

one glaring instance: on page 69 the surname of name Michelangelo Buonarroti is misspelled "Buonarrotte."

Despite my overall rather negative review of this book, I have to admit that it also has several strengths. The more practically oriented chapters (eg, Chapter 1, with its clear divisions and explanations of the diseases that lead to chronic respiratory failure) may be very useful both for experienced medical and paramedical personnel or those who are approaching NIMV for the first time. Moreover Chapter 7, which includes an extensive table about face masks, as well as nice, clear illustrations, is an excellent review of the state of the art of the NIMV-patient interface. Also, the idea of having a chapter (Chapter 15) dedicated to illustrative case studies is brilliant and will stimulate many readers' interest.

Keeping in mind that **Noninvasive Mechanical Ventilation** should not be considered a physiology text or a recommendations/guidelines text on which clinical practice should be based, the book may be useful as a reference for those who want an overview of NIMV.

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REFERENCES

1. Plant PK, Owen JL, Elliott MW. Early use of non-invasive ventilation for acute exacerbations of chronic obstructive pulmonary disease on general respiratory wards: a multicentre randomised controlled trial. *Lancet* 2000;355(9219):1931-1935.
2. Shneerson JM, Simonds AK. Noninvasive ventilation for chest wall and neuromuscular disorders. *Eur Respir J* 2002;20(2):480-487.
3. Schonhofer B, Wallstein S, Wiese C, Kohler D. Noninvasive mechanical ventilation improves endurance performance in patients with chronic respiratory failure due to thoracic restriction. *Chest* 2001;119(5):1371-1378.
4. Leger P, Bedicam JM, Cornette A, Reybet-Degat O, Langevin B, Polu JM, et al. Nasal intermittent positive pressure ventilation. Long-term follow-up in patients with severe chronic respiratory insufficiency. *Chest* 1994;105(1):100-105.
5. Simonds AK, Muntoni F, Heather S, Fielding S. Impact of nasal ventilation on survival in hypercapnic Duchenne muscular dystrophy. *Thorax* 1998;53(11):949-952.
6. Annane D, Chevrolat JC, Chevret S, Raphael JC. Nocturnal mechanical ventilation for chronic hypoventilation in patients with neuromuscular and chest wall disorders. *Cochrane Database Syst Rev* 2000;(2):CD001941.
7. NHLBI Workshop summary. Respiratory muscle fatigue. Report of the Respiratory Muscle Fatigue Workshop Group. *Am Rev Respir Dis* 1990;142(2):474-480.

Lung Cancer: Myths, Facts, Choices – and Hope. Claudia I Henschke PhD MD and Peggy McCarthy, with Sarah Wernick. New York: WW Norton. 2002. Hard cover, illustrated, 389 pages, \$27.95.

Lung Cancer: Myths, Facts, Choices – and Hope is the collaborative effort of 2 health professionals with very different backgrounds: Dr Claudia Henschke is a professor of radiology and chief of the Division of Chest Imaging at Cornell University, and Peggy McCarthy is a medical educator and founder of the Alliance for Lung Cancer Advocacy, Support, and Education, an international advocacy group for lung cancer patients and their supporters. The authors were assisted by Sarah Wernick, a freelance health writer. The book's contents reflect the interests of Henschke and McCarthy, and the result is an excellent resource for patients who are at risk for lung cancer, who have the disease, or who have a family member or friend with lung cancer.

Dr Henschke's father, Dr Ulrich Henschke, was a physicist and a pioneer in radiation oncology; his career began in Berlin in the 1930s. Dr Claudia Henschke was active in her father's practice; she monitored the radiation exposure badges at his office. Prior to his death in an airplane crash in 1980, she had planned to enter practice with him. In July of 1992 she began a research project in which she used serial computed tomography (CT) chest scans to screen for early lung cancer in high-risk patients. The results of that study were published in *Lancet* in 1999 and resulted in a medical debate that persists today.¹ Prior studies of lung cancer screening at the Mayo Clinic, Johns Hopkins University, and Memorial Sloan-Kettering Institute using chest radiographs and/or sputum cytology yielded negative re-

sults, and the major chest physicians' organizations advise against lung cancer screening as a recommended policy. Dr Henschke argues that the availability of CT scans has made the prior studies obsolete.

This book is not written for physicians, therapists, or nurses, but for patients at risk for lung cancer, and for friends, relatives, and supporters. The central message is that there is hope for lung cancer victims, even if their caretakers tell them that "there is nothing more to be done." This valuable message is repeated throughout the book. The authors recommend second, third, or even more opinions and urge the reader to seek the most renowned and experienced clinicians, even if it takes a long time to get to see them. They emphasize the roles of chest radiation therapists, chest oncologists, and chest surgeons (but not chest physicians!) in making decisions. The most useful aspect of the book is the extensive referencing of books, articles, telephone numbers, and especially the Internet. Telephone numbers and Web sites are referred to frequently, as are support groups and patient advocacy organizations. There are many references to the resources and policies of the Alliance for Lung Cancer Advocacy, Support, and Education.

The first 2 chapters introduce the subject of lung cancer and its detection. The authors explain that lung cancer is a common illness and that the cigarette smoker should not let guilt dictate his/her actions. Chapter 3 provides basic information about the lungs and how they work, and Chapter 4 discusses the development and spread of lung cancer. In Chapter 5 Dr Henschke reviews early detection, with a strong emphasis on serial spiral CT lung scans for patients at risk. Smoking and its grim rewards are the subject of Chapter 6. The authors point out that women are highly at risk and that smoking filtered or mentholated cigarettes or a pipe or cigar does not decrease the risk. Chapter 7 is devoted to helping the smoker kick the habit and, in our opinion, is one of the more useful chapters. It reflects the experience of the authors in this subject.

