

## PC, M.D.: How Political Correctness Is Corrupting Medicine

by Sally Satel, M.D.; New York, Basic Books, 2000, 304 pages, \$27

John Petrila, J.D., LL.M.

The thesis of *PC, M.D.*, by Sally Satel, is evident from its subtitle: *How Political Correctness Is Corrupting Medicine*. Dr. Satel, a psychiatrist and a conservative commentator, argues that “victim politics” increasingly take precedence over clinical imperatives. She contends that public health professionals have inappropriately entered the political domain, to the detriment of patients’ welfare. She also believes that the scientific integrity of medicine is under siege because of the politicization of public health and the ascendancy of ideology over science.

The book begins with a chapter asserting that public health has been confused and possibly corrupted by what she terms “the quest for social justice.” Succeeding chapters focus on discrete areas in which the author believes that some combination of political correctness and junk science has inappropriately infiltrated policy discussions or clinical practice. These areas include the emergence of the consumer-survivor movement in public mental health; the popularity of “therapeutic touch” in nursing; the perspective that women’s health needs are underresearched compared with men’s (a view that Satel disputes); the debate over forced treatment in South Carolina of pregnant women addicted to crack cocaine; the perspective that race might

**Editor’s Note:** A recently published book by Sally Satel, M.D., titled *PC, M.D.: How Political Correctness Is Corrupting Medicine*, has stirred controversy and galvanized opinion among health care practitioners and political commentators alike. Here three reviewers offer their take on the book.

matter in some clinical relationships (Satel argues that it does not); and the focus in treatment on early childhood trauma, a focus Satel believes may do more harm than good.

Satel concludes that there are “built-in limits to the corrupting influence of PC medicine” but issues a call to arms for public health professionals, policy makers, and the public to “defend standards of excellence and professionalism” to “inoculate medicine against the life-or-death consequences of political correctness.”

The contentions that junk science and political correctness have invaded science and policy are not new (1). Nor are arguments that certain types of professionals (public health professionals in this context) should stick to their primary task and avoid politics; the same debate about the appropriate role of priests has raged in the Catholic Church for centuries. Satel writes well and provocatively, but two flaws weaken her arguments.

First, she often anchors arguments on unsubstantiated assertions stated as fact. This is particularly problematic in a work devoted to attacking others on the same ground. Her chapter on the consumer-survivor movement in mental health illustrates this point. For example, she asserts, without providing any references, that “thousands of people” are not receiving the

treatment necessary to make them well or keep them safe because of “activism by a small but vocal group of former psychiatric patients . . . supported by civil liberties lawyers.” This argument is at the heart of much of the past and current debate about civil commitment—a debate that has been informed by much passion and comparatively little science. Satel provides more of the former but none of the latter. She also fails to reference other work—for example, that of Paul Appelbaum—that suggests that the effect of the civil rights movement in mental health law has been limited (2).

The second flaw is a tendency to stereotype the individuals with whom she disagrees in ways that reduce their humanity. For example, she titles the chapter on the consumer-survivor movement “The Inmates Take Over the Asylum”; provides as a heading for a discussion of a consumer-survivor conference the phrase “Alternatives ’99: The Guinea Pigs’ Rebellion”; characterizes claims of abuse from involuntary treatment as “histrionic”; and criticizes one consumer representative in a state mental health agency for occasionally crying during meetings. Language does matter, as Satel is no doubt aware.

The scientific integrity of medicine is a matter of profound importance. But so are questions of autonomy and liberty. The principle of informed consent, which has become a core ethical principle in health care in general, exists in large measure because of abuses in the past. It is possible, as Satel argues, that we need not worry much about such abuses anymore. However, the recent decisions by the federal government to temporarily suspend all research at some major universities because of a lack of attention to human rights protections suggest that we might not yet want to entrust matters of safety and autonomy wholly to science and its purveyors.

This book is worth reading, because of its provocative nature. Those who agree with the author’s sentiments will take comfort in her rhetoric, while those who disagree will find

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themselves thinking about and questioning her assertions. At some level, that is how public policy is made. The author's wish that public health be divorced from politics will probably never be achieved: because it is the "public's" health, it is inherently political. However, works like this book add to the public discourse and should be read by anyone interested in health care policy or practice.

**References**

1. Sagan C: *The Demon-Haunted World: Science as a Candle in the Dark*. New York, Ballantine Press, 1996
2. Appelbaum PS: *Almost a Revolution: Mental Health Law and the Limits of Change*. London, Oxford University Press, 1994

Mark Schiller, M.D., M.S.

