

## Is There a Doctor in the House? Market Signals and Tomorrow's Supply of Doctors

by Richard M. Scheffler; Stanford, California, Stanford University Press, 2008, 256 pages, \$27.95

Sidney Weissman, M.D.

Consideration of the number of doctors our country needs is usually left to academic physicians and health care economists. This year, as the country is engaged in a major debate on health care reform, the issue is front and center. Physicians, by their decisions, have a great impact on the cost of society's health care expenditures. It is argued by some that if the country has an excess of physicians, the excess will add to the nation's health care costs. At this point in the health care reform debate, Richard Scheffler's *Is There a Doctor in the House?* is a welcome resource as we address the question of how many doctors the United States needs to facilitate health care reform.

Scheffler has the ability to present economic theory and data in an entertaining fashion that both informs and compels us to examine our prior beliefs about the complex question of whether the United States has a shortage or surplus of doctors. He reviews the varied theories that are used to argue for each position. He clearly presents his position, and yet he does so as a teacher leaving the student ample opportunity to disagree. He presents data that would argue that the current supply of physicians in the United States is adequate, although there are distribution issues. Nonetheless he acknowledges the difficulty in predicting how many physicians the nation needs. Therefore, because a shortage would create potential hardships, he urges that we increase the number of U.S. medical school graduates by 10% to 20%. He observes that today nearly a quarter of new U.S. physicians are international medical graduates. If we indeed created a major surplus we

could reduce the surplus by reducing the nation's reliance on international medical graduates.

Scheffler also proposes that we can reduce the nation's need for more physicians and by so doing reduce health care expense. He argues that in a number of areas nurse practition-

ers and physician assistants can perform 70% of the work of physicians at 30% of a physician's salary. These providers could be expanded to both reduce health care expenditures and reduce the need for more doctors. The reduced need, he argues, is important in that it costs \$1 million to produce a practicing doctor.

This easy-to-read, important volume is essential reading for everyone interested in our nation's need to effectively reform health care.

The reviewer reports no competing interests. ♦

## Motivational Interviewing in Health Care: Helping Patients Change Behavior

by Stephen Rollnick, Ph.D., William R. Miller, Ph.D., and Christopher C. Butler; New York, Guilford Press, 2008, 210 pages, \$25

Matthew Kleban, M.D.

Lecturing at patients and arguing with them to change their unhealthy behaviors is rarely successful. Human nature resists being told what to do. Motivational interviewing, conceived by psychologists for the treatment of alcoholism, is a less confrontational method in which the patient, not the clinician, gives voice to the argument for change. Although clinicians in practically every sector of health care confront the effects of unhealthy behaviors, most may not have the time or the interest to have prolonged counseling sessions with their patients. Stephen Rollnick, William Miller, and Christopher Butler have written a book that shows how elements of motivational interviewing can be applied to the "hurly-burly of everyday clinical practice" in a wide variety of treatment settings.

Early chapters discuss the basic communication skills that apply to motivational interviewing. The practitioner starts by asking open-ended questions and avoids prematurely focusing on action. The interviewer anticipates where the discussion is heading and tries to offer back to the patient the next, as yet unsaid, sentence. Rather than telling patients what they should do, the practitioner

offers generalities about what has worked for other patients in the past. The practitioner avoids overloading the patient with information and keeps a conversational tone.

Several techniques are repeated throughout the book. One is that the clinician should note any time the patient suggests that change may be possible. A person tends to believe what one hears oneself say, so the patient's own statements of "change talk" should periodically be presented back to the patient. Another important technique is for clinicians to avoid the "righting reflex," a desire to set things right and rescue the patient.

Later chapters present well-written case examples that demonstrate how to make brief, timely interventions. A trauma surgeon asks a patient to consider the role that alcohol played in a motor vehicle accident. A practitioner in a cardiovascular clinic encourages a patient recently recovered from a myocardial infarction to exercise and

Dr. Weissman is professor of clinical psychiatry, Feinberg School of Medicine, Northwestern University, Chicago.

