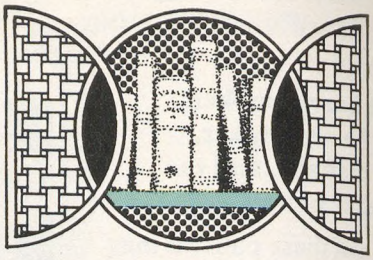
# Book Reviews



**Behavioral Science in Family Practice.** *Gerald M. Rosen, John P. Geyman, Richard H. Layton (eds). Appleton-Century-Crofts, New York, 1980, 304 pp., $19.50.*

Recent years have seen the growth of the teaching of behavioral medicine in all medical disciplines with family medicine leading many other fields in recognizing its worth. However, a persistent difficulty has been the tendency to have behavioral medicine taught primarily by behavioral scientists rather than to see it as fundamental to what family physicians do and a subject which must be taught by them also. This book begins to address the need for integrating behavioral science, as taught by a partnership of family physicians and the social workers, psychologists, psychiatrists, and other therapists who constitute the behavioral scientists in most family medicine programs, into the larger context of family medicine.

The book is divided into three major sections: normative individual and family development, diagnostic approaches, and treatment. Each section contains chapters by family physicians, non-family physicians, and combinations of the two. The format is sensible and easy to work through, the language on the whole is free of psychological jargon, and there are a few chapters with interesting examples of new approaches such as patient self-monitoring and family health groups. Case examples are used in many chapters which illustrate the particular point that the author is discussing, and useful tables in many places which clarify general concepts. Chapters by Leaman and Stephens are especially good examples of the integrative style of family physician educators.

One cannot expect a small textbook to be comprehensive, but for a text that will introduce students and residents to principles of behavioral medicine, this is a very good one. As a text it would be particularly helpful in many of the undergraduate interviewing courses taught by family physicians in medical schools.

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**Contemporary Issues in Biomedical Ethics.** *John W. Davis, Barry Hoffmaster, Sarah Shorten (eds). Humana Press, Clifton, New Jersey, 1978, 320 pp., $19.50.*

In this anthology philosophers talk with philosophers. The problems they address are those perceived as important by professional philosophers; practicing physicians are likely to identify others as more urgently in need of attention. The

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(token?) physician or two that they engage in their discussions seems to have had little influence in the selection of topics as they are called upon to react to the philosophers' reflections; had the situation been reversed, I suspect that the issues would have been selected and defined differently. This is not to say that this is not a good book, for it is. However, it is not likely to be of value to family physicians who wish to advance their understanding of how they might think about problems encountered in their practices.

This book presents a series of previously unpublished essays that were read in 1977 at a Colloquium on Biomedical Ethics at the University of Western Ontario. Most of the essays are followed by commentaries in which the critic analyzes and, in most cases, disagrees with the arguments presented by the essayist. Since many of the essays deal primarily with metaethical issues, much of the book is concerned with debates between philosophers over how issues in medical ethics ought to be discussed and what language will engender the most felicitous analysis.

While I found several of the essays interesting and provocative, I am constrained by my space allocation to comment on only four. John Ladd observes that much modern discussion of medical ethics inappropriately uses the language of rights and obligations, an approach that he calls "legalism." He argues that this is an appropriate language for use in a court of law or for discussing the ethics of such impersonal relationships as exist between strangers or between individuals and institutions (eg, hospitals). However, this language is not suitable for analysis of such personal relationships as exist (or should exist) between physician and patient. Ladd contends that personal relationships are more properly discussed in terms of responsibility, the ethics of giving and taking according to abilities and needs, respectively.

Lisa Newton observes, without remorse, that the "Hippocratic tradition" is dead. "An ethic contained in the morally virtuous person of the physician, qualified as a healer by the possession of *secret* wisdom. . .applied to ignorant and trusting patients is gone. It is supplanted by an ethic now in formation, contained in the medical dialog of the profession as a whole, qualified for healing by their *open* wisdom, acquired from continual inquiry and never complete, openly shared by responsible patients. . . . Participation in, and enhancement of, that dialog is the clearest obligation of the physician. . ." (emphases supplied).