A professor from Brown calls AIDS "a biological expression of social inequality," and her plan for combating the AIDS epidemic includes limiting the power of corporations, capping the salaries of chief executive officers, eliminating corporate subsidies, prohibiting corporate contributions to politicians, and strengthening labor unions. A physician at the University of California, San Francisco, claims that "illness is caused by the power imbalance inherent in capitalist society." The American Nursing Association, which recognizes "energy field disturbance" as a diagnosis, advises nurses to "take a closer look at one of the 'energetic' therapies. It might just recharge your practice." These are only a few of the many astonishing and disturbing citations readers will find in Sally Satel's well-researched and well-documented *PC, M.D.: How Political Correctness Is Corrupting Medicine*.

Dr. Satel's thesis is that overtly political leftist ideology that is focused on victimization, power discrepancy, and income inequality has spilled over from other parts of the university into the medical center. Perhaps we had assumed that the medical center was immune to such radical ideas—that it was protected by medicine's foundation on actual objectifi-

able outcomes and the cold, hard facts of biology. Yet the book amply demonstrates the degree to which unsupported, ideologically driven theories influence the public health establishment, the mental health and substance abuse treatment systems, nursing, and prevalent beliefs about gender and race in medicine. Worse, political correctness is not a benign ivory tower anomaly; it damages all of our medical system and causes very real harm to patients.

Satel quotes public health professors from Berkeley and Portland State University who assert that "the practice of public health is, to a large degree, the process of redesigning society." In her elaboration she describes how a large part of the medical system, if not society, has been redesigned.

Public health is now more concerned with social inequality than with the epidemiology and prevention of communicable diseases. The nursing profession promotes alternative therapies in order to oppose the patriarchal and hierarchical medical system, and nursing schools have lowered academic standards to include courses on sociology, politics, and race and gender awareness. Objectively unsupported claims of sexism and racism lead to the waste of research money on fruitless, politically motivated topics, add to research

costs by generating unnecessary rules on gender, and contribute to shortages of physicians in areas of need. Satel, a psychiatrist, also describes how the political recognition—in the form of the consumer movement—of persons with mental illness as a group victimized by psychiatry has often prevented those most severely ill from receiving treatment they desperately need.

Discredited leftist ideology repackaged in the form of the "PC" movement is increasingly damaging the medical system—and more so than many physicians who are busy with patient care might realize. It is high time that they become aware of this incipient trend before it becomes even more pervasive. *PC, M.D.* is an excellent source from which to start. Indeed, if I had my way, this book would be standard reading for people in the medical community.

David A. Pollack, M.D.

Dr. Satel, a noted conservative psychiatric essayist, has constructed a thorough and, in some ways, persuasive argument that an unwitting reader is likely to see as evidence that our health care system is being taken over by radical feminists, social reformers, and unruly consumers. The premise of *PC, M.D.* is that a great number of unscientific and potentially harmful health care practices are being promoted by various individuals and groups, primarily for political purposes.

In carefully selected and researched topics organized by chapter, Satel takes on the public health establishment, the mental health consumer movement, the nursing profession, feminist health advocates, civil libertarian defenders of the rights of drug addicts, social and health scientists who are concerned about racial disparities in health care delivery, and persons who promote treatment for psychological trauma. She decries how, in many cases, the zealous progressive liberal agenda is contaminating a reasonable and scientific approach to various health problems. In some cases, such politically doctri-

**In this section . . .**

Reviews of Sally Satel's *PC, M.D.* are followed by reviews of a report on the health care of minority Americans; a book critical of the extent of psychiatry's use of pharmacotherapy; and a perceptive and engaging autobiographical account of a life of psychotherapy. Reviews follow of books on ADHD, autism, Asperger's disorder, and health policy, and the section ends with a review of Jerome Groopman's *Second Opinions*.

naire attitudes seem to be preventing people from getting proper treatment. In other cases, this unscientific intrusiveness forces health care providers to give dangerous treatments or prevents them from stopping such harmful practices.

Interestingly enough, Satel has identified many legitimate concerns, and in some cases she has a solid argument for the political contamination she sees under so many rocks. However, in too many instances, she paints her subjects with such a broad brush that a number of potentially damaging or unjust accusations emerge.

One of the main problems I have with the book is that although Satel may correctly identify some outrageous notions or practices—such as the views of those in the mental health consumer movement who would do away with all psychiatric care, or the complete aversion that some people have to the use of leverage in the treatment of substance dependence—she then extends her criticism to other associated practices—for example, trashing most alternative therapies because there is no scientific support for the questionable practice of “therapeutic touch.” She also extrapolates the political agenda of some adherents of a nonscientific treatment or policy to all supporters of the practice, thus making the dominant or exclusive reason for its popularity a political one.

