

is followed by a brief but excellent chapter on giving feedback, a topic that frequently challenges both students and practitioners. The authors provide context as they make it clear that giving and receiving feedback may be challenging, but it is an essential skill in the health and social-science professions.

Another topic frequently not addressed in introductory communication texts is clinical reasoning, which is addressed in Chapter 27, "Learning to Communicate Clinical Reasoning." In teaching and learning respiratory care this chapter would be particularly beneficial, as it could aid the student in understanding the importance of articulating and providing evidence for his or her clinical reasoning.

The final chapter presents the differences between working as a health-team member within the community versus within a hospital. The section on health-promotion teams is strong in content and is enriched with practical examples and tips on communicating in the community setting. Given today's emphasis on teaming in hospitals and in the community outreach, this chapter's section on working in multidisciplinary and interdisciplinary teams will be useful to both the student and the practitioner.

Strong points in this text include an emphasis on professionalism and the role of communication in one's work, how one is perceived, and accountability for skills assessment, development, and mastery. The authors also fully and seamlessly integrate descriptions and discussions of currently available communication technologies, making them part of the content, not "add-ons," as they often are in communication texts.

Another attribute is the use of the terms "health-care professional" and "human-services professional." No single profession is highlighted in the examples, sources, or content. This makes the book very useful in multidisciplinary courses. In addition, the authors consistently begin sections with a presentation of why the material is important. Students will frequently ask, "Why do we need to know this?" The authors answer that question clearly at the opening of every chapter and refer back to it throughout the text, using practical workday experiences to illustrate the point.

While the writing style is very concise, readable, and clear, several of the examples are tied specifically to Australia, the University of Sydney, and Melbourne. Given the broad content, the approach could have

been more international. In addition subtle language and spelling differences might be distracting or interfere with comprehension of some of the content.

This soft-cover book is well constructed, with a cover illustration that clearly conveys the linkage between communication and excellence in the delivery of health care and social services. The illustrations, charts, and tables are clear, appropriately labeled, and very well utilized. The "Handy Hints" and "Case Study" boxes are nice additions that highlight and expand on key information. **Communicating in the Health and Social Sciences** will be a welcomed resource to those teaching communication in the health and social sciences. In addition, I compliment the authors on achieving their goal of providing a great deal of information that is very practical and useable for both students and practitioners in the health and social sciences.

Anna W Parkman PhD MBA RRT
Division of Business
Ohio Dominican University
Columbus, Ohio

Oxford Handbook of Palliative Care. Max Watson, Caroline Lucas, Andrew Hoy, and Ian Back. Oxford, United Kingdom: Oxford University Press. 2005. Soft cover, illustrated, 819 pages, \$42.50.

The majority of deaths in the United States continue to occur within institutions, primarily acute-care and tertiary-care hospitals. Despite recent advances in pain management, studies of hospital deaths continue to find that two fifths of all patients across all disease categories spend their last days of life in severe pain at least half the time, and almost 30% experience moderate-to-severe dyspnea. Their families also report that both they and patients find it difficult to tolerate the physical and emotional problems associated with dying. Palliative care is the provision of comprehensive care, including expert symptom management, to people with life-limiting illness, and to their families. The primary goal of palliative care is the alleviation or reduction of suffering. While the number of medical centers with formalized palliative care services has increased in recent years, the majority of care provided to people with life-limiting illness continues to be provided by clinicians who are not specialists in palliative care. The **Oxford Handbook of Palliative Care** is a concise and

well-organized reference text for both palliative care clinicians and other clinicians.

The introduction provides a brief but accurate definition of palliative care, clarifies the role of the palliative care specialist, discusses the history of palliative care, and briefly addresses some of the challenges in attempting to determine prognosis in end-of-life care. These issues are particularly important, given the wide variability in clinicians' interpretation of each one of them. Many clinicians continue to define palliative care only as care provided in the patient's last days or weeks of life. They often incorrectly refer to palliative care as "comfort care," "terminal care," or "hospice care," all of which are but small components of the overall specialty of palliative care. The introduction provides a solid foundation from which the rest of the text is built.

At first glance, clinicians seeking palliative care specific information may be tempted to skip Chapter 1, "Ethical Issues." Although the chapter does briefly review basic ethical principles, it also includes useful case examples of common ethical dilemmas. These case studies, which include the withholding of artificial nutrition and hydration, disclosing prognosis, requests from families not to discuss diagnosis with loved ones, and euthanasia, are common in palliative care. Each scenario reviews the associated ethical principles, evidence related to the case, medical facts, and discussion. While all have the potential to assist clinicians, the example related to the withholding of artificial nutrition and hydration is particularly helpful.

Chapter 2 is a brief overview of how to break bad news. This chapter will probably serve as a review for the experienced clinician, as the content is very basic. For the novice clinician it is a succinct but accurate resource for learning the basic steps of delivering bad news. Though many clinicians have learned either through didactic programs or through modeling how to deliver bad news, not all do so consistently. Any clinician responsible for delivering bad news or for teaching the process to others should consider this chapter a good, but brief, review.

I doubt that clinicians who are not specialists in palliative care will find Chapter 3 useful. This chapter is a very limited review of research concepts and terms, much of which is not palliative care specific. The last section of this chapter is the most useful, as it addresses some of the complexities

associated with conducting research in the palliative care patient population.

The text begins to address specific clinical issues in Chapter 4, "Principles of Drug Use in Palliative Medicine," and continues through Chapter 8, "Palliative Care in Non-Malignant Disease." For reasons not clear to me, Chapters 13 and 15, which are also specific to clinical issues, were placed later in the text.

