

Book Reviews

When It's Right to Die: Conflicting Voices, Different Choices

Dick Westley

Twenty-Third Publications, Mystic, CT, 1995,
209 pp., \$14.95 (paperback)

IN NOVEMBER 1994 OREGON VOTERS approved Ballot Measure 16, which would have made the state the first place in the world where it was legal for physicians to prescribe lethal doses of drugs to dying patients. A month later, however, U.S. District Judge Michael Hogan issued a preliminary injunction blocking enactment of the law until serious constitutional questions about it could be answered. Then, on August 3, 1995—apparently satisfied that he had the answers to those questions—Hogan struck down Oregon's assisted suicide law.

But the debate goes on. Dick Westley,

a Catholic writer, has come out with a book arguing that active voluntary euthanasia (AVE) is justified under certain circumstances. Westley attempts to dismantle the traditional theological, moral, philosophical, legal, and medical arguments against AVE, saying that direct euthanasia should at times be morally permissible. Westley does not intend, he says, to encourage or promote AVE. His quarrel, rather, is with those who categorically condemn persons and families that find it necessary to opt for AVE.

In his book's preface and introduction, Westley addresses the "experts" on the topic: theologians, philosophers, lawyers, and health professionals. He reminds them that ordinary people are increasingly coming to favor euthanasia as an option that is both reasonable and compatible with religious belief. He tells the experts that they are, in fact, ignoring the reasoned experience of persons who have been present at the deaths of loved ones and who do not feel guilty or fearful discussing the issue. After all,

death will not just go away.

Westley divides his book into two parts. In part 1 ("The Denial of Death"), he argues that Western society is terrified by the reality of death and that this terror is behind the often "heroic," inappropriate measures employed in attempts to keep dying persons alive. In his first chapter, Westley reviews the work of Viktor Frankl and Ernest Becker; and, in his second, he offers anecdotal testimony from persons facing death in mature, realistic ways. In chapters three and four, the author offers some fine insights into the spirituality of dying, and he argues that both living and dying should be centered in communities of faith.

In part 2 ("The People Vs. the Experts"), Westley systematically presents the experts' arguments against euthanasia and then counters with his own positions. His fifth chapter suggests the proper terminology for euthanasia. Then, in his sixth through tenth chapters, Westley lays out arguments as "For the People" and "against" the magisterium, traditional

BOOK BRIEFS

HMOs and the Elderly

Harold S. Luft, ed., *Health Administration Press, Ann Arbor, MI, 1994, 321 pp., \$38 (paperback)*

Based on a 1992 conference in San Francisco, *HMOs and the Elderly* brings together 10 papers (plus responses and synopses of general discussions) on long-term care for the elderly as provided by health maintenance organizations. The editor—Harold S. Luft—has arranged the papers under five headings—"Costs and Use of Services," "Enrollee Satisfaction," "Quality of Care for Selected Conditions," "Appropriate Premium Levels," and "Integrative Overviews"—and provided each section of the book with an introduction and a summary.

Medical Practice in the Current Health Care Environment

Janine C. Edwards, ed., *Johns Hopkins University, Baltimore, 1995, 141 pp., \$40 (hardcover), \$15 (paperback)*

This book was designed as a career guide for residents and medical students. In seven chapters, seven specialists in their fields discuss the basic economics of contemporary U.S. healthcare, health maintenance organizations, preferred provider organizations, changes in Medicare and Medicaid, private practice today, factors to consider in choosing a medical career, and proposed healthcare reforms. Additionally, in an appendix, three economists explain some rudimentary economic terms.

Social Work Leadership in Healthcare: Directors' Perspectives

Gary Rosenberg and Andrew Weissman, eds., *Haworth Press, New York City, 1995, 116 pp., \$24.95*

Seeking practical answers to the question, "What makes an effective social work administrator?" this book presents the thoughts of seven leaders of healthcare social work departments. Noting the trend from acute care hospitals to managed and capitated care, the contributors discuss the evolution of healthcare social work in urban, inner-city, suburban, and rural communities. The editors have provided, along with a brief introduction, a chapter on sustaining central social work departments to ensure the quality of a community's social work.

theologians, some philosophers, the law, and healthcare professionals.