I also have problems with the selectivity with which she cites the egregious statements and beliefs of some of the practices’ adherents. In some cases she takes comments out of context and, by isolating them and speculatively extrapolating from them, emphasizes her contention that the spokesperson is wildly irrational or primarily politically motivated. This is clearly the case with some of the data she provides to undermine the legitimacy of the mental health consumer movement; she quotes some individuals whom I know and work with and presents a rather distorted characterization of their views.

It is important to expose charlatanism and potential harm from inappropriate treatments and policies, but

the fact that Satel has selected only issues that seem associated, at least in her worldview, with liberal or progressive political issues undermines the power of her arguments. Where is the criticism of the antiabortion movement and its rabid opposition to abortion in all cases and to the introduction of RU-486? Why is there no mention of the movement to block important stem cell research? Why is her critique of the substance treatment system focused solely on the need to make individuals responsible for their actions, as opposed to looking at the popular cultural forces that reinforce the addictive drives in so many substance-abusing people? Where is the outrage over the drug industry’s unscientific use of direct-to-consumer advertising to interfere with the doctor-patient relationship? Why has she said nothing about the fact that the protection and preservation of the so-called free market has left us without a comprehensive health care system and with 45 mil-

lion uninsured people?

Rather than simply identifying the practices that she finds offensive and destructive, and rather than demonizing people who may or may not have complicity with these practices, it would be far more productive for Satel to apply some of her talent for research and analysis to identifying why these activities are so popular. She should try to understand these movements in relation to the shortcomings of medicine, physicians, the health care system, and maybe even some of the political assumptions that underlie her preferred health policies.

In the end I think she is hoist with her own petard, for her aversion to the “PC” nature of some activists reveals her own political and ideological bent. It seems that Dr. Satel is, despite her intelligent and carefully reasoned rhetoric, succumbing to the process identified by Anna Freud many years ago: she objects to the defense mechanisms in others that appear to be most like her own.

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### Minority Health in America: Findings and Policy Implications From the Commonwealth Fund Minority Health Survey

*edited by Carol J. R. Hogue, Ph.D., M.P.H., Martha A. Hargraves, Ph.D., M.P.H., and Karen Scott Collins, M.D., M.P.H.; Baltimore, Johns Hopkins University Press, 2000, 326 pages, \$22.50 softcover*

Carl C. Bell, M.D.

**T**his book provides a precise and thorough analysis of the 1994 Commonwealth Fund Minority Health Survey, a comprehensive national health survey of more than 3,700 American adults. The contributors examine the health of nonwhite people in America in the light of ethnicity, sex, work status, and other key variables. All of the authors use rigorous methods of analysis, and they all control for income and education in multivariate analyses.

Not surprisingly, they find that

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nonwhite Americans are more likely to be uninsured and to lack a regular source of health care. Further, nearly one in three nonwhite adults reported that they have almost no choice in where they could obtain health care. Nonwhite respondents also were less likely to be satisfied with their medical care, and they were likely to use fewer services and to be in poor health—all of which delay the seeking of medical care.

Although lower socioeconomic status explains some of the disparity between nonwhites and whites, discrimination and lack of satisfaction with services also have a role. The book emphasizes the commonality of themes across nonwhite groups but also high-

lights the differences within racial or ethnic subgroups of people—for example, differences between Chinese, Koreans, and Vietnamese.

The survey results point to clear strategies that must be implemented if the nation's embarrassing disparities in health and health care are to be corrected. Insurance coverage must be provided for the 43 million uninsured Americans, starting with the working poor. Twenty-one percent of African Americans, 21 percent of Asians, and 34 percent of Hispanics are uninsured.

In the meantime, because the number of uninsured persons is growing, maintaining the safety net of providers willing and able to care for uninsured patients is essential. Unfortunately, the infrastructure that supports public and subsidized programs is eroding. Policies and activities designed to ensure that managed care systems have racially and ethnically diverse health care workers, programs to ensure that all workers are culturally competent, and programs to collect epidemiologic and survey

data to better understand health outcomes of nonwhite Americans are all encouraged. Health services research is needed to discover ways to ensure that patients—especially those in the Medicaid managed care system—have regular providers, to reduce discriminatory practices, to obtain insurance coverage for the poor, and to organize health care services to reduce transportation, language, and other discriminatory barriers.

Many of us already know what is in this volume, but I suppose it had to be proved again. I was reminded of when Black Psychiatrists of America presented Dr. Kenneth Clark an award for his groundbreaking research that proved that segregation harmed African-American children's self-esteem. Dr. Clark said that for nearly 20 years he had been proving beyond any doubt that segregation harmed black children, but de facto segregation continued to flourish in the United States. Thus he had to conclude that there was nothing wrong with his proof, but something was wrong with the jury.

gy of pharmacology as we did in the disastrous mutilation of brains that came from the surgical hubris of lobotomists."