Each chapter contains an abundance of valuable information; however, the reader may find it more useful to reference the detailed index for specific clinical information. In addition to a review of medications commonly used in palliative care, Chapter 4 provides concise information on decision making in drug therapy, as well as the off-label uses of certain drugs, a practice frequently seen in this population. Depending on one's clinical specialty, education, and experience, the remainder of these chapters provide enough information to serve as either a review or an in-depth learning guide for specific clinical issues. Because the text approaches these issues from a palliative care perspective, there is useful information for experienced palliative care clinicians.

The effective assessment and management of pain continues to be a challenge. Patients consistently report that they are not afraid of dying, but rather of dying in pain. Family members frequently express concern that their loved ones will suffer or be in pain. For these reasons, I recommend that all clinicians, from novice to expert, read Chapter 6, "Symptom Management." The chapter encompasses all aspects of pain management, from definition to treatment of both nociceptive and neuropathic pain. The content is concise and well-organized, using bullet points that allow the reader to move easily through the information. In addition to the introduction, this chapter should be considered a "must read."

The final chapters are dedicated to a variety of other equally important palliative care issues. Clinicians should resist the temptation to dismiss these chapters as not applicable, especially Chapter 9, "Spiritual Care." The majority of clinicians receive no formal education in spiritual care, and even some clergy are not specifically educated in palliative care. For this reason, spiritual care issues are often not addressed by clinicians, despite some evidence that faith and spirituality are critically important to many patients and families. An appreciation for the possible role of faith and spirituality in a

patient and family's life can be a tremendous asset when developing goals of care. The intent of the chapter is not to make clinicians spiritual care providers, but rather to assist them in recognizing spiritual issues that can impact the patient's and the family's quality of life and death.

Overall, this text is a valuable resource for all clinicians. Similar texts include the *Oxford Textbook of Palliative Medicine*, 3rd edition (edited by Doyle et al) *Palliative Care Perspectives* (by Hallenbeck), and *End-of-Life Care: Clinical Practice Guidelines* (edited by Kuebler et al). Unlike other palliative care reference texts, the **Oxford Handbook of Palliative Care** is succinct and pocket-size. The book is advertised as an invaluable tool for physicians, nurses, and allied health professionals; however, the authors rarely mention providers other than physicians (eg, advanced-practice nurses or physician-assistants). It appears that it was written by physicians for physicians, with the decision to market it to other disciplines made after publication. Readers should not let this lack of recognition of nonphysician clinicians be an obstacle, as the book's content will be useful to anyone who participates in providing palliative care. One other minor note is that the text is written in "the Queen's English," which some readers may find a distraction.

As the population continues to age and the number of people with life-limiting or life-threatening illness increases, there will be a greater need for all clinicians to provide skilled and competent palliative care. The **Oxford Handbook of Palliative Care** is an excellent reference guide that can assist them in providing such care.

Darrell A Owens PhD APRN CS
Palliative Care Consult Service
Harborview Medical Center
University of Washington
Seattle, Washington

Prevention of Allergy and Allergic Asthma: World Allergy Organization Project Report and Guidelines. SGO Johansson MD PhD and Tari Haahtela MD PhD, editors. *Chemical Immunology and Allergy* series, volume 84. Johannes Ring et al, series editors. Basel, Switzerland: S Karger. 2004. Hard cover, 211 pages, \$81 for individuals, \$162 for institutions.

With the continuously increasing prevalence of allergy and asthma, it becomes obvious that there is a need for a strategy for

prevention, particularly at the primary level. But prevention requires a high degree of understanding the disease pathogenesis. Allergy, or immunoglobulin-E-mediated hypersensitivity, plays a major role in the development and severity of asthma, particularly in children. Asthma is often associated with other allergic disorders, particularly allergic rhinitis, and is generally severest in patients with atopic eczema. Also, fatality from anaphylaxis is highest in subjects with asthma. Hence, it would be appropriate to combine allergy and allergic asthma in strategies for prevention.

Prevention of Allergy and Allergic Asthma: World Allergy Organization Project Report and Guidelines was prepared as an extension of the World Health Organization's Strategy for the Prevention and Control of Chronic Respiratory Diseases. The World Health Organization estimates that asthma affects 150 million people worldwide, with substantial impact on quality of life, productivity, and medical costs.

The book provides a relatively comprehensive, yet concise, easy-to-read review on the subject. It was edited by Johansson, of the Department of Clinical Immunology, Karolinska University, Stockholm, Sweden, and Haahtela, of the Skin and Allergy Hospital, Helsinki University, Helsinki, Finland. The project group and contributing authors form a long list of international experts that can be considered "Who's Who" in allergy and asthma.

The novelty of this document is in its providing guidelines and recommendations for allergy and asthma prevention, mostly at the primary level, and partly at the secondary and tertiary levels. Ideally, primary prevention of allergy sensitization should be the aim. Nevertheless, early diagnosis and appropriate treatment of allergic rhinitis or atopic eczema can also reduce the subsequent development of asthma.

Another peculiar feature of this document is that it codes the cited references according to the World Health Organization's categories-of-evidence system and consequently codes the strength of the recommendation for the various interventions. For clarity of interpretation and uniformity in application, it was essential in this document to use the nomenclature of allergy terminology and definitions that was recently developed by the European Academy of Allergology and Clinical Immunology (adopted by the World Allergy Organi-