

lack thereof; components of the standards; consistency with moral institutions and theory; clarity of criteria; reliability; mental disorder as a criterion; degrees of responsibility; burden of proof; and similarities with other legal systems.

*Legal Insanity: Explorations in Psychiatry, Law, and Ethics* stimulates thinking beyond the borders of forensic psychiatry. It places the controversial topic within the greater concepts of culture and society, philosophical inquiry, general medicine, and the law. This book is valuable for clinicians who have grappled with legal insanity in their work and for those new to the field of forensic psychiatry who have many questions about this historical, fluctuating, perplexing, and provocative topic.

Meynen provides uncommonly rich inquiry beyond what forensic professionals are taught. He writes well and includes a comprehensive list of references, although some of them are outdated. Occasionally, his sections on philosophy and morality are too detailed for practitioners. However, the book provides a wide-ranging foundation and clinical information that enhance understanding of this important field.

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## **Drug Dealer, MD: How Doctors Were Duped, Patients Got Hooked and Why It's So Hard to Stop**

By Anna Lembke, MD. Baltimore: Johns Hopkins University Press. 2016. 172 pp. \$19.99

*Drug Dealer, MD* is a comprehensive and systematic look into several factors that contribute to the current opioid epidemic. This book is divided into 10 chapters. The first two chapters offer a common definition of addiction, which is familiar to mental health professionals, and a narrative describing the advent of prescription analgesics as a gateway to addiction. Chapter three discusses the physical and psychological components of pain in the context of both

acute and chronic pain syndromes. The next two chapters are focused on the effect of direct-to-consumer marketing on the promotion of medication consumption and then addiction as the driver of malingering. Chapters six and seven discuss the changing roles of “patient” and “physician” in society. The book then describes a view of the commoditization of medicine and the role insurance companies play in discouraging treatment of addiction. The final chapter is one in which Lembke calls for change in the “cycle of compulsive prescribing” (p 149).

In chapter eight, Lembke tries to explain how we ended up in an opioid crisis. She lays considerable weight on the patient–physician relationship being crippled and co-opted by the intervention of the Centers for Medicare and Medicaid Services, state medical boards, hospital legal counsel, patients’ legal counsel, patient relations, billing, disability claims, The Joint Commission, private insurance, and Big Pharma, resulting in medicine being treated as a profit-driven industry to the detriment of patient care. In the closing chapters, the author laments the lack of systemic investment (i.e., monetary and educational) in treatment of addiction, and calls for deep change within the segregated, managed-care system of health care delivery.

Dr. Lembke is the Chief of Addiction Medicine and Assistant Professor at Stanford University School of Medicine. In this text she draws on her 20 years of clinical experience, related in vignettes throughout the book, as well as interviews with colleagues, pharmacists, social workers, nurses, hospital administrators, insurance executives, journalists, economists, advocates, and patients and their families.

Lembke cites staggering statistics that illustrate the rise of the opioid epidemic. She describes how the Centers for Disease Control and Prevention declared a prescription drug epidemic after deaths from opioid pain medications quadrupled between 1999 and 2013. She also notes that pharmacy sales of opioid analgesics quadrupled from 1999 to 2011. In 2010, deaths resulting from opioid overdose exceeded those from motor vehicle collisions for the first time ever in the United States (pp 4–5).

Lembke describes that, although 40 million people in the United States are affected by addiction (more than cardiovascular disease at 27 million people and diabetes at 26 million), there have been staggeringly few health care dollars allocated to addiction

treatment (1% of the U.S. health care budget). She notes that insurance companies do not reimburse for addiction treatment on par with reimbursement for other medical illnesses (p 133).

The author argues that an integral component to the current crisis is the evolution of social roles, which emerge within a given society due to a combination of social norms, the social contract, and economic incentives. Further, she asserts that social roles come with a collection of obligations and responsibilities. As little as 60 years ago, the social role of the patient was “to get well,” and the role of the physician was “to minimize illness and disability” (p 91). She states that the rise of disability and a culture of victimhood contributed to the creation of the professional patient role and a corresponding role for physicians in which, with little time and few external resources, they maintain illness, especially in the context of addiction, where the patient seeks ongoing prescriptions.

In this book, Lembke argues that the professional patient rose out of these social trends. She comments on the rising number of adults receiving some form of income through public disability or other public assistance. She puts forth that the reason for these large increases in recipients of disability income are in part due to the perception of disability programs as “non-employability insurance programs” (p 92). Of course, not all people on disability use these programs in that way, and many are truly disabled. Lembke provides data suggesting that as the monetary value of Social Security disability insurance rose in the 1980s and the disability screening laws changed to reflect subjective experience of pain and distress, the numbers of patients on disability increased dramatically. She opines that many claims for disability center around illnesses that have more subjective symptoms (e.g., depression, post-traumatic stress disorder, fibromyalgia, chronic pain, multiple sclerosis, chronic fatigue syndrome, and chronic temporomandibular disorder). With the advent of managed care, an emphasis on patient satisfaction scores, productivity goals, and the establishment and pursuit of the ideal of efficiency of care delivery, it becomes increasingly difficult for individual practitioners to extricate themselves from the new role of the person who keeps the patient sick. In some cases, the patient–doctor interaction is reduced to a business arrangement, one in which helping the patient secure disability income becomes a primary goal. Physicians

are at the same time pressured to maximize productivity targets, and in doing so justify the costs of administration and oversight. She depicts how this quickly devolves into industrialized health care delivery and dehumanization of those involved (both patient and physician). Having established the idea that there are many societal, psychological, and biological factors underlying the opioid epidemic, Lembke calls for change.

