Surviving Death: A Practical Guide to Caring for the Dying and Bereaved, 2d ed.

Rev. Charles Meyer,
Twenty-Third Publications, Mystic, CT, 1991, 184 pp., $9.95 (paperback)

IN THE SECOND EDITION OF THIS BOOK, Rev. Charles Meyer has expanded and revised the first edition, which was published in 1988. (See Health Progress, July-August 1990, pp. 92-94, for a review of the first edition.) Rev. Meyer takes another look at caring for the dying and the bereaved as the world faces myriad medical and ethical questions, such as the quality of life and death, the meaning of death and self-determination, and the changes in medical technology and practice. His survey of these situations is packed into a practical guide for care givers, patients, and the bereaved.

Rev. Meyer writes for those who care for themselves and for others. In the first section he addresses the care of others with affirmations and commonsense pastoral guidelines for being with the dying person. Rev. Meyer seems to prepare care givers to look at their own attitudes and choices.

In the next three sections Rev. Meyer helps the reader understand death and dying and the need for high-quality medical decision-making processes. He discusses the death myths society uses in making medical decisions, he suggests several scenarios that could reflect the assumptions which support these myths, and he provides practical rebuttals to these myths. For example, the myth that only old people die is based on an assumption that young people do not die. Rev. Meyer explains that this myth fosters ageism, which may influence young persons to choose overly aggressive treatments. In his rebuttal, Rev. Meyer says that death cares not for age.

Each treatment or end-of-life decision must be evaluated on the basis of quality of life and relationships, not the patient's age.

In the chapter on dying in the 1990s, Rev. Meyer offers an overview of medical decision making. To illustrate how important it is for patients and their families to understand self-determination and how to keep the lines of communication open, he uses examples of "pulling the plug" and active and passive hastening of death in crisis situations and noncrisis long-term illnesses.

In the final section of the book Rev. Meyer once again discusses the integration of death into one's own life and spiritual journey. These chapters address issues for the bereaved—afterlife, grief tasks, networking, and sexuality—offering sensitive, practical insights.

In addition to care givers, Rev. Meyer addresses another audience. In the section on churches and death, he rebukes churches for their part in rendering people unable to deal with dying, death, and survival. He concludes that people lack the necessary preparation for making medical decisions. He maintains that churches have fostered death myths as they continue to deny death by avoiding public discussion of death or funeral planning with members. Rev. Meyer's chapter on "theology by slogan" further identifies churches' vulnerability. However, although he asks church leaders straightforward questions and offers seeming indictments, he offers no new ideas for change. He instead limits his suggestions and encouragement to church members for individual support.

I recommend that church professionals use this book in their personal lives, as well as in the development of theology, spirituality, and ethical decision-making processes that can better serve the needs of their church members. This calls for study, debate, new understanding, and a willingness to let go of ingrained thinking and myths.

Surviving Death is a practical and challenging guide for all of us. By developing our own attitudes toward life, death, and spirituality, we can better serve those who are dying.

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Innovations in Health Care Delivery: Insights For Organizational Theory

Stephen S. Mick et al.

The eight original articles in Stephen S. Mick's compilation have two major goals: to identify significant trends that have developed in the healthcare industry over the past 10 years and to describe how organizational theory has changed in response to these developments. Eighteen authors, including Mick, contributed to the book.

In the opening chapter, Mick identifies the forces he believes have had the greatest impact on healthcare organizations over the past decade:

- Changes in reimbursement mechanism
- The large infusion of complex technologies
- Increased governmental regulation of rate-setting capabilities
- The oversupply of hospitals and acute care beds
- Increased number of physicians and foreign medical graduates
- The aging of the U.S. population
- The costs and risks associated with AIDS

These forces are the subjects of the book's seven remaining chapters. The articles as a whole focus on issues that fall into four major categories: organizational environments, organizational innovation, strategic activity, and trans-
action cost economics. Chapters relating to organizational environment question whether the impact of factors such as altruistic behavior and managerial discretion lessens as hospitals rely more on high-technology healthcare. Contributors to the chapters dealing with organizational innovation help readers understand how the multiplicity of new organizational forms has arisen in the past 10 years.

One chapter examines the diffusion of magnetic resonance imaging in light of a theory that explains such diffusion in the context of changes in the organizational environment. The authors consider the shortcomings of this sort of analysis and suggest that no single organizational theory can be sufficient to describe the rapidly evolving technology diffusion processes in healthcare.

The book's final two chapters focus on transaction cost economics, an area to which Mick has devoted considerable research. He attempts to explain vertical integration of healthcare organizations by synthesizing two apparently conflicting theories of organization: transaction cost economics and strategic management theory. After briefly reviewing each school of thought, Mick provides his own model, which resolves the apparent contradiction of simultaneous integration and deintegration.

Innovations in Health Care Delivery is not a simple how-to manual for innovations but a collection of serious academic efforts that challenge current organizational theory and begin to develop a theoretical framework for future analysis and decision making.

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**BOOK BRIEFS**

**Health Insurance in Practice: International Variations in Financing, Benefits, and Problems**


In presenting the findings of his extensive international research, Glaser pinpoints the strengths and weaknesses of health insurance programs in developed countries around the world as a clue to solving the problems in our own system. Focusing on topics such as health insurance structures, financing, and benefits, Glaser describes health insurance systems that work and contrasts them with "the private and chaotic health sector of the United States." The final chapter outlines a design for statutory health insurance based on European models that might be enacted in the United States.

**Values in Conflict: Christian Nursing in a Changing Profession**


The authors question whether anyone can be a nurse without being guided by some values, and they advise Christian nurses on how to better understand and apply their beliefs. In 10 chapters, they discuss value assessment, values in nursing, Christian values, strategies for discipleship, and Christian nursing in a secular profession. Appendices include a dictionary of Christian values, a survey of nursing values, and a code of ethics for nurses.

**Financing Home Care: Improving Protection for Disabled Elderly People**

Diane Rowland and Barbara Lyons, editors, Johns Hopkins University Press, Baltimore, 1991, 256 pp., $47.50

Elderly people who are disabled are particularly vulnerable to a loss of independence, and financing and delivering home- and community-based services for this population is a major issue. The first section of this book profiles the population in need of home care and the limitations of current financing sources. The second section discusses eligibility criteria and relating benefits to functional limitations. Section three reviews current long-term care programs to establish a baseline for reform, and section four discusses the implications of various approaches and sets forth a proposal to expand home care.

**BOOKS RECEIVED**


