

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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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

as a starting point for a more detailed investigation of the subject.

Despite its overall length, **Principles of Health Care Ethics** cannot claim to be exhaustive. As ethics issues permeate the delivery, practice, and advancement of medical care, not even 110 essays could be expected to deal with all of them. With any collection of essays one can quibble with what the editors decided was important enough to include and what was left out. That said, I was struck by the absence of discussion on some common and contentious ethics subjects. For instance, nowhere in 800 pages did I see any mention, much less a review, of the concept of medical futility, and yet some less contentious—one might even argue passé—subjects, such as the distinction between extraordinary and ordinary care, were granted space.

The editors kept the authors to a page limit; all of the essays are very similar in length. Though this is laudable, given philosophers' tendency to be long-winded, the result is a work that lacks proportionality. A key ethics concept, such as informed consent, receives a similar span as does a specific and specialized problem, such as living donor organ transplantation. Likewise, contentious and difficult issues, such as the concept of personhood, are dealt with in as many pages as relatively settled matters, such as ethics consultation. But this lack of proportionality is understandable, and in fact necessary, given the editors' clear priority on providing a broad sampling of ethics issues in health care.

Ultimately, **Principles in Health Care Ethics** succeeds on 2 fronts. It offers clinicians and medical practitioners a starting place to understand key concepts and problems in medical ethics. As such, it is a valuable reference text. It will be important, however, for members of ethics faculty or committees to understand the structure of the text in order to direct others to it. On the shelf it has the appearance and a title that makes it look like a master work suitable for doctoral students rather than a source book for ethics education. (For the third edition I would suggest the editors consider a title change.) The work also succeeds in offering tightly written explorations of rather esoteric subjects, even for ethicists, that makes the book entertaining to pull from the shelf for 15 minutes on a topic that one may have never really thought of from an ethics perspective. In this latter role, **Principles of Health Care Ethics** will appeal to a much

smaller number of philosophers and medical ethicists—people who find these things fun.

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How to Report Statistics in Medicine: Annotated Guidelines for Authors, Editors, and Reviewers, 2nd edition. Thomas A Lang and Michelle Secic. Philadelphia: American College of Physicians. 2006. Soft cover, illustrated, 490 pages, \$54.95.

Informative and accurate reporting of scientific investigation is a collaborative process between the authors, peer reviewers, and journal editors. Lack of a clear understanding of biostatistics at any step of the scientific or writing/revision process can cloud the communication of an investigator's results and lessen the impact of a given publication. Yet developing an in-depth understanding of biostatistics can be a daunting (potentially miserable) challenge. Fortunately for most of us, an in-depth knowledge of statistics is unnecessary, because clarity in the reporting of biostatistical results can be achieved without knowing the intricate mathematical details underlying biostatistics theory. With little more than a handful of published guidelines to facilitate reporting of statistics, many authors, reviewers, and journal editors have relied upon on-the-job training, gained through years of reading, writing, reviewing, and editing manuscripts, to replace formal biostatistics coursework and published guidelines. Nevertheless, studies of the quality of statistical reporting in high-impact journals have consistently found high rates of errors in the application and interpretation of statistical information.

The authors of *How to Report Statistics in Medicine* recognized these problems and, in 1997, published the first edition of this book to "provide a set of detailed, comprehensive, and understandable guidelines for reporting statistical information in medicine... [and]... to make the guidelines more accessible to nonstatisticians." Their updated 2nd edition, which builds on the strengths of the first, thoroughly achieves that aim. The result is a superb, simple though broad, detailed guide directly appli-

cable to anyone involved in the publication of biomedical science. The authors have successfully divorced the often prohibitory complexity inherent to biostatistics and study design from the necessity of accurate, intuitive reporting of results in biomedical publications.

The book is divided into 6 sections, the first three of which are well organized into logically and often hierarchically structured chapters. Each chapter begins with an introduction to the chapter's primary statistics topic (eg, summary measures, correlation, analysis of variance), followed by definitions of key terms. Subsequent pages present bulleted annotated guidelines that walk the reader through statistical issues to address when crafting and reviewing the introduction, methods, results, and discussion sections of a manuscript. Correct implementations of the guidelines are illustrated in examples throughout the text. Special cases, where a particular guideline may not apply, and methods to check statistical calculations for accuracy, whenever possible, are also highlighted in each chapter. Ample easy-to-read tables and high-quality figures and charts illustrate their points throughout the chapters. Up-to-date references for the guidelines are printed at the ends of the chapters.

Part 1, "Guidelines for Reporting Statistics in Medicine," lays the groundwork for the remaining sections. It begins with a chapter on summary statistics (eg, mean, median, standard deviation) and develops these statistics further in subsequent chapters on analysis of variance, correlation, regression analysis, and so on. When discussing the merits and mechanics of a particular statistical test, the text notably steers clear of presenting mathematical formulas and instead presents the assumptions of each statistical test and common pitfalls in their presentation.

Chapters in Part 2, "Guidelines for Reporting Research Designs and Activities," place the reporting of statistics in the context of study design. Each chapter catalogues the study-design components readers need to evaluate the quality of the science. For example, in the chapter on case-control studies the authors remind writers to include a statement about the source population from which the cases and controls were drawn. This section borrows heavily from previously published guidelines, such as those by the Consolidated Standards of Reporting Trials (CONSORT) group, but the exam-