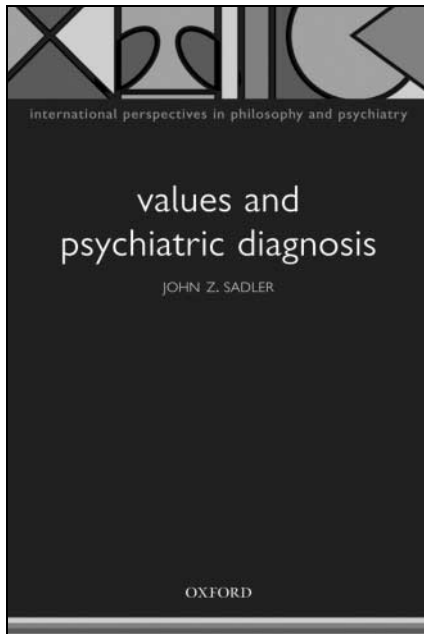


## Values and Psychiatric Diagnosis

By John Z. Sadler. Oxford: Oxford University Press. 2004. 540 pp. £34.95 (pb). ISBN 0198526377



For more than ten years Sadler has been thinking about the ways in which psychiatric classification is imbued with judgements of value, even when it purports to be objective. Operational definitions of psychiatric disorders are intended to be universal, in some sense scientific, and as such should do away with value judgements. Sadler, whose massive scholarship is demonstrated in this book, shows the extent to which such judgements persist and why this is inevitable.

'Massive' is not hyperbole. The message that psychiatric diagnosis involves values is not too difficult to convey. What Sadler shows, however, is how values are involved, not just in the wording of particular diagnostic categories, but at every step of the way. They are involved in the very idea of pinning down psychiatric illnesses and placing them in categories: the determination that this can be done in a scientific manner involves 'value-commitments'. How the enterprise of creating a classificatory system is undertaken (e.g. with openness to non-psychiatric participation) is itself a political matter involving ethical and pragmatic values. Sadler lays bare the ways in which our world views – involving culture, religion, sex and gender – can shape our definitions of mental disorder.

This was most starkly shown in 1973 when, in America, homosexuality was *voted* not to be a mental disorder. How this is squared with the underpinning essentialism of nosology – according to which diseases have an invariant nature – shows the complexity of things; because an essence should be found, not voted in or out (which sounds more like the social construction of disorder). What emerges is the importance of our ontological assumptions: where we stand on how things are in the world.

It has to be said that this is a long book. Nevertheless, its individual chapters could be highly recommended to specific groups for various purposes – none more so than the chapter on technology, in which the need for a balance between technological practice (which is efficient, productive and economical) and poetic practice (to do with creativity, tradition, nature, connectedness) is suggested. Sadler, who is one of the main movers in the field of the philosophy of psychiatry, emphasises the need for balance between scientific and philosophical understandings, which is crucial if clinical practice is to aspire to excellence.

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## Manual of Psychiatric Care for the Medically Ill

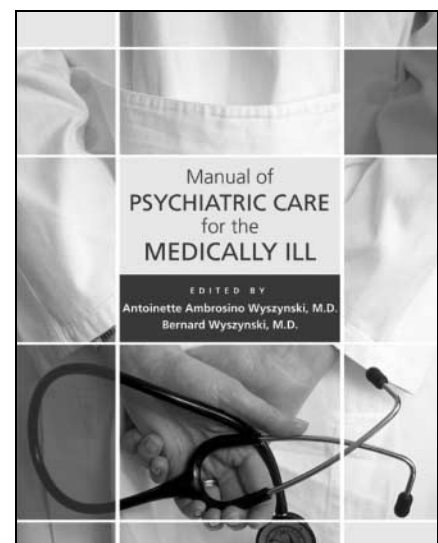
Edited by Antoinette Ambrosino Wyszynski & Bernard Wyszynski. Washington, DC: American Psychiatric Publishing. 2005. 416 pp. US \$64.00 (pb). ISBN 1585621188

This is a good book. Don't be deterred by the flimsy cover and coil binding, which I viewed with great scepticism on its arrival. It seemed an unlikely candidate to survive the rigours of life *chez* Garden. However, soon the advantages of the design become apparent; it is very compact and pages with useful scales and instruments could be reproduced with ease (subject to copyright). You can find your way around. The logical structure, with largely predictable and systematic coverage of different systems, is an advantage both for psychiatrists with

limited medical knowledge and for physicians with little mental health experience.

It is indeed a manual. In each section there is a useful clinical summary of conditions described. It combines basic background medical information, summaries of psychiatric aspects of conditions with practical 'how do I . . . ?' questions about psychotropic medication, and relevant scales, their uses and limitations in each clinical setting. Inclusion of a section on obstetric patients, for whom rapid, relevant and safe response may be crucial, is particularly useful for psychiatrists without the luxury of a perinatal mental health service. The section on capacity is a timely bonus for UK practitioners, since objective assessment of capacity will become highly topical when the Incapacity Act comes into force.