Differentiating free will from natural events, he finds it frustrating that assigning a biological etiology to behavior removes responsibility and morality from that behavior. For instance, referring to schizophrenia as a means of individuals' expressions of their individuality and conflicts with morality, Keen questions the biological etiology of severe mental illnesses. He observes that if schizophrenia is viewed in terms of free will, then neither the family nor the patient "can escape the responsibility of making a choice." Alternatively, if it is viewed from a purely biological standpoint, Keen warns that patients and their families "both give up the struggle and accept the inevitable," in a defeatist manner. Comparing individuals surviving mental illnesses to those surviving cancer, he notes that the latter "are richer for the experience of the physical and spiritual struggle of facing the ultimate and inevitable shutdown of the physical body." Treating schizophrenia with medication, he feels, "nullifies the mental life of a schizophrenic."

Keen expresses apprehension about the detrimental effects of medications. He remarks, "When one masks or chemically ablates a personal struggle, the wisdom of such treatment might be questioned. . . . Although brain defects and neurological diseases certainly are problems, it is plausible that the wildest delusional patient has a perfectly normal brain." After criticizing psychiatrists for "remaining blind to the simultaneous creation of tardive dyskinesia" while treating patients with the older antipsychotics, he acknowledges only in a footnote that these older medications are being replaced with novel and safer agents.

Keen expresses similar concerns about the treatment of depression with antidepressants. "It does not speak to the part of the individual's experience that is free to choose an attitude, a behavior, a course of action, a lifestyle, or a career." Remind-

## Chemicals for the Mind: Psychopharmacology and Human Consciousness

by Ernest Keen; Westport, Connecticut, Praeger Publishers, 2000, 168 pages, \$59.95

Jay D. Fawver, M.D.

**I**n *Chemicals for the Mind*, Ernest Keen expresses profound skepticism about the motives of modern psychiatry. He criticizes the medical model of symptom identification and diagnosis, noting that medicalizing human suffering "unobtrusively reduces moral and mental issues to technological ones." Keen, a professor of psychology at Bucknell University, challenges the ethical principles of psychiatric treatment, claiming that "the academic setting of psychology, in contrast to psychiatry, can and generally does avoid the pressures of

professional profits and market economics."

The theme of this book is that "biological reductionism is psychiatry's way of avoiding coping with (mind-body) dualism." Keen criticizes psychiatry's attempt to "objectify" the functioning of the brain. Psychiatrists depersonalize their patients when they view them as "mere brain matter," he observes.

Keen frequently expresses skepticism about the safety of modern medicine. He compares pharmacotherapy to lobotomy: both are means of inflicting violence by altering brain functioning. He warns, "It is far from clear that we are not committing the same errors with our latest technolo-

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ing us not to neglect the experiences of consciousness, individual will, and interpersonal struggles that may be affecting the lives of our patients, he says, "Drugs that change consciousness may impoverish human experience." By using the technical mastery of psychotropic drugs, he believes, "humans are invading not simply the brain, but the shape and tenor of human experience."

Throughout this text, Keen grossly minimizes the impact of psychopharmacology on reducing suicidality and limiting institutionalization while increasing the likelihood of patients'

reintegration into the community. Although the book sensationalizes the use of medication in treating mental illness, its merits include an interesting historical and philosophical overview differentiating mind and brain. Keen reminds us that we should focus on individual struggles and conflicts rather than be distracted by a generalized diagnosis in mental health treatment. Despite the author's strong bias toward nonpharmacological interventions, *Chemicals for the Mind* offers a stimulating counterpoint to the aggressive use of increasingly available psychoactive medications.

tionalization, the patients released into what psychiatrists called 'the community.' The benches of the pocket parks along Broadway were lined with lunatics—mutterers, twitchers, hallucinators, impassioned monologists, silent day sufferers. I remember encountering the first bag lady I had ever seen. I stared wondering at her swollen ankles, flecked with open sores, her layers of charcoal-gray garments, and what I could see of her face, mysteriously lowered and only half visible in the shadows of the cave formed by the blankets she had wrapped around her head."

Gordon's conflictual feelings about psychotherapy are the highlight of the book. She remarks regularly on, and demonstrates with examples, how she is both the beneficiary and the victim of lifelong psychotherapy. She observes, "I am one of those people—we're not so very rare—for whom life has been not so much examined as conducted in the therapy." So much therapy before she was out of her teens left her with "the habit of the analysand, the ruthless stripping away of defenses. But in my case not much self had yet developed, and surely none of it was expendable. I was tearing away not a hardened carapace but the developing layers of my epidermis. By reducing myself to a larval, infantile state, I was doing what I felt I was expected to do, and what would please the therapist."

