

Book Reviews

The Medical Interview: Mastering Skills for Clinical Practice. Third edition. By John L. Coulehan and Marian R. Block. 287 pp., illustrated. Philadelphia, FA Davis Company, 1997. \$28.95 (paper). ISBN 0-8036-0267-7.

In their introduction the authors state that the book "is addressed primarily to students of medicine and other health professions who are about to begin their professional interaction with patients." They also add that the book can be used as a resource for postgraduate trainees. Indeed, this book would be an excellent resource for all clinicians who want to review their communication skills and want help recognizing areas in patient interaction that seem to be difficult.

The authors have obviously spent time in the trenches of patient care, both in the hospital and office setting. Many of the scenarios they relate are familiar to experienced clinicians. While reading the text, I encountered some difficulty as the authors changed from a hospital setting to an ambulatory care setting. The beginning student will not appreciate the nuances of the change until they are further along in their education. It would be prudent for students to keep this book available as they see patients in an office environment to review the skills needed to be an effective clinician in an ambulatory setting.

The book is divided into two major sections: "Basic Skills: Understanding the Patient's Story," and "Basic Skills in Practice: Applying the Patient's Story." The first section is a resource for helping the student develop rapport with the patient, gather information, and make a record of the encounter. The latter section deals with more complicated and difficult communication problems. Included in these chapters are discussions about the effects of one's own and the patient's beliefs and values on the encounter. The process of clinical reasoning and hypothesis generation is also described. Such higher level discussions would be lost on the inexperienced student but can be invaluable for the more advanced student and postgraduate trainee. At the end of each chapter the authors summarize the pertinent points in a highlighted section.

Although family physicians might not be involved with teaching interviewing to beginning students, they are in an ideal position to help students during their ambulatory clerkships and preceptorships. By reviewing the second section of this book with advanced students, they can reinforce the value of the various skills. Many students lose previously learned interviewing skills as they progress through their medical education—perhaps because they have poor role models in their clerkships.

The authors have included both good and bad examples of interviewing skills taken from actual interviews, and they make suggestions for how to improve the poorly handled interview. Although students will not be able to remember the specific language of the

better interview, they should understand the reasoning behind it and be able to use their own phrasing to accomplish a positive outcome.

The various illustrations and tables in the book are excellent. Many points made in the text are summarized in table format throughout the book. Also included are a variety of instruments to screen for such conditions as depression, alcoholism, and trauma from alcohol abuse, among others.

Students would do well to learn their interviewing skills using the format described in this book, and they should refer to it frequently as they progress in their professional lives. Clinicians can also benefit by reviewing the suggestions made in the book. We can be better role models when interacting with our patients.

Ralph E. Berggren, MD
Narragansett, RI

Gynecology for the Primary Care Provider. By Scott B. Ransom and S. Gene McNeeley, Jr. 304 pp., illustrated. Philadelphia, WB Saunders Company, 1997. \$45.00. ISBN 0-7216-6433-4.

According to the 1995 publication of the National Ambulatory Care Survey by Woodwell and Schappert, women make 60 percent of all ambulatory care visits in the United States. These visits, which include both well-woman care and evaluations for specific gynecologic problems, constitute a considerable portion of the daily practice of most family physicians. With increasing consumer expectations regarding quality of care, increasing managed care market penetration, and the ability of the patient to change providers frequently, current and well-founded knowledge of gynecology will provide a valuable asset to the family physician. *Gynecology for the Primary Care Provider* was written to enhance the ability of the family physician to understand, evaluate, and manage common gynecologic problems in the current health care environment.

The text is divided into 19 chapters. The first three chapters include a discussion of basic anatomy, the history and physical examination of the gynecologic patient, and preventive care issues. The remaining sections focus on specific topics, including breast disorders, contraception, chronic pain, infertility, amenorrhea, and vaginal bleeding. There are separate reviews of pediatric and adolescent gynecology and pregnancy complications in the first trimester. Many of the sections address the psychologic aspects of the problems; the chapter on chronic pelvic pain provides a particularly well-written review of the management principles from a psychologic perspective. Overall, the topic discussions are broadly representative of the current status of the specialty.

