

## Addictions in the Lesbian and Gay Community

edited by Jeffrey R. Guss, M.D., and Jack Drescher, M.D.;  
New York, Haworth Medical Press, 2000, 191 pages, \$69.95

Howard C. Rubin, M.D.

This volume is an eclectic collection of papers on gay-affirmative treatment of addictions. It provides essential insights into the intersection of lesbian and gay identities with substance use and abuse.

The book opens with a review of our current knowledge about the epidemiology of addictions in the gay and lesbian communities. This first chapter also provides an excellent general introduction for the mental health professional who is seeking an overview of the field. The author notes that assessing the magnitude of substance abuse in gay and lesbian communities is difficult, because sound methods for obtaining data from random samples of gay men and lesbians do not exist. Until recently, the U.S. government has not funded studies that specifically examine lesbian and gay mental health concerns.

A chapter by Jaffe and colleagues describes a study of 87 lesbians and 89 heterosexual women in which the authors hypothesized that alienation—a term that encompasses powerlessness, “normlessness,” and social isolation—would be correlated with use of alcohol. They found that the lesbians in the sample had a higher incidence of alcoholism but scored lower than the heterosexuals on the powerlessness subscale.

Although the study by Jaffe and associates is the only one that focuses specifically on lesbians and substance use, other chapters address lesbian issues with illustrative case histories. For instance, Ziegler, in a chapter on professionals with addictions, presents several cases, including two of lesbian physicians. The treatment plans she includes at the end of each case description provide a clear and concise demonstration of the multi-

modal approach to substance abuse treatment.

Several chapters describe the subculture of “club drug” use and abuse among segments of the gay male community. McDowell gives a comprehensive overview of the drugs involved, which include Special K (ketamine), Ecstasy (methylenedioxymethamphetamine—MDMA), and GHB (gamma-hydroxybutyrate). Other authors describe treatment issues in working with gay men addicted to drugs of abuse, and some use psychoanalytic theory to explicate the dynamics of the substance use. Some of these authors attempt to build a con-

ceptual framework for treatment that is based on self psychology and post-modern theory. A useful chapter by Olson focuses on working with gay teenagers.

Readers looking for research papers on addiction and treatment will be disappointed, because for the most part the contributors rely on clinical and personal experience to explicate the different aspects of addiction and treatment.

*Addictions in the Lesbian and Gay Community* is a landmark book. It outlines the progress that has been made in understanding how substance use affects gay and lesbian individuals, and it describes how practitioners provide gay-affirmative treatment. It also underscores the need for intensive evidence-based research that builds on the work being done by the contributors to this volume.

## Substance Abuse in the Mentally and Physically Disabled

edited by John R. Hubbard and Peter R. Martin;  
New York, Marcel Dekker, 2001, 318 pages, \$125

Alan D. Schmetzer, M.D.

The papers in this collection address various psychiatric and medical conditions that co-occur with the substance abuse and dependence disorders. The volume editors are both psychiatrists who have a special interest in addictionology. The book appears to be directed to physicians, especially psychiatrists and primary care practitioners, but it would be equally appropriate for psychologists, nurses, and professionals in other disciplines who work in the area of addictions. The term “substance abuse” in the title is used generally to refer to abuse and dependence. All 20 contributing authors appear to be highly qualified, and some are well known.

*Substance Abuse in the Mentally and Physically Disabled* contains 13 chapters: an introductory chapter, seven chapters on the interplay of psychiatry and addictions, and five chapters on other medical issues and their relationship with addiction. Two chapters deal more with subpopula-

tions than with specific disorders—the first on adolescents with psychiatric illness and substance use disorders and the second on the physical health issues of the elderly who use and abuse substances. There is also an interesting chapter on psychoanalytic thought about addictions, written by Pietro Castelnuovo-Tedesco, M.D.—to whom the book is dedicated—shortly before his death.

The current theories about causation in comorbidity are discussed. Also addressed are the advantages of treating the patient as a whole rather than dividing a person's disorders up by discipline—for example, “Get your addiction treated and then come back to see us about your depression”—as we too often still do today.

