

care providers. Morehead then describes the process approach to quality assessment using primarily the medical audit as the research tool. Specific examples of audits conducted by the Health Insurance Plan (HIP) of Greater New York and the Teamsters illustrate this method very effectively. Gordis describes his outcome evaluation of the effectiveness of a comprehensive health-care program in reducing the incidence of rheumatic fever. (This chapter is a brilliant research study but one, unfortunately, that is beyond the resources and capabilities of most health-care quality assurance programs.) S. Rosenberg completes this section with a succinct guide to choosing the appropriate assessment strategy for the quality assurance problem at hand.

The remainder of the Graham book is devoted to readings which illustrate the best-known strategies for assessing quality. Included are: criteria mapping; staging; sentinel health events; comprehensive quality assurance systems; profile analysis; health accounting; tracers; and medical audit. Some of these readings were originally published in the early or mid-1970s, but, as they are intended to illustrate the strategies used to measure quality, not the actual results, this is not a problem. This section would have been more useful, however, had the editor indicated which assessment approach, or combination of approaches, was behind the choice and design of each strategy illustrated. The book closes with a brief selection of readings similar to those in the Luke book on the difficulties of organizing quality assurance programs and of effecting change in hospital performance using quality assessment study results.

This reviewer found the Graham book useful in that it provides an overview and examples of the quality assessment process in the context of the evolution of health-care quality assurance. It will prove a useful reference tool for planning any quality assessment effort at the hospital. Although many of the studies described in the book were done on a larger scale than most hospital-based quality assurance studies, the theory is relevant to any study regardless of size and scope. The Luke book is particularly valuable in that it puts the quality assurance field into its proper perspective in today's environment of increased emphasis on cost and cost-effectiveness, and provides a refreshing new approach to the organization of quality assurance programs. Its strength lies in its encouragement of the quality assurance professional to draw upon management and social change theories, and to view quality assurance as the legitimate domain of both providers and managers.

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Family Therapy and Family Medicine

William J. Doherty and Macaran A. Baird,
The Guilford Press, New York, New York, 1983

Although family medicine and family therapy have evolved separately, the two disciplines have increasing contact with one another. This book, an example of a successful collaborative effort between a family therapist and a family-practice physician, illustrates how the family-systems perspective developed by family therapists can be applied to the emerging field of family medicine. The authors see family therapists and family physicians as partners in the delivery of comprehensive care to families. The purpose of the book is to create a model for primary care family-oriented treatment that can realistically be applied given the organizational and time constraints of a medical practice. As such, the main audience for the book is the family practitioner; however, other health-care practitioners interested in the family-systems approach would find much of the information covered in the book relevant and helpful to improving their interactions with patients and families.

The book opens with a consideration of some prominent issues in the field of family medicine and a discussion of the contemporary American family. The second chapter, which explains the "therapeutic triangle" in medical care, is a key to the authors' orientation. Fundamental to their conceptual model is the belief that the patient-physician relationship is enacted in a practitioner-patient-family triangle rather than in a dyad consisting of only the patient and physician. Family-systems theory and models of family therapy are presented. In adapting a family-therapy framework to primary care treatment the authors do not draw from any one particular school of family therapy, but use an eclectic approach. However, the assessment model described in the book incorporates much of the structural family-therapy work of Salvador Minuchin and his colleagues.

The next three chapters outline in more detail the processes of observing and assessing families, forming therapeutic contracts, and assembling families in the office for counseling. Guidelines for referral to a therapist are also proposed. The chapter on referring or treating is especially important, as it emphasizes that most family physicians will never be trained experts in psychotherapy and that "knowing one's limits is as important in the psychosocial area as in the biomedical area." The authors accordingly have developed guidelines on when and how to make a referral in situations where more than primary care of psychosocial problems is required.

