

such as the specter of nonrenewal, getting one's financial house in order, deal with flirting with retirement appropriately, control one's medical practice, live a balanced life and recognize the impact of stress.

Each following chapter reviews further important issues and provides priceless advice. The chapter on complaint and prelude to litigation discusses why patient sue physicians, the fact that altering medical records before sending them is the single most damaging thing physicians can do (p. 86), what the elements of malpractice are, and that the insurance carrier has to be notified immediately after the papers are served. The following chapter makes suggestion as to what to ask about the lawyers defending the physician: are we comfortable with them?, are they competent?, are they experienced?, can we check their credentials?, will there be one attorney or a team?, whom does the lawyer represent (the physician or the insurance carrier!)?, are they willing to answer our questions? The chapter also makes suggestions about what physicians should do in their interaction with lawyers. The chapter on coping with the stress associated with litigation also makes numerous excellent suggestions. There is one note, which everyone should remember from this chapter: "The tort system is about compensation, not competence" (p. 133). One should also remember that the litigation will have an impact not only on the physician, but also on their marriage, children and others.

The chapter on discovery provides some excellent directions for the deposition and even suggests training for deposition. It states that the principal goal is to complete a deposition without making a major mistake. This chapter is full of specific examples and is very good reading. The following chapter on whether to settle or not is again full of excellent advice and food for thought. Only about 7% of cases nationwide are finally tried to verdict! (p. 158). Physicians have to realize that there are many parties interested in settlement (e.g., insurance company, court, plaintiff) which may be contrary to the defendants' best interest. The authors review some questions to ask before settlement, explain the pretrial settlement negotiations (settlement conference, arbitration, mediation) and also the ramifications of a settlement. The chapter on trial is again an excellent explanation of the entire process of trial and all the parties and elements of the trial. It discusses issues such as burden of proof, standard of care, motions, jury instructions, verdict, appeal and other issues. The following chapter reviews what to do after the trial (e.g., asset protection and how to stay emotionally and physically healthy). The last chapter makes two final points: that, 1) we must tame this dehumanizing experience by making it as human as we can, and 2) we must integrate, that is, make something whole of an experience that threatens to disintegrate our worlds and our work.

The appendices provide examples of case histories and selections from a contemporaneous diary of one case. The glossary of legal terms is easily understandable and useful.

The book is peppered with examples from actual cases, including the famous case of TV personality Mike Wallace (interestingly, some famous defendants, such as Mike Wallace,

Saul Bellow, and Norman Mailer reviewed drafts of this book!).

This book is a prime example of a book about which many will say, "I wish I read this book *before!*" It is well written, thoughtful, and full of practical advice. The chapters include a very useful feature—summary of recommendation for each particular topic discussed. The combination of authors—psychiatrist and lawyer—probably allowed for much more insightful writing (not forgetting Dr. Charles's previous personal experience on how to cope with a malpractice suit). I would recommend this book to all physicians and recommend it to be added to the reading list of all residency programs. It deals with a fear-provoking topic, which could, nevertheless, become part of everyone's life. As we know, good understanding and preparation is a salient part of coping. This book could be an invaluable part of everyone's coping with malpractice litigation.

One final remark: At one point, the authors remind us that the contemporary application of legal standards can appear arbitrary and fickle. Interestingly, there is evidence that "the twin goals of medical malpractice law—to compensate patients injured through negligence and to deter substandard medical practice—are neither sought nor achieved" (p. 36). Sad reality! Nevertheless, it underscores the need for understanding this complicated and adversary process and preparation for coping with it.

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Against Depression. By Peter D. Kramer; Viking (Penguin Group), New York, New York; 2005; ISBN 0-670-034053; \$ 25.95 (hardcover), 353 pp.

Books about mental illness, about medications for mental illness, and about experience with mental illness—either memoirs or reflections of a professional—have become increasingly popular. One of the flagships of this 'flotilla' of books has been Peter Kramer's *Listening to Prozac*, (1), published more than a decade ago. This hugely popular volume makes the readers of books about mental illness always expectant and curious about another Kramer book. Being a member of this readership group, I was attracted to the newest volume by Peter Kramer, *Against Depression*. I looked forward to immersing myself in it during a long flight and getting intellectually excited. I was curious, as the reader of this review probably is, what is this *Against Depression* all about?

Well, the book is what the title says, a discourse against depression, a devastating disease, which afflicts many people. It is divided into three parts, 'What it is to us,' 'What it is,' and 'What it will be.' The book mixes author's opinions, experience, case discussions and some recent research findings about depression. It discusses the widespread harmful effect of

depression on the individual's mental and physical functioning. Issues such as the profound effect of depression on one's judgment and social functioning, heart function (e.g., decreased heart rate variability), overall cardiovascular functioning (blood clotting etc.), newest imaging findings, vascular depression, damage to neurons due to depression and other impact of depression are reviewed through the book.