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The major psychiatric disorders addressed in the book are anxiety, depression, bipolar disorder, schizophrenia, and the personality disorders. The other medical conditions discussed at length are cardiovascular disease, HIV-AIDS, chronic pain, neurological diseases, and head injuries. Each is reviewed in good detail. The chapters on subpopulations are equally thorough and, where appropriate, are subdivided into major diagnostic issues. The major steps to adequate assessment and the common pitfalls of treatment are discussed for each area.

The only criticism I have of this book is that the proofreading was poor. Rare but glaring errors in grammar, spelling (particularly with the generic names of medications), and sentence structure are scattered throughout much of the book. Some

chapters have no errors and others have several, so perhaps the proofing was left to the individual authors. There were three sentences in the book from which I could not discern the authors' intended meanings, although none seemed to be so important that they negated the otherwise excellent scholarship.

That said, *Substance Abuse in the Mentally and Physically Disabled* is a worthy reference book. Each chapter has multiple references, and the basis for any conclusions is always solid research—or at least as solid as is available for the issue at hand. In particular, the chapter on the elderly would be excellent reading for anyone who regularly works with the geriatric population. I would recommend this book to any practitioner who has ever been puzzled by a patient with a dual diagnosis involving chemical dependency.

It is important for investigators, especially those who are new at conducting clinical research and those who take the lead in designing a study, to acquaint themselves with the ethical issues involved in research with persons who have mental illness. Investigators also must understand the role of appropriate regulatory bodies, such as institutional review boards, and must be aware of what constitutes scientific misconduct. Chapters 8 and 9 delve into these issues and provide thoughtful insights into this critical area of clinical research. For example, the authors offer a helpful and concrete discussion of the elements of informed consent as they apply to study subjects whose capacity to consent to participate in research may be impaired.

The last three chapters deal with writing and reviewing journal articles and making scientific presentations. They provide helpful suggestions on how to organize and disseminate information while writing articles for a scientific journal or making oral presentations at conferences.

The appendixes contain a great deal of information that should be useful to all readers. They cover such topics as the Nuremberg Code, the Declaration of Helsinki, research involving the Food and Drug Administration, psychiatric research scales, and the NIH grant review process, and they provide a list of resources for research and ethics, along with their Web addresses, phone numbers, and other contact information.

Could this book have benefited from any additional information? The authors do not address non-NIH funding sources that can serve as crucial building blocks in the careers of junior investigators. Discussion of funding from foundations, investigator-initiated funding from pharmaceutical companies, and other sources of support would have added significantly to this work's usefulness.

*Elements of Clinical Research in Psychiatry* nonetheless offers a great deal of useful and insightful information. The depth of the authors' knowledge and experience in clinical research is evident throughout, and they success-

## Elements of Clinical Research in Psychiatry

by James E. Mitchell, M.D., Ross D. Crosby, Ph.D., Stephen A. Wonderlich, Ph.D., and David E. Adson, M.D. Washington, D.C., American Psychiatric Press, Inc., 2000, 207 pages, \$38.50

Jayendra Patel, M.D.

Residents and fellows in psychiatry often struggle with the dilemma of whether or not to pursue a career in research. For most, the information and guidance they would need to choose the research avenue as an informed decision are not easily available. Trainees facing this dilemma will be well served by *Elements of Clinical Research in Psychiatry*. The authors have nicely combined comprehensiveness with succinctness in a well-written text.

In the first chapter, "Careers in Clinical Mental Health Research," the authors describe what a clinical psychiatric researcher does and provide a list of questions for the reader who is considering a career in clinical research.

The questions provide the reader with an understanding of the various opportunities available and how to narrow down the choices. More important, in this fashion the authors guide the reader toward getting answers to questions that will finally lead to a decision about a career in research.

Chapters 2 to 4 focus on research methods and provide an excellent discussion of what is involved in designing research studies. The next two chapters provide a concise but very useful introduction to statistics; the presentation in these chapters should enhance insight into the data-analysis dimension of understanding and writing research protocols.

In chapter 7—and with the help of some of the appendixes—the authors describe how research support is procured from the National Institutes of Health (NIH) and, more generally, the process involved in funding research grants.

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fully tackle this complex topic by breaking it down into various components and keeping the discussion of each element brief, focused, and succinct.