The language of the text is appropriate for many audiences, including medical students, residents, and practicing physicians. Discussions are focused on the

practicalities of caring for a patient with a specific complaint. The tables, graphs, flow charts, and photographs are well chosen to complement the text and help articulate a directed and purposeful evaluation. Treatment regimens are current and supported by chapter references, and decisions regarding referral to a specialist are also presented.

The primary authors, who are gynecologists, state that the primary care physician should be adequately trained and comfortable in treating most of the disorders described in the book. The text is an excellent resource for the family physician who provides well-woman care and manages patients with disease-specific problems. Medical students and residents will also appreciate the clarity and completeness of the discussions in their training rotations within the specialty and in family medicine continuity clinics.

Kathryn M. Larsen, MD
University of California, Irvine
Orange

Medical Spanish: An Instant Translator. By Isam Nasr and Marco Cordero. 386 pp. Philadelphia, WB Saunders, 1996. \$18.00 (paper). ISBN 0-7216-6052-5.

The ability to communicate with Spanish-speaking patients is a growing need in this country, and efforts to improve cross-cultural communication are important. This manual is an admirable undertaking and can serve as a resource for those who already have a basic Spanish language background, but it offers little to those who do not.

The stated purpose of the book is to facilitate dialogue between health care professionals and those patients who speak only Spanish. Chapters are based on the chief complaint. Phonetic pronunciation of the Spanish words and phrases is given. This organization, in which phrases are grouped by type of problem, allows for relatively easy use in finding appropriate sentences for a given patient.

The reality is that books such as this tend to be left on the shelf because they do not effectively address the complexities of human communication in patient care. This book will not make it possible for the physician to understand the patient's words unless the physician already has Spanish skills and unless the patient is enunciating clearly and not using slang. Although the phonetic spelling is useful, simply reading a sentence to a patient does not ensure understanding on the part of the patient, particularly if the physician does not already have training in basic Spanish pronunciation. Although the questions are designed to be answered with simple yes-or-no responses, the physician will not be able to follow the patient who then elaborates on a problem even if a degree of initial understanding is achieved.

Learning to communicate in a language other than one's native tongue is challenging and takes time. This book might help the medical provider who is acquiring proficiency, but it does not, by itself, without a multi-

year commitment to learning the language, provide a shortcut to effective communication, and it is unlikely to be of major assistance in a busy family physician's office. If the provider cannot make the effort necessary to learn Spanish, the book will not substitute for a living interpreter.

Sam C. Eggertsen, MD
University of Washington
Seattle

Rheumatology in Primary Care. By Juan J. Canoso. 372 pp., illustrated. Philadelphia, WB Saunders Company, 1997. \$45.00. ISBN 0-7216-6080-0.

Primary care physicians diagnose and treat various types of musculoskeletal and rheumatologic complaints daily. Depending on the demographics of their individual practice, however, they might not see a large volume of these disorders. A reference text that provides concise information on the diagnostics and therapeutics of rheumatologic disorders would serve such a physician well, especially in this time of cost containment and managed-care medicine.

This easy-to-read, hardcover text provides useful information for primary care physicians when they encounter these disorders. The book has 30 chapters that are grouped into five parts: Introduction; Connective Tissue Disorders; Bone Diseases; Musculoskeletal Conditions; and Pain Amplification Syndromes, Related Conditions, and Miscellanea. The introductory chapters address the physical examination, imaging and laboratory studies, pattern recognition, methods of treatment, and rheumatologic manifestations of other disease processes. The second part includes chapters about rheumatoid arthritis, systemic lupus erythematosus, various arthritides and vasculitides, inflammatory disease of muscles, and infiltrative disorders. A shorter third section discusses various bone diseases. The fourth part describes various "regional rheumatic diseases," ie, common joint, extremity, and spine pain. The last section includes discussion of conditions such as reflex sympathetic dystrophy, leg cramps, fibromyalgia, chronic fatigue, and soft tissue masses.

An appendix includes sections on joint and soft tissue injection and aspiration techniques, physical therapy and exercises, guidelines for the prevention of osteoporosis resulting from corticosteroid use, and sundry clinical practice guidelines.

