

research, limited only in its depth by space constraint and in its clarity by the state of the art, in that much remains unknown in this field.

Part III deals with various modalities to manage dyspnea, and this section is far-reaching in its comprehensiveness and presented with excellent precision. The book's presentation of therapies occasionally suffers from being too concise and therefore not providing sufficient detail to guide individual patient management. For example, although the drug-management chapter includes nearly a dozen different classes of medication, only 2 paragraphs concern bronchodilators, which is not enough to provide balanced guidance across symptom experiences or disorders. The chapter on oxygen therapy, by contrast, includes depth in available research knowledge, combined with practical guidelines and nuanced detail. It includes information on subjects such as the multiple storage and delivery systems that will better serve researchers, physicians, respiratory therapists, and nurses. Two excellent chapters on exercise and rehabilitation cogently support the utility of cardiovascular evaluation, and interventions such as education, breathing retraining, and exercise prescription. The section is well rounded by chapters in nonpharmacologic and psychosocial interventions, nutrition, and occupational therapies. These chapters are, by necessary design, too short to provide sufficient clinical management skills to specialized practitioners, such as respiratory and occupational therapists, but serve well the goal of providing a solid basis in multidisciplinary management. The management section provides an excellent overview of diverse modalities for both the practitioner and researcher interested in respiratory management.

Part IV applies the modalities of dyspnea management to specific clinical entities, including obstructive and restrictive disorders, upper-airway pathology, disorders of insufficient respiration (especially neuromuscular and motor neuron disease), and hyper-ventilation disorders. The chapters in this part attempt to associate the background pathophysiology and management strategies from the prior sections into inclusive and cogent care strategies for specific conditions. The chapters are busy, due to the laudable goal of comprehensiveness, but often they miss the mark in achieving a cohesive dis-

ease-management approach. Lapses also include inadequate information in disease trajectory and prognosis in the emphasized disorders, and inadequate practical applications of ethics in palliative and end-of-life care.

Parts V and VI address cough, hemoptysis, and respiratory-associated pain disorders. The pain section suffers from having insufficient space to summarize background, mechanism, and management, but the authors provide key points and adequate references.

The last part, which addresses certain diseases, is excellent, but unfortunately it tackles only cancer, human immunodeficiency virus, and tuberculosis. Although other disorders are addressed elsewhere in the text (eg, cystic fibrosis is discussed in the section on cough and hemoptysis), inclusion and review of other primary respiratory disorders—most notably chronic obstructive pulmonary disease and idiopathic pulmonary fibrosis—in Part VII's format would have added to the reference-shelf utility of the text and its organizational structure.

The text appropriately avoids excessively controversial issues; it provides balanced and grounded data where available and avoids speculative claims or expert opinion on under-researched interventions. Although the book is comprehensive in theoretical and physiologic background, assessment of symptoms and patient experience, and palliative approaches and therapy, it has sparse data on cost, with the exception of an introductory chapter on economic analysis, and it fails to incorporate its interdisciplinary approach into individual management chapters. Sleep medicine is also under-represented in this first edition. The text has an extensive and useable index, and overall is a comfortable and asthetic read. Figures, graphs, and photograph-radiographs are in grayscale black-and-white.

Supportive Care in Respiratory Disease is a desperately needed addition to the world's medical literature, as a well-written and scientifically-supported summary of the expanding knowledge base in supportive and palliative care. The text has as its strength a solid foundation in contemporary health-care-delivery theory and a comprehensive backbone of the available knowledge in pathophysiology and therapy of respiratory symptoms. The volume succeeds in bring-

ing together the art and science of respiratory medicine and is a major contribution.

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Adventures of an Oxy-Phile. Thomas L Petty MD. Irving, Texas: American Association for Respiratory Care. 2004. Soft cover, illustrated, 96 pages, \$5.95.

It is hard to separate the writer from the writing when the author is a living legend. Equal parts autobiography, journal, operator's manual, and advice column, **Adventures of an Oxy-Phile** imparts Thomas Petty's perspective as both a pioneer in the field of oxygen therapy, and, ironically, as a long-term-oxygen-therapy (LTOT) patient.