One of Westley's main arguments involves amending the traditional Catholic position on euthanasia without necessarily annulling or abrogating that position. The reason for this is that the official Catholic position reveals an inherent contradiction, he claims. Westley refers to the 1992 pastoral statement, *Nutrition and Hydration: Moral and Pastoral Reflections*, issued by the Committee for Pro-Life Activities of the National Conference of Catholic Bishops (NCCB).

The NCCB document states: "Our Church views life as a sacred trust, a gift over which we are given stewardship and not absolute dominion." Westley sees the statement as contradictory, for a problem arises when the words "gift" and "stewardship" are juxtaposed when describing human life. Westley raises the point that either life is given to us unconditionally as a gift or it was never given to us but merely temporarily entrusted to us.

Westley feels strongly that the Catholic tradition has to adopt a single position: "Either we hold our lives as stewards, and then it is strange to call it 'gift,' or life is truly a gift, in which case the notion of stewardship seems misapplied" (p. 76).

In his conclusion Westley says he hopes to "open Christian minds and hearts to a more compassionate view of active euthanasia and to the realization that one can be a good Christian without condemning active euthanasia" (p. 175). He also outlines a strategy that might change the attitudes of religious people toward death and dying.

The author has attached to each chapter a series of dialogue questions that discussion groups will find very useful. He has also provided three appendixes ("Dissent—Against the Magisterium"; "The Present State of Dying"; and the American Medical Association's "Principles of Medical Ethics"), an excellent bibliography, and an index.

"The people" and "the experts" will no doubt continue to debate humanity's

recurring questions about this present life, the life to come, and how the two are related. Although Westley challenges many of the traditional arguments against euthanasia, the soundness of his basic premises is questionable. For example, I do not agree with his argument that the NCCB document contains a contradiction. Rather, I understand the document to be consistent with the Judeo-Christian moral tradition, which values life from the vantage points of "gift" and "stewardship." In fact, herein lies the dynamic tension inherent in creation itself. The values of gift and stewardship are not contradictory but rather complementary. Still, Westley makes the point that we cannot ignore the *sensus fidelium*. Moral reflection and analysis must take into account the experiences of God's people.

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The Crisis of Care: Affirming and Restoring Caring Practices in the Helping Professions

Susan S. Phillips and Patricia Benner, eds., Georgetown University Press, Washington, DC, 1994, 190 pp., \$55

"In our efforts to simplify, codify, categorize, control, explain, and diagnose, we fail to understand and care for each other," write the editors of this volume. Thus has developed what they call a "crisis of care" in the modern helping professions. The editors offer 10 theoretical essays on the crisis and possible ways of overcoming it. Paired with the essays are stories about actual care giving by nine professionals, including several nurses, a kindergarten teacher, an anesthesiologist, and a pastor.

BOOKS RECEIVED

Bioethics and the Future of Medicine: A Christian Appraisal, John F. Kilner, Nigel M. de S. Cameron, and David L. Schiedermayer, eds., William B. Eerdmans, Grand Rapids, MI, 1995

Forging the Heroic Organization: A Daring Blueprint for Revitalizing American Business, Emmett C. Murphy with Michael Snell, Prentice Hall, Englewood Cliffs, NJ, 1994

Making Moral Choices, Mark Miller, Twenty-Third Publications, Mystic, CT, 1995

Making the Physician Network Work: Leadership, Design, and In-

centives, Lisa K. Rolfe and Paul Wehner, American Hospital Publishing, Chicago, 1995

Measuring Quality Improvement in Healthcare: A Guide to Statistical Process Control Applications, Raymond G. Carey and Robert C. Lloyd, Quality Resources, New York City, 1995

The Merck Manual of Geriatrics, William B. Abrams et al., eds., 2d ed., Merck & Co., Whitehouse Station, NJ, 1995

Renegotiating Health Care: Resolving Conflict to Build Collaboration, Leonard J. Marcus with Barry C. Dom, Phyllis B. Kritek, Velvet G. Miller, and Janice B. Wyatt, Jossey-Bass, San Francisco, 1995

