

# Book Reviews

## The Patient-Physician Relation: The Patient as Partner, Part 2

Robert M. Veatch

Indiana University Press, Bloomington, 1991, 320 pp., \$27.50

THIS BOOK IS A SEQUEL TO ROBERT Veatch's earlier work, *The Patient as Partner: A Theory of Human Experimentation Ethics*. Using the same underlying theory of a partnership between professionals and the public they serve, this work examines the partnership relationship in the context of clinical medicine.

The first portion of the text summarizes the theoretical basis of the partnership model. The author outlines his belief that medical ethics needs to be much broader than the ethics of physicians. Input from other interests (e.g., religious, philosophical, and political) would lead to a more expansive view of medical ethics, according to Veatch. Furthermore, because the patient is one of the interested parties in medical ethics discussions and decisions, the author advocates a model of partnership or contract between the physician and patient as a new basis for medical ethics. The partnership's fundamental features are shared decision making and ethical authority based on trust and confidence.

After establishing this theoretical background, Veatch addresses a wide range of specific topics. These include informed consent, access to medical records, confidentiality, organ transplantation, do-not-resuscitate orders, economics and cost containment, and (interestingly) the ethics of ethics committees. The book includes 17 case studies, most of which are short and illustrate a specific point. Some of the cases, however, are presented in greater depth and add a needed realism to largely theoretical discussions.

Of the book's 27 chapters, only 5 have not been previously published.

However, the author has organized the work in a manner that allows him to effectively address specific issues in the context of an overarching medical ethics theory. Taken as a whole, the focus is as much on the changes in patient-physician relationships as it is on underlying medical ethics. The intended audience may well be physicians and healthcare administrators who need to understand the changes and direction described, but ethicists or philosophers would be more comfortable with the style and pace of the writing.

This book makes a real contribution to the discussion and understanding of our changing medical system. It will be of interest to anyone involved in the field of medical ethics and will be especially useful for those on institutional ethics committees.

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## Too Old for Health Care? Controversies in Medicine, Law, Economics, and Ethics

Robert H. Binstock and Stephen G. Post

Johns Hopkins University Press, Baltimore, 1991, 232 pp., \$40 (hardcover), \$18.95 (paperback)

SHOULD OLDER PERSONS BE DENIED lifesaving treatments on the basis of their age, rather than on the basis of their individual clinical condition? In this collection of articles, written from medical, legal, economic, and ethical perspectives, the 11 authors are unanimous in their belief that rationing on the basis of age is wrong. Such rationing erodes the value of human life, denies the dignity that should be accorded to every person, and is inconsistent with our Judeo-

Christian tradition and our Western moral and ethical thought.

Rationing on the basis of age has gained increased attention in the healthcare reform debate. According to proponents of rationing, society will be incurring escalating healthcare costs for the elderly at a time when other compelling social needs will compete for limited resources. Proponents argue that the proper antidote to increasing healthcare costs is an explicit public policy that denies life-extending healthcare to those who have seemingly lived out their natural life span of 70 or 80 years.

Several contributors to Binstock and Post's book suggest alternative approaches to address the special needs of the elderly. Christine Cassel and Bernice Neugarten offer a medical model that embraces the aging society and integrates the heroic and the humanistic. David Thomasma believes patients should be treated in ways that maximize the individual's autonomy, and opportunities for self-determination through advance directives are a step in the right direction.

Although he does not provide a specific alternative, Thomas Murray suggests that a public policy of age-based rationing would pit one generation against another. It would convince the elderly that society perceives their lives as devoid of meaning, and eventually, the meaning of life for the rest of society would be in doubt. Stephen Post reminds us that rationing on the basis of age is contrary to the Judeo-Christian tradition, which protests against theories of justice that discriminate against persons on the basis of their age.