The process of therapy was in many ways limiting for Gordon. "I felt the powerful reductive suction of psychoanalytic thinking," she notes. "My years of psychotherapy had taught me to move away from the future toward the past, away from the cognitive toward the emotional, away from the complex toward the simple, away from the sophisticated toward the primitive, away from the active and toward the passive—away from the world and toward the self."

Interactions between patient and therapist are no less ambivalently portrayed: "He [Dr. B., her last therapist and the only one she had chosen as an adult] was getting off, no doubt, on the idea of rescuing me from my thralldom to a distinguished dead

## Mockingbird Years: A Life In and Out of Therapy

by Emily Fox Gordon; New York, Basic Books, 2000, 243 pages, \$24

Jeffrey L. Geller, M.D., M.P.H.

Emily Fox Gordon, now in her fifties, has had a lifetime of psychiatric treatment—hence the subtitle of her book, *A Life In and Out of Therapy*. In *Mockingbird Years* she describes her experiences, her reactions to them, and her evaluation of them.

Gordon spent her early years in Williamstown, Massachusetts, and her father's career changes moved her family to New York City in 1959 and to Washington, D.C., two years later. During the years she lived with her parents, her treatment included psychological testing at age eight, one year of psychoanalysis two times a week with a female therapist at age 11, a second year of psychoanalysis with another female therapist at age 12, and a third course of psychotherapy with a male therapist at age 16.

In the mid-1960s, when she was 18 years old, Gordon became a patient at the Austen Riggs Center in Stockbridge, Massachusetts. She spent one year there as an inpatient and then two years as an outpatient. She moved several times after that, living

in Greenwich Village in New York City; briefly in Washington, D.C., with her family; in New York City again, this time uptown; then in New Jersey; and once again in New England. Through much of that time, she was engaged in outpatient psychotherapy.

Gordon is a wonderful writer. Her language is rich, her metaphors moving. For example, of her Austen Riggs experience she writes, "I was a hog for attention and welcomed nearly any kind, but the doctors' questions, the nurses' charting of my moods and actions, all this had the feel of the speculum about it." Or: "When I described my Leonia [New Jersey] years to Dr. B., he was quick to suggest post-traumatic stress, the sequela of my rape. I found this idea comforting but unilluminating, an instance of scientific relabeling, dignifying a bruise by calling it a hematoma."

Gordon uses language extraordinarily well to describe the psychological places in which she finds herself as well as the actual circumstances she lives through. Her description of the sequela of deinstitutionalization in New York City in the fall of 1968 is telling: "The psychiatric wards had recently been emptied by deinstitu-

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practitioner. This was the supplanter's story so familiar to the profession." The psychiatrist from whom Dr. B. was rescuing Gordon was Leslie Farber, the practitioner she had started with at Austen Riggs and continued with for many years as an outpatient in New York City. This relationship with Dr. B. raises issues about boundaries and boundary violations that Gordon glosses over.

Gordon uses Farber to describe Austen Riggs. In a biting paragraph, she writes, "What bothered him was that Stockbridge was such a Potemkin Village. There were no jobs here, no industry, unless you counted tourism and mental illness. Everyone seemed to be rich and idle. Or at least idle, he amended; he had encountered a few toothless rustics lounging outside Nejaimes, the general store—placed there by the Chamber of Commerce, no doubt."

What about the accuracy of Gordon's portrayal of places and people in *Mockingbird Years*? Of course, any autobiography is not a recounting of facts but a recounting of perspective. Having been a student at Williams College and lived in Williamstown, having spent a summer at Austen Riggs on a medical

school clerkship just a few years after Gordon was a patient there, and having spent many years in the areas of New York City that Gordon describes, I can say that much in her book rings true. Her portrait of the medical director of Austen Riggs, whom she does not name, is so well painted in words that anyone who has ever met the man would instantly recognize him in the description. A professor emeritus at Williams College told me that Gordon's portrayal of her father as "one of the first Jews to teach at Williams" was not quite accurate. A retired psychiatrist who spent his career on the staff of Austen Riggs took issue with Gordon's portrayal of the center.

According to the book jacket, Gordon now lives in Houston. She apparently has moved far away from the Massachusetts–New York corridor that was the venue for all her psychotherapies. Her book, however, shows how she can never move far away. Psychotherapy apparently is who she is, and it is also who she does not want to be. *Mockingbird Years* is a powerful, very well written portrayal of a lifetime of psychotherapy that all those involved with the profession should read.

people who are interested in Asperger's disorder must have.

The book is divided into five sections. The first three sections address behavioral aspects, family genetics and neurobiologic aspects, and related diagnostic constructs. Section 4 covers assessment, treatment, and intervention as well as Asperger's disorder in adulthood, and the final section covers perspectives on research and clinical practice and includes essays by parents. Current information is given for the three most important areas in need of further understanding—classification of autism spectrum disorders, understanding the neurodevelopmental etiology of Asperger's disorder, and treatment effectiveness and matching, including pharmacological treatment.

