

Book Reviews

Resolving Ethical Dilemmas: A Guide for Clinicians. By Bernard Lo. 373 pp. Baltimore, Williams & Wilkins, 1995. \$35 (paper). ISBN 0-683-05138-5.

Dr. Lo, a general internist at the University of California-San Francisco, has contributed numerous thoughtful articles to the medical ethical literature. Now he has produced a succinct, fairly comprehensive overview of the ethical problems likely to be encountered by clinicians. Reflecting his specialty training, Lo addresses few of the ethical issues expected to arise in pediatric or obstetric practice, but he does nicely balance inpatient and ambulatory issues.

As the title suggests, the book focuses on ethical "dilemmas"; therefore, there is occasional mention of the importance of moral integrity and little if any mention of virtue or moral character. Brief attention is given to newer developments in ethical theory, such as casuistry and feminist thought. Lo does try to address ethical issues that arise from cultural diversity.

The book has many strengths. Having many short chapters allows Lo to address some clinically relevant issues that seldom merit full attention in ethics textbooks, such as gifts from patients to physicians, sexual contact with patients, gifts from drug companies, and mistakes of disclosure. The discussions are up-to-date, and such important issues as advance directives and do not resuscitate orders are discussed fairly extensively, with many practical observations about effective communication with patients and families. The illustrative cases (usually one or two in each chapter) are short but are used effectively in the discussion. Issues that particularly affect medical students and residents are given reasonable attention. Lo's recommendations are generally well founded, even where the length of the chapters forbids more than a telegraphic list of the arguments for and against the opposing views.

This text will provide useful guidance to clinicians seeking advice on ethical problems in practice. Teachers of clinical students and residents will want to supplement the book with journal articles or chapters from other books to give the learner a better feel for deeper moral dialogue and argument; the references and suggested readings at the end of each chapter will provide a useful guide to additional resources.

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Accessing Medical Information from a Desert Island with Telephone Service: How to Get and Organize the Information You Need to Practice Most Effectively. By Marc Ringel. Greeley, CO, Desert Island Press, 1993. \$14.95 (paper).

The author makes very clear from the beginning of this book that remote does not necessarily mean Windy City, Wyoming. It could be your home or office in St. Louis or your call room in San Diego. A desert

island, *from a medical standpoint*, is anywhere you do not have the information you need at the time you need it.

This book can be read in approximately 2 hours. It is equal parts technical information and philosophy—the Zen of adult learning as applied to the medical profession. The author takes a critical look at the medical information needs that physicians have and suggests pragmatic ways to meet those needs. He discusses books, journals and personal files, electronic and computer resources, and consultants.

Traditional medical education, for the most part, stresses that we should learn everything we can through memorization. We are to acquire medical knowledge, not system knowledge. Dr. Ringel appropriately, I believe, acknowledges that we all have memory limitations and that we instead need to rethink our methods of knowledge acquisition and organization. By keeping a very few selected books; choosing and reading journals wisely; and knowing how, affordably, to select and use a personal computer with medical data base search capability, we can answer practice questions and meet many of our ongoing learning goals.

Two audiences would be particularly well-served by this book. Students and residents are, of course, the first. Ideally, they could be reached before they acquire bad learning habits, such as thinking they should carry every reference book they can, or that they should measure the value of a learning source by its weight in pounds.

The other audience includes the more mature learner who has not yet used his or her home or office computer for searching the various medical data bases, such as MEDLINE. The author's plain-language approach to the subject makes it easy to understand. This book is not for the medical informatics expert—it would be considered too basic.

I liked this book for what it is: a refreshingly honest look at the specific needs of adult learners who happen to be medical practitioners. It cuts through the educational rituals we have accepted as the norm and suggests better ways, such as using easy but powerful medical data bases accessed through a computer. It reminds us that, in the long run, if we can differentiate a sick patient from a well one and structure an investigation using organized information sources, our patients' needs and our own will be well served. This book provides a user-friendly way to get onto the entrance ramp of the information superhighway.

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Clinical Medicine: A Textbook for Medical Students and Doctors. Second Edition. Edited by Parveen Kumar and Michael Clark. 1135 pp., illustrated. Philadelphia, W.B. Saunders, 1994. \$45.00 (paper). ISBN 0-7020-1739-6.

Clinical Medicine is a softcover, 1135-page text, 18×26 cm and 5 cm thick. When I first saw this text, my ini-

tial thought was, "Why do I need *another* medicine text? I like what I have now!" As I reviewed the book, however, I realized it might find a special place on some family physicians' bookshelves alongside other texts. As stated in the Preface, the authors designed this work as "a detailed but comprehensible text that bridges the gap between the purely introductory and the larger reference works." They have done an admirable job of achieving that goal.

