The book describes a series of planning steps, which range from living with a terminal illness, to helping explore goals via a series of reflective questions, to education related to life support, and finally to what it means to receive hospice care. The most beneficial component of the book—keeping in mind that the intended audience is not healthcare providers—is chapter 4, which lists questions designed to help the reader make informed decisions about the benefits and burdens of treatment. Although the book is not written for healthcare providers, the content would serve to familiarize clinicians with basic and general concepts about end-of-life planning. However, there are a plethora of books about this topic that are written by palliative care experts specifically for healthcare providers that would serve as better educational references.

At a very basic level, the material in this book is well selected and meets the goal of educating the intended audience about end-of-life planning. The book flows nicely and progresses logically from one topic to the next. While the book does describe some generally accepted end-of-life planning principles, the content is based on the author's knowledge and experience, rather than the medical literature. The writing style is clear and concise, which, when combined with the book's large print, makes it easily readable.

Planning for the end of one's life can cause a variety of emotions, ranging from anger to sadness, in both patient and family. Some people may find the process overwhelming; others may engage in it with enthusiasm. Before recommending this book to anyone with a life-limiting illness, or their family, it is important to understand their ability to comprehend the content and to emotionally tolerate what can be a difficult task. It is also important to know local community resources (eg, hospice programs, palliative medicine clinics, legal aid clinics) in the event the person or the family needs additional assistance once they began reading the book.

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Handbook of Respiratory Care, 3rd edition. Robert L Chatburn RRT-NPS FAARC and Eduardo Mireles-Cabodevila MD. Sudbury, Massachusetts: Jones & Bartlett. 2011. Soft cover, 278 pages, $29.95.

There have been several "handbooks" written about respiratory care, with varying content and goals in mind. Most provide a vast amount of general information that you can refer to in your day-to-day practice. One may need a reminder of a forgotten equation or theory to aid in diagnosing or treating a patient, and having a handbook to refer to for that information is useful. Ease of navigation in these books is invaluable. With the internet readily available at most institutions, one is able to "Google" a response from a computer terminal for immediate information, let alone the use of "smart" phones with Wi-Fi, one has this capability almost anywhere. But the validity of internet postings of unsupported data is questionable; if ones source can't be validated, can it really be trusted? **Handbook of Respiratory Care** is now in its third edition, with the last edition 10 years prior, and the original 13 years prior to that (antedating the internet age). With a book such as this, the reader can be much more confident of the accuracy and validity of the information. In this I feel a solid handbook is essential to any professional practice.

The authors' hope for the intended readers, practicing clinicians and students, is to have a repository of information not found in other handbooks. The book is also intended to be useful for the researcher as a reference book in both practicality and in the uniqueness of information gathered. In the latter I feel they hit the mark.

Handbook of Respiratory Care could easily slip into a lab coat pocket, making it easy to carry to the bedside. The book has a soft cover and a pleasing color scheme on the outside. The table of contents is arranged adequately, based upon subjects. There are 6 chapters, an appendix, and an index. One could thumb through this book in as little as an hour if in a hurry, as there are graphs, tables, equations, and images on almost every page for your referencing pleasure.

Chapter 1, "Scores and Definitions Used in Respiratory and Critical Care Research," is a collection of practically any term one may come across in the field of respiratory care. Most handbooks are focused on either adults or pediatrics, but usually not both. In the **Handbook of Respiratory Care** they provide you terms from the newborn to adults. This broadens the readership to make this book a great addition, from large medical centers to children-specific facilities. This chapter has numerous terms, scales, and tables that not only give the values but also definitions and examples. The chapter layout follows a logical path; for example, look up an Apgar score and on accompanying pages related pediatric-specific material, such as the Silverman score, can be found. Details such as this make for an engaged reader and may provide relevant ancillary material.

Chapter 2, "Pulmonary Function," was edited by McCarthy. This is the shortest chapter, being only 14 pages, but it provides a large amount of information and a great guideline and overview of general spirometry. This chapter includes both adult and pediatric normal values and averages, which makes it a useful tool for researchers.

Chapter 3 is "Physiologic Monitoring." This can be a confusing topic, but the authors provide detailed equations and concise summaries of what is measured, in an easy to understand, basic language for even the newest therapist. An interesting finding for me, and perhaps useful for many, was a new dead-space equation that uses clinically available data. Again, pediatrics isn't forgotten in this section: normal values are provided when available. The summaries of blood gas analysis and hemodynamics are brief yet provide some very good information, especially on anion gap.

Chapter 4, "Gas Therapy," follows the basic premise of the other chapters, and provides simple yet well explained examples to understand the gas laws, and follows a logical path from one law to the next. If gas laws or tank factors are your euphoria, then this is the chapter for you—a great refresher and reference when one can't remember which gas law is which or how to calculate how long an E-size cylinder will last at 2 L/min (about 5.1 hours according to Table 4-8, if you were wondering).

Chapter 5, "Mechanical Ventilation," provides more terms and definitions than you probably forgot you knew at one point. The classification of mechanical ventilation modes has no standard terminology and varies widely depending on manufacturer and across the medical community. This chapter provides detailed definitions of the 10 most common terms used to classify ventilation modes, which allows the reader his or her own interpretation. A useful reference

follows in Table 5-10, which gives examples of manufacturers' names for ventilation modes, interpreted with Chatburn's accurate and unique 5 classifications.

Chapter 6, "Mathematical Procedures," is a pretty good basic math refresher. I am fairly confident that it is going to help me with my 12-year-old son's math homework. The probability and statistics overview will be useful for those writing abstracts or papers for publication, as a reference for term meanings and how to analyze these subjects. Examples are provided throughout this chapter to help understand the math being performed, and for the visual learner will be most helpful.

The appendix, "Reference Data," is the lengthiest section, at 37 pages, and has an assortment of common abbreviations, miscellaneous reference data, and translations of commonly used words into 5 different languages. Following this is a several-page pictorial montage pertaining to postural drainage in the adult and pediatric population. Also included is a brief tutorial on drug calculations. Overall, the appendix provides a potpourri of miscellaneous reference material useful to everyone. The index seems thorough and easy to navigate. Every item I looked up in the index was listed and had the correct page number.

An opportunity for improvement is in the table of contents. If the first chapter's table of contents were smaller and broken into categories, it would be easier to navigate, such as a pediatric-specific section or a trauma section. The focus appears to be on the reference materials, and a little more interpretation of abnormal values throughout the book would be useful for the practicing clinician and students. Based on a recent Journal article, Table 5-8 provides age-specific suctioning settings that are slightly different than those recommended by the American Association for Respiratory Care. In some institutions, metabolic carts are operated by respiratory therapists, and a section on this topic would have been useful and interesting. Table 2-34, "Pattern of Response to Exercise," is a good guideline for normal and abnormal values for exercise interpretation, and a similar table on metabolic studies would be a nice resource.

Handbook of Respiratory Care seems intended as a reference book for the researcher, but I can see it as a useful reference tool for students and practicing clinicians too, as there are quite a lot of data not found in other handbooks. Two statements on the back cover summarize its content perfectly: "Serves as an essential reference book for many topics, including equations used in patient care," and "Saves clinicians and students valuable research time." The book achieves those 2 goals well.

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