
BOOK REVIEWS



Jack E. Fincham and Albert I. Wertheimer, eds., *Pharmacy and the U.S. Health Care System*. Binghamton, NY: Pharmaceutical Products Press, 1990. 569 pp. \$29.95 paper, \$49.95 hardcover.

This book joins an already-sagging shelf of titles that assert our health care environment is undergoing rapid change. The goal of the book is to describe those changes and offer frameworks to help (primarily) pharmacists understand their changing environment. Thirteen authors and 17 chapters are committed to the task.

Two unavoidable problems arise in a book of this kind. First, any publication that attempts to describe a rapidly changing environment will have a short information half-life. Second, it is difficult for a multiauthored book to maintain theme, content, and tone throughout a variety of topics, especially when the subject has as many diverse parts as the U.S. health care system.

A reviewer must evaluate this book using criteria that are appropriate for its goals yet responsive to the needs of the readership. This reviewer believes that *Pharmacy and the U.S. Health Care System* can be fairly evaluated based upon the following criteria:

1. Completeness and currency of information *describing* the U.S. health care system
2. Usefulness and clarity of information *explaining* the U.S. health care system (e.g., frameworks)
3. Cohesiveness and economy of expression among the multiple authors and chapters.

The first two criteria are supplied by the authors, and the third criterion follows from the format.

With regard to completeness and currency of information, the book provides excellent overviews on managed health care (Ch. 3), financing health care (Ch. 5), hospitals (Ch. 7), drug distribution (Ch. 12), and health care consumers (Ch. 13). Other chapters describe various elements of the health care system, including long-term care, the pharmaceutical industry, and biotechnology drug development. Information is reasonably complete and current in the book, although the authors must have felt a twinge when Congress passed landmark legislation affecting pharmaceuticals (Pryor Bill/OBRA-90) in a time frame that prevented its inclusion in the book. The book cannot be criticized for bad luck, but the timing was unfortunate. Less understandable is the failure to describe some features of the U.S. health care system that have major implications for pharmacists. Readers would have benefited from discussion of quality of care in pharmaceutical services, promotional practices and ethics in the pharmaceutical industry, implications of information technology for pharmacy practice, and pharmaceutical care, among other topics.

As for the second criterion, frameworks to help pharmacists evaluate the U.S. health care system, the reader is provided with very few frameworks. Most chapters are descriptive in nature, requiring the reader to acquire analytic and evaluative tools from another source. If the book were used as a course textbook, the instructor would presumably be responsible for providing frameworks. Analytic models are provided in the chapters cited above and would have been welcomed in other chapters. Quality, efficiency, distributive justice, cost-effectiveness, ethics, and other frameworks would have provided useful tools for evaluation. Perhaps it is unfortunate that the book promised the frameworks, for it is a readable and informative book without such a promise.

The third and final criterion is a cohesive and efficient manuscript. Thirteen people shining 17 lights on a problem may merge their efforts to yield a powerful beam. Alternatively, 13 unsteady hands holding 17 flickering lights may yield uncertain illumination. This book yields neither a powerful beam nor uncertain illumination. Perhaps it can best be compared to an automobile headlight,

shifting from bright to dim as it moves through the darkness. Our health care system is cloaked in darkness, and efforts such as *Pharmacy and the U.S. Health Care System* improve our vision. This book contributes by organizing and collecting descriptive information about the health care system and making that information available in a single text.

Readers will find *Pharmacy and the U.S. Health Care System* to be a useful general reference book, with the quality and quantity of chapters varying from excellent to adequate. Faculty in the disciplines of pharmacy administration, pharmacy law, continuing education, and selected areas of pharmacy practice may find selected portions of the book useful as complements to undergraduate instruction.

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Charles Medawar. *Power and Dependence: Social Audit on the Safety of Medicines*. London: Social Audit Ltd., 1992. 283 pp. \$22 paper. Address: P.O. Box 111, London NW1 8XG, U.K.

Social Audit, based in London, is a small, independent, nonprofit group that carries out research on the use and abuse of corporate power. It examines organizations whose decisions and actions shape people's lives and society in general. It seeks public accountability, a reduction in government secrecy, and improvements in consumer information. Much of its work focuses on health care and the use of pharmaceuticals. In many ways, Social Audit is similar to the Public Citizen Health Research Group, an American organization based in Washington, DC.