Chapter 8 addresses detection of lung cancer, pointing out some of the less recognized but common symptoms of early lung cancer and emphasizing the fact that when complaints such as chest pain or hemoptysis appear, the opportunity for a cure has probably already passed. The staging of lung cancer is explained simply and understand-

ably. In Chapter 9 the authors discuss the stages of emotional response that most patients experience when told they have lung cancer, from denial through hostility and from dependence to acceptance. Resources, including friends, family, support groups, and church members, are reviewed.

The treatment of lung cancer is discussed beginning in Chapter 10. The authors advise getting the best possible advice and participating in decisions regarding treatment. Resources for getting second opinions are provided, and special problems are reviewed, such as pregnancy, the patient's job, and whether to accept experimental treatment. Medical record keeping is discussed, and a 3-page form for recording medical data is included.

Chapter 11 is devoted to lung cancer surgery. There is advice about choosing an experienced surgeon with proper credentials. The preoperative workup and postoperative recovery period are reviewed. This is the only place in the book where we found a specific reference to respiratory therapists (though referred to with the misnomer "respiration therapists"), with regard to spirometry instructions. There are 2 references to physical therapists, but none to pulmonologists, critical care physicians, or critical care nurses, even during postoperative recovery.

Chemotherapy is covered in appropriate detail in Chapter 12. The authors discuss how chemotherapy is administered, as well as the adverse effects and how to deal with them. They include such practical matters as how to buy a wig, how to deal with oral and digestive problems, and loss of appetite. Chapter 13 is on radiation therapy, and since this is Dr Henschke's field of practice, it is covered expertly and completely. In Chapter 14, "Getting Access to the Latest Treatments," the authors discuss the advantages and disadvantages of clinical drug trials and how to participate in them. Resources for further information are included.

Chapter 15 discusses alternative and complementary therapy. Some controversial remedies are covered, and hypnosis, acupuncture, and other pain relief methods are reviewed. The wrist pressure method for relieving nausea is described in detail. Though the authors are sympathetic to alternative approaches, they do advise the patient using those therapies to tell his or her physician.

Chapters 16 and 17 are devoted to the post-treatment period. Follow-up care is discussed in detail from the patient's viewpoint. The authors advise chest CT scans at least annually. In Chapter 17 the patient is instructed on how to deal with fatigue, pain, breathlessness, anxiety, depression, and sexual problems. Chapter 18 is a brief message to caretakers; it discusses such common issues as anger at nonparticipating family members, caretaker burnout, and use of support groups. Here again an extensive and specific list of resources is provided. Chapter 19 is probably the most useful chapter in the book. It discusses such practical issues as financial problems, legal issues, estate planning, and end-of-life decisions, including advance directives to physicians (living will) and assigning durable power of attorney. Finally, Chapter 20 is titled "It's Never Too Late to Hope." It discusses the last days of life, hospice care, saying goodbye, and funeral arrangements. An extensive glossary defines the many medical terms related to lung cancer diagnosis and care, and a thorough and helpful index is provided.

In general this book achieves its goal of providing a resource manual for lung cancer patients and their caretakers. One of the present reviewers (JSA) has had close personal experience with lung cancer (her mother, sister, and husband all died of lung cancer; all were heavy cigarette smokers). She strongly recommends the book as a resource for anyone involved with the disease and believes that the book would have been valuable to her. In her words, "This book should be required reading for all smokers." We think Chapters 8, 13, 15, and 19 and the glossary are the most useful. We recommend that respiratory therapists suggest this book as a resource for their lung cancer patients. The book is somewhat expensive, but the extensive list of resources is probably worth the cost.

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REFERENCE

1. Henschke CI, McCauley DI, Yankelevitz DF, Naidich DP, McGuinness G, Miettinen OS, et al. Early Lung Cancer Action Project:

overall design and findings from baseline screening. *Lancet*. 1999;354(9173):99-105.

Physician's Guide to End-of-Life Care. Lois Snyder JD and Timothy E Quill MD, editors (American College of Physicians-American Society of Internal Medicine End-of-Life Care Consensus Panel). Philadelphia: American College of Physicians. 2001. Soft cover, 267 pages, \$35.

Physician's Guide to End-of-Life Care is a collection of 13 articles on various topics involving end-of-life care. It was conceived and developed by the End-of-Life Care Consensus Panel of the American College of Physicians-American Society of Internal Medicine (ACP-ASIM), supported with outside funding, and approved by the ACP-ASIM Ethics Committees. Most of the authors are members of the consensus panel and are nationally known for their work in end-of-life care. Seven of the articles were previously published in shorter versions (6 articles in the *Annals of Internal Medicine* and 1 in *The Journal of the American Medical Association*) in 1999-2000, the citations for which are in the book's acknowledgements. As the title suggests, the book is for physicians, although the information is useful to other caregivers as well.

Considering that the majority of the chapters were previously published, probably without this particular book in mind, the articles do not necessarily follow a logical pattern. The editors grouped the chapters into 3 sections: "I. Interview and Relationship Building", "II. Pain, Depression, Delirium, and Intractable Problems", and "III. Legal, Financial and Quality Issues." In general the book appears to be an effort to give a greater distribution to and awareness of the 7 previously published articles, with the 6 other chapters assigned to various authors to fill gaps in the content. The mechanism for the choice of topics is not clear, as these are just selected subjects, and in this format the book is not expected to be a textbook on palliative care medicine. Certain topics are not addressed, including spirituality and hospice care. It is therefore not really a "physician's guide." Nonetheless, the book provides a handy resource tool for the topics that are included.

The editors describe the intent of the book in the introduction, pointing out problems