

## Book Reviews

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**The Family Practice Desk Reference. Fourth edition.** Edited by Charles E. Driscoll and Edward T. Bope. 1035 pp, illustrated. Chicago, American Medical Association, 2003. \$49.95 (paper). ISBN 1-57947-190-0.

The fourth edition of *The Family Practice Desk Reference*, edited by two well-known family physicians, Charles E. Driscoll and Edward T. Bope, has recently been published by the American Medical Association. The book has 22 contributors drawn from practicing family physicians, family medicine residency faculty, and family medicine senior residents.

As clearly stated in the preface, the primary objective of *The Family Practice Desk Reference* is to provide the necessary nuggets of information about the most common conditions encountered by family physicians. To this end, the book is a great success. It is full of information that is displayed in a succinct manner, often in the format of a table or flowchart. The breadth of topics is impressive; the book touches on almost every patient problem that any busy physician might treat.

The clever organization scheme used to develop this book approximates the day-to-day clinic life of a family physician and embraces the foundation of the discipline of family medicine. It has two main sections. The first part, organized around a life-cycle approach, contains chapters on maternity care, care of children, men's health, care of the older adult, and family-centered care. The second part, organized around body systems, contains chapters on the cardiovascular and respiratory systems, infections, musculoskeletal conditions, and so on. At the front of each chapter is a short list of all the topics addressed in that chapter, which makes up for a brief table of contents that is nothing more than a list of chapter titles. As a result, navigating the book for particular points is relatively easy. The chapters tend to be organized with descriptions and definitions first, then differential diagnoses and appropriate testing, and finally management and treatment options. This format mirrors what family physicians do every day. Simple procedures are described in sufficient detail to use this book as a guide.

The text is interspersed with numerous illustrations, both line drawings and photographs. All illustrations are in black and white and are easy to understand. The cardiology chapter has many electrocardiogram tracings that are clear and easy to recognize. The flowcharts are excellent; they provide adequate information without being crowded with text. A few tables and flowcharts have been set sideways on the page.

Overall, this fourth edition of *The Family Practice Desk Reference* is excellent, and any practicing family physician would find it extremely useful. It is loaded with accurate, practical information that is easy to find and follow.

Residents would also find this book particularly useful during clinic. I recommend this book highly.

Tamara Buchel, MD  
Mayo Clinic  
Scottsdale, Ariz

**Integrative Medicine.** Edited by David P. Rakel. 821 pp, illustrated. Philadelphia, WB Saunders, 2003. \$69.95. ISBN 0-7216-9288-5.

*Integrative Medicine* is an innovative, ground-breaking effort to assist primary care providers in guiding their patients to health through the utilization of a broad range of therapies. Using a disease-oriented format, the numerous coauthors, many of whom are graduates of the Program in Integrative Medicine at the University of Arizona, provide a well-balanced approach to the prevention and treatment of common problems in primary care. Each chapter focuses on a single disease or symptom complex and offers a selection of management choices ranging from lifestyle changes to nutritional, botanical, and pharmaceutical therapies; mind-body and spiritual techniques; traditional Eastern medicine; and Western surgical therapy. Scattered throughout the book are several "black box" notes, specific facts that are often immediately useful in clinical practice.

The first half of the book covers the philosophy of integrative medicine and approach to illness, the last sections are devoted to disease prevention, and 24 chapters offer practical "tools for your practice," which can be used as patient handouts.

As with any multi-authored textbook, there are some problems with inconsistencies. In one chapter, omega-3 fatty acids are said to be effective in controlling hypertension, according to "sixty double-blind studies" (none listed); in another chapter, omega-3 fatty acids were noted to be not effective in lowering the blood pressure in those who are normotensive. I was left wondering why. Some authors led me on a walk down the health food store vitamin and supplement counter as a possible strategy; others warned that this approach might be expensive and occasionally dangerous.

I kept the book available in the office, and I found several chapters helpful in daily practice. The section on post-term pregnancy offered the usual options, some new ideas, and some appropriate warnings about botanical treatment. The chapter on nausea and vomiting in pregnancy was an excellent teaching tool. I used the advice in the chapter on premenstrual syndrome to give some options to a patient who did not want medication to treat her symptoms. A neurologist mentioned that he was taking coenzyme Q-10 to prevent Parkinson's disease; the pertinent chapter mentioned that a study was under-

way. A popular news magazine named *Rhodiola rosea* as a botanical useful in reducing stress. Alas, I could not find it in the index, but the chapter on prescribing relaxation techniques offered a solution for the patient.

In summary, the book has a considerable amount of material gathered into a useful and readable format. It will appeal to any primary care provider who is interested in moving beyond conventional pharmacotherapy. Many patients are already practicing integrative therapy. We owe it to them to educate ourselves in a holistic approach to health and illness.