Peter Kramer is quite passionate in his statement against depression as a disease, which, he hopes, will be eradicated one day, like some maladies of the past. He speaks against the misconception (in his interpretation) of the concept of 'heroic depression,' which has been considered a source of creativity and insight especially in artistic circles. While appreciating the achievements of psychiatric research, he also sees its shortcomings. He feels, probably rightfully so, that, "... conceptually, the research of last decade has been pedestrian" (p. 203), and has "mixed feelings about recent research on psychotherapy. It seems limited—not nearly so creative as research on medication, not nearly so important in its contributions to our understanding of what depression is." (I personally do not believe that even the research on medication has been very creative lately.)

The book unquestionably reflects the author's passion, intellectual acumen, vast knowledge and the fact that Peter Kramer is well-read. The reader will probably curiously ask, 'so, is this another great read, as some of the books of the past?' Unfortunately, I do not believe it is. The first issue I would like to raise is my lack of understanding of who the audience of this book should be. Being published by Viking, I assume the book is intended for the general readership. Maybe, but I am not sure how many general readers (I do not mean to offend anyone, I am a member of this group, too) would be able to resonate on the author's intellectual level. I do not mean just regarding the references to the nonfiction literature, but also the research issues. Even the author himself partially appreciates this on page 115, "My impression is that few people outside the research community appreciate the degree to which the scientific understanding of depression has changed in the past decade." Peter Kramer obviously does. But I remain unconvinced that his most recent book is going to make many people appreciate and understand the change of scientific understanding of depression during the last decade. And, surprisingly, some psychiatrists may find the presented review of the depression research incomplete and simplistic.

The second issue is, surprisingly and in contrast to the author's intention I presume, the fairly simplistic concept of depression as a clear-cut disorder, and the relative lack of consideration for despair, existential depression, and "everyday life depression." The author wonders, "... whether the spectrum metaphor isn't overdone when it comes to mood disorder. The emptiness, paralysis, and terror of depression have only a modest connection to the sadness of everyday life" (pp. 158–159). I think that some will disagree with this concept.

Thirdly, I was also surprised by the tone of some remarks and characterizations in the book. I would have the reader

judge them him/herself. "Reviewing the chart of the depleted inpatients . . ." (p. 20), or "Depression may relate to creativity only in the fashion of quite plebeian diseases and handicaps, like psoriasis or the narcissist's fragile ego." One wonders whether psoriasis is a plebeian disease.

Finally, besides some factual mistakes (e.g., not Marie Asgard, but Marie Asberg is the "most eminent biological psychiatrist in northern Europe" p. 32). Also, it seems to me that reading this book I learned much more about the author himself than I would expect reading in a book about and against depression. I also read many more references to *Listening to Prozac* (1) and what happened due to it than I would really like to know.

The reader is probably going to ask whether my final verdict is that this is a bad book. Is it? Not necessarily. It has positive aspects, some of which I mentioned, including the author's passion, intention, knowledge, and the information he provides us (unfortunately not in a very clear fashion). Maybe I spent a lot of time on the weaknesses. That might be partially a reflection of the fact that *Listening to Prozac* and the importance of fighting depression put my expectations too high. I also read so much "nonspecific" praise on the book's jacket that I probably wanted to put things more in perspective and reality.

Thus, for the staunch fans of Peter Kramer's books: yes, this is another usual Kramer book, which, if you liked all previous ones, you might like. For the rest: this is not *Listening to Prozac*.

REFERENCES

Kramer PD: *Listening to Prozac*. In: A psychiatrist explores antidepressant drugs and the remaking of the self. Viking (Penguin Group): New York, New York, 1993

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Assessment Scales in Depression, Mania and Anxiety. (Part of the Assessment Scales in Psychiatry Series). By Raymond W. Lam, Erin E. Michalak and Richard P. Swinson; Taylor & Francis (A Martin Dunitz Book), Abingdon, Oxfordshire, United Kingdom; 2005; ISBN: 1 841 84 434 9; \$ 69.95 (soft-cover), 198 pp.

As clinical psychiatry moves to become more evidence-based, the necessity to measure changes in clinical symptoms, outcomes, residual symptoms, side effects, and quality of life, among others, becomes more evident and pressing. Various assessments or rating scales/instrument provide one way to measure these and other clinical variables. As the authors of this volume, Drs. Lam, Michalak and Swinson point out, assessment scales can serve the same role as laboratory tests in other areas of medicine and have similar strengths and limitations.