

cal life". The collection is not intended to be a comprehensive review but rather an attempt to "tease out the ground rules of certain medical encounters and situations".

There are two issues that run through the book. The first is the nature of the communication and negotiation between patients and their physicians. The second is the physician's function as an agent in society for diagnosing and disposing of social deviants. The first is studied empirically through direct observations and interviews in specific medical settings, e.g. an epilepsy clinic, an ENT clinic, a rehabilitation center, etc. The second is discussed in several reviews of the literature but is also illustrated in several of the observational studies. Unlike many sociological essays that are theoretical and often vitriolic, this book contains sensitive, verbatim reports of how patients and physicians interact in everyday medical life.

Good communication as several authors point out, is essential in a medical encounter, not only because this is often the only modality of therapy but also because accurate diagnoses and effective drug therapy depend upon the exchange of information. Ideally, patients should be able to tell their own story, and then after appropriate examinations, hear their physician's advice and negotiate a treatment plan. These essays illustrate the fact that this process rarely takes place and give a number of reasons why.

Doctors fail to understand how much patients want to know about their illness. The essay by Patrick West on the interaction between parents of epileptic children and physicians, reveals that parents need "a framework of knowledge around which they can understand epilepsy and learn to cope with it". However, physicians are afraid to give answers which are admittedly problematic because "they do not want to have their competence challenged should they be proved wrong". Physicians also lack the time and the skill to understand the significance of illness in the perspective of the patient's whole life. They are trained to recognize a symptom in the context of a biological syndrome rather than in the context of a patient's life. Physicians ask questions which often seem totally irrelevant to patients and usually limit the discussion to the medical context of the symptom. This necessitates a high degree of control of the interview which leaves little room for patients to express their own story. Webb and Stimson's essay on "People's accounts of medical encounters" gives amusing stories of how patients, in reaction to the passive role they are forced to take, portray their role as active or even militant. This is a way, the authors suggest, for patients to redress the inequality they have experienced and make the encounter seem sensible and rational.

Above all, the essays illustrate the hierarchical nature of the patient-physician relationship. The verbatim reports and the systematic attempts to codify the interaction reported by Coulthard and Ashby demonstrate the amount of control physicians exert. Patients rarely ask questions, or initiate topics, while physicians regularly ignore patients' remarks, interrupt and change the subject abruptly. Physicians rarely give patients alternatives to choose from and, therefore, exclude patients from participating in decisions about treatment and management.

Good communication between patients and physicians is further compounded by the role society has given the physician, often unwittingly, in disposing of social deviants. Several authors review the current debate over the relevance of the medical model in defining such problems as alcoholism, mental deficiency, and insanity. The authors point out that the medical model assumes that the origins of these problems lie within the individual rather than within the environment. Thus, a medical diagnosis becomes an alibi for the behavior of individuals and enables society to close its eyes to the environmental causes of deviance. When a patient with one of these problems looks to the physician as an ally against one of society's institutions (a mental hospital, special school for

handicapped children, etc.), the physician is often unable to respond. Although eschewing the medical model has implications for social change, its relevance to practicing physicians is that we need to look beyond our patients for the "causes" of their illnesses. Even though we may not choose to change the environment which brought on the illness, we can stop "blaming the victim" and listen with more compassion to the stories our patients bring us. (See *Blaming the Victim* by William Ryan, Random House, New York, 1976.)

As a physician functioning in the "everyday" setting of a primary care practice, I read the book with interest but considerable discomfort, for it illustrates the criticisms Illich, Freidson and others have made about the medical profession. The book is a joy to read, for most of the articles are well written and the authors have assiduously avoided jargon. The book lacks, as the editors admit, a framework which would bring the diverse chapters together, and some of the essays seem pointless and irrelevant. However, the approach of studying everyday life in medicine seems a productive one. Although all the textbooks stress the importance of the patient-physician relationship, it is relegated to the "art of medicine" and, therefore, beyond measurement and scientific study. These essays give examples of how poorly this art is practiced in many circumstances and suggests ways in which the relationship can be studied more empirically.

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Compliance with Therapeutic Regimens, edited by DAVID L. SACKETT and R. BRIAN HAYNES. Johns Hopkins University Press, Baltimore, Md., 1976. 293 pages. \$15.00.

This is a useful and frustrating book. Reports from a 1975 conference on patient compliance held at McMaster University, plus an extensive annotated bibliography are presented. While there are now a great many reviews dealing with compliance—perhaps outnumbering reports of original research—no adequate reference existed providing an overview and summary of work. This book fills the gap. Other monographs dealing with compliance are narrower in scope and more specialized in aim (e.g. *Adherence to Medical Regimens*, by Caplan and others; *Patient Compliance*, edited by Lasagna).

Shortcomings of the work, however, temper its utility. They arise from both structure and substance. As a collection of presentations, there is some repetitiousness and uneven quality. More serious, however, is the organization of major sections around the bibliography material, a problem discussed further on.

The textual portion is divided into three major sections, with the first, "the magnitude, determinants, and measurement of compliance", comprising five chapters. Overall, this section serves as an introduction to the ways in which research on compliance has been done, and provides commentary on research issues and needs. There is a clear presentation of how the material on the basic 185 references was collected, along with many cross-referenced tables that attempt to summarize particular factors (for example, studies dealing with compliance with short-term medications for cure). Chapters 2 (Sackett) and 3 (Haynes) elaborate on this tabular material. The former discusses the magnitude of compliance and deals best with prescribed medications, while noting the many methodological difficulties that beset the area. In many ways, Chapter 3 on determinants is the core of the book, being geared to the references and presenting systematic classifications by "features" (e.g. characteristics of the regimen itself). The tables are elaborated in the appendix.

