

actually treat patients and from mental health administrators and clinicians allow for lively interplay, disagreement, and generation of ideas for future discussion. Yet with all of the complications of the subject, the book is able to derive some important principles, such as "mental health research and services should not be discriminated against in favor of physical health."

The editors and authors are well qualified to discuss these issues and represent some of the clearest and most forward-looking minds in the field. Perhaps one weakness is the absence of a view from the mental health practitioner who is often caught in priority-setting discussions under the pressures of managed care. There is little doubt that these issues are now being addressed by market forces and not by thoughtful scientific and ethical deliberation. The day-to-day tribulations of such practitioners do not receive adequate exposure.

To the extent that this book will give direction and clarification to practitioners and systems, patients will be better served. Many of the contributing authors recognize that personal experience results in differing views, and that it is important to try to find a way to meld different views into overarching principles.

*What Price Mental Health?*<sup>2</sup> should be of equal interest to those interested in ethics, public policy in mental health, organized systems of care, and governmental regulation and oversight in future health care reform. Practitioners may find the theoretical and systems view confusing and overwhelming. Systems administrators and stockholders could gain from a careful review of the papers. Legislators interested in fairness in health care reform will find the book informative and enlightening. Mental health advocacy groups may find the book too encompassing and perhaps not giving enough attention to patient advocacy.

After reading this book, readers may wish for more definitive answers and conclusions. However, most will undoubtedly feel enriched by the information presented and encouraged to continue delving into these issues.

## Strategic Choices for a Changing Health Care System

edited by Stuart H. Altman, Ph.D., and Uwe E. Reinhardt, Ph.D.; Chicago, Health Administration Press, 1996, 413 pages, \$49

**Benjamin Liptzin, M.D.**

This book, edited by two of the nation's most eminent health economists, was conceived and written when Congress was debating how to reform the health care system in response to President Clinton's proposals for comprehensive reform. The editors note that "as the volume is being published, the Clinton health plan and the many alternatives before the Congress in 1994 are scenes from a seemingly distant past. Issues such as whether to mandate that all employers offer and pay for health insurance coverage for full-time workers, how to control health care spending with some form of national health care budget, and whether to expand the benefits offered to Medicare and Medicaid recipients are never mentioned."

Last August President Clinton signed into law a much more limited health insurance reform bill sponsored by Senators Kennedy and Kassebaum. Readers of *Psychiatric Services* are well aware that one of the fiercest fights in the latter debate involved an amendment offered by Senators Wellstone and Domenici that would have mandated parity for treatment of mental illness. Regrettably, that amendment was dropped at the last moment by the Conference Committee after intense opposition from business and insurance lobbyists. A new bill signed in late September granted limited parity, only under some conditions, for a limited time. However, the debate highlighted the enormous toll that mental illness exacts from individuals and their families and did much to educate legislators and the public.

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*Dr. Liptzin is chairman of the department of psychiatry at Baystate Medical Center in Springfield, Massachusetts, and professor and deputy chair of the department of psychiatry at Tufts University School of Medicine in Boston.*

For those who are interested in the health policy debates of the last few years, this volume presents a series of interesting papers that address the important unresolved issues in health policy that are not likely to go away. In an introductory chapter, the editors highlight the concerns that gave rise to the debate: cost, quality, and the structure of the health insurance system. They note that despite the demise of the Clinton plan, the health care system is continuing to be restructured through competition and capitated managed care. They predict that it is unlikely that any form of comprehensive, universal health insurance will be considered for several years. They note that the real losers in the battle were the uninsured, who are at the mercy of free care in hospitals and clinics that are being financially squeezed by private and governmental payers. (In my service area, community mental health centers have seen their state support dwindle or disappear so that they no longer accept uninsured patients.) Given the absence of concern for the uninsured in the most recent legislation and the enthusiasm for kicking people off welfare, it may be a while before Congress addresses the issues of the uninsured.

It is impossible to summarize all the data and arguments presented in such a comprehensive book, but some key points should be highlighted. In a chapter on controlling health care spending, Altman and Stanley Wallack detail the reasons why spending is rising so rapidly and analyze the payment systems in other countries that have had some success in controlling costs. They describe the current system of managed care in the U.S. and note that there are questions about its effectiveness in limiting the long-run growth in total health expenditures. They argue for a quasipublic moni-

toring agency that would evaluate the trade-offs made by the health care system between controlling health care expenditures and possibly reducing quality or access.

