

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

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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"

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movement. Laudably, they adequately and correctly consider the sad case of Paul Ingram, who "confessed" to Satanic ritual child abuse that he did not actually remember and went to jail following his "confession." Surprisingly, some professionals continue to believe his guilt, even though close evaluation of the case by Lawrence Wright (1) shows that Ingram's conviction defies logic.

The authors mention the vexing circumstances in which clinicians find themselves when insurance carriers' concerns with cost-effectiveness override the best interests of the patient and when the insurance companies' interests are protected by only moderately educated gatekeepers-evaluators who, in my experience, rarely have clinical training. (On one occasion I had to spell the names of disorders to help a "quality control" mediator.)

Perhaps the authors will be attacked for their strong viewpoints, such as that psychoanalysts who do not agree to write reports on insured patients are dropped or blacklisted and that medical colleagues are fearful about speaking negatively about insurance providers. Experience has shown that to be exactly the case. With the consolidation occurring in all areas of health care delivery, including drug companies, hospitals, and health maintenance organizations, someone who bucks the chain might find himself essentially unemployed.

In a somewhat conspiratorial model of the world, the health industry complex has been labeled by Bollas and Sundelson as part of a culture willing to "subdue discourse through the miracles of modern chemistry." Most psychiatrists would think that the charge of subduing discourse is excessive, as the judicious use of medications directed more and more to specific areas of the brain usually gives the best chance of dealing with the most pronounced aberrations of thought, demonstrated by delusions or hallucinations. The authors, with a touch of malevolence, name the "Zolofts and Xanaxes [as being] the new gods

of our culture" that have permitted "micro-acts of political oppression" by foreclosing some of the spontaneity of psychoanalysis.

The authors' view of Zolofts and Xanaxes as being new, powerful, malevolent, or miraculous is a stretch. The authors make many similar controversial statements—for example, that the unwitting but telling game of the health industry complex is to suppress individual freedom and create a nation of "normopaths" or "normotics," the abnormally normal.

The authors decry expert witness and forensic psychiatry, but with a light touch of the brush. Superficially, their criticism that witnesses for prosecution and defense are equally available is quite correct. Actually, with the maturing of the field of forensics, expert opinions are becoming less free-swinging, but they must be buttressed by more solid experience and

evidence, and less junk science and anecdotal opinion. The authors are perhaps much more familiar with forensics as applied to the criminal arena; however, there is a growing tendency for psychiatrists to evaluate noncriminal areas such as disability, sexual harassment, and violation of the rights of disabled or elderly persons.

The final chapter of the book, called "Restoring Privilege," relates to reempowering therapists and patients. It is the best-thought-out chapter and represents the meat of the work. Unfortunately, this book is long on bun and short on beef, but I can recommend this final chapter, as well as the excellent bibliography, to any serious student of the problem of confidential communication.

Reference

1. Wright L: Remembering Satan. New York, Knopf, 1994

Practical Decision Making in Health Care Ethics: Cases and Concepts

by Raymond J. Devettere; Washington, D.C., Georgetown University Press, 1995, 487 pages, \$59.95 hardcover, \$25.95 paperback

William A. Welton, Ph.D.

Raymond J. Devettere's book *Practical Decision Making in Health Care Ethics: Cases and Concepts* presents an ethics of "personal well-being and fulfillment" centered around the concept of "the good life." Devettere's approach is a kind of virtue-ethics based on "prudential reasoning" that claims to revive the essential insights of the Aristotelian-Thomistic tradition.

In his first chapter, called "What Is Ethics?" Devettere situates his own conception of ethics in relation to the major alternatives and the history of ethical thought, contrasting an "ethics of obligation" with an "ethics of the good." Because an

ethics of the good views happiness as the normative standard by which choices and behaviors should be evaluated, Devettere argues in his second chapter for a conception of happiness (drawn from Aristotle) as "the right balance and coordination of all the important goods in a person's life."

Such an ethics of the good emphasizes the role of virtue or excellence in constituting a happy life; Devettere accordingly lays out his concept of both moral and intellectual virtue, especially the virtue of prudence, which is undoubtedly the most crucial to his approach. Prudence, for Devettere, is a matter of finding a balance or mean between behavior that is either excessive or deficient in the context of a given set of circumstances. Devettere's discussion of eight features of prudence (drawn

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