Review of the health belief model by Becker and discussion of methodological issues by Gordis rounds out Part I. Becker's chapter is the only article with a systematic conceptual structure applied to research findings. While this helps make sense (I admit to bias here) of a number of results related to belief factors, there is also discussion of "modifying" factors whose conceptual status is confusing. Gordis' discussion ranges over the issues of defining and measuring compliance, noting limitations of various approaches, from self-report to outcomes of therapy, which themselves are imperfectly related to therapeutic actions. A not very tenable distinction is made between direct and indirect measures.

Part II contains seven chapters on strategies for improving compliance. As in Part I, there is a review of studies by Haynes, with tabular presentation. With the studies divided into educational, behavioral, and mixed approaches, counts of successes and failures are summed up. A conclusion is that educational approaches fare poorly, but, as is noted by other discussants, this way of classifying studies is not particularly defensible. Moreover, the summarizing suffers from a problem of external validity: the set of references is neither a sample nor a complete census. Omitted, for example, are Leventhal's studies on threatening communications, Mausner's research on smoking, the HIP study on breast cancer screening, research on preparation for surgery. Thus, the chapter is a series of observations, but it does point up the paucity of systematic knowledge regarding change in compliance.

The other chapters in this segment can't be neatly summarized since they range over patient education, behavior modification, negotiating regimens, the role of the pharmacist, and so on. Some present reviews of studies (and add to "the" bibliography); others stay mainly at a conceptual level. These pieces are generally well worth reading. Both Neufeld and Rosenberg raise worthy issues about patient education and principles of learning; Barofsky presents concepts of behavioral therapeutics in a broad context that avoids the flavor of dog training. If there are recurrent themes, they are probably the notion of tailoring regimens to circumstances, and the role of providers in the compliance process.

In Part III, the two chapters are devoted to compliance effects in therapeutic trials. For the most part, the discussion covers threats to validity arising from non-compliance with regimens, or differential compliance among different groups. There is a fair amount of repetition and some labored points, but the overall value is good. In Part IV Sackett closes out the text with recommendations for research, with the strongest section being that on definition, selection of subjects, and specification of the research protocol.

What, then, is the balance sheet for this book? As Sackett points out, "This is a reference book, not a novel." It seems primarily useful for students of health-related behavior, and for investigators in studies where self-made decisions regarding taking health actions are involved. I suggest using it in conjunction with other readings.

The study of compliance has its own problems. Others have already argued its flavor of conforming to authority. Moreover, the concept covers an intractable multitude of different behaviors and dimensions, many with little in common except the frail reed of medical recommendation. Because of this, conceptual contributions are scattered through the book, not central to its thrust.

Constructed around an atheoretical view, the utility of the bibliography has been thereby limited. The annotations say little about the studies; hence, one must go back and forth between the titles of articles and the tables that attempt to organize references around features of studies. Instead of more notes on the articles, the editors went to considerable trouble to rate each on a series of dimensions, such as design, sample, definition of compliance, etc.

That effort is regrettable because the ratings, compounded from research facts and quality of report, are subjective and fairly arbitrary. As an aid to understanding, they are essentially useless; in fact, the ratings are not used in the tabular listing of research.

In summary, this is a book with value in its references, presentation of a wide range of issues, and coverage of critical questions related to compliance, but also with shortcomings. One hopes these can be overcome in the report of the 2nd, 1977, conference on compliance at McMaster.

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The Role of Health Insurance in the Health Services Sector.

edited by RICHARD M. ROSETT. National Bureau of Economic Research, New York, 1976. 548 pp. \$17.50.

In his postscript to the Proceedings of the 1962 Conference on the Economics of Health and Medical Care, Professor Jerome Rothenberg stated that "the Conference has helped economists to find out where the frontier begins in this research area. The frontier is all around us." This volume, which presents 12 papers from a conference sponsored by the Universities-National Bureau of Economic Research dealing with the economics of health insurance, shows us how far we have come since that seminal conference; it also tells us that we still have a long way to go in understanding the economics of the health care system. This is a book written by economists for economists and, as such, is a bit too technical and arcane for a general audience. Despite this, it is an important book because it deals with an important subject and because it provides insights into some of the questions surrounding the continuing debate over National Health Insurance.

A great deal of the debate over National Health Insurance has focused on questions related to moral hazard. That is, the presence of health insurance will generate inappropriate utilization of services, with accompanying welfare loss, maldistribution of resources and excessive costs. The first section of the book contains four papers, largely theoretical in content, which discuss the market for health insurance. Kenneth Arrow discusses the welfare implications of cost-sharing arrangements and points out the misallocations which can occur when demand for care is price-elastic. Gerald Nordquist and S. Y. Wu discuss the competitive nature of the demand for health insurance and preventive care under conditions of risk. Goldstein and Pauly analyze the market for health insurance in the framework of collective bargaining and conclude that an equilibrium with respect to cost and benefits depends more on relative bargaining power than upon welfare considerations. In the final paper in this section, Charles Phelps discusses and tests models of the demand for health insurance and speculates regarding the price for insurance. Intuitively, at least, one can agree with the proposition that demand for insurance is more responsive to price than is the underlying demand for care.

The second section of the book presents four papers dealing with the demand for medical care, with emphasis on the role of health insurance. Jan Acton's paper explores the cost of waiting and travel time as a rationing device for medical care, when monetary prices reach or approach zero, and suggests (as has Enterline, for example) that the size and shape of the queues for care change significantly under such circumstances. Child health is singularly an area where investment in care is said to have significant results. Robert Inman has constructed estimates of the production of, and demand for, health care on behalf of children. His estimates show that parents' time and phys-