Social Audit has studied pharmaceutical issues in the past, producing reports such as *Drugs of Choice* (1986), a study on the use of drug formularies in British National Health Service hospitals, and *Drug Diplomacy* (1982), a study of pharmaceutical promotion

in developing countries. *Power and Dependence* is an examination of safety issues in medication use from a consumer perspective, with emphasis on the medical professions, government agencies, and pharmaceutical companies. It is a case history of the use of tranquilizers, especially the benzodiazepines, in the context of two key factors: power and dependence.

The first five chapters present a good historical overview of substances used as sedative-hypnotic and tranquilizing agents (alcohol, opium, barbiturates) up until the discovery of the benzodiazepines. These chapters also cover the British laws and regulations that attempt to control use of these drugs. The next eight chapters discuss the history of benzodiazepine use; the prescribers' switch from barbiturates; issues of dependence liability, tolerance, and clinical effectiveness for anxiety; and current concerns about triazolam (Halcion[®]). These chapters focus on various sources of information about safety and efficacy and the variable perceptions of risk among patients, prescribers, and mass media. Drug development and control issues for the 1990s, especially with regard to safety and drug injury reduction, are discussed in Chapter 14, and this discussion—with suggestions—is expanded to include other types of drugs in the last chapter.

The researchers at Social Audit conclude that most drug injuries are avoidable, and they think that the pharmaceutical industry is dangerously powerful, government agencies are too secretive and unresponsive to consumers' concerns, and prescribers do not know what they are doing. They also think that decision makers should be required to explain and justify—publicly—what they do.

Power and Dependence is an interesting account of tranquilizer use and misuse from a consumer advocacy viewpoint. With its British perspective on the tranquilizer phenomenon, it nicely complements the American experience, presented in Mickey Smith's *A Social History of the Minor Tranquilizers* (1991). It is unfortunate, however, that the Social Audit book does not refer to the work of Jonathan Gabe and others (*Tranquillisers: Social, Psychological, and Clinical Perspectives*, 1986; *Understanding Tranquilliser Use: The Role of the Social Sciences*, 1991) on the social and cultural aspects of tranquilizer use. This broader societal approach might have enhanced its arguments and conclusions.

Power and Dependence would be an excellent addition to health professional libraries, and it should be read and discussed in courses on pharmaceutical policy, drug development and regulation, and international health care issues. Pharmaceutical professionals, especially, should be aware of problems with specific types of drugs in other countries. Benzodiazepine tranquilizers are undergoing extraordinary scrutiny in the United Kingdom, propelled mostly by lurid journalistic accounts and lawyers' self-interests. As of late 1991, there were over 3,500 cases under litigation, and further reports of problems occur daily in the British tabloid press. This situation represents an even greater negative response to these drugs than the U.S. experienced during the late 1970s and early 1980s.

While our knowledge about the basic pharmacology and clinical utility of pharmaceuticals grows exponentially with massive, well-funded research efforts, our understanding of the societal functions of pharmacologically active substances in specific cultures is still woefully inadequate.

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Mickey Smith, Steven Strauss, H. John Baldwin, and Kelly T. Alberts, eds., *Pharmacy Ethics*. Binghamton, NY: Pharmaceutical Products Press, 1991. 537 pp. \$27.95 paper, \$59.95 hardcover.

Assume for a moment that you are the only pharmacist in a one-person pharmacy in a small community. Like most members of a small community you know all the families around, and they know you. One day, the adolescent daughter of two of your friends comes in and gives you a prescription for birth control pills written by a physician from a larger community some distance away. In the process of filling the prescription, you discover that the girl's parents do not know about this prescription and the girl does not

want them to know. Do you uphold the confidentiality of your young patient, or do you maintain the trust of your friends by having a talk with them?

This is one of many ethical dilemmas presented in a new book from the Pharmaceutical Products Press: *Pharmacy Ethics*. From our experience of growing up in small towns, everyone in town will know the whole story sooner or later. So how would a pharmacist deal with this one? As with many of the other cases, the answer is not to be found; the options for an answer are.

Pharmacy Ethics is an edited book in two parts. The first section, edited by Mickey Smith and Steven Strauss, is a compilation of the pharmacy ethics literature of the past 20 years. Current articles on contemporary topics that are relevant to a pharmacy audience, such as AIDS and aging, are also included. As the editors state, this is a book of readings covering the issues that confronted pharmacists in the past and will confront pharmacists today and in the future. Because the readings are previously published articles that appeared in various publications, for various audiences, and with various purposes, the readings provide uneven depth of coverage from one topic to another.