This book is a must-read for anyone thinking of a career in clinical research. It should also be useful for other psychiatric trainees, not only to

gain a better understanding of the field but also to understand the process in which their patients may be participating if they are subjects in clinical research. The book also may offer residency training directors useful information for their courses on ethics and research methodology.

cal deficits, and integrating psychotropic medications into treatment. Much more depth in pragmatic guidance, psychological issues, and group process issues associated with these topics would need to be explored for this book to be a truly comprehensive treatment resource for clinicians.

Who is the appropriate audience for *Psychotherapeutic Interventions for Adults With Brain Injury or Stroke*? Experienced psychotherapists or psychiatrists already toiling in the field who are looking for a resource to bring them back to their roots would find this book an enjoyable, stimulating, and interesting antidote for burnout. Clinicians searching for a useful reflection on the meaning of their work with this fascinating patient population will find it in this volume.

#### Reference

1. Miller L: *Psychotherapy of the Brain-Injured Patient: Reclaiming the Shattered Self*. New York, Norton, 1993

### Psychotherapeutic Interventions for Adults With Brain Injury or Stroke: A Clinician's Treatment Resource

edited by Karen G. Langer, Ph.D., Linda Laatsch, Ph.D., and Lisa Lewis, Ph.D.; Psychosocial Press, Madison, Connecticut, 1999, 238 pages, \$35

Peggy E. Chatham-Showalter, M.D.

Richard Schall, Ph.D.

Patients who have survived acquired brain injury or stroke but are struggling with functional impairments constitute a large and growing population. Each year some 80,000 Americans suffer traumatic brain injury resulting in substantial functional loss; 590,000 Americans a year survive a stroke, and about 10 percent of them have another stroke within a year. These patients and their families have high levels of emotional, psychological, and psychiatric morbidity, but they and their problems are dispersed throughout the health care network. As a patient population, they are virtually invisible to mental health clinicians. If they are seen, frequently the clinical connection between the brain impairment and the functional problems is missed.

*Psychotherapeutic Interventions for Adults With Brain Injury or Stroke* presents the expertise of clinical psychologists who are well versed in the use of psychodynamic psychotherapy to connect the brain impairment with the psychological and cognitive sequelae for these patients. Among the book's highlights are chapters discussing history, ethics, awareness and denial, transference and countertransference, rationalization, family re-

sponses, and substance abuse. Each chapter is self-contained and could be read independently. Because the editors selected a broad range of psychodynamic topics that are presented briefly, some chapters cover topics that could fill an entire volume themselves. For interested readers, a bonus is the variety of citations to earlier, original, and seminal psychological writings.

The topics covered are stimulating and thought provoking, but the text demands familiarity with the vocabulary and theory of psychodynamics. The discussions are at an advanced level, so this book would not be an appropriate introductory text for clinicians who do not have a strong theoretical and practical knowledge of psychodynamic psychotherapy, brain rehabilitation programming, neurocognitive functions, and neuropsychological issues. This is not a resource for nonpsychotherapist physicians, social workers, or nurses aiming to comprehend the psychotherapy process with brain-injured patients, nor is it an adequate resource for clinical psychotherapists looking to expand into treating persons who have brain injuries. Contributor Laurence Miller's own psychotherapy text is a better introduction for these audiences (1).

Contributors present overviews of the very important issues of financial compensation, insurance and managed care, litigation, roles on multidisciplinary treatment teams, physi-

### Crucial Choices, Crucial Changes: The Resurrection of Psychotherapy

by Stefan de Schill; Amherst, New York, Prometheus Books, 2000, 548 pages, \$56

William H. Sledge, M.D.

I approached *Crucial Choices, Crucial Changes* with a great deal of hope and expectation. The tone of the initial material is promising—the idea, hopeful and illuminating, that there are critical choices ahead and changes to be made. Disaffection with the state of psychodynamic psychotherapy would prompt basic changes in order to protect and maintain the substantial benefits of this perspective in the sea of troubles facing psychotherapy in general. The idea of a presentation of “entirely different approaches to psychotherapeutic theory and practice” is

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appealing. The historical and literary quotations sprinkled throughout the text give it a humanistic flair—again, an appealing quality. Indeed, the introduction seems to be headed in the right direction by identifying as problems psychoanalytic training and basic conceptual issues in psychoanalysis and psychodynamic theory. However, the author begins to demonstrate a different quality of choices as he moves into the middle portion of the book.