Dr Petty initially made respiratory care history in 1965 when he challenged preconceived and ill-founded fears by "giving oxygen to (so-called) chronic obstructive pulmonary disease cripples." His subsequent studies on the benefits of LTOT laid the cornerstone of nocturnal and ambulatory oxygen therapy. A pulmonologist and a professor of medicine at both the University of Colorado Health Science Center, in Denver, Colorado, and the Rush-Presbyterian/St

Luke's Medical Center, in Chicago, Illinois, he has spent over 40 years inspiring students, challenging assumptions, and crusading for positive change. Dr Petty no doubt savors his role as instigator of spirited debate. Although he may be best known as a researcher and professor, he has never stopped "doctoring" patients.

Dr Petty is now the founding chairman of the National Lung Health Education Program, promoting the "Test Your Lungs, Know your Numbers" campaign, and encouraging primary-care physicians to use office spirometry for diagnosis and management of chronic obstructive pulmonary disease and other diseases. He writes the "Ask Dr Tom" column for the Web site YourLungHealth.org, which is but a single mouse-click away from the icon (an appropriate term) featuring his photograph on the Web site of the American Association for Respiratory Care (AARC). He apparently enjoys fishing, writing books, and producing a seemingly endless stream of articles and on-line columns in his spare time.

Dr Petty's approachable demeanor, often enhanced by bow-ties, makes him seem like a country doctor; one nearly expects him to arrive at an international conference in a horse and buggy—little black bag in hand. After 3 open-heart surgeries and a subsequent lifetime membership induction into the oxygen-using fraternity he fairly founded, he wrote this book to help instruct and guide the patients he has never ceased to serve.

Adventures of an Oxy-Phile is an affordable paperback, just small enough to fit into a purse or jacket pocket. The price tag (6 bucks) is no surprise. We're talking about a man who once advocated the use of a calibrated plastic bag for measuring lung volumes. The font choice is acceptable for aging eyes, although selecting a font one size larger would not have hurt, considering the target audience. The black-and-white photographs and snapshots are serviceable but somewhat deficient in definition and contrast.

The first half of the book is divided into 1-or-2 page vignettes that cover everything from self-image to travel issues to sexuality to safety considerations. The second half of the book, mostly written by fellow oxygen users, features a series of light-reading stories and adventures of people using their supplemental oxygen to improve their quality of life. By the end of the book the reader can hardly wait to take delivery and start

using the latest high-tech home oxygen outfit.

The 20 vignettes offer simple, common-sense information that reinforces and supplements the knowledge patients should be getting in pulmonary rehabilitation programs and from their home LTOT providers. He advises patients to get their own pulse oximeter and that they "maintain an oxygen saturation of 88–90% or higher under all conditions, if possible." While that is good advice on face value, there appeared to be an assumption that the patient would be working closely with his or her physician when titrating oxygen for activity or changing condition. He even offers some experiments to demonstrate oxygen dynamics—teaching patients, for example, that oxygen washout prior to a blood draw for arterial blood gas measurement can take 20 min or more. It would have been appropriate to include a strong admonishment to work closely with the primary physician when titrating oxygen level and to inform him or her about changes in condition.

As a former home-care oxygen provider, I welcomed Dr Petty's brief but sage advice on the over-rated use of bubbler humidifiers, which commonly create more problems than they solve. Although not specifically mentioned in this book, one common problem is that the bubbler can lead the patient to the incorrect assumption that, because it is bubbling, oxygen is therefore being delivered at the nasal prongs. However, if the top is askew, the oxygen can be leaking out the top of the humidifier, and the patient is receiving little or no oxygen. Dr Petty offers interesting "how-to" advice so patients can reliably confirm that oxygen is reaching the nasal prongs.

I strongly dispute his suggestion, put forth in the "Up In Smoke" vignette, that "it is silly, if not absurd, to have signs posted outside the home or workplace (that read): 'No Smoking—Oxygen in Use.'" While he correctly explains that oxygen is nonflammable, and that oxygen tubing would need to be directly ignited before it would burn, he also suggests "nobody should be that stupid." In fact, he had previously stated that "horrible facial burns have happened" to patients who smoke with their oxygen on; and most home care providers can cite examples of burned extension tubing and cannulae resulting from direct ignition of the tubing or cannula from a burning cigarette or other open flame. Some people have actually burned their face and nasal passages

more than once, because they did not learn their lesson the first time.

