

party for those long-term residents in the facility. While observing the residents' involvement in the celebration activities, the social workers, nursing staff, and attending physician can use such an occasion to consider what, if any, screening activities would be appropriate before the next birthday party. With woefully inadequate financial reimbursement and limited professional satisfaction (at least in the traditional sense) offered to nursing home providers, such systems of reminders can be useful for nursing home physicians to incorporate into their practice styles.

Finally, I would stress the critical role that advance directives can play within the whole area of health promotion for long-term care residents. For residents who are cognitively intact and who retain the capacity to express their desires through health care proxy statements, living wills, or whatever legally acceptable instruments exist in the state, the incorporation of such statements for preterminal care, transfer out of the facility for testing, and provision of artificial hydration and nutrition not only is appropriate within the context of health promotion but also addresses the general idea of death as a natural part of life. Even for those residents who lack the capacity to use such advance directives, encouraging families to discuss and perhaps provide written statements interpreting their relative's earlier wishes and directives can be useful to guide medical decision making (if not effective in legal proceedings) and can help direct health promotion decisions that work to minimize morbidity without denying the ultimate mortality of the long-term care resident.

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#### References

1. Richardson JP. Health promotion for the nursing home patient. *J Am Board Fam Pract* 1992; 5:127-36.

The above letter was referred to the author of the article in question, who offers the following reply.

*To the Editor:* I thank Dr. Heath for his comments. I am glad that he shares my interest in health promotion for residents of nursing homes, and I agree that nurses and health assistants can provide valuable information regarding patients' and families' values, if only we physicians would consult them.

I also like Dr. Heath's idea of using birthday celebrations as a way to consult with other members of the team in the nursing home. I wonder, however, how often physicians with busy office practices would be able to attend celebrations such as these, which are typically held during the workday.

Dr. Heath and I both agree that advance directives are even more important for nursing home residents than they are for other elderly persons. As I mention in my article, I concur with him that ad-

vance directives are a part of health promotion for this patient population. Unfortunately, educating patients about advance directives can be a very difficult and time-consuming task. Nevertheless, it is an important part of health promotion and can greatly affect the quality of life of a nursing home resident.

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## Correction

Volume 5, Number 4 1992, pages 440, 442, 444, and 446. The running foot identifying the issue should have been July-August 1992 Vol. 5 No. 4. We regret the error.

## Books Received

Books received by *The Journal of the American Board of Family Practice* are acknowledged in this column. Those that appear to be of particular interest to our readers will be reviewed as space permits.

**AIDS Health Services at the Crossroads: Lessons for community care.** By Victoria D. Weisfeld (editor). 134 pp. Princeton, NJ, Robert Wood Johnson Foundation, 1991, ISBN 0-942054-04-0. Free.

**Annual and Seasonal Variation in the Incidence of Common Diseases (Occasional Paper 53).** By D.M. Fleming, C.A. Norbury, and D.I. Crombie. 24 pp. Exeter, Devon, The Royal College of General Practitioners, 1991. £6.50.

**Cardiac Emergency Care.** Third edition. By Edward K. Chung (editor). 415 pp. Philadelphia, Lea & Febiger, 1991. ISBN 0-8121-0978-3. \$10.85.

**Caring for a Loved One with AIDS: The experience of families, lovers, and friends.** By Marie Annette Brown and Gail M. Powell-Cope. 63 pp. Seattle, University of Washington Press, 1992, ISBN 0-295-07183-5. \$4.95 (paper).

**Challenges to Social Experiments — A Drug Prevention Example.** By Phyllis L. Ellickson and Robert M. Bell. 101 pp. Santa Monica, CA, RAND Corporation, 1992, ISBN 0-8330-1238-X. \$4.

**Common Sense Guide to Growth and Nutrition: How to evaluate infants and preschool children.** By George S. Sturtz. 147 pp. Watertown, NY, Hojack Publishing, 1991. ISBN 0-9631089-0-5. \$15 (paper).

**Coronary Artery Bypass Graft: A literature review and ratings of appropriateness and necessity.** By Lucian L. Leape, Lee H. Hilborne, James P. Kahan, William B. Stason, Rolla Edward Park, Caren J. Kamberg, and Robert H. Brook. 267 pp. Santa Monica, CA, RAND Corporation, 1991, ISBN 0-8330-1196-0. \$20.

**Differences in Common — Straight Talk on Mental Retardation, Down Syndrome, and Life.** By Marilyn Trainer. 236 pp. Rockville, MD, Woodbine House, 1991. ISBN 0-933149-40-9. \$14.95 (paper).

**Do Patient, Physician, and Hospital Characteristics Affect Appropriateness and Outcome of Selected Procedures?** By Robert H. Brook, Rolla Edward Park, Mark R. Chassin, Jacqueline Kosecoff, Joan Keesey, and David H. Sol-