

The first two parts of this volume emphasize the over-arching problems of how to relate facts to value, of who ought to decide, of health care delivery, confidentiality and truth-telling. These are among the larger questions of medical ethics. Part III shifts to cases involving specific problem areas. Cases in Chapter 7 raise the problems of abortion, sterilization and conception control. Chapter 8 moves to the related problems of genetic counselling and engineering and of intervention in the pre- and perinatal periods. The next chapters take up in turn the problems of hemodialysis transplantation and allocation of scarce medical resources; psychiatry and the control of human behavior; human experimentation, consent, and the right to refuse medical treatment; and finally death and dying. Case illustrations of particular interest to the psychiatrist are: the psychiatrist as double agent, confidentiality, computer banks, and social welfare; the child's IQ; abortion for psychiatric reasons; justice and efficiency in care for the mentally retarded; the mentally retarded kidney donor; psychotherapy for the violent alcoholic; psychosurgery for a sexual psychopath; how informed is informed consent?; cancelling consent for electroshock treatment; and the right to refuse psychoactive drugs.

Dr. Veatch has done all of medicine, including psychiatry, a great service in the exposition of his ethical stance. The field of medical ethics resounds with many problems, and Dr. Veatch is to be congratulated for dealing with the issues in such a straight-forward and understandable fashion. This volume is recommended without reservation to all who would acquaint themselves with medical ethics and the practical application of solutions to such problems.

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THE LAW AND MENTAL HEALTH. By J. Curran and T. W. Harding. World Health Organization, Geneva. Pp. 161. 1978. \$15.00.

These are times of rapid changes in the law, both in the United States and abroad. In what is amounting to a worldwide spread of the ideology of individual rights, mental health law is expanding and modifying more than many other legal areas.

One questions whether changes of law lead to changes in practice; yet undeniably in some measure they do. No doubt in the United States there has been significant modification in mental health practice because of legal developments. Perhaps one should also inquire, though, whether in practice the new legalities do more harm than good (maybe better inquire who, if anyone, benefits, and similarly, who suffers? Balancing help against harm is also important.).

Of course, the first problem is to ascertain the present state of the law and to compare it with previous legal situations. The task of doing so on a world basis is what Curran and Harding attempt in this work.

The efforts required are monumental; results must represent a compromise. There were not the resources to carry out a comprehensive summary of national laws on such a broad encompassing area as mental

health. (It would require detailed examination of statutory and case law in 50 states in the U.S. alone, a formidable job and impossible within the authors' resource constraints.) Thus what resulted is an overview of the system on a more specific level than mere impression but less systematic than a detailed study would provide.

As a backdrop for their own data, the authors included some results of a 1955 U.N. study of mental health law, though their main focus was on a set of recommendations that they regard as important in the field. These recommendations are made in the context of the four major personal rights declarations which the U.N. has made. Those are respectively, the Universal Declaration of Human Rights (1948), the Declaration of Rights of the Child (1959), the Declaration of Rights of Mentally Retarded Persons (1971), and the Declaration of Rights of Retarded Persons (1976). This humanistic orientation resulted in significant attention to issues such as these: voluntariness of hospital admission and discharge procedures; rights of access to and opportunity to refuse treatment; public, court, and legislation opportunity to review specific cases, administrative operations of systems, and general laws; and integration of mental health facilities with the general health delivery system.

The survey indicated that concern for mental health mirrors concern for human rights, especially in that declared policy generally and unfortunately bears little connection with practice. Although there were some laws which indicated working concern with those issues in many developed countries, in the underdeveloped countries, the situation tended to be informal and law was not influential in mental health decision-making.

In all countries, individuals interested in change tended primarily to be psychiatrists and other mental health professionals. (Indeed, psychiatrists were seen as the individuals most likely to understand mental health laws, more than judges and lawyers.) The United States showed more active interest in forensic psychiatry than any other country.

The authors' proposed legal structure indicates the diverse ramifications of mental health law, ranging from such areas as training requirements for licensing of mental health personnel to determining how psychoactive drugs should be distributed and how public bodies should be able to monitor the operation of mental health facilities which serve the public. When one considers that each country has its own specific historical and institutional contexts, the full dimensions of the problem of proposing such laws begin to come into focus. The authors can do no more than to formulate general guidelines.

The book is not one which would relate to the activities of the ordinary forensic psychiatrist. It may be useful for the policymaker, especially one who is a legislator or whose work involves dealing with legislative bodies. Though by no means a complete one, it is a useful compendium of existing mental health law, and it presents thoughtful proposals for overall directions for such legal activities.

The real problems are those secondary to the legislation problems, *i.e.*, ensuring that the laws have a real impact on practice in the field (including ubiquitous budgetary problems). Translating law into useful social action is the crux of the utility of law, and even in countries like the United States, that

issue is one of constant concern to all mental health organizations.

Though the situation in our country seems discouraging at times, it is less so when seen in broader perspective. We should be thankful we do not face the problems of Lesotho, as noted by that country's respondent to the study questionnaire: "The new law was not well known in the country because the text is available in only a few places and is in English . . . unless new mental health manpower is made available [it] is not apt to be implemented to any great degree . . . Unless special interest in the matter is created, the law will not be changed again in the next 30 years or so." (Curran, *op. rev.* p. 23.)

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