David Roy argues that philosophers have a public professional responsibility to develop a system of norms to direct and to regulate the power of the scientific-technological community. In a most interesting fashion, he explores how philosophers may begin to approach this responsibility.

Arthur Dyck opines that, in a physician, compassion is a moral virtue and that we each have an ethical obligation to make ourselves more virtuous. In his view, compassion can and ought to be taught to medical students.

Other essays are concerned with, for example, whether there is

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a morally relevant distinction between killing and allowing to die, whether the capacity to procreate is an important one and whether involuntary sterilization violates a right of privacy, whether it is appropriate—for purposes of ethical analysis—to analogize physicians to automobile mechanics, and whether we should be concerned with harming or benefiting persons who are not yet conceived.

The essays are generally of high quality, lively and interesting in style, and relatively free from the technical jargon that would exclude readers who are not philosophers.

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**Guide to Clinical Laboratory Diagnosis (2nd Edition).** *John A. Koepke. Appleton-Century-Crofts, New York, 1979, 310 pp., $10.95 (paper).*

With the phenomenal growth in the use of the clinical laboratory which greatly increases the data base of the clinician, and contributes materially to the escalating costs of health care, this book should be required reading for all medical students and practicing physicians. It addresses the problem of choosing those laboratory tests which will give the greatest information in the most efficient manner and for the least possible cost. Its aim is to provide guidelines for better use of the clinical laboratory so that when clinicians "hear hoof beats, they will think first of horses rather than zebras."

The key to the usefulness of this excellent text is its organization. The topics discussed in the various chapters deal with clinical problems as they present in daily practice, such as chest pain, cough and dyspnea, jaundice, indigestion and diarrhea, headache, and unexplained fever. Almost all of the common problems with which patients present are covered in a brief and concise manner. For each of these topics, basic information is provided prior to discussion of clinical investigation. Under the latter heading, clinical features of a disease entity are presented along with the laboratory studies which include both screening and definitive tests. The interpretation of each of the tests discussed is presented with a refreshing degree of clarity. For instance, in the chapter entitled "Anaemia," a logical rather than haphazard laboratory investigation of anemia is outlined.

In the introductory chapter, the importance of sensitivity and specificity of tests is emphasized, and is related to their predictive value and efficiency. The reader is admonished to be selective in laboratory use. In the following chapters, excellent use is made of both tables and diagrams to illustrate the points made. All of these contribute to the usefulness and readability of the book. In the brief chapter dealing with chronic diseases, there are precise comments on the value of multi-phasic health screening and suggested criteria for screening tests. These are of particular importance to the family physician who, by the nature of the practice,

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is involved in this process. Another brief chapter on the iatrogenic diseases and drug reactions is worthy of special note.

The author notes that almost 80 percent of the problems responsible for hospital admissions are covered in the chapters of the book. All of the subjects discussed are entities seen in a family physician's office. This is a very useful book for sharpening diagnostic expertise.

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**Atlas of Bedside Procedures.** *Thomas J. Vander Salm, Bruce S. Cutler, H. Brownell Wheeler (eds). Little, Brown and Company, Boston, 1979, 408 pp., $18.95.*

This book is designed as a handy reference for persons performing bedside procedures in the hospital or the emergency room. It will be helpful for any physician in a hospital setting who wishes a concise illustrated review of the technique involved. Ancillary personnel will appreciate the inclusion of a list of the equipment needed as well as the position and preparation of the patient. It is well indexed.

The annotated bibliography for each procedure will be helpful for anyone wishing to read further about the procedure. The illustrations are plentiful, simple, clearly presented, and generally adequate, though in some cases they lack anatomic detail.

There are bound to be differences of opinion regarding procedures. In the section on control of epistaxis, for example, the use of a gauze roll posterior pack is illustrated. In my experience, posterior epistaxis is much more likely to be treated with a balloon pack, which is easier to insert and more comfortable for the patient.

Overall, however, the *Atlas of Bedside Procedures* is well done and will be a valuable addition to a hospital ward, emergency room, or resident library.

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