settings besides mental health. This is confusing, especially considering how she states near the beginning that the model is useful in a range of settings but not surprising considering the multiple family domains she covers, including second-generation identity struggles, religion, racism, extended kin, couples, parenting, and transitions in adulthood. The nonmental health reader must decide alone how to apply this knowledge to his/her own particular setting. This is not an impossible task but does seem to be beyond the scope of this book.

As mentioned before, the MECA model offers a framework for assessing and planning treatment for a wide range of cultures and backgrounds. Clinicians will appreciate the multiple contextual and family dimensions Falicov illuminates. Moreover, the model offers powerful ideas for teaching concepts of social justice, migration and acculturation, and family systems. Educators will appreciate the multiple family cases that offer rich learning experiences for students who are developing awareness of the importance of culture and context. I strongly recommend that any professionals working with transnational families, especially Latino families, or any educators wishing to teach students how to work with migrant populations read this book.

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**Bioethics Mediation: A Guide to Shaping Shared Solutions, Revised and Expanded Edition**

Nancy Neveloff Dubler and Carol D. Liebman

Every day in our complicated health care systems, providers and patients work hard to navigate complex medical dilemmas, difficult service delivery issues, and challenging cultural and psychosocial factors. The stakes are very high—life and death—in these often conflictual situations. There are also very costly consequences. For example, according to the National Practitioner Database (NPDB), between 2003 and 2013, there were 587,765 malpractice and adverse action lawsuits filed against health care professionals in the United States, totaling almost $50 million (price adjusted for inflation) in malpractice payments. Therefore, guidance is needed to help improve collaborative decision-making between health care professionals and medical systems and the individuals they serve, including patients, family members, and other caregivers. The newly revised and expanded edition of *Bioethics Mediation: A Guide to Shaping Shared Solutions* provides this type of guidance to those responsible for mediating bioethics disputes in medical settings.

*Bioethics Mediation* was originally published in 2004 and expanded in 2011 to better meet the needs of health care professionals working within our ever-changing medical settings. Starting with the basics, the text offers an overview of the mediation process and the utility of clinical ethics consultation services in health care centers, emphasizing the unique aspects of bioethics. The stages of bioethics mediation are discussed with case examples and analyses that effectively demonstrate the intervention framework and provide context to complex cases. The authors include a section on communication techniques that support relationship building and collaboration, which improves outcomes of the dispute-resolution process. Effective communication, an area that is often viewed as a basic skill by many professionals, is often challenging when stakes are high, and its importance cannot be overemphasized in mediating high-conflict disputes.

To expand basic skills (and of special interest to those teaching medical students and residents), the text also provides a series of role plays, as well as annotated transcripts to assist the educational process. The American Academy of Family Physicians (AAFP) outlined a curriculum for teaching medical ethics to residents, which includes competencies such as providing care that is congruent with the values of the patient and family and understanding the complex ethical implications of medical decisions. Research has also shown that medical trainees prefer practical ethics training, utilizing similar role plays and hypothetical dilemmas. Therefore, *Bioethics Mediation* is a potential teaching tool for training ethically competent providers.

For those familiar with the original text, the new edition includes additional role play examples, which provide insight into addressing
difficult physician-patient conflicts, as well as a chapter on writing chart notes aligned with electronic medical record requirements, and an in-depth explanation of the role of clinical ethics consultation in health care. Additionally, a bonus appendix includes thought-provoking insights into the future of bioethical mediation related to credentialing, privileging, quality assurance, and evaluating the effectiveness of clinical ethics consultation.

Regardless of whether the reader is in the formal role of a mediator, the information provided in this book will improve skills in navigating complicated medical decisions with patients and their caregivers. As a part of their everyday experience, health care professionals work through conflictual situations with the aspirational goal of communicating their perspectives, listening to the patient’s and caregivers’ views of the issue, and working collaboratively to come to an agreement that will resolve the medical dilemma. The authors have written a text that provides the reader with a solid framework for understanding how mediation can be used to resolve bioethical conflicts, paying special attention to the power imbalance between patients and health care professionals. Overall, the content and organization of this book makes it an effective teaching tool for health care trainees, such as medical students and residents.

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References