BOOK REVIEW

Malingering and Illness Deception

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Malingering, the conscious intentional attempt to simulate or exaggerate illness in the pursuit of a consciously desired end, is a controversial problem. Malingering is not a DSM-IV or ICD-9/10 (Code V65.5) diagnosis, but rather a condition or behavior of clinical interest. Physicians, whose normal role is to be advocates for their patients, are slow to recognize this problem, and many feel that even if malingering is suspected that it is not the physician’s role to diagnose malingering. Most physicians are untrained in how to suspect and/or recognize malingering.

The Editors of this book have assembled 42 contributors who address the problem of malingering in 27 chapters organized into 8 sections. Many of the authors point out the paradox that over the last 30 years most measures of the general health of developed nations have been improving (obesity is the obvious exception). Yet, the rate of disability has been increasing much faster than the rate of population growth. Much of the “disability epidemic” is related to cases that have self-reported symptoms/illness, but no clear objective signs of disease. Is malingering part of the explanation?

This textbook explores in detail philosophically how we think about malingering. In modern times we tend to “medicalize” certain behaviors into diagnoses or medical conditions. Malingering and illness behavior can be viewed from a biomedical perspective, a biopsychosocial perspective, or a naturalistic sociolegal perspective, each of which is discussed. The conundrum of illness behavior is determining whether it is “mental illness or criminal fraud.” The textbook spends many pages in several chapters on this dilemma.

Malingering in military history provides a historical perspective on this problem. Reviews of the biologic studies on the apparent attempts of animals to feign illness and the human studies localizing the area(s) of the brain involved in truth telling and lying are fascinating and thought provoking, as we each consider and attempt to rationalize the times we have been dishonest.

Published studies estimating the prevalence of malingering and fraud are reviewed, as are the studies on our ability to detect lying. These references may be useful in reports or testimony on troublesome cases.

While physicians do not like to consider malingering as the diagnosis or explanation for a patient’s illness, society expects physicians under the ethical principle of “justice” to conserve society’s finite medical and financial resources for those with real illnesses. Those physicians whose practice frequently involves medical-legal cases will profit from the time invested in reading this book.