Uwe Reinhardt eloquently discusses the issues related to "rationing" and concludes that the view politically dominant at present sanctions a three-tiered health system. The bottom tier of poor and uninsured patients will continue to be rationed out of needed health care. Middle-class employed patients will be enrolled in capitated plans that will limit their choice of doctor and hospital. Wealthy Americans will continue to enjoy open-ended, free-choice, fee-for-service health care without rationing even when additional care is of dubious clinical benefit.

Reinhardt argues that we have "not been able to avoid rationing in the past, and will not be able to avoid it in the future. The nation has merely lacked the courage to admit to rationing forthrightly and to debate the merits of alternative forms of rationing in good faith." Arnold Epstein discusses the role of quality measurement in a competitive marketplace and concludes that efforts to measure quality should move forward, although with some recognition of the limitations in current methodologies.

Other chapters discuss the development of new organized delivery systems, managing the future physician workforce, the role of states in health care reform, the legal framework for effective competition, the future of technological innovation, special health care needs of the elderly, and managed care for people with disabilities. This last chapter includes a thoughtful discussion of individuals with severe mental illnesses written by Richard Frank and Thomas McGuire, the two most knowledgeable health economists on mental health issues. They describe the development of the managed behavioral health care industry and note that the range of expenditures varies dramatically, as does the willingness to serve the severely mentally ill. Some carve-out programs spend considerably

more on mental health care than do traditional health maintenance organizations. What is needed is some definition of what level of expenditure is required to offer "adequate" services for a population with a wide range of mental health needs.

Overall, this book has a great deal of interesting material, although relatively little is focused on specific mental health issues. One hopes that policy makers will not lose sight of mental health issues as the debate continues.

## **The New Informants: The Betrayal of Confidentiality in Psychoanalysis and Psychotherapy**

*by Christopher Bollas and David Sundelson; Northvale, New Jersey, Jason Aronson, 1995, 215 pages, \$22*

**Burton C. Einspruch, M.D.**

Christopher Bollas is a professor of English at the University of Massachusetts as well as an honorary member of the Institute for Psychoanalytic Training and Research in New York, and David Sundelson is a lawyer who has taught psychoanalysis. Basically, this is a small book about a big, but well-worn subject—confidentiality, privacy, and patient care.

The erosion of privacy by the newer designs of medical care, such as managed care, as well as by the computer age, sorely taxes the therapeutic bond of privacy, privilege, and confidentiality, all intermingled concepts. The authors seem to feel that they have a unique understanding of the issues, but in fact they have little new to add. Perversing students are invited to review new legislation—the medical records bill (H.R. 3482) introduced by Rep. James McDermott (D.-Wash.) and the Health Information Privacy Protection Act sponsored by Rep. Steven Horn (R.-Calif.)—to gain a keen conceptual framework of the same subject.

Quite correctly, Bollas and Sundelson condemn the self-serving nature of excessively revealing therapy details either to the court or for artistic or scientific purposes. In this era of questionable confidentiality, de-

spite the increasingly stringent attempts of hospitals to protect their clientele, even inpatient charts as well as other materials related to care have been known to disappear, and they have even been leaked to the press.

The authors note that the concept of privilege is an exception to the "general rule that requires every person to testify in court." They note that certain relationships are "special and therefore exempt from the requirement: those between attorney and client, priest and penitent, doctor and patient, journalist and source, husband and wife." The authors also explain the holder-of-privilege concept and note that the privilege may be breeched if the patient voluntarily surrenders this right to protect confidential material.

The authors make the very good point that, despite the legal freedoms or restrictions gained by statute, even a patient who wishes to disclose or not disclose, or a therapist who wishes to disclose or not disclose, may be motivated by strong psychological reasons, possibly largely unconscious. The authors also explain the need to reconsider the position of privilege when a patient is dangerous, as embodied in the *Tarasoff* standard.

The section about confidentiality related to child abuse is valuable because neglect and exploitation are rampant, but unfortunately the authors fail to thoroughly discuss the perils of the "recovered memory"

*Dr. Einspruch is clinical associate professor at Southwestern Medical Center in Dallas and clinical associate professor at New York University Medical Center in New York City.*