diocesan directors who usually had little or no healthcare experience. CHA, an organization that involved mainly religious women, was headed by priests until 1965 (p. 250); even then, the presidency had to rotate to a bishop's representative every other term (p. 289).

The book ends with a chapter on the questions that face our country today as we debate structures for providing universal healthcare access. Beginning with the bishops' pastoral letter of 1981 on healthcare as a right, Kauffman briefly reviews CHA documents and positions favoring national health insurance. I wish that Kauffman had been more detailed and analytical in laying out these arguments, since this issue is one of the most pressing for Catholic healthcare today and in the future. As in the rest of the book, Kauffman briefly presents both sides: Catholic opposition to insurance coverage for abortion is given as much significance in the debate as are long-held social justice principles supporting access to healthcare for all. Although as a historian Kauffman must be factual and objective, he seems to slight the history and tradition of Catholic social justice philosophy.

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