Life and Death Decisions: Psychological and Ethical Considerations in End-Of-Life Care by Phillip M. Kleespies (Washington, DC: American Psychological Association), 200 pp., $39.95.

Although Kleespies does not specify, the primary audience for his book includes health care professionals (i.e., physicians, nurses, social workers, and chaplains employed in hospitals, nursing homes, home health, and hospices). Students who are interested in health care and end-of-life decision making will find the book intensely relevant to their studies. College educated persons who are facing end-of-life decisions for themselves or others will also greatly benefit from reading parts or the entire book. That being said, the author articulates themes that are most relevant to the interests of psychologists. However, as the author states, psychologists rarely find themselves part of the health care team involved in assisting with end-of-life decision-making. Lastly, and clearly important to some readers of The Journal of Psychiatry and Law, the author offers little to no material that would be of practical interest to lawyers who are developing legal strategies or to civil court judges who must render a verdict.

Kleespies' well-organized work includes profound insights that provide valuable tools for health care professionals engaged with patients who are currently facing end-of-life decisions. First, the author provides many decision-making models that include criteria for health care professionals to make assessments and a variety of other judgments. To accomplish this task, he employs lists to organize this material. For example, he offers the legal criteria that determine when informed consent is not mandated (page 39) and the standards employed to determine if a patient is mentally competent (page 42). The book is filled with well-written practical outlines. In addition, these lists are very helpful to gerontology students who need a well organized...
format for conceptualizing issues they will face in the future. Second, the author cites a wide variety of psychometric instruments that are useful for health care professionals who must assist and/or provide guidance with end-of-life decisions. Although he mentions the issue of instrument validity, he does not offer adequate details. However, he does offer citations for the reader to acquire the needed information. In addition, if a reader plans to use one of the instruments, ethics and defensive practice would require a closer examination (i.e., via Mental Measurements Yearbook).

A third major strength of Kleespies' work includes his analysis of how culture and society influence of end-of-life decisions. For example, many practitioners do not consider the cultural implications for advanced directives. His analysis is unique and is an eye-opener. My perspective regarding the automatic advocacy of advanced directives for all patients has softened as a result of Kleespies' commentary. Readers will become more thoughtful and begin to ask intelligent questions regarding advanced directive policies. Advanced directives will no longer be an automatic positive document.

I see two weaknesses within this book. At times, I found myself smiling at the author's naiveté. At both the beginning and end of the book (pages 4 and 152), Kleespies laments the absence of psychologists on professional health care teams who are involved in assisting patients and their families in making end-of-life decisions. Frankly, I am a bit surprised with his commentary. Two events explain the absence of psychologists. First, in the early days of health care regulations (circa 1963), professional organizations (i.e., American Medical Association; National Association of Social Workers) advocated for their constituents. Apparently, the American Psychological Association had different priorities during Medicaid/Medicare legislation and did not rigorously advocate as sister professional organizations did. Second, psychologists have priced themselves out many health care consultations. For example, I cannot find a single psychologist
who is willing to visit any nursing home in my county at the current reimbursement rate. Thus, over the years, nursing home directors are more likely to seek out a clinical social worker rather than a clinical psychologist. Failure to seek out a psychologist has become a habit.

My second point of concern is the lack of tables, figures, and bullets. Throughout the entire book, Kleespies employs a wide range of percentages to contrast different ideas. The data is laid out in text rather than in more readable bar charts. Bar charts offer an immediate clarity that text cannot. In addition, greater clarity would be gained if the author employed bullets for his many lists. Readers will want to return to these lists. If the author employed bullets, the reader would have less trouble retrieving the needed information at a later date.

*Life and Death Decisions* is a well-written and exceptionally well-organized book that was targeted for psychologists, but will probably have a greater audience among those health professionals (i.e., physicians, nurses, and social workers) who are directly involved in assisting those who must address end-of-life decisions. As stated earlier, we do not see psychologists involved in this type of intervention to the degree that we see other professionals. In addition to direct service providers, this is an excellent book for policy-makers and directors of health care facilities (i.e. nursing homes). Gerontology students will have great interest in the contents of this book. My gerontology students find Kleespies work very helpful for their studies. Academic libraries should adopt this book for their medical schools, nursing programs, social work majors, and gerontology programs. I also recommend that public libraries adopt this book as well.