The contributors are considered experts in the topics they address, and they present the controversies related to their topics. For instance, the differing points of view about whether Asperger's disorder and autism are part of the same continuum are presented in chapters by Volkmar and Klin, by Szatmari, and by Wing.

A chapter by Rourke and Tsatsanis describes the evolution of thought about nonverbal learning disability—a term Rourke coined to describe a feature common but not unique to children with Asperger's disorder—and how it is usefully applied to understanding and treating the disorder.

Leading researchers in the genetics (Folstein) and the cerebral structure and function (Schultz) of autism spectrum disorders offer chapters describing the most current research. In a chapter on pharmacological treatment, Martin and associates do not take the easy way out by saying that we do not know enough to recommend anything. Rather they present a large naturalistic study of the use of psychotropic drugs to treat children with autism spectrum disorders and use findings from the study as a basis for a discussion of the indications for using medications.

Toward the end of the book, several

## Asperger Syndrome

edited by Ami Klin, Fred R. Volkmar, and Sara S. Sparrow; New York, Guilford Press, 2000, 489 pages, \$45

Robert L. Hendren, D.O.

Nearly everyone with an interest in psychiatric disorders among children is talking about Asperger syndrome, also known as Asperger's disorder. It is a relatively new diagnostic category that is increasingly recognized by parents, teachers, and mental health professionals. Is it a

variant of autism? Why are we noticing it more often? Is it a "pure" disorder, or does it overlap with other disorders? What causes it? How should we treat it?

The Yale Child Study Center group that brought this disorder to national attention has edited a comprehensive book addressing these and other questions. The book is well written, and it is sufficiently advanced to offer new information to professionals who have expertise in the disorder yet clear enough that most sections can be understood by an educated parent or teacher. It is clearly the book that

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chapters are included by parents who write insightful and moving accounts of their discovery of the diagnosis of Asperger's disorder and its implications for their children and for themselves as parents. These accounts provide a deeper understanding of the disorder and frame it in a way that is productive for the child, for parents, for teachers, and for clinicians

When Asperger's disorder was added to the *DSM-IV*, our attempt to

understand the heterogeneous group of children who have a diagnosis of an autism spectrum disorder received a helpful push, because it called our clinical and research attention to this poorly understood area. This book pushes us ahead another significant step by defining what we know and what we need to know about this spectrum of disorders to help the children who have them grow as healthily as possible.

meat of what Mr. Nylund has to offer will find some interesting and useful therapy techniques. Mr. Nylund has named his technique "SMART therapy," which allows him to refer to "SMART therapists"—cute, but annoying. The acronym stands for "Separating the problem of ADHD from the child; Mapping the influence of ADHD on the child and the family; Attending to the exceptions to the ADHD story; Reclaiming special abilities of children diagnosed with ADHD; Telling and celebrating the new story." He includes two useful questionnaires for identifying the child's strengths at home and at school. He does not give—and I suspect he does not have—outcome statistics or long-term follow-up data for children treated with his method, and no norms or standards are offered for the questionnaires.

Throughout the book, Mr. Nylund refers to Huckleberry Finn as an archetype of the misunderstood child who today is diagnosed as having ADHD and for whom Ritalin is prescribed without attention being given to the whole child. In Huck's case, important factors were an alcoholic and abusive father, lack of a permanent home, need for serious remedial education, and a strong character.

I can assure Mr. Nylund that despite pressures from managed care, the biopsychosocial model is used in treatment, and real children (as opposed to fictional characters) are cared for with attention to the whole child in the context of family and community. Psychotherapy methods are useful in the treatment of ADHD—but after the family has acquired a clear grounding in the biological basis of this disorder, and in the context of a careful exploration of what pharmacotherapy has to offer. The Multimodal Treatment Study of Children With Attention Deficit Hyperactivity Disorder (3), conducted by the National Institute of Mental Health, clearly demonstrated the effectiveness of medications and the benefits of a combined approach.

Karyn Seroussi's book mounts a more subtle attack, this one on current scientific and medical approach-

### Treating Huckleberry Finn: A New Narrative Approach to Working With Kids Diagnosed ADD/ADHD

by David Nylund; San Francisco, Jossey-Bass, 2000, 233 pages, \$39.95

### Unraveling the Mystery of Autism and Pervasive Developmental Disorder: A Mother's Story of Research and Recovery

by Karyn Seroussi; New York, Simon & Schuster, 2000, 288 pages, \$24

Susan C. Jenkins, M.D.