Divided into 20 chapters, the text is organized in typical medical textbook fashion by organ systems, but similarities to the usual reference textbooks end there. The chapters are generally well written and easily read, and they provide a succinct review and overview of the topics. Each chapter is loaded with eye-catching, multi-colored, computer-generated graphics, which are relevant and enhance understanding of the text. There is a nice section on tropical diseases, and throughout the book there is a global perspective of medicine that is not found in most classic textbooks. For example, the authors nicely balance descriptions of advances in basic medical research with practical clinical tips. On one hand, there is an up-to-date chapter on molecular biology, genetics, and immunology, which helped me better understand the theory behind polymerase chain reactions and human leukocyte antigen (HLA) typing; on the other, the cardiovascular disease chapter includes such basic clinical information as the proper method for taking blood pressures, proper placement of electrocardiogram leads, and proper method of performing carotid massage.

In the Preface, the authors state their book is "designed for both medical students and practicing doctors." For both groups, however, I see it as a supplementary, rather than a primary, textbook. Many chapters (such as the discussion of human immunodeficiency virus diseases) are too brief and incomplete to serve as a reference book, and there are not enough practical guidelines to replace *The Washington Manual*. For the student or resident who desires a readable introduction and overview to an aspect of medicine, however, or for the practicing physician who desires a review and update (perhaps for a recertification examination), this book will meet those needs.

There are some other important limitations of this text of which potential purchasers should be aware. This textbook is British authored and thus occasionally presents a perspective different from the American standard of care. For instance, metformin (unavailable in the United States) is extensively discussed in the treatment of non-insulin-dependent diabetes mellitus, and a procedure for rigid sigmoidoscopy is outlined, but flexible sigmoidoscopy (the method of choice in the US) is only briefly mentioned. The chapter on psychological medicine does not use the terminology of the *Diagnostic and Statistical Manual of Mental Disorders, Revised, 3rd Edition (DSM-III-R)*, or the new *DSM-IV*. Finally, this text is clearly a medicine text and overlooks many of the fundamental concepts of family medicine, such as the biopsychosocial model of disease, health

promotion and disease prevention, and family and community orientation. Given these limitations, I will find the book a valuable addition to my library.

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Clinician's Handbook of Preventive Services: Put Prevention into Practice. *Office of Disease Prevention and Health Promotion, US Public Health Service. 343 pp. Pittsburgh, Government Printing Office, 1994. \$20 (paper). ISBN 0-16-043115-8.*

The *Clinician's Handbook of Preventive Services* was developed by the US Public Health Service as an integral part of the "Put Prevention Into Practice" educational campaign. The text has achieved moderate success in achieving that goal; however, it fails to address the more pressing question facing providers of preventive services, which is not "how-to," but "what-to-do."

The intent of the text is highly commendable. It reminds one of the ironic discrepancy between the value that providers and patients put in preventive care, and the infrequency with which these services are actually provided. The authors recognize the many reasons why this discrepancy has historically been the case, but useful tools for rectifying the problem are lacking.

The text is nicely organized into 60 chapters dealing with the full range of recognized preventive services (screening, immunization and prophylaxis, and counseling), specific to children and adolescents and adults and older adults. The criterion for inclusion of a service is a "recommendation for its routine use in the care of asymptomatic persons by a major US authority," those being primarily federal agencies, professional groups, expert panels, and voluntary associations. Each subject or chapter follows a logical format, beginning with a review of the impact of the problem and the effectiveness of the preventive intervention. A listing of the "Recommendations of Major Authorities" follows. While that list can make for entertaining reading, it certainly does not add clarity. The "Basics of . . ." providing the service are presented next. This section is comprehensive but at the expense of the utility. For example, it would, I hope, be a waste of the readers' time to be reminded that "Hands should be washed before each new patient is seen." At the same time, some important operational aspects receive too little attention, such as an appropriate preparation before sigmoidoscopic examination. The next section presents "Patient (or Family) Resources." This listing of selected pamphlets and publications, and how to obtain them, will aid the provider in constructing a credible patient education library regarding preventive services. Finally, selected but extensive references are listed.

As a federal publication, it comes as no surprise that the content is political. Controversy is avoided. There is a range of recommendations presented and all are given equal voice. Regarding prostate-specific antigen (PSA) testing, we are reminded that recommendations vary from "PSA testing is not recommended . . ." to