

Book Reviews

Preventing Medical Malpractice Suits: A Handbook for Doctors and Those Who Work With Them. By James E. Schutte. 213 pp. Seattle, Hogrefe & Huber, 1995. \$39. ISBN 0-88937-135-0.

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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Manual of Medical Therapeutics. 28th Edition. Edited by Gregory A. Ewald and Clark R. McKenzie. 641 pp. Boston, Little, Brown and Company, 1995. \$32.95 (paper). ISBN 0-316-92433-4.

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

at the hand of house officers, students, and seasoned physicians who take care of seriously ill and hospitalized patients. Unlike many publications, its size has not increased much with the years; thus it still fits easily in the pocket of any laboratory coat. The Washington manual remains a critical component of my reference arsenal.

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Instructions for Geriatric Patients. By William A. Sodeman, Jr. 340 pp. Philadelphia, W.B. Saunders, 1995. \$35 (paper). ISBN 0-7216-4335-3.

All family physicians want to give their patients enough information to understand both their medical problems and the steps they must take to manage the problems. Written instructions often allow patients to digest material at their leisure and to understand their problems in greater depth. Physicians often do not use prewritten instructions, however, because they are not sufficiently individualized. Nevertheless, many physicians do find, at least in some areas, that written instructions are helpful.

William A. Sodeman, Jr.'s book *Instructions for Geriatric Patients* is a compendium of instruction sheets that can be photocopied and handed to patients. It covers an impressive range of geriatric problems, with each instruction occupying between one and three pages. Instructions generally follow a standardized format: general information, important points in treatment, when to notify the office.

Although the format and length of the instruction sheets are excellent, the writing style is difficult to follow. The author uses medical jargon and writes in the passive voice. The resulting instructions are likely to be challenging for anyone who has not had a college education. An example is the following: "Many manifestations of depression in older individuals overlap changes related to aging or changes due to other diseases." In addition, treatment points are pertinent but sometimes incomplete. For example, tricyclic antidepressants are discussed under depression, but selective serotonin-inhibiting agents, the most common antidepressants now used in the elderly population, are not mentioned; under dementia medications, tacrine is discussed, but nothing is mentioned about medications for behavioral symptoms.

On several occasions the author offers two slightly different sheets on the same topic, eg, edema and hearing loss, which is confusing. Also, several tables are presented without explanation. (eg, the Mini-Mental State Examination).

In summary, this book is of modest usefulness but does provide a starting point for physicians who are

particularly interested in patient education. It would be more useful if the book were offered on a compact disk, which could then be modified by the physician.

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Manual of Asthma Management. Edited by Paul M. O'Byrne and Neil C. Thomson. 851 pp., illustrated. Philadelphia, W.B. Saunders, 1995. \$39 (paper). ISBN 0-7020-1781-7.

Asthma, in all of its variant forms, is one of the most frequently encountered diseases in family practice. A sound knowledge base, therefore, is essential for providing optimal patient care. This new paperback text is a thorough, up-to-date discourse on basically everything one would want or need to know about asthma.

The two editors assembled 70 contributors worldwide to write the text, which is divided into five main sections—epidemiology, diagnosis, assessment and treatment, management of asthma, and running an asthma service. Each section is subdivided into numerous chapters (46 in all) on specific subject matter, providing an almost overwhelming amount of information. The chapters are well organized, with bold-faced type delineating the subtopics. Each chapter has a conclusion providing a concise overview of the material and an extensive reference list. Also, at the end of each chapter, a section called Key Points offers a short, concise, highlighted list of the most salient points discussed, ie, what I would deem to be the take-home messages. Numerous charts, figures, and tables are provided to highlight the text.

As one would expect, the entire scope of asthma is addressed, and both pediatric and adult asthma management is covered. Specific chapters are dedicated to each type of drug used in treatment as well as to non-drug treatments. Individual chapters are devoted to exercise-induced asthma, asthma in pregnancy, and occupational asthma, as well as other subtypes. Diagnostic testing, including pulmonary function and other investigatory tests, is discussed. Patient education is highlighted as well.

The manual is an excellent detailed reference text that would benefit all physicians. Unless one has a special interest in asthma, however, its length and attention to detail could be overwhelming, as with many other single-subject texts. For most physicians, residents, and medical students, the *Executive Summary: Guidelines for the Diagnosis and Management of Asthma* (approximately 50 to 60 pages) by the National Asthma Education Program, will provide an adequate, concise reference source for use in the daily care of patients with asthma.

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