Readers can take some solace in Harry Moody's observation that the political and practical steps required to implement explicit age-based rationing would make such a public policy unacceptable. Yet in the absence of an explicit policy, Nancy Neveloff Dubler and Charles Sabatino warn that the most likely scenario is that Medicare and Medicaid reimbursement formulas and the demands of the marketplace could

encourage healthcare institutions to engage in a resource allocation system that would be a euphemism for age-based rationing.

The specter of labeling millions of Americans as "too old" for healthcare is one that needs thorough rebuttal. Robert Binstock and Stephen Post's book effectively critiques the institutionalization of discrimination against the

elderly. Yet the task remains to offer a practical way to address the inevitable explosion in healthcare expenditures that will compromise our ability to meet many other legitimate social objectives.

The book's multidisciplinary approach makes it compelling reading for administrators, clinicians, ethicists, and families. *Too Old for Health Care?* gives the reader an appreciation for the subtle yet

increasingly pervasive change in social attitudes toward the elderly. More important, it provides the reader with a framework to respond to trends that are inconsistent with a compassionate and caring society.

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## BOOK BRIEFS

### Grief Ministry Facilitator's Guide

JoAnn Sturzl and Donna Reilly Williams, *Resource Publications, San Jose, CA, 1992, 109 pp., \$19.95 (paperback)*

Persons who instruct grief ministers can use the lesson plans in this manual to teach 10 educational sessions on topics such as "Death in Our Society" and "Person-to-Person Skills." The plans list necessary materials and preparation, suggest an opening and closing prayer, describe how to encourage participants to share their experiences, and recommend homework assignments. The manual also contains handouts, suggestions for exercises, and meditations.

### What Works in Drug Abuse Epidemiology

Blanche Frank, Ronald Simeone, and Barry Stimmel, eds., *Haworth Press, Binghamton, NY, 1992, 150 pp., \$29.95*

Drug abuse researchers, public health experts, and social scientists provide an overview of drug abuse epidemiology by describing and identifying all the elements that contribute to the drug abuse problem. Contributing authors tell what does and does not work in drug abuse epidemiology and why. They discuss ethnographic strategies, surveillance techniques, and practical ap-

proaches for professionals. Some authors describe strategies for studying hard-to-reach populations, such as black youth living in ghettos and homeless persons in shelters.

### Year Book of Health Care Management

Robert M. Heyssel et al., eds., *Mosby-Year Book, St. Louis, 1992, 252 pp., \$57.95*

The editors review a broad list of articles in a diverse series of journals and magazines and comment on those articles which represent major trends or highlight important new information relating to healthcare management. Journals represented include *Health Affairs*, *Harvard Business Review*, and *Topics in Health Care Financing*. Articles fall into categories such as human resources, medical quality management, and healthcare ethics.

### On Being in Charge: A Guide to Management in Primary Health Care, 2d ed.

Rosemary McMahon, Elizabeth Barton, and Maurice Piot, *World Health Organization, Geneva, 1992, 472 pp., \$27 (paperback)*

This training guide is designed to help healthcare workers, including nurses and medical assistants, improve their managerial skills. An opening exercise

helps readers diagnose their own managerial weaknesses and then turn to the appropriate chapters for study. The guide features 14 chapters presented in 4 main parts—an overview of management, the healthcare team approach to management, management of resources, and management of primary healthcare services. Each chapter begins with a learning objective; each part concludes with exercises to facilitate individual learning and team problem solving.

## BOOKS RECEIVED

**Back from the Brink: A Family Guide to Overcoming Traumatic Stress**, Don R. Catherall, Bantam Books, New York City, 1992

**A Consumer's Guide to Aging**, David H. Solomon et al., Johns Hopkins University Press, Baltimore, 1992

**The Energy within: The Science behind Every Oriental Therapy from Acupuncture to Yoga**, Richard M. Chin, Paragon House, New York City, 1992

**Inward Bound: Exploring the Geography of Your Emotions**, Sam Keen, Bantam Books, New York City, 1992