
Malpractice liability concerns have continued without remission to plague physicians and hospitals in this country despite an increasing emphasis on risk management education for health care professionals. Based upon the premise that a majority of medical malpractice suits can and should be prevented, this book offers a unique and timely source of information concerning the various factors involved in vulnerability to malpractice suits and practical recommendations to prevent such suits.

In a foreword by Melvin Belli, JD, we learn that he came from a multigenerational line of physicians, has had a long interest in medical and forensic medicine, has defended many physicians in recent years, and has himself authored a book intended to help physicians ward off lawsuits (Belli for Your Malpractice Defense). He calls for effective communication in a caring physician-patient relationship as well as documentation of clinical reasoning and treatment in patients’ records.

The author of this book is well qualified to take on the task of educating health care providers about preventive strategies in defense against malpractice suits. With a doctoral degree in human physical growth and development, Dr. Schutte has taken 4 years of research fellowships in cardiology and pulmonary medicine at the University of Texas, has served for years as Southwest Editor of Medical Economics, and currently publishes two monthly newsletters in risk management (one focused on the needs of residents in training, the other on risk management in the managed care environment).

This book draws particularly on Dr. Schutte’s studies of risk management during the years, the experience of many physicians in Texas in various specialties, and the extensive national database of the Physician Insurers Association of America (PIAA). The PIAA database includes more than 30 member insurance companies that collectively insure more than 60 percent of all practicing physicians and surgeons in the United States.

This book is written for physicians, nurses, office managers, receptionists, and assistants with an emphasis on communication, medical records, and a systematic approach to risk management in everyday clinical practice. Many useful checklists and office aids are included addressing such subjects as the facility, medications, office personnel, patient scheduling, physician-patient communication, patient tracking, telephone calls, medical records, informed consent, coverage issues, and consultation-referrals. The book is liberally sprinkled with good examples of physician practice and office systems that model effective risk management techniques and describes other examples of physician liability resulting from failure to follow well-established principles of risk management. Helpful advice is provided for physicians who find themselves the target of a potential or actual malpractice suit.

In summary this book provides a well-written and authoritative primer on risk management especially applicable to office medical practice. It is highly recommended to family physicians and their office staffs.

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Most physicians are quite familiar with this popular manual, which is directed at the therapy for serious internal medicine problems, including those requiring hospitalization. The 28th edition updates key areas including the immunocompromised host, critical care, and medical emergencies. Chapters discussing nutrition, antimicrobial use, and lipid disorders reflect very recent changes in these fields.

Ewald and McKenzie have assembled the work of numerous Washington University faculty members toward a winning effort in assisting the clinician with the therapeutic management of specific and serious medical diagnoses. Twenty-five succinct chapters address the broad range of diagnoses from congestive heart failure and cardiac arrhythmias to pulmonary diseases, renal diseases, and infectious diseases, as well as neurologic emergencies. While the primary emphasis is placed on therapeutic modalities, each of the chapters offers a respectable synopsis of the clinical presentation and pathophysiology pertinent to each major disorder including, in most circumstances, the selection of the prevailing pharmacologic agent and dosage used in treatment. Especially helpful are the exhaustive 60-page index and the seven appendixes, which include critical care formulas, isolation recommendations, and common drug interactions.

The strength of this manual remains its precise organization. The editors use an outline format and briefly present basic concepts of clinical science and diagnosis. Management concerns are divided into general measures, pharmacologic indications, mechanical interventions, and the potential adverse effects of each. One can quickly glance at the pertinent text and review immediately what is necessary for successful clinical decision making. Tables assisting with differential diagnosis and medication regimens are scattered throughout the manual.

Clearly this perennially effective manual once again has been more than adequately revised to keep its place

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