

"whys" and "hows" of each therapeutic intervention are given, the book does not address or challenge critical thinking skills. Clearly, modern respiratory care practice requires critical-thinking practitioners, so it would seem that the development of critical thinking should be included as a fundamental of respiratory care. True, individual instructors should employ their own methods for developing critical thinking, but the text has so much information that problem-based learning could easily be incorporated, which would enhance and encourage critical thought. The initial construct could be presented as a chapter in the first section and then thematically woven into each chapter.

The "mini clinics" are effective, commendable, and of excellent quality, but the solutions given leave little room for independent thought or creative application of the target constructs. Including critical-thinking challenges in each chapter would encourage the development of this important aspect of respiratory care.

Another fundamental of modern respiratory care is research. Evidence-based medicine is presented as a concept, but there is nothing in the text regarding the fundamentals of respiratory care research. A chapter regarding the purpose, structure, and meaning of research in respiratory care would encourage the reader to develop the skills to conduct and critique the scientific literature and also assist and encourage the development of critical analysis.

The price tag of \$79.95 is exceptionally low given the book's scope and depth. The book would be a valuable tool for the respiratory care or nursing student as well as an excellent resource for the various practitioners of cardiopulmonary care. The strengths of this text include its comprehensive presentations, the learning tools employed, the accuracy of the material, the style and usefulness of the illustrations, and the consistent writing style. The eighth edition of *Egan's Fundamentals of Respiratory Care* can safely take its place as the latest evolution of a truly foundational series in the study and practice of respiratory care.

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Cross-Cultural Medicine. JudyAnn Bigby MD, editor. Philadelphia: American College of Physicians. 2003. Soft cover, 289 pages, \$38.

JudyAnn Bigby has taken on the difficult task of developing a concise introductory text on the vast subject of cross-cultural medicine. Although the information is directed at primary care providers, it will be useful for any health care professional interested in enhancing his or her cross-cultural relationships with patients. The text's stated goal is to present medical providers with a framework of how to practice "culturally competent" care. The editor decided to limit the discussion to background information on racial, ethnic, and cultural groups within the United States only. As the history and influence of American culture are unique to those groups, the information in this text may not be applicable to those practicing outside the United States.

The text begins with an introductory chapter, "Beyond Culture: Strategies for Caring for Patients From Diverse Racial, Ethnic, and Cultural Groups." Bigby presents a clear discussion on the complexities of developing cultural competence, and she outlines 6 important components to that process: personal self-awareness, cultural knowledge, performing a cultural assessment, understanding and recognizing differences, effective communication, and cultural desire/internal motivation.

Box 1-1 lists 10 questions (adapted from work by Roberta Goldman) for assessing cultural self-awareness. These questions are an excellent tool for increasing awareness of one's own cultural background and bias, and they are important questions for all providers to consider. Table 1-1 summarizes some common cultural norms and group values. That table implies some interesting concepts, of which I would have appreciated a more thorough description, with either cases or illustrations of its clinical relevance. The final section of the chapter includes a brief discussion on strategies to work successfully with medical interpreters. The concepts discussed in this introductory chapter are important. Providers who frequently work with culturally diverse patients have probably discovered much of this information on their own, but for students or providers with limited experience this chapter is a well-organized philosophical "jump start" to the rest of the text.

The subsequent chapters are devoted to selected cultural groups within the United

States, including blacks and African Americans, Latinos, native Americans (including Alaskans), Asian Americans, Arab Americans, and American Muslims. Each chapter begins with brief historical background on the given cultural group, including immigration patterns and demographics, followed by a discussion on the health beliefs and practices of that group. Some chapters include brief discussions on religious beliefs, gender roles, language, and family structure. The second half of each chapter is devoted to a discussion of specific health problems that the authors have identified as particularly important in the group in question.

In general, the text is quite readable, with well delineated headings. The summary points at the end of the chapters are useful as references. I found the clinical cases enlightening, but they are interspersed in the text, which was distracting. It would have been more useful to include the cases at the beginning of each section, to stimulate clinical thinking while not interrupting the flow of the discussion.

One of the biggest obstacles to cross-cultural medicine is that while we seek generalizable knowledge about cultural groups, we must avoid stereotyping and incorrect assumptions about individuals. Bigby acknowledges this in her introductory chapter, as do the contributing authors.

I had difficulty with the editor's grouping of the chapters. By grouping all African Americans together and all Asian Americans together, the authors were forced to be brief in their discussions on certain subgroups. That grouping fails to recognize the great diversity of people that physicians see in the United States. There are blacks who have been in America for many generations, and there are recent immigrants from all areas of Africa, the Caribbean, and other places. The same can be said for Asians and Latinos. I would have appreciated more specific information on subgroups, such as Vietnamese, Cambodian, Somali, Ethiopian, and Mexican. I recognize that the book was intended as a concise introduction to cross-cultural medicine, so specific information on subgroups was limited by the book's size, but the unfortunate end result is that the information is brief, applicable to second- or third-generation American patients, and less applicable to recently immigrated subgroups. As long as the reader recognizes that limitation, the book gives useful background information, though it will differ in applicability to individual patients.

