
In Ethics and Evidence-Based Medicine: Fallibility and Responsibility in Clinical Science, Kenneth Goodman PhD, who is the director of the University of Miami’s Bioethics Program, starts out to examine the link between the theory and practice of evidence-based medicine, moral theory, and clinical ethics. Given the broad scope of the task and the many interests of the author, it is not surprising that the book meanders through many aspects of the evidence-based medicine movement, from its history, to practical difficulties in implementation, to statistical considerations, to implications for clinical practice and public policy. Along the way Goodman identifies the conflicts and controversies at the heart of the evidence-based medicine movement and a large number of tangential issues as well. Unfortunately, but unapologetically, he approaches these questions and controversies as an evidence-based medicine “true believer,” often giving short shrift to criticisms and cautionary words of those who view evidence-based medicine more skeptically. Despite that limitation Goodman deals with complex and nuanced concepts while writing in a casual vernacular that is at times comforting, if not completely satisfying, to adopt the evidence-based-medicine construct. It is not surprising that the book does not of evidence-based medicine. Sacrificing the exhaustive survey of evidence-based medicine and instead focusing on those core issues would have presented a more vigorous defense of evidence-based medicine and a more compelling argument that the failure to adopt the evidence-based-medicine construct brings moral culpability.

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Critical Diagnostic Thinking in Respiratory Care: A Case-Based Approach is divided into 4 parts. Part 1 is an introduction to the critical thinking process used by respiratory care clinicians. The authors of this section provide some background theory in what constitutes “critical diagnostic thinking,” including a brief description of the process by which a clinician learns to gather data and integrate that information into what ultimately becomes the diagnosis. The process of hypotheses generation and differential diagnosis of the patient’s clinical problem(s) are reviewed. Identifying the patient’s clinical problem through use of patient history, physical, and laboratory examination is then described. Briefly reviewed are the major elements of physical examination, with the key findings that are often associated with pulmonary problems, as well as common laboratory tests used in differential diagnosis. Respiratory signs and symptoms are identified with their common and less common causes to assist the clinician in formulating a differential diagnosis.

Parts 2–4 constitute 90% of the book. Each of the 35 chapters in these 2 parts begins with a case study that illustrates a common pulmonary problem. The presenting signs, symptoms, and other initial data are given in the brief beginning section entitled “The Clinical Problem.” The reader is then taken through the diagnostic reasoning.