Dr. Kleban is assistant professor of psychiatry and behavioral sciences, Albert Einstein College of Medicine, and is affiliated with the Bronx Children's Psychiatric Center, Bronx, New York.

diet. Flexibility in style is recommended. If the patient is in distress after receiving bad news, the clinician prioritizes listening. A more direct, take-charge approach is appropriate when life is on the line. When promoting behavioral change, there is a middle ground in which the clinician acts as a guide, offering support and advice while allowing the patient to find his or her own way.

A concluding chapter examines systemic issues. In one example, modifying the physical layout of a substance abuse clinic and making the space more welcoming translated to a more engaged patient population. In the developing world, the stigma of HIV can, in part, be overcome by empowering patients, and motivational interviewing can assist in this process. This chapter veers towards the theoretical, a departure from the practical, how-to nature of the earlier chapters.

The authors are leading authorities in motivational interviewing, having founded, developed, and written extensively on the topic over the past 25 years. They acknowledge that proficiency cannot be obtained simply from reading this slim volume. However, the book succeeds in appealing to several audiences. For a broad range of frontline clinicians, including those who work in various medical specialties, the book gives useful insights that can have an immediate impact by making one's practice more productive and more enjoyable. For those with special interest in human behavior, particularly those in the mental health field, this book is a concise, highly readable introduction to motivational interviewing and will likely pique interest for further study of this powerful tool for promoting change.

*The reviewer reports no competing interests.* ♦

## Clinical Manual for Management of Bipolar Disorder in Children and Adolescents

*edited by Robert A. Kowatch, M.D., Ph.D., Mary A. Fristad, Ph.D., A.B.P.P., Robert L. Findling, M.D., and Robert M. Post, M.D.; Arlington, Virginia, American Psychiatric Publishing, 2009, 355 pages, \$59*

**Yael Dvir, M.D.**

This book aims to provide clinically useful information about the diagnosis and management of bipolar disorder among children and adolescents, with a focus on reviewing the increasing number of recent publications on the topic.

Chapters 1 through 4 introduce the prevalence, definitions, course and outcome, and diagnosis of bipolar disorder among children and adolescents. They describe lifetime prevalence among adolescents (no large epidemiological studies have examined prevalence among prepubertal children), retrospective age of onset among afflicted adults, definitions of mania and hypomania among children, features typical of the disorder

among youths (intense mood lability and irritability and multiple daily mood swings), the classifications of bipolar disorder, and introduction of the debate on narrow versus broad diagnostic criteria. Challenges related to having bipolar disorder in combination with other disorders and the difficulty in distinguishing these mood states from the extremes of normal childhood temperament are briefly touched upon. A separate chapter illustrates a diagnostic interview by examining the "lifeline" through a case example.

Chapter 5 reviews known and proposed genetic mechanisms in the onset of bipolar disorder: stress sensitization, kindling and episode sensitization, effects of substance use on progression of the illness, neurochemistry, and brain anatomy. The section discussing differences in incidence and

vulnerability factors in the United States and a few European countries is of interest; there is a significantly higher incidence and younger age of onset of bipolar disorder in the United States. Of particular interest is the doubled incidence of early adversity in the United States and its relationship to bipolar disorder. However, I found that the explanations offered in this section were incomplete and focused on biological explanations, minimizing political-psychosocial factors.

The next section of the manual reviews the evidence behind available psychopharmacological treatments and strategies. As a child psychiatrist practicing in the community, I found the treatment algorithms somewhat problematic because they do not include advisories to the providers to revisit the diagnosis and reevaluate adequacy of psychosocial treatments. Chapter 9 discusses differential biological diagnosis and an approach to diagnosing comorbidities. It appeared to lack satisfactory focus on the effect of development, psychosocial factors, family system issues, and parent-child attachment on childhood emotional and behavioral disorders.

