thor's points. Surprisingly, although they are early, these papers do not feel dated, and contain several useful suggestions on approaching often-difficult patient populations. It is clear that this book would justify a sampling approach, turning to the relevant chapters to help with clinical problems, rather than seeing it as belonging on every clinician's shelf. Helpful they indeed may be.

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Disclosures of financial or other potential conflicts of interest: None.

Munchausen by Proxy and Other Factitious Abuse: Practical and Forensic Investigative Techniques

By Kathryn Artingstall. Boca Raton, FL: CRC Press, 2017. 338 pp. $89.95 hardback; $62.97 electronic.

Munchausen syndrome, or factitious disorder, alone (FD) or by proxy (FDP), can be a baffling, frustrating, infuriating, and life-threatening condition encountered in medical and surgical, pediatric, and psychiatric practices. In this book, the author, a former police officer, shares decades of experience in the classification, recognition, unmasking, and resolution of the condition. The book regards FDP as a criminal process wrapped in psychiatric nomenclature. Ms. Artingstall's premise is that individuals who perpetrate physical abuse on children or other unwitting subjects must be uncovered and prosecuted, not excused via insanity pleas. The author is an experienced and wily huntress, appropriate to the task of helping both medical professionals and law enforcement to see past the manifold presentations of FDP cases.

FDP entails intentional production of a medical condition in another person, usually a child, without external gain, distinguishing it from malingering. The boundaries are blurred when, for example, the author discusses malingering by proxy and FDP scenarios with apparent external gain, such as securing or retaining child custody. There are differential diagnoses, some rare (e.g., Ganser's syndrome) and some familiar (e.g., somatoform disorders). Although the author tries to parse them, including a reference from this Journal,[1] her preoccupation with protecting children obscures coming to terms with the dynamics of the perpetrator; the patient is clearly the victim in proxy cases. Thus, when it comes time (Chapter 15) to address expert testimony, there is little useful information on developing a narrative for criminal sentencing; instead there are details of the *modus operandi* of the perpetrator.

The 39-page opening chapter could be a standalone review of FDP. It starts with some history. Baron von Munchausen, an 18th-century raconteur, was implicated in the death of his wife's infant, the product of her wedding-night indiscretion. The subsequent literature on Munchausen-related conditions, the author says, underestimated their incidence and did not squarely confront the fake patients. Even through the 20th century, FDP was regarded as a medical condition, without sufficient attention to the nefarious underlying behaviors.

Ms. Artingstall resents attempts to explain away criminality cloaked as illness. Sympathy from the public toward persons with mental illness comes from ideas such as irresistible impulse and insanity defenses. This effect "is amplified when crimes are egregious and offend the sensibility of people" (p 4), seen also after mass killings.[2] However, the author argues, features of FD and FDP should not be regarded as symptoms, in the usual sense of a mental disorder that can serve as an excuse against criminal charges. In the case of FDP, "When a child or elderly victim dies as a result of abuse that is caused by the factitious behavior of the perpetrator, a homicide has occurred" (p 12). No excuses.

Ms. Artingstall is convincing that FDP is a "delivery system" for criminal abuse. Expert witnesses and law enforcement are necessary for establishing a criminal case, although, "While custodial arrests of FDP suspects are not contingent upon a medical diagnosis of FDP, both are connected to the establishment and provability of evidence to support the theory of one another" (p 14). The author focuses, throughout the book, on medical and law enforcement personnel learning about behavior patterns among FDP perpetrators. She endorses profiling, tempered by contextual and cultural understanding. It would be interesting to know of cases in which medical professionals who are too quick to diagnose abuse via FDP are liable when genuine illness is found, analogous to mislabeling patients as malingerers.[3] There is reference to Internet-based support

groups for those falsely accused and for primary and secondary victims.[4] However, I could not find support for the following unreferenced statement: "*In 2015, there are 13,000,000 Internet sites regarding 'Munchausen support*'" (p 21, italics original).

The text is aided by many tables, figures, and flow charts, as well as vignettes and case law. It is marred, at times, by redundancy, faulty copy editing, and opaque sentences; for example, "When a person reaches an actionable place where he or she is responsible, directly or indirectly for inflicted harm or injury onto a victim, that person has crossed a threshold into deliberate measurable abuse" (p 23). Overall, while the book is not aimed at forensic psychiatrists, it is a useful resource to experts aiding the prosecution in suspected abuse cases, for practitioners of emergency psychiatry, and for those in a liaison role with pediatrics or integrated care. For defense cases, Ms. Artingstall does not attend to the psychodynamics that underlie FD and FDP. Support for the mitigation narrative must come from older literature and from the details of defendants' developmental history.

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Disclosures of financial or other potential conflicts of interest: None.

Committed: The Battle over Involuntary Psychiatric Care

By Dinah Miller, MD, and Annette Hanson, MD. Baltimore, MD: Johns Hopkins University Press, 2016. 328 pp. $22.95 hardcover.

You are speaking with a patient in your office. It is clear to you that your patient is acutely suicidal and needs to be treated in a secure hospital setting to make it through this crisis. However, if you hospitalize him, he is very likely going to lose his job. He refuses voluntary hospitalization. A colleague is treating someone over objection on an inpatient unit. She has been treated by court order against her will and has now recovered capacity to make her own decisions. Two weeks after hospital discharge, the patient stops taking medication and rapidly deteriorates. On presentation to the emergency room a week thereafter, she is acutely ill and once again requires treatment.

Involuntary psychiatric hospitalization and treatment are among the more controversial aspects of modern psychiatry. When a physician abrogates the civil rights of individuals by hospitalizing them against their apparent will, or seeks treatment over their objection, multiple conflicts come into play. In *Committed: The Battle over Involuntary Psychiatric Care*, Dinah Miller, MD and Annette Hanson, MD do an excellent job of presenting the views of multiple stakeholders. Despite my years as a psychiatrist, I came away from reading this book with a much more nuanced understanding of the benefits, complexities, and challenges of involuntary psychiatric care.

The organization of the book itself reflects a very thoughtful approach. The foreword is written by Pete Earley, author of *Crazy: A Father's Search for America's Mental Health Madness*. His personal experience in coping with this problem helps to provide a poignant context for the intrinsic contradictions and limitations of our existing system. Part 1 of the book sets the stage, with case presentations of two representative individuals with very different outcomes and perceptions of their involuntary hospitalization and treatment. These represent the polar opposites of benefits and appreciation after the fact. Their complex stories unfold and are interwoven throughout the subsequent chapters of the book. In Part 2, arguments for and against involuntary treatment are presented. Arguments in favor of involuntary treatment are presented by the representatives from the Treatment Advocacy Center, the National Alliance on Mental Illness, and the American Psychiatric Association. Arguments in counterpoint are presented by the leaders of the Citizens Commission on Human Rights, Mind Freedom International, the National Empowerment Center, and the Bazelon Center for Mental Health Law. Each side presents cogent aspects of concerns from the perspectives of both the right to treatment and the right to autonomy. The role of society in the need, or lack thereof, to intervene in someone's life is starkly articulated.