Outpatient Case Management: Strategies for a New Reality

Michelle Regan Donovan and Theodore A. Matson, editors

American Hospital Publishing, Chicago, 1994, 298 pp., \$48.95 (AHA members), \$58.95 (nonmembers) (paperback)

AS THE HEALTHCARE DELIVERY SYSTEM evolves, the need for acute inpatient care is diminishing markedly. Service delivery strategies must now be designed to create an uninterrupted continuum that includes inpatient, outpatient, and ambulatory-care settings. Michelle Regan Donovan and Theodore A. Matson, the editors of *Outpatient Case Management: Strategies for a New Reality*, see case management as the best way to coordinate a spectrum of multidisciplinary services. They call for a holistic care plan that will accommodate the specific needs of each patient.

In their book, the editors have brought together 23 articles by 30 writers. *Outpatient Case Management* is aimed at board members, administrators, physicians, therapists, nurses, payers, and consumer advocates—in short, all those who should be involved in the reengineering of the healthcare delivery system.

The book is divided into three sections. Part I gives a general description of case management and shows why the case manager should be the coordinator of primary care. Part II offers 16 case management models. Part III is a selective annotated bibliography of the case management literature.

In the book's first chapter, Matson examines the effect of marketplace dynamics on healthcare, in particular the shift from inpatient care to outpatient care. Citing pertinent examples, the author shows how providers, employers, and payers have collaborated in the making of this trend. Matson also outlines several plans that providers might use to

restructure their delivery systems.

In chapter 2, Donovan advises providers to be flexible in making the difficult transition from inpatient to outpatient care. There is, she writes, a "window of opportunity" during which they can establish clinical pathways and a system of outcomes measurement and management. Donovan says that all case management applications are based on five functions: assessment, planning, intervention, monitoring, and evaluation.

Private-sector payers want to control costs while, at the same time, improving the health of the persons they cover. In chapter 3, Steven Sieverts suggests that case management can help providers do both. The primary purpose of case management is, of course, to help patients. But, Sieverts writes, because case managers are aware of community resources and have contracts with providers outside acute care hospitals, they can "shop" for low-cost modes of patient care, thus holding down costs to the payer.

In chapter 4, David P. Moxley, PhD, focuses on the importance of systematic preparation in designing an outpatient case management program. He says that the designers should first determine the program's mission, the composition of its staff, and whether its decisions are to be made by a team or an individual. For the program to be effectively implemented, Moxley writes, its staff must make use of outcomes measurement and management. To avoid possible ethical problems, he says, the staff must inform clients of both the program's strengths and its limitations.

In chapter 5, Elaine M. Sampson outlines the two distinct types of case management that have so far emerged: a "fiscal" system, in which the case manager is primarily concerned with the cost of services and the patient's eligibility for them; and a "clinical" system, in which the case manager provides justification for whatever services are necessary to meet the patient's needs. Sampson also offers models that mix the "fiscal" and "clinical" types. She argues that nurses make good

case managers and program administrators because of their professional training and experience in interacting with other providers, especially physicians. Sampson suggests that, for programs that target specific disease categories, clinical nurse specialists make ideal administrators.

To market outpatient case management to physicians and other customers, Sampson writes, the case manager must persuade both inpatient and outpatient care providers that he or she can effectively communicate with them about the needs of their patients. Case managers will enhance their relationships with physicians by providing them with dependable, high-quality reports, Sampson adds.

In chapter 6, Gerry Brueckner and Talar Glover argue that case management is *itself* the medium of communication critical to the new continuum of care. Case managers guide both patients and care givers through what would otherwise be a bewildering array of services. To contain costs and maintain quality, they suggest, service lines need to be integrated in all settings and comprehensive care plans developed.

In chapter 7, Dawn Lajeunesse discusses "The Caregiver as Case Manager." And, in *Outpatient Case Management's* remaining 16 chapters, writers suggest a number of case management models, including case management in pediatrics, rehabilitation, services for the elderly, and other fields of care.

The book provides a clear overview of how outdated organizational practices can be redesigned to comply with the demands of managed care. In addition to the new insights provided, I was especially impressed by the practical guidance put forth to suggest how these changes can be implemented in a multitude of areas. This type of thinking will be necessary to create superior and more productive organizations.

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