other spiritual models such as FICA (The FICA tool is detailed at http://smhs.gwu.edu/gwish/clinical/fica) or HOPE (The HOPE tool is detailed at http://www.aafp.org/afp/2001/0101/p81.html) as well as beliefs about complementary medicine techniques such as acupuncture. The Buddhism chapters were well written, though a bit repetitious, and could be streamlined for future revisions. The visual learner might appreciate a chart noting how the Buddhism faiths were similar and different.

I read this book while grieving the death of a loved one. Though details differed across faiths, I appreciated the unifying themes of forgiveness, suffering, consequences, resurrection, and death as a natural part of life. As beliefs change and evolve, I wonder how specific chapters might differ if written 10, 20, or 50 years from now; how might the Catholicism chapter differ if written by Pope Francis? I was surprised by how many faiths supported advance directives—what a ripe opportunity for service learning for our students.

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Essentials of Psychiatric Diagnosis: Responding to the Challenge of DSM-5, Revised Edition
Allen Frances

When the first rendition of The Diagnostic and Statistical Manual of Psychiatric Diagnosis (DSM) arrived on the scene in 1952, one goal was to obtain more precision in the psychiatric field. In the ensuing decades, much controversy has surrounded the various editions of this manual, and the latest edition has been the most controversial of all. The author of this book was a major player in the previous edition of the DSM, but he has been one of the toughest critics of the new edition. Anyone reading this book must take this into account when reading the book and probably should obtain works of others who are more supportive of this edition and become aware of the various opinions about the work. Allen Frances, MD, does not conceal that part of his aim of the book is to “help correct diagnostic inflation and curtail or prevent fads” (p. 5). His opinion is that psychiatric diagnosis has become loose and that the boundary between normal and mental disorders is often “fuzzy” in the new edition of DSM; thus it will lead to over-diagnosis, according to him.

The book is for anyone interested in psychiatric diagnosis, and the author specifically mentions that the book will assist busy primary care doctors to be directed toward an accurate diagnosis. As a director of behavioral medicine for a family medicine residency, I see value in the book for physicians as the author mentions as well that it is a quick reference. The book, where possible, has the IDC-10-CM codes cross-referenced with the DSM-5 codes. Also helpful, especially to physicians, are screening questions for each diagnosis and brief prototypal descriptions. I see this as more of a reference book for most; it is not an easy read if one attempts to traverse it from cover to cover.

I did appreciate various cautions that appear in grey boxes throughout the book. This is where Dr Frances often gives his reasoning for his concern about the over-diagnosis this edition may promote. For example, under ADHD he does not agree with the initial onset being as late as 12 years old in this edition (as opposed to 7 years old in earlier editions). His opinion is that children with ADHD are pretty much born with this disorder and that they thus reveal symptoms early in their lives. To allow an onset as late as 12 confuses ADHD with other symptom causes, according to him. He also sees a possible fad diagnosis of adult ADHD and over-prescription of stimulant medication. Many such cautions and opinions of the author are found, and while one may not agree with all of them, reading what such an influential researcher and clinician has to say is helpful. Additionally, he gives diagnostic tips for each disorder. An example of a diagnostic tip is found under delusional disorder where he mentions that it “is not the wrongness of the belief that defines a delusion but rather...
its being held in the face of universal consensual invalidation” (p. 103). Lastly, the author gives key points for differential diagnosis that are very helpful.

I would especially recommend this work to other behavioral scientists working in family medicine. It provides some key teaching points for students and residents. Since family doctors are the ones doing the lion’s share of mental health work in our country, finding quick references like this one can help them maneuver through the maze of psychiatric problems that enter their offices. Dr Frances is not one for superficial rambling, and he gets to the points that need to be made in this book. While not covering every diagnosis in the DSM, the great majority are included. The wisdom that is derived by the experience of a master clinician in psychiatry comes through its pages.

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Reference

Reimagining Global Health: An Introduction
Paul Farmer, Jim Yong Kim, Arthur Kleinman, Matthew Basilico
Berkeley, CA, University of California Press, 2013, 478 pp., paperback

Contemporary global health is a jumble of concerns, ranging from new fears about emerging infectious diseases crossing international borders, to a renewed interest in what used to be called international health. The former concern is often driven by governments anxious about security, the latter by students and practitioners with humanitarian desires. In the context of this diversity of concerns, the authors of this book propose to reimagine global health by proposing two unifying concepts. The first is the goal: a quest for equity; the second is the method: a biosocial approach. They are connected: global health equity, they feel, cannot be achieved by looking at medical issues (the “bio-”) alone; the “social” (social sciences speaking to social, economic, political, and cultural concerns) must also be addressed.

This is neither a clinical text nor a political treatise; it is, as the subtitle says, “An Introduction” to the combination. The first several chapters give the background in history. Chapter 2 is a brief review of some social theories, Chapter 3 of colonial and early post-colonial medicine, Chapter 4 of the primary health care of the 1970s and 1980s, and Chapter 5 of the recent boom of funding in response to AIDS. Though each chapter is written by a different collection of people, the development of this historical context comes across as a single voice.

Chapters 6 and 7 then move to the experiences of one organization, Partners in Health (PIH), in Haiti and Rwanda (Chapter 6) and the proposed application of those experiences worldwide (Chapter 7). The authors emphasize the need to address the local context, while simultaneously working to strengthen the national health system. They speak of “accompanying” those they work with, emphasizing a long-term relationship.

There are then three chapters looking at specific ancillary issues relevant to global health today. Chapter 8 discusses some current metrics such as the DALY, using mental health and multi-drug-resistant TB as examples. Chapter 9 addresses the ethics and values that underlie global health work, and Chapter 10 analyses foreign aid.

To conclude, Chapter 11 summarizes the key issues that global health must now address. They begin with the Millennium Development Goals (malnutrition, maternal and child mortality, and the Big 3: AIDS, malaria, and TB) and add on neglected tropical diseases, chronic non-communicable diseases, and acute surgical conditions. Chapter 12 then gives an activist approach to achieving global health equity.

Any burgeoning enterprise—and global health certainly is burgeoning—invites critique, and this book offers a very concise critique: global health must address equity, and to do so it must go beyond biomedicine. From a lifetime of work as a family physician in global