

tent would need to be substantially reduced in amount and “repackaged” with a more illustrative instructive format. A pictorial guide to help learn basic knowledge of how to safely perform the steps of a procedure in a controlled setting (ie, “knows how”) would better assist the trainee in achieving the technical skills in the ICU under direct observation (ie, “does”). In addition, such a guide would clearly list the steps of the “safe” procedure to facilitate evaluation of competency.

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Respiratory Problems. Jeanette Lynch and Chantal Simon. *Oxford General Practice Library* series, Chantal Simon, series editor. New York: Oxford University Press. 2007. Soft cover, illustrated, 277 pages, \$24.95.

Respiratory Problems by Lynch and Simon starts off without a preface that familiarizes the reader with common symbols and abbreviations used throughout the book. This book was written to give general practitioners a quick reference to a vast but well summarized set of information on respiratory problems, and to describe how they can maximize their salaries. To accomplish this Lynch and Simon use a simple bullet format, flow charts, a plethora of figures and tables, and a list of resources that guide the general practitioner through each chapter. The book’s comprehensive approach to the United Kingdom’s General Medical Services contract allows the United Kingdom general practitioner to understand the point system and reimbursement issues. Although this book is no attempt to replace a traditional textbook, most of the clinical material presented is current and well referenced. The contents are divided into 7 chapters plus an appendix.

Chapter 1, “Respiratory Assessment,” is divided into 11 sections that cover history and general examination, evaluation of the head and neck, chest deformity, breathing patterns, chest signs, chest pain, cough, and dyspnea. This chapter emphasizes the im-

portance of “establishing a constructive relationship between patient and doctor to communicate effectively” as the foundation for determining a diagnosis and choosing the therapy. Questions to ask, things to examine, and tests to consider are presented in a bulleted format to guide the assessment of the respiratory system. The section on general examination provides differential diagnoses each time a pertinent finding is checked. If, for example, a lymphadenopathy is found in the neck examination, a list of different diagnoses is provided to distinguish between infectious and tumoral sources. The last section on this chapter is called “Investigations,” which refers to the indications for urgent chest radiograph and the use and interpretation of spirometry values.

In Chapter 2, Lynch and Dixon cover the management of respiratory emergencies. Eight of the 12 sections in this chapter are on the basic life support and advanced cardiac life support algorithms. Common causes, essential features, key examination findings, management algorithms, and follow-up are presented to cover subsequent sections on anaphylaxis, acute breathlessness, and acute asthma.

Chapter 3, “Diagnosis and Management of Childhood Respiratory Problems,” includes various aspects of management of wheezing in patients under 2 years of age, asthma, upper and lower respiratory tract infection, pneumonia, cystic fibrosis (CF), and some other respiratory conditions. Especially attractive is a section called “Advice for Patients: Frequently Asked Questions.” Clearly the authors’ intention is to facilitate the general practitioner’s role of answering questions often raised by patients and patients’ relatives about asthma and CF.

On asthma, the authors provide relatively short and clear answers, in lay terms, on what asthma is, why the patient got it, what they should do to treat it, how to recognize different inhalers, what would happen if not treated, what can make asthma worse, and what will happen in the future. This section also lists United Kingdom telephone numbers and important links for asthma information. The section on the stepwise management of asthma in children is based on the British guideline from 2004. In the United States, the National Asthma Education and Prevention Program’s coordinating committee recently revised their guidelines, adding one more step to the management algorithm.¹ The section on CF contains an

excellent screening algorithm—a very comprehensive figure that depicts all the clinical features of CF.

Chapter 4, “Diagnosis and Management of Adult Respiratory Problems,” has 32 sections. The last 8 sections are on extremely important topics about the end of life, such as palliative care, breathlessness in terminal care, emergencies in terminal care, and the last 48 hours of life. However, the sections are slim and provide only a framework for the clinician to start dealing with terminal illness. Pain control is well detailed and is summarized with the World Health Organization analgesics “ladder.” The introduction of the section on the last 48 hours of life warns the general practitioner against the inappropriate conduct of predicting when death will occur. Instead, the authors provide guidance to the general practitioner by listing clinical indicators that death is approaching and discussing how to determine the goals of treatment in the last 48 hours, advance directives and the patient’s last wishes, approaches to different cultures, and assessment of the patient’s needs. It explains the importance of symptom control.

In this part of the book the advice for patients is actually turned around to the clinician, by quoting patients’ experiences when death is approaching, to prepare the clinician to hear what a patient might say about not wanting to be a burden, choosing a place to die, worrying about death and dying, or accepting death. This is probably a section that we all could benefit from, regardless of our area of expertise. The clinical sections in this chapter follow a similar approach to the one in the previous chapter. In the section on asthma in adults and older children the authors repeat the advice for patients almost word by word, instead of referring to the previous chapter.

Chapter 5, “Benefits and Legal Aspects of Care in the Community,” provides details on agencies that deliver benefits to patients with low income, pension plans, and eligibility criteria for transportation, and use of special equipment in the United Kingdom. The practitioner is directed to consult the Department of Work and Pensions several times in this chapter.

The very short Chapter 6, “The General Medical Services Contract and Respiratory Problems,” explains payments under this contract, and the value of the point system for each of the components of care. It provides the description, point value, and payment stage details on chronic obstructive

pulmonary disease, asthma, and smoking indicators. The last section covers information on vaccination as an additional service.