In Chapter 7, the authors outline the four main functions of primary care family counseling (education, prevention, support, and challenge) and present specific counseling techniques that can be used in a step-by-step

counseling process. The next several chapters examine how this counseling process can be applied to common problems encountered in family medical practice, such as stress-related medical disorders, patient compliance, marital and sexual problems, parent-child problems, chemical substance abuse, depression, and anxiety. The case examples and transcripts of counseling sessions further demonstrate the authors' assessment and treatment approach. The chapter on treating chemical dependency was obviously written by a family practitioner who has kept up with developments in the field and knows how and when to use community resources in working with problems of substance abuse. It becomes clear to the reader that the authors have had considerable experience in applying their primary care family-counseling model.

The final chapter covers some of the practical issues and problems involved in setting up a family-oriented approach to health care. A case example of a physician successfully implementing a family-systems-based medical practice is presented. The inclusion of additional case examples—such as a case in which the physician is not as successful in implementing a primary care family-counseling model, or one in which the practice is established in an urban setting or different organizational context—would be helpful in demonstrating the problems involved in setting up such a practice. To the reviewer, this chapter seems incomplete; although the problems of organizational and time constraints, adequate financial reimbursement, and practitioner training are touched upon, they seem too simplified, perhaps due to the authors' enthusiasm for their model.

For those readers that share the authors' perspective toward a family-systems approach to health care, this book is an excellent resource. For those readers that do not accept this perspective, the book raises additional questions regarding the role of the family practitioner in treating psychosocial problems.

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Society and Medication: Conflicting Signals for Prescribers and Patients

John P. Morgan and Doreen V. Kagan, eds.,
Lexington Books, DC Heath and Company,
Lexington, Massachusetts, 1983

Prescribing a drug for a particular patient involves a complicated decision-making process on the part of the physician. The physician first thoroughly analyzes the information about the patient, received from history taking, physical examination, laboratory tests, or the medical chart. This information is used to make a medical

diagnosis of the patient's problem. Once the diagnosis is made, the physician selects the appropriate drug or nondrug therapy (or both) to treat the condition.

That is the way it is supposed to be done. Unfortunately, numerous studies have indicated that the process is rarely as rational as just described. Rather, frequent errors occur either in making a wrong diagnosis or selecting the wrong treatment.

Many scientists and health professionals have examined physician-prescribing behavior to better understand why such problems occur. Some researchers have focused on the clinical aspects of the process by addressing the proper diagnosis of diseases and by identifying the most appropriate drugs for a specific disease state. Others have concentrated on broader issues such as the effects of public policy and societal values on the use of prescribed drugs. The book edited by Morgan and Kagan contains 27 papers (originally presented at a 1981 symposium on drug prescribing) which generally approach drug prescribing from the "broad-issue" perspective. The topics vary considerably but are divided into seven major headings: National Perspectives, Pharmacy, Psychoactive Issues, Educating Consumers, Educating Prescribers and Future Prescribers, and Characterizing and Modifying Prescriber Behavior. The authors of each paper are prominent in the fields they discuss.

While most of the discussions are interesting, the inconsistency in writing style among the different authors detracts from the cohesiveness necessary to present a unified perspective on the issue of drug prescribing. This book will undoubtedly provide valuable information to individuals unfamiliar with certain aspects of drug-prescribing. However, it lacks sufficient information to give an adequate overview of this process.

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Peer Counseling: Skills and Perspectives

Vincent J. D'Andrea and Peter Salovey,
Science and Behavior Books,
Palo Alto, California, 1983

The material in this book is presented in two parts which individually could be used for course contents. Part I, *Peer Counseling Skills*, identifies specific counseling skill areas, illustrates these skills with concrete examples and situations, and links these skills with a convincing rationale for establishing peer-counseling groups. Part II, *Special Perspectives in Peer Counseling*, illustrates special circumstances which peer counselors may encounter. It also addresses cultural and ethnic issues and belief systems and their effects on framing, thinking, and solving personal problems.