William A. Alto, MD, MPH  
Maine-Dartmouth Family Practice Residency  
Augusta, Me

### **Fracture Management for Primary Care. Second edition.**

*Edited by M. Patrice Eiff, Robert L. Hatch, and Walter L. Calmbach. 398 pp, illustrated. Philadelphia, W B Saunders, 2003. \$54.95 (paper). ISBN: 0-7216-9344-X.*

When *Fracture Management for Primary Care* was first published in 1998, I believed this text would rapidly gain prominence on the shelves in most practicing family physician's offices. I am pleased that many primary care physicians have responded so positively to the book, thus leading to a second edition. Unfortunately, even though family physicians see approximately 10% of their patients for orthopedic-related complaints, they provide only 14% of the care for pediatric fractures and 16% of the total care for fractures. With appropriate knowledge, experience, and a good reference, many more fractures could be treated safely and expeditiously by family physicians.

The editors have produced a readable and concise text that is relevant for the care of patients typically seen in family practice. The organization is logical, progressing from the fingers, upper extremity, trunk and spine to the lower extremity. Two new chapters on facial and skull fractures and rib fractures were added to the end of the second edition. The authors also supplemented the new text by adding more information about pediatric fractures and return-to-work guidelines.

A particular strength of the first addition was the many illustrations and radiographs of common fractures. This second edition enhances upon the first edition with additional illustrations and improved quality. Most textbooks that contain this many illustrations cost more than \$100, but the publishing company has managed to keep the price of this text at approximately \$55. I do not think a better bargain exists for a sports medicine or orthopedics textbook.

We have adopted *Fracture Management for Primary Care* as a standard text in our residency education and sports medicine fellowship training. I would encourage primary care physicians who do fracture management to consider this text as a possible addition to their library. The widespread use of the first edition and the improve-

ments in the second addition suggest that this publication might become the classic text that every family physician wants to own.

Karl B. Fields, MD  
Moses Cone Health System  
Greensboro, NC

**Understanding Health Policy: A Clinical Approach. Third edition.** *By Thomas S. Bodenheimer and Kevin Grumbach. 222 pp. New York, Lange Medical, McGraw-Hill, 2002. \$34.95 (paper). ISBN 0-07-137815-4.*

The latest edition of Bodenheimer and Grumbach's fine textbook on health policy is as refreshing and valuable as the original volume published in 1998. Although its stated goal has become even more daunting—to explain how the American health care system works—the book's performance continues to be exceedingly commendable. The third edition has been updated to include discussions of quality of care, the demise of managed care, and an accounting of the conflicting forces that are shaping health care today. The authors have retained the clinical vignettes that illustrate so many of the dilemmas that clinicians face on a daily basis. The vignettes, which cover topics ranging from care for the uninsured to organ transplant waiting lists, are complemented by text that illuminates the underlying history and structures that have made the problems of access, equity, justice, and quality so enigmatic in American health care.

Several chapters are worth special mention. You will be hard pressed to find a more lucid explanation of the morass of health care payment structures than the chapter titled "Paying for Health Care." The chapter titled "Access to Health Care" explains the problem of the uninsured and summarizes the evidence on the value of health insurance, while reminding us that health is also a product of race, socioeconomic status, and class. The chapter "Quality of Health Care" brings the reader up-to-date on the crusade for safer, high-quality health care, including a timely discussion of malpractice and tort reform.

The authors are refreshingly unapologetic in their advocacy for the importance of primary care in a just and affordable health care system. Even though this book is geared primarily toward medical students and other health profession students, one cannot help but wonder whether all health care would not be a better place if everyone would read this enlightening and well-written text. Among textbooks on health policy, few are as clear, concise, and comprehensive. I look forward to the day when this book is added to the list of medical students' "bibles": *Harrison's Textbook of Internal Medicine*, *Cecil's Textbook of Medicine*, the *Washington Manual of Medical Therapeutics*, and Bodenheimer-Grumbach's *Understanding Health Policy*.

Finally, after reading *Understanding Health Policy*, I was left pondering the dirty secret in medicine and health care today—it's all about money. Whether the problem is adequate coverage for the uninsured, long-term care, quality of care, or rationing—the issue is money. How

often has a student said, “I just want to go out and practice good medicine,” only to find that medical practice is really about business, insurance, overhead, and cost control? We must confront our economic realities, educate ourselves and our students about these realities, and take responsibility for our part in this debacle of a

health care system. Our patients, our profession, and our nation demand it.

Frederick Chen, MD, MPH  
Center for Primary Care Research  
Agency for Healthcare Research and Quality  
Rockville, Md