In its focus on unpacking the complex dynamics involved in the generation of the crisis, the book succeeds, in part. The book is obviously, by its title and content, in large part focused on the prescribing physician as one root of the opioid crisis. Where the book falls short is in the cynicism in the vignettes and some tinge of lightness and sarcasm in the writing. It is a brief book and it covers a lot of ground, but it seems to lack full attention to myriad factors beyond the central focus on the patient–physician relationship that have also significantly contributed to the whole epidemic. Not all doctors are as robotic as depicted in some of the vignettes. Some work hard to get their patients into the right and necessary proper care. The author suggests that integral steps to combating the crisis include awareness of the issues, expanding education on addiction, and delivering care in a chronic-care model with expanded time for the patient–physician relationship. Though all the discourse does a good job in raising awareness, the reader is left wondering if there are any practical suggestions for individual action within the current system. With all these complex issues, Lembke does not provide for the reader a pragmatic discussion of next steps, short of revolution.

The target audience of this book seems to be the public at large. It is written in an easily readable style with “stories” of patients and doctors. It is not written as a textbook. For forensic psychiatrists, it does not give more detail about the interplay between psychiatry and the law or the legal regulation of clinical practice in a manner that connects to landmark legal decisions or to current debates. A welcome addition for forensic psychiatrists might have been a discussion of the ethics principles at play, which would be of great interest to many in the field. Although this book does not deal directly with forensic psychiatric issues, it seems well written for its intended audience—the lay public. As such, even forensic professionals might find it an

interesting read for basic background on a complex subject.

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## **Sharp Objects (The Novel and the Series)**

Gillian Flynn. New York: Broadway Books (an imprint of Crown Publishing Group, a division of Random House) US \$14 CAN \$18, 254 pages, 2006.

Screenplay by Marti Noxon, Gillian Flynn, Alex Metcalf, Vince Calandra, Scott Brown, Dawn Kamoche, and Ariella Blejer. Directed by Jean-Marc Vallée. HBO, 2018.

In both a literal and a figurative sense, *Sharp Objects* is a story of homecoming and resolution. The narrative of both the 2006 novel and the 2018 HBO series adaptation follows journalist Camille Preaker as she returns to her childhood home, and to the bleak and twisted psychological landscape of her youth, to investigate the murders of two young girls.

In the novel *Sharp Objects*, Gillian Flynn, author of *Gone Girl*, portrays various themes encountered by forensic and clinical psychiatrists, including personality disorders, Munchausen's by proxy, trauma, grief, relationship struggles, self-injurious and self-defeating behaviors, psychiatric hospitalization, and alcohol-use disorder. The murders of two young girls, which occurred a year apart in a small town in Missouri are being investigated by law enforcement and by a young journalist, Camille Preaker (played by Amy Adams). Casting Amy Adams in the lead role was an act of genius in that there is something viscerally shocking in seeing one of America's sweethearts, who rose to fame as a Disney princess in the film *Enchanted*, defiled and brought low in a way that is wholly consistent with the themes of the story, highlighting the dichotomous sociocultural view of women as either Madonna or whore.

In *Sharp Objects*, Camille Preaker comes back to her hometown of Wind Gap, Missouri as an investigative journalist, from Chicago (in the novel), and St. Louis (in the series). Because she grew up in Wind

Gap, her boss decided that this would be a good opportunity for her. We soon learn some of her back story. She fled the gossipy, Confederate-hero-revering, small town in large part due to her engulfing, dramatic, conditional love-giving mother. Her mother's underlying pathology is revealed slowly over the novel, even to Camille. The reader only knows what first-person narrator Camille knows.

We also learn that Camille had a younger half-sister, Marian, who died when Camille was young, and another living half-sister, Amma, age 13, whom Camille had not seen since Amma was a baby. Camille is haunted by her childhood, which included gang rape, the sickness and ultimate death of her sister, and her attention-seeking mother. She attempts to drown all of this out through cutting and alcohol use. One of her first stops in her hometown is to a local bar, where she drinks bourbon prior to interviewing the parents of the murdered girls.

When Camille finally knocks on the door of her giant Victorian childhood home and explains why she is there, her mother, Adora Crellin (impeccably played by Patricia Clarkson, who recently won the Golden Globe for the role) responds with dismay, "Aren't those parents having a difficult enough time without you coming here to copy it all down and spread it to the world? 'Wind Gap Murders Its Children'! Is that what you want people to think?" (p 26).

Adora is mainly concerned with appearances, from her own flawless grooming and hygiene to her house, her marriage, and her daughters. She had given up on Camille, whose self-injurious behavior included cutting words such as "baby doll," "kitty," "wicked," and "petticoat" into herself. Camille's younger sister Amma knows that her mother only cares about appearances, and so when she is at home, she wears dresses, keeps her hair back with a ribbon, and plays with her doll house that is a miniature version of her real house . . . a tiny world over which Amma has absolute control. She tells Camille upon officially meeting her, "I wear this for Adora. When I'm home, I'm her little doll" (p 43). Camille had already met Amma outside the home, however, and Amma had been wearing makeup, drinking, and hanging out with girls who also looked older than their 13 years.

Camille finds her own etched skin a source of both shame and relief. She wears clothes to hide the scars, but she also feels the burn of the words, which still gives her a sense of control over her environment. She hides the scars from the detective (and her romantic