The next four chapters, edited by Dr. Fristad, "an expert in the family and psychosocial aspects of pediatric bipolar disorder," review symptom monitoring and mood charting, working with the educational system, and other special treatment issues. Again, these chapters focus on psychosocial treatment as an adjunct support to pharmacotherapy and provide little guidance around other psychosocial interventions.

In conclusion, this book provides a clear review of the available research on childhood bipolar disorder but is far from portraying a balanced picture, given the heated debate surrounding this diagnosis in the field. The book's editors have a strong opinion, and their book lays out the data to support it. The reader should be aware that Dr. Kowatch, Dr. Findling, and Dr. Post all disclosed a financial interest or affiliation with commercial supporters, mainly pharmaceutical companies.

*The reviewer reports no competing interests.* ♦

*Dr. Dvir is with the Department of Psychiatry, UMass Memorial Health Care, Worcester, Massachusetts.*

## Electroconvulsive Therapy: A Guide for Professionals and Their Patients

by Max Fink, M.D.; New York, Oxford University Press, 2008, 176 pages, \$17.95

Tatyana Shteinlukht, M.D., Ph.D.

As stated on its cover page, the book *Electroconvulsive Therapy*, by renowned expert in the field Max Fink, is a guide for professionals and their patients. The volume covers the history of ECT, treatment techniques, indications and side effects, possible mechanisms of action, treatment alternatives, and ethical issues of its administration.

Among many ECT books that cover similar content, this volume really stands out. It not only reviews evidence-based literature but also reflects the author's enormous amount of personal experience in taking care of severely ill and often treatment-resistant patients. Every indication for ECT is illustrated by memorable descriptions of patients. Both the physician's perspective and patient's experiences are described in each case study. By emphasizing clear benefits of ECT, well balanced with discussion of potential side effects, the author encourages the reader to further appreciate this effective but stigmatized and often underutilized treatment. This book is clearly written by a strong ECT advocate, but it presents a balanced view of concomitant treatment options and alternatives.

The book appeals to several audiences, which may find different sections of the book of particular relevance to them. For example, ECT practitioners may focus on the review of an ongoing debate of different modes of treatment and electrode placement. Referring psychiatrists may pay more attention to the overview of ECT indications and benefits versus side effects. Patients and caretakers may value learning about the positive individual experi-

ences of the patients described as well as discussions about the stigma so unjustifiably associated with ECT. Residents and other trainees may be fascinated by the history and development of ECT as explained by one of the leaders in the field, who has

devoted more than 50 years of his professional life to it, including as a founding editor of the *Journal of ECT*.

There is much to be gained from reading this book. Most important is the compelling information that may help to liberate providers, patients, and families from the unfounded fears regarding ECT and encourage them to pursue this highly efficacious and safe treatment.

*The reviewer reports no competing interests.* ♦

## The Criminal Brain: Understanding Biological Theories of Crime

by Nicole Rafter; New York, New York University Press, 2008, 317 pages, \$72 hardcover, \$24 softcover

Debra A. Pinals, M.D.

A picture can paint a thousand words. A CT scan or an MRI can lead a jury in a criminal trial to a conclusion of brain dysfunction and exculpability, even if the scientific linkages between a particular brain defect and specific criminal behavior do not exist. But is there a way to distinguish the brain of a criminal from that of someone who has never committed a crime? Does the brain of a pick-pocket differ from the brain of a serial killer? How has society responded to views that inferior brain function leads to criminality? These are just a few of the matters tackled in *The Criminal Brain*. The book spans the ages of criminal theories that have examined brain structure, function, and heredity to try to better understand criminal conduct from a biological perspective.

