

hypotheses for the empirical work described in the subsequent sections. Sections 2 through 4 describe the methods and results of each successive phase of research aimed at understanding the multiple dimensions of unfairness, including how age, gender, and culture shape perceptions of unfairness and the consistency of unfairness claims across various groups.

One of the most striking findings from the research is that claims of unfairness increase with age and become more intense over time. In Finkel's opinion, societal blame can have hazardous consequences if, for example, individuals lack the conviction to remedy perceived injustices and become apathetic toward the political process to the point of refusing to exercise their right to vote in elections. In the concluding section, the author disentangles the differences between efforts at rectifying, nullify-

ing, and softening claims of unfairness and discusses the implications of the findings in relation to a "commonsense" notion of unfairness.

Although readers may be only peripherally concerned with the topic of unfairness, the ideas and findings in this book are certainly applicable for scholars who are interested in furthering their understanding of the psychological, philosophical, theological, and legal constructs of unfairness and may also be of help to practitioners in areas related to clinical practice, negotiation, mediation, and public policy. As the author notes, it is important to understand that a claim of unfairness can be perceived not only as "a reaction to the wrong, but also a desire for better." This is an especially significant lesson for psychiatric service professionals who oversee and provide care to vulnerable individuals, many of whom have been treated unfairly.

vestors or chief executive officers rather than being applied to the care of other patients. Next year's budget for behavioral health may be cut further if costs are contained this year. Managed care companies know that barriers to care not only reap short-term financial benefits but also drive costly patients with mental illness to competitors.

The book also makes little mention of carve-out companies and the practical questions that arise around them. For example, should clinicians seek to work for all of them? Is it ethical to belong to a network to see ongoing patients, yet refuse new patients from that organization (while accepting new patients from better payers)? Who is responsible for "phantom networks"—irresponsible psychiatrists, or managed care companies who insist on much paperwork and low clinician reimbursement? What about managed care-driven split therapy, whereby a psychiatrist works with psychotherapists selected by the managed care company—does one accept all arrangements? None of these messy issues appears in the book, although there is a good discussion about how to go about appealing managed care denials.

In short, Bennett has written a good book for medical students and beginning psychiatric residents. Clinicians, both within and outside of these organizations, must behave ethically, and the author illustrates how to do so. Yet acting ethically in a sometimes-questionable environment is addressed incompletely, and that failing leaves this little gem of a book incomplete. Maybe it is a matter of the book's title promising more than it delivers. I believe that Bennett has written "A Concise Moral Guide to Managing Behavioral Health Care Within an Idealized Managed Care Environment."

Concise Guide to Managing Behavioral Health Care Within a Managed Care Environment

by Michael Isaiah Bennett, M.D.; Washington, D.C., American Psychiatric Publishing, Inc., 2002, 104 pages, \$24.95 softcover

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Michael Isaiah Bennett has written a useful small book that can be read in less than two hours. Although brief, *Managing Behavioral Health Care Within a Managed Care Environment* is not superficial. The references are well chosen and abundant, so any major point can be followed up by an interested reader. I particularly liked the illustrations of exactly what words might be said in a given circumstance to the patient, the managed care company, or the clinician. Sometimes the author illustrates his point by providing a sentence or two demonstrating the wrong way to address the same issue. The practical approach and sound

advice would be helpful to a newcomer to the confusing world of managed care. The basic premise is that limitations on resources for psychiatric care are not necessarily bad—patients and therapists must learn to cope with limits.

Yet something is missing from this book, and it does not stem from the book's brevity. The author seems to have made a deliberate choice to focus on what is right with managed behavioral health care rather than its problems. Because Bennett has worked in both the public and the private sectors, as a clinician and as a physician advisor to a managed care organization (just as I have), he must know the other side of managed behavioral care. Sometimes, the cost savings that clinicians and administrators force on patients and their families end up as profits for in-

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