Rather than address oxygen safety and smoking cessation in a single brief vignette, 2 separate essays would have given each of these important topics due consideration. Although in-depth smoking-cessation advice is beyond the scope and tone of the book, a discussion about the benefits of quitting and where to start with a quit plan would have been helpful and appropriate. Likewise, a more in-depth discussion of oxygen safety would have been good.

Communicating the subtleties of safely handling oxygen is a delicate undertaking. Too stern a warning can create unnecessary anxiety for some patients who may remember or know of the 1937 Hindenburg disaster, but who may be unaware that hydrogen was the gas that fueled the horrific accident. Too weak a warning and some patients will proceed with an inappropriate, cavalier attitude toward oxygen. Although this book generally strikes the correct balance, a more in-depth discussion would have been useful, and would have been consistent with the "No Smoking—Oxygen in Use" message patients should be hearing from their home-care respiratory therapists: oxygen vigorously accelerates combustion and should not be stored in an enclosed, unventilated space. Smoking in the immediate vicinity of oxygen or oxygen tubing should be strictly verboten.

The second half of the book is composed of short stories written by various oxygen patients, clinicians, and one author identified only as the "Energizer Bunny." One of the most engaging was written by Mary Burns RN, who described the antics and adventures of patients aboard the first cruise ship to allow LTOT on board. Her light-hearted account of frantically slogging through the necessary bureaucracy just prior to the ship's departure brought some historical perspective to the challenges of international travel with LTOT. The stories provide a potpourri of perspectives and are presented as notes and commentaries written from one friend to another. They serve to initiate and welcome oxygen users to their exclusive "club."

The book includes a series of appendixes that respiratory therapists and physicians will find as helpful as the lay audience. The book's Table 2 should be posted in the office of every general practitioner who prescribes LTOT. It includes patient-selection

criteria, oxygen dosing, and expected outcomes in a simple chart format. If physicians would review this when writing oxygen orders, home-care providers would save countless hours of clarifying or completing inadequate or inappropriate LTOT orders.

Appendix C offers a careful overview and comparison of the various LTOT systems, with frank observations by Dr Petty. As a member of numerous Food and Drug Administration advisory committees and as co-chair of the 2005 Sixth Oxygen Consensus Conference, he has strongly influenced many of the recommendations and regulations that drive the LTOT business. He clearly has little patience with Medicare and insurance carriers who argue for inferior technology based on the “modality neutral” concept. And he has even less patience with a few LTOT home-care providers who create confusion by misrepresenting some is-

sues. He understands and anticipates the arguments and offers a brief but no-nonsense rebuttal in this book. Many physicians and respiratory therapists who are confused by the issues may find his frank discussion to be an eye-opening experience.

Our patient reviewers were uniformly impressed with **Adventures of an Oxy-Phile**, and found the book genuinely helpful. Sol Gould, of Laguna Woods, California, said “This book is an absolute necessity to anyone who has been diagnosed as having chronic obstructive pulmonary disease.” Mr Gould found that the book answered all the questions he had about oxygen, and said that he could identify with almost every vignette. Another reader, Norman McAdoo, of San Clemente, California, was clearly touched by Dr Petty’s ability to speak to him as a fellow patient, and appreciated the warm, human touch that is evident throughout.

The book concludes with a brief listing of suggested additional reading for both clinician and layman. The fact that Dr Petty is an author of most of the essential reading is less a symptom of any egocentricity and more a testimony to the far-reaching contribution he has made to the understanding and use of long-term oxygen therapy. **Adventures of an Oxy-Phile** is both a light read and a user-friendly tool aimed at LTOT users. Clinicians can also gain insight into both the technology and the people who depend on it.

Adventures of an Oxy-Phile is available via the AARC’s online store, at <http://services.aarc.org/source/Orders/index.cfm>. Click on “Manuals and Books.”

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Early concept of ambulatory oxygen therapy
Cartoon by Alvin Barach MD, 1958
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