The book is worth reading, although the writing is cumbersome and redundant at times. Also, several of the author's descriptions seem clinically uninformed. For example, her description that early 19th century debates about moral insanity exemplified psychiatry as "vying for professional control over criminality" made the book less appealing to this clinician. Nevertheless, the totality of the

work covers a breadth of information and a perspective that together portray a unique collection of ideas that advance one's thinking on theories of criminality and science. Traveling across time and promulgated theories, the reader finds a patchwork of ideological movements that helps put criminal theory into a perspective not covered in classic textbooks. In addition, the author has effectively sprinkled throughout the text compelling historical drawings, renditions, and photographs to highlight points she has made in each chapter.

There are several chapters that are particularly compelling for their historical accounts, and the thread of biological theories of crime weaves through them. For example, chapter 3 deals with the field of phrenology, the popular 19th century notion of being able to understand character and conduct by examining the contours of the skull. The author describes the complex notion that in its heyday a phrenological examination of the skull could help determine the degree of

*Dr. Shteinlukht is assistant professor of psychiatry at University of Massachusetts Medical School and director of ECT services at UMass Memorial Health Care, Worcester, Massachusetts.*

*Dr. Pinals is associate professor of psychiatry and director of forensic education, University of Massachusetts Medical School, Worcester.*

one's criminal responsibility. Chapter 4 highlights the work of Cesare Lombroso, an Italian psychiatrist and early anthropologist. Although he is criticized for his dogmatic theories and poorly designed "scientific study" of criminal behavior, he also is given credit throughout the book for his significant influence on criminal theory. Some of Dr. Lombroso's science is highlighted, such as a figure based on data he collected that shows the cranial volume of male criminals and noncriminal men; the data are also noted to lack the proper controls for drawing appropriate conclusions.

Chapter 6, titled "Stupidity Theories," begins with an accounting of the infamous case of *Buck v. Bell*, a 1927 U.S. Supreme Court case in which Justice Oliver Wendell Holmes Jr. wrote an opinion that forced a

young woman who had been committed involuntarily for "feeble-mindedness" to be sterilized, for fear that if not done, society would be faced with having to mete out punishment to criminal offspring over future generations. The notion of eugenic criminology that was part of the *Buck* case is further explained with often frightening examples of attempts to utilize science, which ultimately proves false, in the name of a perceived "societal good." Regarding eugenics and racial hygiene, Ms. Rafter goes further to describe the science and law that culminated in the policies and practice of Nazi Germany. Ms. Rafter refers to this as "criminology's darkest hour."

Moving from science and theory to interplay with politics, Ms. Rafter is able to pull together the past, the

present, and her thoughts regarding the future of biocriminal theory. She gives weight to the recent scientific work examining psychopathy and crime. She expounds and offers her view of the need to better understand that nature and nurture work together to yield an individual, whether criminal or not. In this way, she sees hope for modern genetics to be able to assist with social change for the better. After reading the book, one has gained a sense of the roads that criminal theory has taken. One also has a better understanding and perhaps a cautious optimism about the importance of scientific advances after considering this careful recollection of the ways in which science can go awry.

*The reviewer reports no competing interests.* ♦

### ***Psychiatric Services* Invites Short Descriptions of Novel Programs**

*Psychiatric Services* invites contributions for Frontline Reports, a column featuring short descriptions of novel approaches to mental health problems or creative applications of established concepts in different settings.

Text should be 350 to 750 words. A maximum of three authors, including the contact person, can be listed; one author is preferred. References, tables, and figures are not used. Any statements about program effectiveness must be accompanied by supporting data within the text.

Material to be considered for Frontline Reports should be sent to one of the column editors: Francine Cournos, M.D., New York State Psychiatric Institute, 1051 Riverside Dr., Unit 112, New York, NY 10032 (e-mail: fc15@columbia.edu), or Stephen M. Goldfinger, M.D., Department of Psychiatry, SUNY Downstate Medical Center, Box 1203, 450 Clarkson Ave., Brooklyn, NY 11203 (e-mail: steve007ny@aol.com).