should *never* precede or replace upper or lower barium studies of the GI tract"[p 82]) appear more often than in most medical literature.

The final chapters deal with imaging in patients who have cancer and HIV and provide an ethical and utilitarian discussion of imaging in the patient with a poor prognosis.

While the author consistently advocates for a radiologic approach to diagnosis rather than invasive procedures, such as endoscopy, he is conservative in his approach to his own discipline. He commonly cites the limitations and wastes of resources involved in using the latest technology in place of more standard imaging. He challenges the reader to avoid knee-jerk diagnostic strategies and to take a logically and scientifically sound approach; he successfully supports his contention of a need for more care in ordering studies with numerous examples of erroneous test ordering. When taken in such a light, his treatise is provocative and well thought out. I found it less satisfying as a reference in specific clinical situations. The extensive tables of likely diagnoses are of limited use when the clinician is faced with a specific patient. Nonetheless, the underlying point, that one must consider the probability of a condition, however that might be estimated, in deciding on an imaging strategy, is driven home effectively.

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Norplant Guidelines for Family Planning Service Programs — A Problem-Solving Reference Manual. *Edited by Noel McIntosh, Penelope Riseborough, and Chris Davis. 129 pp., illustrated. Baltimore, JHPIEGO Corporation, 1993. $6 (paper). ISBN 0-929817-04-4.*

I found *Norplant Guidelines* to be an excellent book for the use of the Norplant system of contraception. It is refreshing to find guidelines that are not published by the distributing pharmaceutical company. The editors are, in my opinion, excellent and well recognized as leaders in the field of contraception and population problems.

Most family physicians are inserting the Norplant rods, and many in my acquaintance have asked for better written guidelines. Consequently, this book will have great relevance for family physicians.

The book is very readable, perhaps even a bit too simplistic, but it is probably better to err in simplicity than to be too esoteric and therefore not helpful. The organization is quite clear, and individual areas can be found readily. If there is any weakness in the book, it might be with the illustrations. They could be more detailed, and the graphic generally could be stronger.

Of course, in any procedure-oriented material there will be differing opinions on execution. One would not have to go very far to find criticism of the recommended technique for insertion or removal. For instance, I find it difficult during removal to grasp the rods as the book recommends. The rod slips away from the jaws of the instrument. I therefore grasp the enveloping tissue adjacent to the rod and with this tissue pull the rod to the incision and stabilize it there; with another instrument I open the sheath and remove the rod. Exact techniques for removal, however, will vary widely, and each operator will soon find what will work best.

This volume will be of interest and value to family physicians, nurse practitioners, and physician assistants, as well as obstetrician-gynecologists. It will also be helpful for the office staff, and some elements of the book can also be used for patient education.

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Planning for Uncertainty: A Guide to Living Wills and Other Advance Directives for Health Care. *By David John Doukas and William Reichel. 147 pp. Baltimore, The Johns Hopkins University Press, 1993. $13.95 (paper). ISBN 0-8018-4671-4.*

This book, written for lay readers, is about advance directives that "promote individual freedom to stop therapies that are futile for the treatment of illness rather than encourage active euthanasia and suicide." The methods described are living wills, durable powers of attorney, and the values history. The authors are two US family physicians who have done an admirable job of putting together some cogent advice for persons planning their health care direction and for the health professionals who might be advising them, particularly family physicians.

Chapter I describes how the Patient Self-Determination Act, a 1991 US federal law, requires government-directed health service institutions to inform clients of their rights to accept or refuse treatment and to prepare advance directives. This discussion and repeated references in the book to a "durable power of attorney" are not directly applicable outside the United States. The rest of the book, however, has general applicability.

There are good presentations for the lay reader about several difficult issues: "Is stopping a therapy the same as never starting it?"; "benefits and burdens"; "what is futile therapy?"; "informed consent"; and "active and passive euthanasia." The discussion of paternalism is overly simplified and should not be accepted as a definitive statement (i.e., in not including that beneficence be combined with the provider's believing to know better than the receiver of care what is best — one suspects that the authors lean to Western democratic society's present trend toward autonomy-granting as the primary ethical value, although they do argue that the provider is not obliged to pursue futile treatment).

Very clear descriptions are presented for the nonprofessional reader about cardiopulmonary resuscitation, ventilators, dialysis, enteral and parenteral nutrition, intravenous medication and hydration, autopsy, and organ donation. Hospice care is nicely outlined.

The importance of involving one's personal physician as an advisor and as a potential implementor for advanced directives, but not as a proxy or sole decision maker, is good advice. Doing so, however, places the

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