In contrast to African-, Latino-, and Asian-ancestry Americans, the native Americans share more historical background because they have all been here for thousands of years. Thus I found the chapter on native Americans more clinically useful. The authors begin with a discussion on native American history and how that history has influenced their approach to Western medicine. There is a section on the "non-Western" world view, according to Robert Bee. He describes 8 tenets that provide an interesting demonstration of the contrast between Western and non-Western beliefs. Though his points are specific to native Americans, they clearly demonstrate how people from different ethnic backgrounds approach situations differently.

The chapter on Arab Americans gives a useful overview on the historical and demographic context of that varied group. The general discussion on Muslim religion and practices and how Muslim beliefs affect approaches to health care was very well written and informative. I found it particularly helpful that the chapter authors included statements on mental health, substance abuse, and end-of-life care, including advance directives, code status, and organ transplantation. These issues are difficult to discuss with all patients, and often discussions are impacted by cultural differences between providers. Further elaboration on those topics in relation to the other groups discussed in this text would have been useful.

There is a separate chapter focused specifically on caring for immigrant patients. This chapter includes brief but informative paragraphs on a variety of tropical diseases that one may see in immigrants. Tables 7-2 and 7-3 outline typical incubation periods for tropical infectious diseases and the differential diagnosis for symptoms associated with fever in immigrants. I found those tables easy to access, not excessive, and helpful in directing the workup of an immigrant who has a febrile illness. This chapter also includes a section on disease screening and vaccinations in immigrants.

The text also includes an excellent chapter by Linda Barnes on spirituality and religion in health care. She presents an interesting discussion on how deeply rooted religious beliefs or religious upbringing can affect a patient's approach to disease. There is a set of questions (in Box 8-4) to help providers improve their awareness of their own spirituality and how it might influence their approach to patient care. Box 8-5 in-

cludes 4 simple questions (adapted from Lo et al¹) the provider can use to help learn about a patient's spirituality.

The final chapter addresses the need for physician advocacy. Bigby states that "cultural competence is a means, not an end." The authors emphasize the important role of physicians in advocating for culturally appropriate health care services. These processes are outlined nicely in Box 9-1. Through clinical experience, community involvement, and ongoing dialog with patients, medical providers should continually evaluate and reflect on their knowledge and practice. This final chapter is a fitting end to the information provided in this text. The reader is reminded of the important fact that cultural competence is a dynamic process towards which we should all be striving.

In conclusion, this is a potentially useful introductory text for health care providers interested in improving their knowledge of cross-cultural medicine. The medical literature on this subject is vast and has become increasingly sophisticated. Future efforts to improve cross-cultural medical education should build on this introduction by creating a text that shares similar information from the patient perspective rather than the medical perspective. Bigby introduces some very important ideas in this text, and I encourage further detailed efforts to expand on those ideas, especially regarding end-of-life care, linguistics, patient communication, and the semantics of illness.

I compliment Bigby and the contributing authors on their efforts to develop a concise, readable, clinically oriented text on cross-cultural medicine. They provide some useful background information on how personal history, demographics, ethnic background, spirituality, and gender influence approaches to medical care and propensity to specific diseases. The reader should remember that background information and generalizations about a cultural group may not apply to all the individuals in that group and should take to heart the importance of self-reflection, recognition of differences, and effective communication; then this text will provide you with some thought provoking, mind-opening means of enhancing your care of patients.

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REFERENCE

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Assisted Ventilation of the Neonate, 4th edition. Jay P Goldsmith MD and Edward H Karotkin MD. Philadelphia: Saunders/Elsevier Science. 2003. Hard cover, illustrated, 588 pages, \$99.

Though the title of the book is **Assisted Ventilation of the Neonate**, it offers much more than just information about mechanical ventilation concepts and strategies. The intended audience is the neonatal team, and the subject matter pertains to physicians, nurses, and respiratory therapists, though the book's depth and detail make it appear to be written for the neonatologist or the neonatal respiratory therapist.

The first chapter provides a fascinating review of the history of assisted ventilation for neonates. The second chapter should be considered required reading: it covers the physiologic principles of pulmonary mechanics, gas transport, oxygenation, and ventilation in a comprehensive, yet easily digestible, fashion. The third chapter comprehensively reviews the physiology of ventilatory control and the pathophysiology of apnea, including both general discussion and disease-specific information. My only criticism of the first 2 chapters is of the last section of the first chapter, in which the authors oversimplify ventilator classification and refer to outdated reports that classified ventilators by "cycling mode," which I found cumbersome and confusing.

Chapter 4 briefly discusses neonatal asphyxia and gives an excellent summary of the guidelines of the American Heart Association and American Academy of Pediatrics Neonatal Resuscitation Program for resuscitating neonates. Chapter 5 is short (only 10 pages), but it provides some historical insight and a good overview on the ethical and legal issues of resuscitation and assisted ventilation of neonates.

Chapters 6 and 7 (on pulmonary and nursing care) contain information that is redundant to other chapters. Chapter 6 contains word usage errors (page 94, column 2, lines 2-4), incorrect technique description of Miller blade insertion (page 95, column 1, bullet item 4), and outdated references (and