

Book Reviews

CLINICAL ASSESSMENT OF MALINGERING AND DECEPTION. Edited by Richard Rogers. New York: Guilford, 1989. 370 pp. \$25.00.

Reviewed by Martin Blinder, MD

This comprehensive, multiauthored text on the *Clinical Assessment of Malingering and Deception* first reviews the psychiatric and medical syndromes most commonly associated with malingering and deception. Then, the simulation of psychosis, amnesia, posttraumatic stress disorders, and sexual molestation are discussed. Next, the clinical and psychometric approaches to assessing all this are scrutinized. And finally, the text explores specialized diagnostic techniques such as drug-assisted examinations, hypnosis and the polygraph interview.

Each chapter begins with an extensive review of the literature (including empirical studies) and concludes with clinical correlations. Embedded in the latter are insightful nuggets such as:

The incidence of malingering varies with the nation's economy; for example, it increases when layoffs are imminent. . . . some malingered claims of psychic damages originate after claims of physical injury are unsuccessful. . . . A U.S. General Accounting Office follow-up study on persons considered 100% disabled (revealed that) approximately 40% of those studied showed no disability whatever one year after their disability determinations. . . . North American society has become so litigious that the hypothetical response of an injured worker

who has just regained consciousness after a brick has fallen on his head is not 'Where am I?' but 'Whose brick was it?'. . . Clinicians tend to diagnose somatization disorder and conversion disorder primarily in women—as if clinicians believe that women are the preferred victims of unconscious conflicts and lack voluntary control; in contrast, men are more often assigned a diagnosis of malingering, implying that men tend to be consciously aware of their motivations and in command of their actions. . . . It is extremely improbable for an obsessional impulse to be uncontrollable at its first appearance. . . . The suspected malingerer should be given every opportunity to save face. Once malingering is denied, there is a risk that it will be harder to admit later. It is better to say 'You haven't told me the real truth' than 'You've been lying to me.'. . . (Veterans) with true PTSD are likely to feel intense levels of guilt and perceive themselves as the cause of their problems; they seem hesitant to blame their problems on Vietnam. On the other hand, malingerers are more likely to present themselves as victims of circumstance. They will begin the session with statements that imply that their life predicaments are a direct result of Vietnam; they condemn authority and the war. . . .

The marked disparity in comprehensiveness, verbal density, and syntactical grace so typical of multiauthored texts was little in evidence here. That some chapters may be more useful than others probably reflects as much the clinical accessibility of the topics explored as the talents of their authors.

LEGAL MEDICINE: LEGAL DYNAMICS OF MEDICAL ENCOUNTERS. By the American College of Legal Medicine. St. Louis: CV Mosby Co.,

1988. 633 pp. \$93.50; annual supplement \$29.95.

Reviewed by Robert M. Wettstein, MD

This "comprehensive textbook in law and medicine" was assembled by the American College of Legal Medicine. Its 53 chapters cover a wide range of topics in law and medicine, authored mostly by MDs-JDs. Though there is much that is expected in a text of this sort (death and dying, AIDS, malpractice, forensic pathology, consent, medical technology, research and experimentation), there is considerable coverage of other areas which less often appear in a textbook format (alternative dispute resolution, antitrust, licensure, practice organizations, medical practice finance and management). Three chapters are devoted to mental health law issues. Most chapters are brief but concise; the longest is "Children as Patients" at 33 pages. The coverage is highly readable and interesting. As expected in an edited text of this sort, there is some overlap of material across the chapters.

The production is clean and handsome, with double columns in an oversized volume (8" × 11" pages). Each chapter contains a brief table of contents to orient the reader. Surprisingly, there are almost no figures and tables for a purported textbook.

This is an impressive work of clear value for all levels of health care professionals, as well as attorneys, and is highly recommended. An annual supplement, inserted in the back inside pocket, briefly updates many of the chapters; it contains

largely text, rather than the usual case-oriented pocket parts of legal publications.

PRINCIPLES AND PRACTICE OF FORENSIC PSYCHIATRY. Edited by R Bluglass and P Bowden. Edinburgh: Churchill Livingstone, 1990. 1405 pp. text, +84 pp. clinical references, +53 pp. index. \$306.00.

Reviewed by Robert M. Wettstein, MD

This is likely to be *the* comprehensive textbook of forensic psychiatry in the UK for some time to come. Its two editors from the UK have assembled 15 sections, approximately 150 chapters and contributors, including 15 by authors from the US and Canada. The book focuses on criminal mental health law and practice; only one section of 100 pages is devoted to civil law. The sections include: law and psychiatry, crime, psychiatry and the criminal justice system, the mental element in crime, mental disorder and crime, personality disorders, violence, deviant and criminal sexual behavior, unusual behaviors and special groups, substance abuse, children and adolescents, civil law, legislation, administration, and institutions and services. Chapters variously contain clinical description, definition, history, epidemiology, summary of relevant research, legislation, and treatment; case vignettes are often used to illustrate the text.

Book Reviews

Regrettably, the book's coverage and orientation are predominately from the UK which will limit its usefulness elsewhere. As can be expected in a work of this magnitude, there is some inconsistency in the treatment of various topics (two pages on malingering, and 42 pages on the history of forensic psychiatry in England), and some overlap of material across chapters. Because of the book's size and comprehensiveness, it may not be easy to locate a particular topic or subtopic area in all the places in which it is covered without some effort.

Though the book is overpriced, it is likely to be a classic work, at least in the UK. It will be valuable for mental health and legal professionals, criminologists, and sociologists.

CONSENT TO TREATMENT: A PRACTICAL GUIDE (second edition). By FA Rozovsky. Boston: Little, Brown, and Company, 1990. xxxvi + 814 pp. \$85.00.

Reviewed by Robert M. Wettstein, MD

This is the second edition to Rozovsky's well-received 1984 first edition which has been supplemented over the last six

years. The second edition has not only updated the earlier material but includes two new chapters on AIDS and consent, and the elderly and consent.

The second edition is comprehensive, ambitious, and readable. Its chapters include: Rules for Consent to Treatment, Exceptions to the Rules, Women and Reproductive Matters, Prisoners and Detainees, Minors, Mental Illness and Retardation, Right to Refuse Treatment, Human Research and Experimentation, Organ Donation, the Elderly, AIDS, and Documentation of Consent.

The book generally lives up to its subtitle as a "practical" guide on consent, but it provides much more than the average clinician might conceivably use. It is probably best used as a reference work but could also be useful for teaching advanced seminars in consent law and practice. The work is clearly legalistic in tone, and the author does not cover the philosophical underpinnings to informed consent.

As in the first edition, the author has curiously chosen to only provide legal references (case law, statutes, and occasional law reviews), thus omitting the substantial clinical and research literature in these areas. Pocket parts will again be available in the future for new developments in the law of consent.