

Deviance among Physicians: Fraud, Violence, and the Power to Prescribe

By Thaddeus L. Johnson, Natasha Johnson, and Christina Policastro. New York: Routledge Focus; 70 pp. \$22.95.

Reviewed by Ahmad Adi, MD, MPH

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Key words: malpractice; fraud; physician; forensic

Deviance Among Physicians: Fraud, Violence, and the Power to Prescribe was written to address the phenomenon of deviant behavior exhibited by physicians. The book focuses on medical fraud, and violence by physicians toward patients. This book was written by Thaddeus L. Johnson, doctoral candidate in Criminology and Criminal Justice at the Andrew Young School of Policy Studies at Georgia State University; Natasha Johnson, doctoral candidate in the Educational Policy Studies Department at Georgia State University; and Christina Policastro, Assistant Professor of Criminal Justice in the Department of Social, Cultural, and Justice Studies at the University of Tennessee at Chattanooga.

This book is organized into five chapters: an introductory chapter exploring the definition of deviance and how it applies to medical professionals, followed by a chapter discussing medical insurance fraud by physicians. The book continues with a chapter exploring violence by physicians against patients, specifically the aspects of unnecessary procedures and sexual violence against patients. The book ends with a chapter discussing the literature surrounding response strategies to physician deviance.

The authors highlight important information regarding the phenomenon of physician deviance, which they define as “illicit or fraudulent acts committed by doctors for personal gain within the context of their profession” (p 1). The authors introduce theoretical framework concepts from the field of criminal justice, such as the routine activities theory (i.e., “Crime stems from the convergence of motivated offenders and suitable targets in settings where capable guardianship is missing” (p 15)), neutralization theory (i.e.,

“crime occurs when otherwise prosocial persons are able to suppress or neutralize conventional values and engage in malfeasance” (p 17)), and control balance theory (i.e., the presence of imbalances in the control ratio, defined as “a comparison between the amount of power one is subjected to and the amount of power one can exert” (p 28)). These theoretical frameworks are helpful to forensic psychiatrists and psychologists in conceptualizing criminal behavior among health care workers and provide a good introduction to theories commonly used in sociological and criminological frameworks. The authors provide some examples of conduct explained by these theoretical frameworks, including insurance fraud by physicians in the absence of oversight (explained through the routine activities theory) or rationalizing insurance fraud as a form of defiance against the administrative system (explained through the neutralization theory).

Although the topic of the book is relevant to forensic psychiatry and psychology, it lacks a neutral scientific tone commonly found in scholarly literature. The authors acknowledge the important fact that deviant behavior among physicians is an overall uncommon phenomenon. Simultaneously, the authors often adopt a prosecutorial tone while presenting evidence from the literature to support their viewpoint. There are indicators throughout the text suggesting the presence of bias by the authors when they describe what appears to be subjective opinion presented as if it were objective facts. Consider, for example, the following quotation from Chapter 4 (Responding to Crime and Deviance):

Given the widespread inclination to blindly trust a trained doctor’s professional opinion, authorities often take the physician’s word for it . . . A 2015 case in California clearly demonstrates the leniency afforded to physicians in cases of sexual misbehavior . . . The physician pled no contest to five felony counts of sexual misconduct, but the judge did not send him to prison nor was he ordered to register as a sex offender (p 51).

The same chapter concludes by stating, “While most health care providers, physicians included, serve the public with integrity, a fair amount deal in the currency of deceit and corruption” (p 52). The use of words such as “clearly” without the support of clear evidence suggests a diversion away from a scientific viewpoint toward a more subjective view, which is not characteristic of forensic work. The text would have benefited had the authors included a more thorough legal background to the cases of physician deviance they discussed. Instead, many cases are presented as “a

doctor was accused of X and responded with Y, and was only sentenced to Z instead of prison time or other sanctions.” These brief, superficial vignettes are then used as examples highlighting physician deviance and lack of oversight and regulations.

Nevertheless, this book remains an important contribution to the study of physician deviance, and serves as a cautionary reminder to all clinicians to be wary of potential boundary violations and illegal activities that can arise while practicing and caring for patients. More research and inquiry are needed to understand this phenomenon in greater detail and to develop an evidence base for potential interventions to address deviant behavior among health care workers.

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Nobody’s Normal: Rethinking the Narrative of Stigma and Mental Illness

By Roy Richard Grinker. New York: W. W. Norton and Company; 2021. 432 pp, \$30 (US); \$40 (Canada).

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Psychiatrists are no strangers to the concept of stigma. It is a popular topic, from our professional societies to our research objectives. It is a subject that has gained prominence in broader media and public discourse and has inspired awareness months, campaigns, and human-interest stories. But in his book, *Nobody’s Normal*, Roy Richard Grinker strays from the typical narrative of stigma, which generally invites a discussion on educating the public and relying on high profile individuals to discuss their struggles. Instead, the author explores how culture creates and reinforces stigmatizing attitudes and beliefs. Importantly for mental health clinicians, his discussion encourages readers to consider whether our own goals and understanding of mental illness are driving the stigma that we lament.

Dr. Grinker is a Professor of Anthropology at George Washington University. He received his PhD

in Social Anthropology at Harvard University and is the Editor-In-Chief of *Anthropological Quarterly*. His previous authorships reflect a special topical interest in Korea (*Korea and Its Futures: Unification and the Unfinished War*), sub-Saharan Africa (*Perspectives on Africa; Companion to the Anthropology of Africa*), and autism (*Unstrange Minds*), interests that are infused throughout the book. To understand the author’s relationship to the science of the mind and stigma, and thus the unique perspective he brings to the subject, it is helpful to understand his family background. His great-grandfather Julius Grinker, a respected neurologist, espoused stigmatizing views of people with mental illness and of psychiatry. His grandfather Roy Grinker, Sr., challenged these views when he chose to practice neuropsychiatry; he later went on to found the Institute of Psychosomatic and Psychiatric Research in Chicago and had a long career in psychiatric education. The author’s father and wife Joyce are also psychiatrists. His daughter has autism spectrum disorder, which fueled his interest in the subject. His family history is highlighted in the introduction of the book but continues as a thread throughout.

The book is divided into three parts. Each part represents another cultural pattern the author asserts contributed to the rise of stigma about mental illness. The first of these is entitled Capitalism, and discusses the value Western societies place on individualism and productivity. The second is War, with its pattern of learning and forgetting lessons on human vulnerability, treatment advances, and perceptions of mental illness. The third explores the dichotomy of Body and Mind; this part focuses on the medicalization of mental illness and our hunt for its genetic and neurological underpinnings. The author concludes by encouraging readers to think of illness as existing on a spectrum with which all people may have some experience over the course of their lives.

The book uses engaging and light prose that is inviting for audiences of all backgrounds. The author seamlessly knits case examples and stories from other countries to contrast how different cultures affect the understanding and treatment of people who are mentally ill or neurodiverse. Within Grinker’s narrative is the history of psychiatry and mental health care, from the days of the early custodial asylums complete with their torturous methods, through the creation of our diagnostic manuals, and our current attempts to elucidate the underlying genes and brain structures that contribute to mental illness. This history is told in a loose chronological order. Though the book is structured in