Book Reviews

Critical Care. Standards, Audit and Ethics.

Jack Tinker, Doreen RG Browne, William J Sibbald (Eds.). Oxford University Press, 1996. 412 pages. \$178.95. ISBN 0-340-55424-X.

The stated purpose of this book is to "bring together the important issues of standards of care of the critically ill, the assessment and measurement of the quality of that care, the cost effectiveness of care, and the legal and ethical issues which are challenging us as we move towards the twenty first century."

The editors have assembled an impressive list of well respected experts with a true world wide perspective to create this multi-authored text.

This book is divided into four sections: 1) an overview of critical care; 2) resource standards; 3) audit; 4) ethics. The section on resource standards is subdivided into: i) core provision (with chapters on transport and the design of critical care units), ii) technical provision (with chapters on monitoring techniques, ICU laboratory, and organ support systems), iii) provision of staffing and training in various disciplines and various countries. The section on audit has chapters dealing with the clinical audit, qualifying critical illness, outcomes, and the cost and consequence of critical care. The section on ethics discusses health care priorities withholding and withdrawing life support, organ donation, moral and religious dilemmas, and medicolegal aspects.

The international contributions to this text give an interesting perspective to many critical care issues that we are accustomed to dealing with in our own national or even local ways. This is particularly true with regards to the sections on audit and ethics. I felt these were the best sections of the book although some of the chapters were only of sufficient length to give an overview and not an in depth examination.

The section on resource standards is supposed to "set the stage" for the subsequent audit and ethics sections, but I feel that it fell short of the mark. For example although there are chapters on non invasive and invasive monitoring, neurological monitoring is ignored. The chapter on Imaging predominantly discusses various pathological processes which does not appear to be the goal of this book, nor is there sufficient space to do so. Likewise, some of the technological provision chapters dealing with organ support tend to stray away from strictly technical support and

wander into more clinical areas which again would appear to be beyond the scope of this text.

The majority of chapters are clear and concise. All the chapters have extensive and up to date references. There is a complete and helpful index.

This book does address many of the principles and practices of the organizational aspects of intensive care delivery. Its international flavour adds a nice perspective. Its appeal would only be to those practising critical care. Due to some of the previously discussed flaws I would not recommend this text as a standard for every departmental library, however it will have appeal for those with particular interest in this area.

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Neuromuscular Transmission.

Leo H.D.J. Booij (Ed.). BMJ Publishing Group, 1996. 196 pages. £30.00. ISBN 0-7279-0929-0

This book would have been more accurately titled "Neuromuscular Physiology and Pharmacology for Anesthesiologists." While there are fine chapters related to physiology and mechanism ("Prejunctional mechanisms involved in neuromuscular transmission," "Postjunctional mechanisms in neuromuscular transmission," "Central control of neuromuscular transmission"), this book has a consistent clinical perspective, as might be expected from a volume in the series "Fundamentals of Anaesthesia and Acute Medicine."

This book meets its aim of updating readers about the use of relaxants both in the operating room and in the intensive care unit. In addition to the chapters referred to above, topics covered include: drug interactions with neuromuscular blocking agents, succinylcholine, non-depolarizing muscle relaxants, muscle relaxants and concurrent diseases, reversal of neuromuscular block. The authors are well experienced in pharmacology and anaesthesia. In addition to the editor, the authors include: D.R. Bevan, W.C. Bowman, F. Donati, C.A. Shanks, and M. Sokoll. All the chapters are up to date (i.e., 1994/5). Additionally, the book clearly written, summarizing key concepts and facts, and avoiding esoteric discussions or digressions. The limitation of this book is that it tends to be more exhaustive in the breadth of what it covers rather than the depth. However, over the period of its review, I

found myself going to it several times as a first place to look for references on a variety of subjects.

This volume is an excellent summary of fundamentals, and an update into the mid-1990's, of the literature relevant to the clinical use of neuromuscular drugs.

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Anesthésie.

Ronald R. Miller (Ed.).

Traduction dirigée par Paul J. Zetlaoui.

Médecine-Sciences, Flammarion, 2798 pages. \$538.50.
ISBN 2-257-15044-9

Ce volume constitue la première traduction française du très populaire manuel édité par Ronald D. Miller, et qui en est à sa quatrième édition en langue anglaise. Le texte original est l'oeuvre de 123 auteurs dont la plupart sont américains. Une équipe de 57 personnes, presque toutes anesthésistes-réanimateurs, a réalisé la traduction française. Le travail a été réparti à raison d'un ou deux traducteurs pour chacun des 86 chapitres, en fonction des intérêts et de l'expertise de chacun. Deux auteurs de l'édition originale ont traduit les propres textes.

Le contenu de l'ouvrage est la traduction fidèle de la quatrième édition du manuel anglaise, publiée en 1994 et dont les dernières citées remontent à 1993. Après une courte introduction, on passe aux principes scientifiques de l'anesthésie, à la prise en charge du patient, puis à l'anesthésie par spécialités. On ne consacre que 200 pages à la vie professionnelle de l'anesthésiste.

La version française remplit exactement le même nombre de pages que le texte anglais. Les tableaux et les illustrations sont souvent placés au même endroit dans les deux éditions. On a tout au plus rogné quelque peu sur les marges, afin d'accommoder un texte français un peu plus long. On retrouve des termes français acceptés et précis partout, en particulier dans les illustrations et les tableaux. En raison du grand nombre d'auteurs et de traducteurs, le résultat final est loin d'être uniforme. Par exemple, certains traducteurs ont plus de facilité que d'autres à éviter la forme passive, acceptable en anglais mais plus lourde en français. Dans l'ensemble, toutefois, les auteurs ont bien rendu le texte original et la maison d'édition nous sert une présentation soignée. Cette première édition du Miller en français sera certainement appréciée des francophones qui ont quelque difficulté à se retrouver dans la langue de Shakespeare, et de ceux qui recherchent le mot juste dans celle de Molière. Malheureusement, le plaisir de lire en français coûte cher!