However, the book does have limitations for the UK reader. There is information about drugs that are unavailable in the UK, and the use of many abbreviations unfamiliar to the non-US practitioner requires the reader to make frequent reference to the key. Furthermore, several important subjects are not covered. For example, medically unexplained symptoms, particularly topical in British liaison psychiatry, are addressed by system rather than as a collective problem, and relevant psychotherapeutic interventions, such as reattribution, receive little if any mention. In addition, the emphasis is on medical rather than psychotherapeutic intervention, perhaps reflecting differences in practice on either side of the Atlantic. It is notable that the chapter addressing psychological issues in medical patients is only three pages long.



To be fair, the editors acknowledge these omissions and others in the preface.

Two chapters deserve a special mention: that on dealing with spiritual matters, and the epilogue 'The physician as a comforter'. I think these chapters reflect that the book has been written for practitioners at the 'coalface', who are asked regularly about issues associated with dying, about the veracity of belief systems, be they religious or otherwise, and may have their own belief systems challenged by this work. Here, the book departs from being a manual, but perhaps fittingly so, since it reminds clinicians that however expert their knowledge, medical management and monitoring, their care is incomplete without consideration and respect for their patients' feelings and beliefs.

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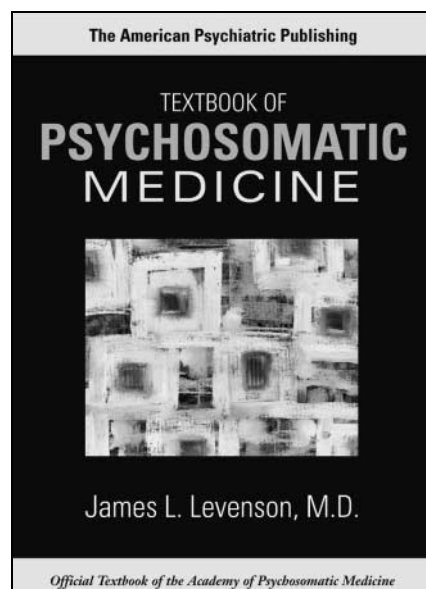
### **Textbook of Psychosomatic Medicine**

Edited by James L. Levenson. Washington, DC: American Psychiatric Publishing, 2005. 1120 pp. US \$169.00 (hb). ISBN 1585621277

Isn't psychosomatic medicine meant to be defunct, an obsolete term abandoned in the wake of unproven aetiological theories of medical illness? Hasn't it been superseded by the more practical and evidence-based subspecialty of liaison psychiatry, or consultation-liaison psychiatry as some prefer to call it? The speculative formulations of Alexander and Dunbar have indeed been discarded but psychosomatic medicine has enjoyed a recent resurrection, courtesy of the American Board of Medical Specialties. In 2001 the American Academy of Psychosomatic Medicine applied successfully to the American Board of Psychiatry and Neurology for psychosomatic medicine to be recognised as a subspecialty of psychiatry. Formal approval was subsequently

obtained from the required professional bodies and the first certifying examinations are due to be held in the summer of 2005. Quite why 'psychosomatic medicine' was chosen as the term to define the subspecialty is not clear, given its association with dubious historical baggage. However, when one looks at the scope of the subject, and the content of this book, the range of problems is immediately familiar. The editor has adopted the definition of psychosomatic medicine as the area of psychiatry where practitioners have particular expertise in the diagnosis and treatment of psychiatric disorders and difficulties in medically ill patients. Three groups of clinical problems are said to fall within its remit: comorbid psychiatric and general medical illnesses complicating each other's management; somatoform and functional disorders; and psychiatric disorders that are a direct consequence of a medical condition or its treatment. In other words, this is what most of us in the UK still call 'liaison psychiatry'.

New examinations are a gift to academic publishers. In the light of American Board recognition it is not surprising that



some large textbooks have been published recently and these will undoubtedly become required reading for examination candidates. This is the third substantial book in the field to appear since the millennium. It is a book on the grand scale and James Levenson has achieved a considerable success in bringing it to fruition. This has been a Herculean task, supported by an editorial board which has a multinational membership, with the intention of providing a broadly based perspective.

The book has a conventional format, being organised into four parts which cover general principles, clinical symptoms, medical specialties and treatment. By far the largest part is taken up with a review of psychiatric disorders in various medical specialties such as gastroenterology, oncology, cardiology, neurology and paediatrics. The standard is consistently high. The text is accompanied by many helpful tables and there is an emphasis on practical advice about how to manage difficult clinical problems. Particularly interesting are the chapters on ethical and legal issues. Liaison psychiatrists are becoming increasingly involved in helping resolve ethical dilemmas in clinical practice and in assessing a patient's capacity to refuse or consent to medical treatment. The problems discussed in these chapters will be universally familiar to clinicians, but statutory and case law will vary considerably from one country to another.

This is a book for the specialist in liaison psychiatry or, as the editor would prefer, psychosomatic medicine. It is therefore likely to have limited appeal, but it will be an invaluable source of information for psychiatrists and psychologists whose work brings them into frequent contact with general hospital patients. Outside the USA it will probably be a book for the institutional library rather than the personal bookshelf.

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