Each of these books is critical of established psychiatric practice. David Nylund, a licensed clinical social worker employed in a large health maintenance organization in California, believes he has uncovered a plot by Ciba-Geigy and the medical profession to profit from diagnosing attention-deficit hyperactivity disorder (ADHD) in children and treating them with Ritalin. Karyn Seroussi, mother of an autistic child, believes that autism results from a reaction to certain foods and vaccines in vulnerable children.

Nylund objects to the ADHD "label" given to creative, spirited children who do not conform to the expectations of parents and schools. His book contains logical errors and specious arguments, and it misrepresents current scientific and medical practice. He offers no evidence to back his claim about profiteering by the pharmaceutical industry and the medical profession.

He takes uninformed sideswipes at

Russell Barkley, citing his 1990 *Attention Deficit Disorder* (1) as "pushing" medications to the exclusion of "talk therapies"; however, at least half of Barkley's book—now updated (2)—is devoted to behavioral and family-centered treatments. Nylund cites one of Joseph Biederman's epidemiological studies of ADHD as an example of how "children were diagnosed with ADHD after the therapist briefly interviewed the parent over the telephone."

He falsely criticizes Children and Adults with Attention Deficit Disorder (CHADD) for backing an exclusively biological approach to treating ADHD. According to Nylund, viewing ADHD as a biological disorder forces parents and children to see the child as defective and helpless, leading the child to settle for a diminished future and to use ADHD as an excuse for bad behavior. These are tired old claims, offered without proof. If Mr. Nylund were to actually read Russell Barkley's work or attend a CHADD national conference, he might find the answers he claims to be seeking.

Readers who endure the opening section of the book and get to the

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es to autism. Seroussi is a far better writer than Nylund. She is also a layperson and the mother of an autistic child, so she is not held to the same professional standards and may be forgiven if her zeal prevents her from exercising genuine scientific skepticism. Her book unfolds like a detective story, detailing one of the prevailing outsider theories about autism.

According to this theory, some children are born with an allergy-type vulnerability to certain foods, the primary suspect being cow's milk products. After the gut has been challenged and irritated by cow's milk formula, the infant is subjected to the current combination of multiple vaccines, including the measles, mumps, and rubella (MMR) vaccine. The measles component of the vaccine, according to this theory, creates microscopic pitting in the small intestine of some vulnerable children. The bowel wall becomes "leaky," permitting proteins and complex carbohydrate molecules that ordinarily would be held in the gut for further breakdown to enter the bloodstream. The child's brain is thus subjected to toxic and hallucinogenic molecules, producing the classic symptoms of autism. In addition, many of these vulnerable children also have high levels of circulating sugars in the bloodstream, leading to yeast overgrowth and production of additional neurotoxins.

The suggested treatment for autism is thus to avoid cow-based dairy products, eliminate gluten-containing foods, avoid or delay the MMR vaccination, administer nystatin, and restrict or eliminate refined sugars from the child's diet. If further treatment is needed, salicylate-containing foods are eliminated. Seroussi also advocates early intervention with intensive speech and language training, a conventional therapy with proven results. The last several pages of the book are devoted to diets and recipes.

This outsider theory has some superficial appeal. It is also testable, and it is being tested by recognized researchers. At this point the evi-

dence is not persuasive enough to allow mental health professionals to recommend highly restrictive diets to these vulnerable children and their stressed families. The yeast overgrowth theory, the hypothesis that sugar causes problem behavior, and Feingold diets have been around for a long time and have been debunked.

Outsider critics often assert that recognized medical researchers are afraid of the economic and political consequences of having conventional theories challenged. According to Seroussi, if medical science were to prove a causal connection between autism and the MMR vaccine, the economic consequences would be devastating.

In fact, however, medicine has repeatedly adopted new ideas that genuinely advance diagnosis or treatment of illnesses, regardless of economic consequences. A few examples from among the hundreds available will suffice. The development of the Salk vaccine closed down polio hospitals and iron lung manufacturers—and physicians cheered. Gastric ulcers were shown to be caused by *Helicobacter pylori* and curable with antibiotics; virtually overnight, tons of materials for educating patients in ulcer diets and the proper use of antacids became landfill mate-

rial. Across the country, medical professionals continue to lobby for seat belt and helmet legislation; they do not want to make money off of head injuries.

The reality is that if genuine scientific evidence emerges to demonstrate that vaccines are harmful or that eliminating dietary gluten is a reliable way to treat autism, such findings will be published and swiftly turned into practice. In the meantime, science retains a hard eye. Accurate diagnosis and treatment of neurodevelopmental disorders is exacting and difficult. But research on the brain continues, and the future looks bright. Those of us who work in the field will continue to separate the wheat from the chaff in the research and direct our patients to the best possible proven treatments.

