

who often pressure to keep the patient ignorant of his or her condition. Oncologists find it difficult to manage a patient who is not aware of the problem and what is needed to control it. Thus, the thesis throughout to have better informed patients who can participate in decisions is fine, but targeting the medical profession as primary culprits may only indicate a poorly informed author.

This book is largely personal testimony based on some perusal of the literature, but obviously limited contact with those involved in the problems considered. Therefore, the book cannot be recommended as an objective consideration of many current problems in medical ethics.

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Primary Care and the Public's Health, Nancy Milio. Lexington Books, D.C. Heath and Company, 1983.

This book holds that two paths are available to advance the public's health. One is the improvement of primary, first contact care; the second is the strategic use of well-chosen public health policy. Improving the delivery of primary care is important to prevent, detect early and control illness, but this activity cannot prevent all losses of function. Neither will good health policy, although this effort does help communities create psychosocial and physicochemical environments which promote health.

When we strengthen primary care, we alleviate short-term problems in younger populations. Moreover, this effort becomes most efficient when focused on high-need groups. In contrast, improvements in public policy help the total population, including the lower-risk majority, and have longer-term benefits. Health professionals in the U.S.A. have neglected the use of public policy to promote health, comments Milio; the strengths of the policy strategy will compensate for the weaknesses of primary care. Thus their advocates could be allies.

This book is intended for health practitioners and students in primary care, and in policy, planning and administration. It hopes readers will rethink their views of health, and understand more clearly the size of current health problems and of the likely response to corrective measures, including changes in life-styles and health behavior. A mix of idealism and useful insights pervade this book. So also do analyses of recent health data, with estimates of benefit from stronger correction. The data, diagrams and ideas are well explained, and few readers will have sufficient information to challenge the validity of the estimates used.

Somewhat discouraging are the abundance of excess words and repeated

ideas, tending to hide the stream of clearer thought. For example, it helps little to explain illness as accelerated aging when the causes and control of human senescence are poorly understood. But this book will quench part of the thirst of patient readers who can ignore the road signs which divert thoughts to dead-end streets.

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Informed Consent. A Study of Decisionmaking in Psychiatry, Charles W. Lidz, Alan Meisel, Ewaitar Zerubavel, Mary Carter, Regina M. Sestak and Loren H. Roth. The Gilford Press, 1984.

The book reports a 4-year empirical research project which employed a participant observation methodology to examine the implications of informed consent in three psychiatric settings. The ethical basis for informed consent and the legal doctrine of informed consent are analyzed to explain the theoretical basis for the identification of five basic issues composing the analytic framework for the empirical study: (1) disclosure of information, (2) competency, (3) understanding, (4) voluntariness, (5) decision.

Based on the assumption that 'informed consent would be routine', the primary goals of the research were to describe what psychiatric hospital personnel tell patients about the hospital, policies, procedures and confidentiality; to establish what patients understand and were capable of understanding; and to describe the decisionmaking process.

The study was conducted in the Department of Psychiatry in a university hospital in three separate settings: the evaluation center, a research ward and an outpatient clinic. The data collection which included participant observation and structured interviews with patients by one researcher and observation and ongoing conversation with staff by another researcher, employed opportunity sampling.

The researchers concluded that there were differences among the three settings particularly related to the issue of disclosure. They also concluded they were unable to assess the voluntariness of patient decision-making. In summary, the report concluded that informed consent as 'envisioned by law and ethicists was only rarely if ever found in the hospital.'

The book identified four common themes across the three settings. One, most patients appeared to operate and often verbalized the idea that only the staff were expert and had the competency to make decisions about treatment. Second, the staff were committed to providing patients with the treatment which they considered best and not offering options for