

EATING DISORDERS

Eating Disorders: WPA Series Evidence and Experience in Psychiatry, vol. 6, edited by Mario Maj, Katherine Halmi, Juan José López-Ibor, and Norman Sartorius. New York, John Wiley & Sons, 2003, 435 pp., \$135.00.

There is, perhaps, no other subspecialty in the area of mental health that has developed as quickly or spread as broadly as that of eating disorders. This is so because non-Western countries are clinically experiencing morbidity and mortality from eating disorders in their societies and are doing their own research and reporting. Moreover, general medicine has recognized that eating disorders substantially overlap into their realm and are similarly contributing to knowledge in the field. Finally, because eating disorders are complex mixes of psychology and physiology and incorporate multiple distinct syndromes, nonpsychiatric mental health professionals have accumulated their respective expertise in recognition and treatment.

This volume, one in a World Psychiatric Association series that also includes affective disorders, schizophrenia, dementia, and compulsive disorder, is a collection of essays from experts from the United States and Europe that address several components of eating disorders in addition to the fundamental nosology and intervention. The first chapter, emphasizing codiagnoses and mentioning controversies, is very strong in writing and in examples, as well as fascinating in its historical overview, dating from the ancient Roman Empire. The second chapter, focusing on epidemiology, is equally solid, although the dearth of cross-cultural information is dismaying. Chapter 3, on physical complications and aberrations, and chapter 6, offering perspectives on the economic and social burdens of eating disorders, are comparably superior. Chapters 4 (pharmacological treatments) and 5 (psychotherapeutic interventions) are more rudimentary, providing little astonishingly novel or experimental.

In summary, this book promises much and delivers well. For the novice care provider or the scientifically minded patient, this book will deliver a thoughtful synopsis of current literature. For the professional experienced with patients who have adverse relationships with food, this is a nice review but will neither answer all questions nor suggest new approaches.

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SUICIDE

Assessing and Managing Suicide Risk: Guidelines for Clinically Based Risk Management, by Robert I. Simon, M.D. Washington, D.C., American Psychiatric Association, 2003, 234 pp., \$49.00; \$34.00 (paper).

I did not hesitate to accept the opportunity to review Robert Simon's latest book on suicide. I have come to expect great

things from him over the years. This book is not a disappointment. It is an easy and enjoyable read, informative, filled with relevant and interesting clinical cases, and built around an inescapable reality. The fact is that the most frequent reason for a malpractice lawsuit against a psychiatrist is the suicide of a family member who was the patient. In the foreword, Thomas G. Gutheil explains how the shifts in legal theory from blaming the victim to blaming the treating physician occurred. The management of the risk of suicide has become one of the major hazards of contemporary psychiatric practice.

I read this concise book on a long automobile trip. From time to time I would read passages out loud to my nonphysician wife, who was the driver. She was also fascinated by aspects of the book, which should be of great interest to the layman as well. All physicians and attorneys, for that matter, could benefit from reading this work.

I loved the scholarship and the erudition. The quotes at the beginning of the eight chapters are worth reading on their own. Perhaps my favorite is from Sir William Osler's *Aequanimitas*: "Errors in judgment must occur in the practice of an art which consists largely of balancing probabilities." A close second is from Voltaire in a letter to Emperor Frederick the Great: "Doubt is not a very pleasant condition, but certainty is absurd." It is in this setting that Dr. Simon casts his net. No standard of care exists for the prediction of suicide. It is a rare event. Most patients with depression do not kill themselves. Yet, when it occurs, the family often blames the treating doctor for the failure to predict, protect, and cure.

This book does two things well. It provides friendly, optimistic practical advice on developing suicide risk assessment documents and suicide prevention contracts, discussing at length the pros and cons of such documents. Dr. Simon uses different settings to describe the complexities of outpatient, inpatient, emergency, and collaborative treatment. Second, he deals with coping with the aftermath of the patient's suicide, including the care of the survivors, the documentation that is required, and the need for confidentiality.

A personal problem I have with the approach of "defensive medicine" was stimulated in a small way by the need to develop a legal defense if sued. For more than 40 years I have practiced psychiatry without basing my treatment on how it will appear in court, and I refuse to practice with the specter of an attorney looking over my shoulder. I fear I am hopelessly out of date, but I suspect that using the fear of a lawsuit to grab the attention of a young resident in psychiatry to do the right thing is, as T.S. Eliot wrote, "the greatest treason: To do the right deed for the wrong reason." Robert Simon goes to great lengths to avoid that temptation, but it is still there.

I agree with the assessment of this book by Robert L. Sadoff, another legal psychiatrist for whom I have enormous respect. "Bob Simon's books always make sense and are extremely helpful to the practicing psychiatrist. This one is no exception."

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