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Cancer Pain Management. Principles and Practice.
Winston C.V. Parris (Ed.). Butterworth-Heinemann,
1997. 583 pages. ISBN 0-7506-9491-2

This book is a comprehensive review of cancer pain management. The editors represent the fields of anaesthesia, obstetrics, and psychology. There are 48 chapters by 65 contributing authors; 23 are anesthesiologists and 50 are from the United States. The remaining authors are from India, Germany, France, South Africa, and Ireland. Although one of the editors is from McGill, there is no contributing Canadian author.

The book describes the historical perspectives of cancer pain and current epidemiological trends. Physiology and pathophysiology are covered in detail and there are a variety of chapters on pharmacological management of pain. Emphasis given to invasive and surgical techniques. A variety of chapters describe specific cancer pain syndromes. The multidisciplinary approach to cancer pain is evident from chapters on nutritional management, the nurse's role, group support, and psychiatric, as well as psychological interventions. The hospice movement, ethics, economics, and the politics of cancer pain are also reviewed. The international variability in cancer pain management is documented in three chapters from Japan, South Africa and India. The book concludes with a chapter on the recent advances and future challenges.

While anaesthetists are classically interested in pharmacological management of pain the impact of non pharmacological interventions and the emotional support of these patients is of paramount importance. The chapters on spirituality and suffering, nuances of patient interaction and ethical issues are recommended for all health care providers. The ethical conflicts between adequate analgesia vs euthanasia are debated at length, with reference to the principles of autonomy, beneficence, nonmaleficence.

The chapter on government guidelines is particularly interesting. Enormous quantities of time and energy have been invested in these guidelines. Recent studies continue to describe that the majority (80%) of cancer patients receive inadequate analgesia. "Nothing would have more immediate effect on quality of life and relief from suffering, not only for the cancer patients but also for their families, than implementing the knowledge accumulated in the field of palliative care," in other words, implementation of the guidelines.

This is a very comprehensive textbook of cancer pain management and would be a welcome addition any anaesthesia reference library.

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Anaesthetic Algorithms.

R.F. Armstrong, W. Aveling, E.M. Grundy (Eds.).
Oxford Medical Publications, 1996. 82 pages.
\$52.95 (Cdn). ISBN 0-19-262595-0 (pbk)

Part of learning how to become a (safe) anaesthetist involves developing ways of dealing with both common and not-so-common problems. Algorithms are usually the most succinct descriptions of how to deal with problems, as the classic A (Airway), B (Breathing), C (Circulation) of cardiopulmonary resuscitation or the COVER ABC of the Australian Incident Monitoring Study.

This book presents algorithms for eight categories of problems: preoperative assessment, respiratory, cardiovascular, general medical, trauma, anaesthetic emergencies, general, and the anaesthetists. Under each category, a number of different problems are detailed. For example, the respiratory section contains protocols for "anaesthesia and asthma," "desaturation," "the patient with respiratory symptoms," "management of aspiration" and "post-operative respiratory insufficiency." The "anaesthetist" section contains protocols for infection hazard, namely immunization" and "needle-stick injury."

The presentation follows the format of a brief narrative description of the problem on (usually) the left hand page. For example, "Permanent pacemakers and anaesthesia" is subdivided into "Coding of pacemakers," "Pacemaker variants," "Magnets," "Pacemaker syndrome," "Diathermy," "Anaesthesia," "Defibrillation," and "References." The protocol or algorithm is then situated (usually) on the right-hand page. Both the narratives and the protocols are easy to read. The use of symbols such as exclamation marks and telephones helps draw attention to specific points.

There is a separate section entitled "Anaesthetic emergencies" (failed intubation, allergic drug reaction, malignant hyperthermia), but there are also what some might consider emergencies under the other sections, such as "management of aspiration." The book is small enough to fit into a large pocket so it could be taken into the operating room or carried around the wards. However, the section of the book dealing with the more urgent problems is not delineated in any way. Protocols for the treatment of emergencies need to be easily identified and boldly and clearly laid out (because visual processing ability is decreased in such situations). This makes the book less useful for emergencies but having this book weighs up well against having only one's memory.

As for the contents, however, as the editors state in the introduction, "present any group of anaesthetists

with a problem and you rapidly discover that there are always at least two ways of dealing with a situation." The authors go on to state that while "most of what (they) say would be endorsed by (their) colleagues in the University College London Anaesthetic Department, ultimately they are responsible for what is contained in this book." In other words, they drew on their clinical experience to develop these protocols.

Is there a problem with this? In theory, there is not, if the structure (environment, equipment, personnel) and process (tasks and methods) of their anaesthetic care are universal enough to allow successful and safe importing of these algorithms. Could the content be developed another way? The Australian Incident Monitoring Study (AIMS) is in the process of developing a book of algorithms with the content specified by the results of the critical incidents and accidents which have been reported and developed into a large database. For example, for the algorithm for "bronchospasm," the authors were able to find 103 of 4000 reports from which an algorithm could be developed. This is a process analogous to that found in aviation where the results of many thousands of flights (both real and simulated) are used to generate their algorithms. Thus, QANTAS pilots of a 747-400 know that when confronted with "Fire Engine, Severe Damage, or Separation," the sequence "Thrust lever - Close," "Fuel control switch - Cutoff," "Engine Fire Switch - Pull" has been tested and works.

In summary, many anaesthetists will find this is a useful book, when starting out, when preparing for the examinations, or when undertaking some self-directed CME. However, as with any textbook, the contents should be viewed with a critical eye.

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