The authors of this collection of five essays are well respected and highly qualified to address the relationship between physicians and chaplains. Each author has a pastoral care background; however, I believe this book would be more effective if the editors had included a physician’s viewpoint.

In the introduction Larry VandeCreek states that the book is offered “in the hopes that the chaplain/physician relationship will be strengthened.” The book may well act as a catalyst in stimulating discussion that could result in meeting this goal.

Frank Balch’s essay is an excellent presentation on pastoral identity and professional interaction. Balch identifies poor communication as a major problem. He suggests ways to solve communications problems such as through “active participation in case conferences, rounds, and patient assessment conferences.”

In their essay, Richard and Brenda L’nderwood and Donald Mosley suggest an approach to change pastoral care givers into “behavioral medicine consultants” with psychotherapy expertise. This is a unique way to expand chaplains’ skills and may be of interest to some administrators who are anxious to broaden chaplains’ traditional territory.

In another essay VandeCreek suggests that few chaplains appreciate physicians’ education history and “the personal sacrifices” physicians make “for education.”

Richard Eyer’s essay is disappointing because he does not fully develop important issues. He describes the following incident: “At the lunch table recently I was saying to a surgeon how much support the family of a particular patient needed. The doctor turned to me and said, ‘Family? Hell, what about me? No, I’m kidding,’ and began to talk about the family’s difficulties.” Eyer proposes that chaplains can help physicians deal with personal crises by informing them that they are included in the chaplain’s private prayers.

Beverley Faulk’s essay on chaplain-physician relationships in obstetrics will be of interest to administrators considering hiring a chaplain who specializes in obstetrics. Faulk makes a strong case for women chaplains. She states, “All things being equal; e.g. education, knowledge, skills, etc., I believe that a woman chaplain is preferred in obstetrics over a male chaplain.” She argues her case well.

Chaplains and physicians have been protective of their areas of expertise for too long. This book, in raising many complex issues and proposing some solutions, will serve as a first step in strengthening the chaplain-physician relationship.

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BOOK BRIEFS

**Management Principles for Health Professionals, 2d ed.**

Joan Gratto Liebler, Ruth Ellen Levine, and Jeffrey Rothman, Aspen, Gaithersburg, MD, 1992, 448 pp., $49

The authors wrote this book to acquaint the healthcare practitioner with essential management concepts, present a base for further study, and provide sufficient detail to enable the practitioner to apply some concepts in daily work. Topics covered include staffing and scheduling; hiring, motivating, and retaining personnel; applying management-by-objective approaches and strategic planning; and recognizing and dealing with threats to a facility’s survival. Numerous charts, graphs, checklists, and appendixes support the text.

**Physicians’ Generix: The Official Drug Reference of FDA Prescribing Information and Therapeutic Equivalents**

Data Pharmacuetica, New York City, 1992, 2,702 pp., $68

This reference book provides detailed product information on 1,835 separate drug entities and information on pharmaceutical suppliers. It brings together a variety of U.S. federal government data bases resulting from research for regulation of prescription pharmaceuticals. Information was gathered from sources such as the Food and Drug Administration Division of Generic Drugs, the Center for Drug Evaluation and Research, and the Health Care Financing Administration.

**BOOKS RECEIVED**


*Spirituality for a Restless Culture,* Ronald Rolheiser, Twenty-Third Publications, Mystic, CT, 1991
