that practices social therapy in a unified, consistent manner. As such, it has some interest and value. However, since the approach described is outside the norm of today's psychiatric practice, it would be difficult to generalize the concepts.

Peggy L. Denton

Understanding the Prospective Payment System: A Business Perspective (Current Practice Series in Occupational Therapy, Vol. 1, No. 1)
Carolyn Manville Baum and Aimee J. Luebben (1986).
Slack Incorporated, 6900 Grove Road, Thorofare, NJ 08086.
100 pp., $14.90.

The present health care environment conflicts with the values internalized by many clinicians. Patient care seems to be subordinated to a set of rules governing the length of hospitalization. The decision makers in health care seem to take a clerical rather than a clinical perspective. As one frustrated clinician exclaimed, "Forget TLC; it's DRGs that count." Although the feelings in this type of situation are quite real, the facts may have become distorted. This book not only presents the facts in a clear, concise, and logical fashion but also provides structured proactive responses for clinicians having difficulty with the new prospective payment system.

The opening chapter establishes the prospective payment system as an effective response to out-of-control health care costs. After a brief history and brief descriptions of previously rejected cost control systems, the prospective payment system makes surprisingly good sense. The authors maintain that diagnosis-related groups (DRGs) cannot be viewed as inappropriate or detrimental to good patient care. The entire list of DRGs is included—each DRG is presented with its mean length of stay—and the concept of "winners" and "losers" is discussed. Financially, some medical conditions (e.g., chronic obstructive pulmonary disease, lens procedures, etc.), bring gains to the hospital, whereas other illnesses (e.g., diabetes, atherosclerosis, etc.), result in losses. The authors present another concept that may be unfamiliar to clinicians, the viewing of the clinicians' services as a "product" that may or may not be valued in the health care marketplace. The increasing competition between hospitals and even between services or departments is another change in the health care environment that requires adaptation on the clinician's part.

This book assists clinicians in understanding the changes brought on by the prospective payment system, and in developing an opportunistic perspective. There are several self-assessments in the book that help the reader gain a greater self-understanding and facilitate the necessary shift in values. Additional chapters are devoted to the acquisition of the managerial skills needed by clinicians to respond to the current challenges. The experienced manager may find these chapters superfluous, but they take the earlier material to the application stage.

I strongly recommend this book for the new department head or for clinicians who find that their services lack the necessary administrative support. Although many organizations employing occupational therapists are currently exempt from DRGs (e.g., psychiatric, rehabilitation, and long-term care facilities as well as children's hospitals), all clinicians can benefit from this excellent presentation of proactive strategies. DRGs are viewed in the book as an opportunity, not a threat, to the growth of occupational therapy services.

Peter Talty

Death Without Dignity
Steven Long (1987).
Texas Monthly Press, Inc., PO Box 1568, Austin, TX 78767
280 pp., $16.95.

A shocking chronicle of long-term neglect and abuse in a nursing home began when an assistant district attorney discovered a dusty file containing records of a Medicaid fraud investigation. Perturbed by what he found in the file, the young prosecutor embarked on what was to become a 6-year investigation culminating in charges of murder being filed against the nursing home owner and administrators. This book tells the story of that investigation. Two patients were identified as possible victims of corporate murder through cost cutting and improper staffing. These women, their families and friends, and other patients of the Autumn Hills Convalescent Center are displayed in all their human dimensions and suffering.

Interspersed with the story of Autumn Hills are testimonials and reports of similar abuse throughout the country, confirming the extent of a very serious problem. The vulnerability and powerlessness of patients and family members almost pale in regard to the powerlessness of state inspectors who reported serious problems with decubitus ulcers, patients left lying in their own urine and feces for long periods of time, and lack of accessibility of clean drinking water—all to no avail.

Although the trial that was the culmination of the investigation ended in a mistrial because of a deadlocked jury, the author stated in the foreword his hope that the case will change things for both the residents of nursing homes and nursing home owners, that this industry will care as much about human misery as it does about the bottom line."

Death Without Dignity is recommended to anyone who is concerned with the delivery of health care, either on a professional or personal level. The current concern for cost accountability puts pressure on health care professionals who must balance these demands against consideration for quality patient care. The dreadful consequences of failure to put patient welfare first are only too well described.

The description of the debacle which occurred in the courtroom when testimony centered on poorly maintained patient records can be read as an object lesson for those who are tempted to slight paperwork.

Jaclyn F. Low