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### Accidental Logics: The Dynamics of Change in the Health Care Arena in the United States, Britain, and Canada

by Carolyn Hughes Tuohy; New York, Oxford University Press, 1999, 312 pages, \$45

Steven S. Sharfstein, M.D.

With the extraordinary opportunities that modern medicine bring us, and knowing that we cannot afford all we want, how do we choose who will get what and how much? Are these choices rational given the interplay of power centers in a democracy? Can we describe the social and political processes

that lead to such fundamental choices, such as how much government direction should be applied to health care in contrast to a market-based system?

In *Accidental Logics*, Carolyn Hughes Tuohy, a political scientist, tries to explain how such policies develop, grow, and change in three English-speaking countries—the United States, Britain, and Canada. Each system has made some major choices in connection with these key

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questions, such as universal access, compensation of physicians, and who will bear the cost of care.

As the title of the book implies, the author believes that health care choices are "accidental" in the sense that they occur in a place and at a time in which there is a unique window of opportunity shaped by ideas and agendas within a broader social and political system.

The book is rather densely written, even for this policy-oriented reviewer, but in the complexities elucidated, some interesting insights emerge. The author distinguishes between a hierarchical system, in which the exercise of authority comes vertically from the top down, and an exchange or mixed system, in which the deployment of wealth is more market-driven, horizontal, and in private hands.

Tuohy also understands clearly the power of professionals in what she calls the "collegial" system, in which the exercise and monopoly of skill creates a third, and significant, power center in the decisions that are made. In addition, the information system revolution has given consumers a much larger knowledge base from which to make critical choices about their own or their family members' health care; this, too, changes the dynamics of the health care system in unpredictable ways.

The failure of the Clinton health reform efforts in 1993 and 1994 is better understood within the parameters presented in this book. It was a policy that was extraordinarily complex in trying to simultaneously expand access within a system characterized by a large number of entrenched stakeholders and a basic distrust of regulation and systems of care. If the authors of the Clinton proposal had understood the dynamics of change in the health care arena, they might have opted for a much more straightforward and simple approach.

Contrasting the British, U.S., and Canadian systems is a very useful exercise for policy makers and clinicians. While opportunities for treatment, remuneration, and physician power differ among the three health

care systems, trade-offs between economics and clinical risks are common to all. As long as a zone of clinical uncertainty exists in which we are dealing with statistics and risks, there will be opportunities for either governmental or market-driven rationing, depending on the choices society might make.

This book has obvious implications for mental health policy; the health care policy of a given country has a profound effect on access to, quality of, and cost of mental health care. Advocates for mental health will benefit strategically from an understanding of the "accidental logics" of health care.

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## Second Opinions: Stories of Intuition and Choice in the Changing World of Medicine

by Jerome Groopman, M.D.; New York, Viking, 2000, 243 pages, \$24.95

Beth Baxter, M.D.

Jerome Groopman, M.D., has held faculty positions at prominent institutions from one coast to the other. He has seen oncology patients regularly in his clinical practice, and he has conducted bench research on late-breaking topics in his field. But the experiences that qualify him to write this particular book about the process of medical decision making are personal as well as professional. In *Second Opinions* he describes his role as a patient, the father of a patient, and the friend of his patients facing life-threatening illnesses.

Dr. Groopman uses both his personal and his professional experiences to guide us through eight clinical vignettes that lay out some of the imperfections of today's world of medicine. In these stories we are brought face-to-face with the limitations of medical information and resources and with physician error.

Dr. Groopman's literary skills have been well honed in his writings for the *New Yorker*, the *New York Times*, the *Wall Street Journal*, the *New Republic*, and the *Boston Globe*.

He begins *Second Opinions* by describing himself as a stubborn patient, refusing to submit to another physician's prescribed treatment for

his ruptured lumbar disc. He tells his stories with engrossing style and detail. His honesty in relating his feelings in each story makes the book hard to put down.

Dr. Groopman wrote the book for the medical professional and the layperson alike. His goal was to help us better face the process of evaluating medical advice and making medical decisions. However, let readers who are physicians be duly warned that he does not deify or idealize himself or his peers. Rather, he recommends that the patient obtain a second opinion in cases of difficult or complex medical problems. "Good physicians welcome the thoughts of colleagues," he says.

Dr. Groopman describes managed care as being designed to manage standard, routine, and uncomplicated medical conditions, and he notes that all persons involved in medical decision making recognize the "inevitable role of chance." He goes on to say that physicians should base their medical advice on a balance between their experience-driven intuition and "diagnostic lists."

Throughout *Second Opinions* Dr. Groopman challenges his readers' preconceived ideas about the roles of physician and patient alike in the process of medical decision making, and he creates a very good read in the process.

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