Individual disease processes are generally subdivided into sections on presentation and progression, diagnosis, natural history, treatments, and recommendations on when to refer. Suggested readings are listed as well. The chapters generally do not include detailed disease pathophysiology or information on pediatric disease.

Throughout the text figures, tables, sketches, and photographs highlight salient features of some of the disorders. Gray-shaded boxes used to highlight key concepts make it easy to find and retrieve the most pertinent information. Approximately 30 patient case de-

scriptions are included throughout the chapters. I found all these features a nice addition to the text.

The true rheumatologic disorders were covered well. In addition, the section on musculoskeletal conditions provided extremely useful information regarding the various acute, subacute, and chronic everyday orthopedic, soft tissue, and musculoskeletal disorders.

In summary, *Rheumatology in Primary Care* is a well-done, concise reference geared to primary care physicians, and I recommend that it be considered for the practicing physician's medical library.

Ralph W. Dickson, MD
McSherrystown, Pa

A Textbook of Family Medicine. Second edition. By Ian R. McWhinney. 448 pp. New York, Oxford University Press, 1997. \$34.95 (paper). ISBN 0-1951-1518-X.

Although this book is called the second edition, it is actually the third in a series that began in 1981 with the smaller *Introduction to Family Medicine* and progressed to *A Textbook of Family Medicine* in 1989. The two previous works were important contributions and a delight to read. This edition is even more so. Reading it with the other two at hand for comparison provides a superb view of the progress of both the author's thinking and of the literature produced by and relating to family medicine. McWhinney says in the preface: "There are two kinds of textbook: those that aim to cover a field of knowledge and those that aim to define and conceptualize it. This book is of the second kind." It is that, indeed. He says further that "... it is intended to be read as a whole." That intent has been facilitated by concise, articulate writing and economy of words. It reads more like a novel than a textbook. Starting with the genesis of general practice, it provides understanding of and a feel for the philosophic and scientific underpinnings of the clinical discipline, family medicine, and then puts forward a coherent and conceptual basis for its practice in today's clinical specialty, family practice.

The organization of this edition is identical to that of the first. The initial section, Part I, consists of 10 chapters grouped under the heading "Basic Principles." Part II illustrates those principles with five clinical problems: acute sore throat, headache, fatigue, hypertension, and diabetes. Part III includes six chapters on the practice of family medicine ranging from record keeping and practice management to home care and integration of effort with other physicians, related

health professions, and community. A new chapter, "Alternative, or Complementary, Medicine," is timely and effective. Finally, Part IV concludes with chapters on continuing self-education and research. All parts flow from one section to another, and this edition is updated from the previous edition by new information from the literature and the author's own evolving insights.

I believe the core of the book comprises four chapters in the first section: chapter 5—"Philosophical and Scientific Foundations of Family Medicine," chapter 6—"Illness, Suffering and Healing," chapter 7—"Doctor-Patient Communication," culminating in chapter 8—"Clinical Method." In these chapters McWhinney displays his superb ability to integrate biologic, epidemiologic, and psychosocial bases for clinical medicine. Comparing these chapters with those in the previous editions allows one to appreciate the evolution of his thinking and his important contributions to all of medicine.

Who will profit from reading this book? Anyone who seeks to understand not only family practice in particular but also medicine in general. It would be an ideal companion for a medical student's beginning experience with medicine. Were I teaching today, I would certainly use it early in an introduction to clinical medicine course, in any course or clerkship in family medicine, and most certainly with residents. McWhinney's own origins are in England; he had his practice and academic career there and in Canada, where general-family practice is primary care. Labeling this a textbook of family medicine could mask its importance and utility for other specialties in the United States. It should be required reading for anyone in primary care or who aspires to serve as a personal continuing-care physician for any patient. It would provide important insight for those who seek to establish public policy for health care and create institutions to provide it.

I enjoyed the experience of reading this book and believe I would have done so at any stage in my professional career. It educates, but more importantly, it inspires to the highest ideals and aspirations of our specialty. Reading it at the end of a career gives perspective, meaning, and validation to the efforts of all who have worked as general practitioners and family physicians, both before and since the birth of the American Board of Family Practice.

Theodore J. Phillips, MD
Lopez Island, Wash