Dr. de Schill's attack on what he considers major problems and shortcomings of psychoanalytic psychotherapy practitioners takes on a shrill edge. This section of the book is disappointing and confusing, for de Schill seems to embody just what he complains about in his repetitive, diffuse attacks on the work of others. There seems to be a consistent strategy of setting up straw men and then knocking them down—repeatedly. De Schill's attacks on the authors whose scholarship I know best misrepresents their work, which does not leave me with a great deal of confidence in his own scholarship.

The book is organized essentially into three major components. The first, an introductory section, includes a foreword by Monroe Spero; a preparatory essay by de Schill, noting the difficulties in the field; and essays by John Gedo and Robert Stoller, addressing contemporary psychoanalysis and the use of conceptual language, respectively. The next section, part 1, is entitled "The Resurrection of Psychotherapy." This section, written by de Schill, is an effort to deal with some deficits in psychotherapy, namely, the failure to deal effectively with dreams and feelings, the poor conceptualization of psychotherapy, and the malignant narcissism of many of the prominent writers in the field. Part 2, the final section, also written by de Schill, is an account of using intensive psychoanalytic group psychotherapy as well as a continuation of the author's litany of complaints.

On one hand, the book soars toward a passionate humanism, seeking improvements in the training of psychotherapists and a rational critique of the conceptual soundness of the field; on the other hand, it plummets into a rambling, verbose, loosely argued rail-

ing against the world of academic psychotherapy. In short, *Crucial Choices, Crucial Changes* is a difficult work, showing promise and fire but mostly failing to deliver a consistent, well-articulated vision. The author hardly mentions the great forces that are at work in our culture to devalue the examined life; the strong move in medicine toward reductionist theories to explain complex phenomena that have social and psychological dimensions; or

the commercialism that has invaded the practice of medicine.

*Crucial Choices, Crucial Changes* will not be a blueprint for change in the field. It is a great book for someone seeking ways to talk about some of what is wrong in the realm of psychoanalytic psychotherapy, but the solutions are weak and the remedies pale. The author does not make the crucial choices that can lead to change. There will be no resurrection this way.

### **Integrity and Personhood: Looking at Patients From a Bio/Psycho/Social Perspective**

by Roberta Springer Loewy; New York, Kluwer

Academic/Plenum Publishers, 2000, 109 pages, \$79

**Philip J. Candilis, M.D.**

In 1977, psychiatrist George Engel wrote a seminal piece that brought the biopsychosocial model to mainstream medicine (1). In *Integrity and Personhood*, ethicist Roberta Springer Loewy brings the biopsychosocial model back to medicine for another look. Loewy contends that current medical practice is limited by a "standard approach" that overvalues autonomy and dry principles of medical ethics. She argues that the presuppositions behind commonly used principles must be examined and applied in the biopsychosocial context appropriate to each patient's care.

This is a direct criticism of what has been called the principlist approach to medical ethics, which is embodied in the widely used text by Beauchamp and Childress, *Principles of Biomedical Ethics* (2). Indeed, important movements in ethics have made their reputations by criticizing principlism: narrative ethics, the ethics of care, and communitarianism have all taken on this juggernaut of ethical analysis, now in its fifth edition. I am among those who argue that such criticisms have been well incorporated and rebutted in the recent editions of

Beauchamp and Childress' text as well as in other writings (3).

Loewy favors an alternative approach to patient care that draws on the writings of philosopher John Dewey. Dewey's model, broadly stated, espouses collaboration, openness to change, and a dynamic approach to problem solving that is familiar to psychiatry. It is hard to argue with an approach that Loewy translates into social sensitivity to the needs of individual patients, community involvement, and redress of social inequities.

Loewy uses a careful, illustrative, and case-based approach to show how Dewey's model would enrich the care of three patients: an elderly indigent man, a transplant candidate whose chances of survival are low, and a nursing home resident who has no family. She paints a stark picture of how mainstream medicine (and the "standard approach") treats such patients—too stark, some will think, in this era of multidisciplinary treatment teams, social work, and visiting nurses.

On occasion, the approach to psychiatry in this book is peculiar. In addition to endorsing the controversial distinction between exogenous and endogenous depression, the author expresses the view that "there are circumstances in which depression is a most reasonable emotional response, so much so that its lack might actually

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be construed as an inappropriate or unreasonable emotional response.” This spin on what truly constitutes disease is a throwback that many in psychiatry have been trying assiduously to overcome.

