
Reviewed by Martin Blinder, MD

I am gratified to report that Bursten’s book consists of a scholarly criticism of the burdens placed upon the forensic psychiatrist by society. He concludes that the finding of mental illness can be standardized but that the measurement of the effects of such mental illness upon a particular bit of behavior cannot, in a clinical sense. Any attempts to do so depend upon social policy, not psychiatric expertise. He then proceeds to offer a wonderful example.

Dr. Bursten follows with a discussion of criminal responsibility, commitment to mental hospitals, the patient’s desire to refuse treatment, guardianship of the elderly, the desire to nullify contracts based upon “unsound mind,” requests for leaves of absence because of mental illness, and disability and personal injury situations wherein the designation of sickness is desirable and rewarding. Throughout, the author analyzes society’s purposes in posing the question of whether a behavior results from mental illness and offers guidelines on how psychiatrists may participate in the decision-making process when the questions may be beyond their expertise.

He maintains that mental illness does exist and is measurable, but “is not a thing; it is a classic condition sharing certain characteristics. As such, it is not a matter of fact but a matter of (social) policy. People (as opposed to clinical absolutes) decide which conditions shall be included in the class and which conditions shall be excluded.” Dr. Bursten argues that, although psychiatrists can make meaningful contributions to this decision-making process, ultimate responsibility for it rests with society as a whole. I am not sure an entire book was required to make this point, but it makes for interesting and provocative reading nonetheless.


Reviewed by Melvin G. Goldzband, MD

The series, New Directions for Mental Health Services, whose editor-in-chief is H. Richard Lamb, has brought forth more than two dozen valuable monographs or collections. Rachlin’s volume is a worthy companion to the previous publications.

As the book is read, it becomes apparent that it is not just another anthology but a very well-crafted and designed series of papers which highlight the current legal trends affecting the practice of American psychiatry. Moreover, the dis-
cussions generally emphasize that most valuable of contributions, the histories of how we got (or were pushed) into the messes we now have to face. It is hoped that the lessons of history are well learned. Henry Ford, a not so great forensic psychiatrist, said, "History is bunk." Most authorities see it otherwise.

In the opening chapter, Drs. Thomas Gutheil and Mark Mills join Rachlin in outlining the various conflicts between clinical and legal models, which for so many years have grayed the area which is forensic psychiatry. Their presentation of the differences in the conceptualization of lawyers and psychiatrists is basic to an understanding of all that follows and to the understanding of anyone who pretends to practice forensic psychiatry. Subsequent chapters are also by distinguished psychiatrists familiar to AAPL members and are models of consistency and clarity.

Dr. Robert Miller provides a chapter on civil commitment, followed by Dr. Robert Sadoff's chapter on the historical development of the concept of competence and informed consent. Dr. Gutheil then concentrates on Rogers, but in his characteristic manner which allows us to see the concept of the right to refuse treatment in historical and functional (dysfunctional?) perspectives. Dr. Irwin Perr writes about psychiatric malpractice and Mills follows with a chapter on Tarasoff-related phenomena and the possible expansion of the duty to warn. The next two chapters are related; Dr. Ben Bursten warns us about the trend of erosion of confidentiality and Dr. Harold Schwartz joins Dr. Rachlin in discussing possible problems when patients or others demand access to records.

This slim, paperback volume is a prize. It is highly instructive and sometimes even heartening to step back, as the authors have done, and take a look at these phenomena from an objective, historical view. We can learn much from this book, which has the added, terrific benefit of being a "good read."


Reviewed by William H. Reid, MD, MPH

This well-organized, easy to read text by two of our most experienced writers in the field of mental health administration begins with "an explanation of moral rules, values, attitudes, and etiquette" that have influenced the practice of clinical administration. A number of ethical guidelines are discussed, after which representative ethical complaints are explored.

The second section contains chapters on the legal aspects of the field, including consent, confidentiality, hospitalization, patient rights, treatment, competency, criminal responsibility, malpractice and "presentation of evidence." Appendices contain several "boilerplate" forms, a list