

# Book Reviews

## The Lost Art of Caring: A Challenge to Health Professionals, Families, Communities, and Society

Leighton E. Cluff, MD, and Robert H. Binstock, PhD, Editors

Johns Hopkins University Press, Baltimore, 2001, 288 pp., \$48 (hardcover)

IN HIS FAMOUS ESSAY ON MEDICINE, Francis Peabody spoke eloquently about the human side of patient care and made the often-cited statement, "One of the essential qualities of the clinician is interest in humanity, for the secret of the care of the patient is in caring for the patient."<sup>1</sup> *The Lost Art of Caring: A Challenge to Health Professionals, Families, Communities, and Society*, edited by Leighton Cluff, MD, and Robert Binstock, PhD, draws attention to the integral role of caring in health care, as well as to the contemporary forces that seem to downgrade caring or make it difficult to undertake.

The editors have organized the book's 11 essays in three sections: Part one deals with the nature and meaning of caring and the populations requiring it;

part two describes changes in the provision of health care, both in context and content; part three is concerned with assessments of caring. The editors have intended the book for a broad audience, including health care professionals and students, administrators of health care institutions and programs, family and friends of patients, members of voluntary organizations that provide care, and policy-makers concerned with shaping a humane and caring society.

On the whole, this volume deepens our understanding and appreciation of the importance of caring for all who are in need of personal attention and assistance when ill and disabled. The contributors seem to have given much thought to their chapters, weaving together personal stories, clinical experiences, research findings, and proposals for change. They recognize that caring is primarily a moral endeavor, but also requires much technical competence. Caring demands knowledge of a particular person, as well as knowledge of the body. Most important, caring takes time—time that is, unfortunately, often squeezed out by the grip of reductive technology and economic pressures.

The opening chapter, by Daniel Callahan, is especially compelling. Callahan observes that caring, to be meaningful, must have a goal that is both general (bearing on what we need

as human beings) and particular (bestowing what we need as individuals). If caregivers treat us only as needy human beings, overlooking our particularity, their caring may fail. If they address us strictly as individuals, our sharing in the human condition may be slighted. Good caring addresses not only the psychological, social, or spiritual needs of patients and their loved ones but also the particular person in whom those dimensions are found. As Callahan notes, we who are caregivers need to know what the person most needs and what, in our relationship to the person, is in us to give. Caring demands that the person, rather than the disease, be the object and subject of medicine.

*The Lost Art of Caring* is most substantial in part two. These six essays address the provision of caring in multiple settings, including the hospital, nursing home, outpatient facility, hospice, home, and community. The writers insist that caring must not depend on especially compassionate clinicians; it must be part of the practice of all caregivers—nurses, volunteers, housekeepers, physicians, family members, and dietitians, among others.

Part three is too short—it contains only two essays—to satisfactorily appraise the success of efforts at caring. The authors appropriately point out that caring procedures have all but disappeared from medical and nursing education. As Alvan Feinstein notes, we need new approaches that identify, appraise, and teach the constituents of the art of caring.

This volume would benefit from substantive attention to the ways in which race, ethnicity, class, and gender are related to needs for caring. One chapter includes two paragraphs on the impact of race, ethnicity, and culture on caring. Several chapters briefly acknowledge that caring is often considered a second-rate activity that we either expect family members to perform without compensation or hire others (often the poor) to perform for a minimal wage. An essay that places race, ethnicity, class, and gender at the center and delves into the significance of those differences would only

### BOOKS RECEIVED

**When Hope Is Tried: Meditations for Those Who Are Ill and the People Who Love Them**, Carol Winters, Loyola Press, Chicago, IL 2001

**Creating Responsive Solutions to Healthcare Change**, Cynthia S. McCullough, Center Nursing Press, Indianapolis, IN, 2001

**The Guide to Living with HIV Infection**, John G. Bartlett and Ann K. Finkbeiner, The Johns Hopkins University Press, Baltimore, MD, 2001

**Longevity Revolution: As Boomers Become Elders**, Theodore Roszak, Beverly Hills Books, Berkeley, CA, 2001

**Telling the Stories of Life Through Guided Autobiography Groups**, James E. Birren and Kathryn N. Cochran, The Johns Hopkins University Press, Baltimore, MD, 2001



strengthen this excellent treatment of caring.

*The Lost Art of Caring* effectively makes the argument that, although nothing can change a person's fragile situation in the world, the moral enterprise of caring can make it more bearable. We should always provide care as a measure of respect for others, a way of recognizing their humanity and our shared human condition.

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#### NOTES

1. Francis W. Peabody, "The Care of the Patient," *JAMA*, no. 88, 1927, pp. 882.

## Finance In Brief: Six Key Concepts for Healthcare Leaders

**Kenneth Kaufman**

*Health Administration Press, Chicago, 2000,*  
105 pp., \$40.00 (paperback)

EVERY SO OFTEN A PUBLICATION SURFACES that truly deserves the label "must reading." *Finance in Brief: Six Key Concepts for Healthcare Leaders*, by Ken Kaufman, is one such publication. Although only 105 pages long, it is "must reading" for executives, board members, and all those in a leadership capacity in health care. Kaufman, principal in KaufmanHall, a health care consulting firm based in Northfield, IL, currently serves as the unrecognized guru of health care corporate financial practices. But this book, and his continuing commitment to the field, will help change the designation from "unrecognized" to "recognized."

Using a clever question-and-answer approach, the author guides the reader through six primary concepts and hundreds of insights and perspectives. *Finance in Brief* is neither a textbook nor a collection of articles. Kaufman addresses

some basic concepts, illustrating them with his question-and-answer format, and in doing so imparts new knowledge and insights to his readers. A wide range of health care leaders-including chief executive officers, chief financial officers (CFOs), finance committee chairpersons, board chairpersons, investment bankers, accountants, consultants, and practitioners-could profit by reading this book.

Kaufman leaves nothing to guesswork or chance. He provides exhibits, graphs, and charts (including bar charts, bell-shaped curves, and histograms) and makes each a teaching moment. He offers these teaching aids in the interest of increasing the knowledge of, and appreciation for, sound corporate financial practices in the health care field.

For example, Kaufman makes the much-maligned process of "capital allocation" understandable. We learn everything-from why capital allocation is important, to governance factors, to quantitative techniques that can be used in the capital allocation process. There are as many "how to" questions as there are "what" questions in the list of 98 questions that Kaufman answers. He buttresses his answers, moreover, with references to other writers. These references-besides being a kind of hidden bonus for the reader who wants to learn more-testify to the thoroughness of the author's approach.

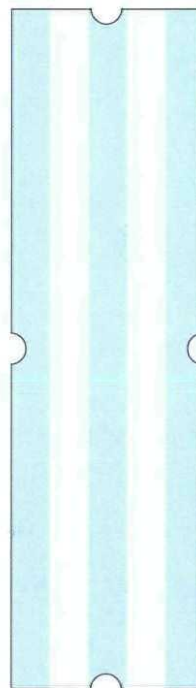
Many of America's hospitals were founded in the late 19th century, or, in some cases, even earlier. Until cost reimbursement was replaced by prospective reimbursement, hospitals had few incentives for instituting sophisticated corporate financial practices. Now that situation has changed. Board members as well as executives need to step up to their accountability in this ever-changing arena called health care. Whether we are CFOs or finance committee chairpersons, we must adopt sound corporate financial practices if we expect our organizations to survive and thrive in the new millennium. *Finance in Brief* offers us a place to start in improving our sophistication.

*Jerry Widman*  
Advisor on Healthcare Finance  
Wellspring Partners  
Chicago

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