

Books Reviewed

for more legal proceedings and increased representation of patients and institutions by lawyers; and William J. Curran, like Bonnie, stresses the importance of competency determination, concluding with "All of their discussion, however, is a hollow legal argument unless we look to improvements in the quality of the system, . . . the people in it, . . . and treatment."

Dr. Michels, a psychiatrist, delineates the complex mixture of values and attitudes that are necessary to assess a patient's competency to make treatment decisions. He also points out that the issue of competency arises only as a step in resolving conflicts between physicians and their patients; it is rarely an issue for compliant patients. Drs. Thomas Gutheil and Mark Mills address clinical and psychological aspects of medication refusal and propose an alternative legal framework for balancing patients' rights with their need for treatment. Doctors Loren Roth and Paul Appelbaum present the gaps in our empirical knowledge of the long-term effects of involuntary treatment and stress the need for documentation of the effects of granting treatment refusal and due process.

Among other contributors deserving mention are Judi Chamberlain and her fellow members of the Mental Patients' Liberation Front. These "ex-psychiatric inmates" as they prefer to call themselves occasionally sound shrill. This is unfortunate, for their statements bring out the inadequacies of the present system far more persuasively than do the arguments of lawyers and advocates who have ideological axes to grind. It is upon the statements of the ex-patients that the reader must focus.

One suspects that the real issues lie in the tangled skein of power relationships. The right to refuse treatment controversy is just the latest reverberation of the twenty-year struggle over the ideological legitimacy of the concept of mental illness. Is the real issue that of the social construction of madness? Or is it rather a battle over allocation of privilege? □

RIGHTS AND ADVOCACY FOR RETARDED PEOPLE. By Stanley S. Herr. Lexington, MA: Lexington Books, 1983, 257 Pp.

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This book examines the civil rights movement, which evolved primarily during the 1970s, for disabled persons. It examines the legal changes that have resulted from a number of class action and individual lawsuits at both federal and state levels. It gives an excellent overview of the historical underpinnings and current legal issues related to appropriate services for developmentally disabled persons. It examines the legal frameworks that have perpetuated and continue to perpetuate, to some degree, the residential segregation of mentally retarded persons. It considers the extent to which lawmakers can undo a segregationist legacy and the

legal directions and safeguards that offer promise of a more humane future. It explores the current legal issues related to the right to the least-restrictive alternative, the right to appropriate, individualized habilitation and education, and the right to community integration. It concludes by setting forth a proposed model for securing trained advocates for mentally disabled persons now living in institutional settings. The concluding chapter addresses the limits of legal reforms and the unfinished agenda for advocates for community integration.

As an historical review of the law and as a current analysis of legal issues the book provides an excellent background and overview. In this regard it is well written, understandable, and comprehensive enough to give a guide to professionals and advocates in these areas.

There is some narrowness in relation to the power of the law to bring about social change, although at the outset of the book, the author gives a *caveat* that the law is simply one tool in an arsenal of social change strategies. However, there is some oversimplification when the author assumes that either lawsuits or regulations (such as Medicaid regulations) will in-and-of-themselves bring about social change. For example, in the section entitled "Rights to Care, Education and Habilitation," Herr makes the statement: "Each Medicaid eligible resident of an approved intermedicate care facility for the mentally retarded must be provided with an individually structured program of active treatment." The mere presence of regulations has little to do with ensuring quality. Although it is true that laws and regulations tend to put a spotlight on inadequate and dehumanizing situations, it is not true that the mere fact that laws and regulations exist that change comes about. One only has to look at today's private and public ICF-MR facilities to understand that while laws and regulations have placed a spotlight on these conditions, much more needs to be done.

In his concluding paragraph, Herr notes: "Laws work as an instrument for social integration. The lessons from this experience deserve close study. . . For scholars and activists in the United States and in other countries, it is hoped that this book will stimulate further research and debate." The book appropriately leaves us with a challenge for further research, debate, and an examination of exactly what are the alternatives to state institutions and congregate care. What types of programs and services will meet the needs of our nations' most severely mentally retarded children and adults? This book gives a good background to the historical and legislative underpinnings of the current rights movement. The challenge now, understanding those underpinnings and trends, is to develop the types of programs and services that will meet the needs of all persons with mental retardation in the mainstream of family and community life. □