Loewy concludes with strong advocacy for improving health care delivery to vulnerable patients and an ethics workup that is practical and easy to read.

Psychiatrists will most likely be comfortable with this book’s application of

the biopsychosocial framework to ethics, and other specialties could bear to be reminded of it as well.

### References

1. Engel G: The need for a new medical model: a challenge for biomedicine. *Science* 196:129–136, 1977
2. Beauchamp TL, Childress JF: *Principles of Biomedical Ethics*, 5th ed. New York, Oxford University Press, 2001
3. Childress JF: *Practical Reasoning in Bioethics*. Bloomington, Indiana University Press, 1997

## Brave New Brain: Conquering Mental Illness in the Era of the Genome

by Nancy C. Andreasen; New York, Oxford University Press, 2001, 368 pages, \$32.50

Mark R. Munetz, M.D.

It is a rare psychiatrist-author who is able to hold the attention of the general reader with material that will also sustain the interest of and enlighten the professional community. For many of us, Freud was the first such writer we encountered. Assigned reading of Freud in college psychology classes led me to Karl Menninger’s *The Human Mind* (1), which steered me toward medical school and a career as a psychiatrist.

Nancy Andreasen may be the best contemporary psychiatrist to translate the art and science of psychiatry into palatable fare for the general public. In her 1984 book, *The Broken Brain* (2), Andreasen predicted a paradigm shift from a psychodynamic model to a biomedical and neurobiological model. Now, almost two decades later, Andreasen has written a new book, *Brave New Brain*, “to describe our growing knowledge about causes and treatments of mental illnesses in the 21st century.” This is another superb book—the kind that will certainly lead some of today’s college students to careers in

psychiatry or neuroscience.

Dr. Andreasen, editor-in-chief of the *American Journal of Psychiatry*, explains in the book’s preface that she took the title from Shakespeare’s *The Tempest* “to convey the sense of enthusiasm and optimism currently felt by clinicians and scientists who work with mental illnesses.” But she also acknowledges the hint of caution in the title’s reference to Huxley’s *Brave New World* (3). While the book’s tone is predominantly optimistic, Andreasen appropriately warns the reader of dangers ahead as well.

The book is organized into four sections, each with a catchy title. Part 1 is called “Broken Brains and Troubled Minds.” After summarizing the staggering statistics on the worldwide burden of mental illness, Andreasen tells the story of Jim and Mary. Jim has a fairly straightforward case of major depression, and Mary, his wife, will do anything to help him get effective treatment. Andreasen artfully describes their exploits with a variety of medical and mental health professionals within the context of managed mental health care. It is painful, but very real, to read of their struggle to find competent care. Andreasen uses this story to debunk the false dichotomies that

haunt our field—mind versus brain, drugs versus psychotherapy, genes versus environment—and she concludes by promoting a nicely diagrammed synthetic model. Andreasen reminds us that “nothing is ever one thing.”

Part 2, “Mind Meets Molecule,” is essentially Neuroscience and Genetics 101. Andreasen is a remarkably clear writer, and in the three chapters in this section she provides elegant overviews of neuroanatomy, neurotransmitter systems, mapping of the human genome, and functional neuroimaging. Photos, illustrations, charts, and tables amply supplement the text. For the mental health professional whose training preceded the “Decade of the Brain,” these chapters may be very enlightening. Having heard a variety of explanations of the science of magnetic resonance imaging, I found Andreasen’s to be, without a doubt, the clearest.

Part 3, “The Burden of Mental Illness,” starts with a discussion of how our general understanding of mental illness has evolved. Separate chapters then cover the same four specific disorders that were highlighted in *The Broken Brain*—schizophrenia, mood disorders, dementia, and anxiety disorders. Each chapter starts with a case example and smoothly weaves information from the earlier sections of the book into the author’s elaboration of what is known about these disorders. For example, Andreasen describes schizophrenia as “a disease that affects distributed neural circuits rather than single cells or single regions. Such disorders are sometimes referred to as misconnection syndromes.”

Finally, part 4, which bears the same title as the book, has a single chapter looking to the future. Here Andreasen underscores both the exciting developments she foresees in “conquering mental illness in the era of the genome” and some of the risks connected with this vision, such as genetic engineering, as well as the dangers our field confronts today.