Chapter 7, "Useful Information and Contacts, lists resources by topic. This material is separated into 2 sections: one for the general practitioner and the other for patients and relatives. It includes Web sites, telephone numbers, Cochrane review, and a few other citations.

The appendix includes 12 acute treatment algorithms that are also presented in other sections of the book. Eight of them relate to basic life support, advanced cardiac life support, and pediatric advanced life support. The other 4 algorithms deal with anaphylactic reactions and asthma management.

I did not find any typographical errors. The content is well selected, presented in a very clean fashion, very organized, and easy to read. The style of the chapters is consistent. Although the back cover summarizes the goals of the book, having something similar in a preface would have helped as a short introduction to the content. Though the tables are written in a smaller font, the content is concise and readable. I suggest changing Figure 2.7, on the recovery position, because of its poor quality.

Although this book is well written and several of the clinical sections could benefit all health care practitioners, the intended readership is only United Kingdom general practitioners, and the focus of the entire book, including the resources lists, telephone numbers, General Medical Services contract details, and some of the coding and pension criteria only apply to the general practice of medicine in the United Kingdom.

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REFERENCES

1. National Asthma Education and Prevention Program. Expert panel report 3. Guidelines for the diagnosis and management of asthma: summary report 2007. <http://www.nhlbi.nih.gov/guidelines/asthma/asthsumm.pdf>. Accessed January 30, 2008.

Principles of Health Care Ethics, 2nd edition. Richard E Ashcroft, Angus Dawson, Heather Draper, and John R McMillan, editors. Hoboken, New Jersey: John Wiley & Sons. 2007. Hard cover, 838 pages, \$345.

Medical ethics texts tend to fall into one of 2 categories. Some describe an approach to clinical ethics problems, a framework to help clinicians navigate the wide variety of ethical challenges that arise in medical practice. Many others attempt a more exhaustive analysis of a particular ethical issue, such as withdrawal of life support or pitfalls in genetic counseling. Though the first edition of **Principles of Health Care Ethics** was an example of the former, the 2nd edition has become something altogether different. This 2nd edition is a collection of over 100 short philosophical essays by over 100 authors on a wide-range of topics in medical ethics, and it can serve both as a reference text of concise reviews and as a medical ethics sampler, like a short-story collection of opinions, on subjects ubiquitous and obscure. The vast majority of the essays are original works commissioned for this volume, though about 10% had been published previously. Though not quite exhaustive, the book attempts to have a little something to say regarding just about any approach to or topic in health care ethics.

Whereas the first edition of this work offered essays in defense of what is commonly referred to as "principalism," the 2nd edition starts by offering a group of essays regarding alternative theoretical approaches to and viewpoints on clinical ethics, including casuistry, feminist ethics, and virtue theory, as well as various religious approaches, including Christian, Jewish, Islamic, and Buddhist perspectives. The second section is composed of a series of over 20 essays on specific topics in clinical medicine, many of which represent "classic" issues in medical ethics, such as decision making for incapacitated patients, with a smattering of essays on more esoteric concerns, such as medical tourism.

The third section collects works on more societal health care ethics, which are generally focused on specific topics, such as vaccination or disaster medicine, that apply to populations rather than individuals. The republished essay by Goodin, which explores the voluntariness of risk assumption in cigarette smoking, will probably be of interest to many readers of *RESPIRATORY CARE*.

The final section centers on research ethics and developing technologies; it offers basic reviews of the ethics of animal research and fundamentals of performing clinical research on humans, as well as more 21st-century concerns, such as xenotransplantation and neuroimplantation. In total, this edition contains 110 essays, which average about 7 pages each.

As a reference text of short expositions on specific topics in health care ethics, this book hopes to appeal to a broad audience of health care professionals and lay persons alike, with the expectation that readers will be educated and intelligent but not necessarily well-informed on the topics. Not all of the essays serve as general introductions to and reviews of their topics, however, because they are either too technical or deal with issues too obscure to be of value to someone not trained and immersed in ethics theory. But perhaps half of the essays may serve as resources for a general medical audience seeking basic understanding or additional reading regarding an ethics topic.

Uniacke's concise summary of the principle of double effect (a concept invoked daily in intensive care units, when support is withdrawn) is an excellent example of an essay that will be immensely helpful for physicians, nurses, and therapists seeking better understanding of a concept far too often misunderstood. Similarly, Dresser offers a succinct explanation of the 2 common standards of surrogate decision making, along with a critical analysis of advance directives. Such approachable original essays by authors who are experts in their respective fields will serve as excellent teaching tools, and I anticipate referring house staff, nurses, and therapists to them as the subjects come up during rounds and team meetings.

For those more immersed in medical ethics, perhaps as ethics consultants or members of hospital ethics committees, **Principles of Health Care Ethics** will also serve as a source of intriguing insights on topics not commonly on the clinical ethics table. Each essay offers a morsel of ethical analysis and argument. For those who like chewing on these sorts of matters, the book serves a series of small "plates" that offer both standard fare and new flavors that are enjoyable on their own but, when done well, leave you wanting more. All the essays contain a limited number of references, generally seminal or classic works that can serve