The second portion of *Pharmacy Ethics* is a series of cases and commentaries prepared by H. John Baldwin and Kelly T. Alberts. In this section, the editors/authors present ethical principles and terminology within pharmacy-relevant cases (such as the one presented at the beginning of this essay). Discussions of the topics in direct relationship to ethical principles help to educate readers about their own principles and those of others. The cases are a separate set of readings not tied to the first section of the book.

Pharmacy Ethics is an excellent compilation of cases and issues relevant to pharmacy practice. This book, in conjunction with a general ethics text or general lectures on ethical principles, would be useful in educating future pharmacists in the moral art of being a professional. The readings and text would help to clarify and apply the ethical principles that are being taught through other means. The book would not do well as a stand-alone text in a course. It is neither intended to teach basic ethical principles nor, because of the topical approach to readings (an issues and cases format) meant to be a reference book.

Returning to the ethical dilemma at the beginning of this essay, how would you make a decision? The authors delineate the ethical principles of act utilitarianism, where one considers the specific situation, and rule utilitarianism, which considers the overall process. One could get involved in whether telling the parents would benefit the adolescent in her current position or whether, in the grand scheme of things, the child, family, and community would benefit from contacting the family. There are good, well-grounded, ethical arguments for taking either position. What would you do?

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Thomas L. Lemke, *Review of Organic Functional Groups: Introduction to Medicinal Organic Chemistry*. 3rd ed. Philadelphia, PA: Lea and Febiger, 1992. 148 pp. \$19.50 paper.

Lemke's *Review of Organic Functional Groups* is an excellent introductory medicinal chemistry textbook. It is a self-paced guide to the review of essential organic chemistry concepts obtained in an undergraduate-level organic chemistry course series and an introduction to the science of medicinal chemistry. Previous editions of this textbook have been used successfully in many pharmacy curricula across the country as required or recommended textbooks. The book is relatively condensed, consisting of 17 chapters in only 148 pages.

The previous edition of this textbook begins with a chapter describing basic water solubility and chemical bonding principles. The author presents the concepts of chemical bonding (dipole-dipole, ion-dipole, etc.) in a manner that allows the student to grasp the fundamental relationship between chemical bonding and solubility.

The chemical bonding chapter is followed by 13 chapters ad-

addressing each major division of organic functional groups (alkanes, alkenes, alcohols, phenols, etc.). First, each of these chapters reviews common chemical nomenclature as well as official IUPAC rules regarding the naming and numbering of the functional groups. Each chapter includes a section describing the physical-chemical properties of each of the functional groups, such as relative water and lipid solubilities and on-the-shelf stability and reactivity. Lastly, each of the functional group chapters describes the metabolism and/or in vivo fate of the corresponding functional group.

Following the functional group chapters is a chapter reviewing heterocycles and heterocyclic chemistry. This chapter places emphasis on those heterocycles most commonly seen in pharmaceutical products.

The textbook ends with chapters and appendixes describing both empirical and analytical methods for predicting water solubility, the basic concepts of asymmetric molecules and stereoisomerism, and a review of the basic definitions of acidity and basicity. In other words, the book neatly summarizes those organic medicinal chemistry concepts required of the pharmacy student beginning his or her formal training.

With all of the above found in the second edition, why a third edition?

There are three major changes from the second edition to the third edition of Lemke's textbook. First, an introduction has been added. Although short, this section is important because it explains how to use the textbook properly as a self-help guide. Additionally, the author clearly states the objectives and goals that the reader should attain after successful completion of the book. Also included in the introduction is an explanation of the format of the textbook and suggestions to the reader for a rational approach to its use.

Second, a much-needed chapter on protein chemistry has been added. With all of the recent advancements in biomedical chemistry, it is nice to see a chapter in this textbook dedicated to the fundamentals of protein chemistry. The protein chapter, as is each chapter in the book, is divided into three major sections: nomenclature, physical-chemical properties, and metabolism. Although Lemke

does an excellent job with this topic, it should in no way be misconstrued that this material is a complete summary of the biochemical principles required of the entering pharmacy student.

Third, a very noticeable change in the book is the professional redesign of all figures and tables, making them much more pleasing to the reader's eye.

Overall, I highly recommend the third edition of Lemke's *Review of Organic Functional Groups*, both as a review of organic chemistry concepts and functional groups and as a basic introduction to medicinal chemistry principles.

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