In a lengthy discussion of the possible dehumanization of psychiatry,

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Andreasen reviews three forces that the field has confronted over the past few decades: the “biological revolution”; emphasis on empirical description and objective diagnosis created by *DSM-III* and *DSM-IV*; and the “economic revolution” in health care, including the impact of managed care. She argues that while each of these has brought progress, each “also carries the potential for abuse or misuse.” Andreasen rightly critiques psychiatric education and points out the need for psychiatrists in training “to be taught to think first about the whole person and to appreciate that each one is interesting and unique, not simply a composite of symptoms that are used to make a *DSM* diagnosis and provide treatment according to a standard algorithm, making the erroneous assumption that one size fits all.”

This book is an excellent resource

for anyone who wants to learn about psychiatry as it stands at the beginning of the new millennium. Consumers, family members, and advocates as well as trainees in all mental health disciplines will find it an excellent overview by one of our pre-eminent psychiatrist-neuroscientists. Clinicians and supervisors will benefit from this book as well. While the author is clearly a “biological psychiatrist,” she understands the dangers of reductionism and presents a well-balanced approach to mental illness as part of the human condition.

### References

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2. Andreasen NC: *The Broken Brain: The Biological Revolution in Psychiatry*. New York, Harper & Row, 1984
3. Huxley A: *Brave New World*. Garden City, NY, Doubleday, Doran & Co, 1932

## Informed Consent: Legal Theory and Clinical Practice, second edition

by Jessica W. Berg, J.D., Paul S. Appelbaum, M.D., Charles W. Lidz, M.D., and Lisa S. Parker, Ph.D.; New York, Oxford University Press, 2001, 259 pages, \$47.95

John Petrila, J.D., LL.M.

The first edition of this landmark book was published in 1987. This second edition, like its predecessor, is a superb blend of ethics, law, practice, and research.

*Informed Consent: Legal Theory and Clinical Practice* is divided into five parts comprising fifteen chapters. Part 1, “An Introduction to Informed Consent,” contains two chapters that frame the questions underlying informed consent and discuss its ethical justification. The authors describe informed consent as “a theory based on ethical principles, given effect by legal rulings and implemented by clinicians [that] has been haunted by its complex

lineage.”

In part 2, “The Legal Theory of Informed Consent,” the authors devote five chapters to reviewing the origins of informed consent as a legal principle and discussing its legal elements, exceptions to the practice, and various critiques of the informed consent doctrine.

Part 3 contains four chapters on “The Clinical Setting,” which, for many readers, will be the heart of the book. In these chapters, the authors articulate most clearly their formulation of informed consent, one aspect of which is the contrast between informed consent as an “event” and as a “process.” Informed consent in practice has usually been viewed as an “event” in which information is provided at the beginning of treatment for the patient, who then decides what to do. The authors favor a “process” model, which assumes that “medical decision making is

a continuous process, not a discrete event.” This section also includes helpful chapters on the informed consent form as well as on informed consent in managed care settings.

In part 4, “Consent to Research,” two chapters discuss consent issues in the context of research. As with consent in the realm of treatment, the authors favor a model that posits consent as an ongoing process rather than a discrete event. This section is particularly helpful in light of the renewed focus on the importance of informed consent in research occasioned by a number of recent instances in which a failure to adequately address informed consent is alleged to have harmed individuals enrolled in research projects.

Finally, in part 5, “Advancing Informed Consent,” the authors discuss limits on informed consent. They make the useful point that too much can be expected of the doctrine, noting, for example, that informed consent will not enhance autonomy when a patient has few real choices. They also recapitulate their earlier endorsement of informed consent as a process rather than as an event.

The authors’ position that viewing informed consent as a process is consistent with both patient autonomy and good clinical practice is critical in an era in which patients are asked to navigate an increasingly complex health care system. Such a perspective would move practitioners from a focus on ensuring that the consent form is signed to the more appropriate focus on ongoing discussions with patients over the course of treatment or research.

*Informed Consent* is an excellent book. It provides a clear synthesis of theory and practice. It is perhaps the most successful reconciliation available of the complexities of informed consent, and, in accomplishing this task, it does justice both to patients and to professionals. This book should serve as a guide and a reference source for all health care professionals, health care attorneys, ethicists, researchers, and patients.

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