

Medical Ethics and the Elderly—A Case Book. Mark H. Waymack, George A. Taler. Chicago, Pluribus Press, 1989, 256 pp. \$29.95. ISBN 0-944496-01-6.

In recent years, there has been growing interest in the medical needs of the elderly patient. Despite the growth of specialists in geriatrics, family physicians will continue to provide an increasing amount of the health care for the geriatric population. The complex issues facing the care of elderly patients confront family physicians daily in their practice. This is a challenge not only because of current political, social, and medical dynamics, but also because of the poor preparation for dealing with these issues in most physicians' training. The family physician's familiarity with an elderly patient must be combined with an awareness of and facility with the ethical questions involved in his or her care.

Waymack and Taler attempt to provide such assistance in *Medical Ethics and the Elderly*. They clearly have the practitioner in mind in the format and content of the book. Instead of presenting an abstract and purely philosophical analysis of geriatric ethics, the authors employ a case-method approach, which puts the issues in a more realistic and familiar context for the practitioner. At times they alter certain aspects of a case so as to address variations that may occur in real life and that may significantly impact on a case. They attempt to present and discuss case examples in such a manner that the reader will be able to apply their strategies in a wide variety of cases. They do, however, presuppose some prior familiarity with ethical theory and the issues that often arise in geriatrics (eg, termination of medical interventions, and competency issues).

The book is divided into four parts. Part I discusses patient-provided relationships, including the physician's role in patient decision making and the role of the family in ethics decisions. One of the most important chapters, involving the role of the health care team, is very well presented and offers an exceptional ap-

proach to communication, responsibilities, and functions of the team in geriatric ethics.

Part II discusses the diagnostic and treatment dilemmas specific to the elderly that have arisen from modern technology. The authors attempt not only to elucidate general ethical issues in these areas, but also to emphasize the importance of understanding the person as an elderly individual, for whom the goals of care may be different and in some cases more complex.

Part III examines locus of care issues, that is, the effects of a hospital, home, or long-term care facility on decision making. The authors clearly point out that these settings function with different purposes, goals, and values. They do not always make it clear how these affect ethical decisions rather than medically appropriate plans for care.

Part IV addresses the role of finances in ethical decision making. These matters can be of subtle but tremendous importance in ethics decisions for the elderly. The authors' categorization of the types of ethical conflicts arising from financial considerations is succinct and helpful, but their subsequent treatment of these categories seemed somewhat superficial.

I found two difficulties with Waymack and Taler's work that are common to the case method. The first involves the challenge of developing a consistent, organized approach to problems as one moves from issue to issue. A person unfamiliar with ethical decision making will gain a greater appreciation for ethical issues in geriatric patients, but not a method by which to structure a consideration of the various factors in a given case. A text such as *Clinical Ethics* by Jonsen, Siegler, and Winslade might be a useful companion in this regard. The second problem is the tendency to include situations that although common and important in the care of elderly patients, may not be truly ethical in nature. For example, the section on compliance and adherence was instructive, but was not framed in a way that clearly set forth its impact on ethics decisions.

Nevertheless, Waymack and Taler have made a useful contribution to the existing literature on ethical decision making in the care of the elderly. This book is especially pertinent to family physicians as our role in geriatrics grows larger and the issues more complex. It is clearly appropriate for those practicing family physicians who are challenged with such ethical decisions in the context of their day-to-day patient care, particularly those for whom the area of medical ethics seems filled with abstract, philosophical treatises rather than with attempts to help approach real life cases.

Kurt Elward, MD
University of Washington
Seattle

Manual of Diagnostic Radiology. Joseph A. Pierro, Bruce M. Berens, William L. Crawford. Lea & Febiger, Philadelphia, 1989, 295 pp., \$28.50 (paper). ISBN 0-8121-1219-9.

Published in soft-cover, *Manual of Diagnostic Radiology* presents normal basic radiographic anatomy and provides a reference of common radiographic pathology and applicable differential diagnoses. It would best be appreciated by the medical student and the practitioner who wish to obtain a rapid review of basic radiology and the clinical points surrounding commonly ordered tests.

The authors selected an excellent format as they divided their presentation into six parts: the head, spine, chest, gastrointestinal tract, genitourinary tract, and osseous system. They outline respective subdivisions such as normal examination, fractures, masses, pertinent pathologic findings, and special studies including contrast examinations and computed tomography. Within each division, and clearly the strength of this manual, the authors outline relevant clinical details of the entities they have discussed from a radiological standpoint. Hence, the reference to an effective clinical review is added to the experience of studying radiographs.

The book reads quickly, and it is very easy to find areas of interest from

the table of contents or the index. The film reproductions are of exceptional quality and almost always demonstrate clearly the point intended.

Unfortunately, both the student and the practitioner will desire even more radiographs and greater depth than this manual provides, as by the end of the text one feels a sense of accomplishment and a demand for advancing. Perhaps the authors will assemble volume II with this direction in mind.

In summary, *Manual of Diagnostic Radiology* should be a welcome addition to the basic clinical library.

James J. Bergman
Bellevue, Washington

Quality Assurance in Obstetrics and Gynecology (1989 Edition). *The American College of Obstetricians and Gynecologists, Washington, DC, 1989, 127 pp., \$25 (paper) (fellows), \$40 (paper) (nonfellows). ISBN 0-9154730-10-0.*

This excellent reference book, readable and succinct, nicely outlines how quality-assurance principles are applied to inpatient obstetric and gynecologic care. The general approach to quality assurance (QA), as described, and the specific focus on obstetrics and gynecology, are both of value to the family physician. As hospitals increasingly require peer-review activity, family practice QA committees seek methods to make the process more meaningful and relevant. This book will help committees and departments develop such programs, by helping to define specific clinical indicators and criteria for evaluating care and by describing how data are gathered and used.

The material especially applies to inpatient peer-review activities and, therefore, should be read by those most directly involved: medical staff and section chiefs and QA committee chairmen and members. Through such channels, department members can learn the peer-review process and become familiar with the language of quality assurance. It is in physicians' best interest to manage the process well because of the obvious implica-

tions for accreditations, credentialing, and, of course, for assuring that high quality care is provided by our colleagues and ourselves. Family practice QA committees should identify and manage their own peer problems, not relying upon other specialty sections to do so. The breadth of family practice makes quality assurance activities more difficult, but it is possible to customize and refine the process to meet the needs of the specialty. This book provides very helpful information to support that process in the care of the family physician's obstetric and gynecologic patient.

Lee A. Norman, MD, MHS
Swedish Hospital Medical Center
Seattle, Washington

Care of the Aging Patient. *Primary Care, Clinics in Office Practice, Volume 16, Number 2. Judith Fletcher (ed), Glenys O. Williams (guest ed). W. B. Saunders Company, Philadelphia, 1989, 550 pp. Clinics in Office Practice are published quarterly, \$57 per year. ISBN 0095-4543.*

In the preface, the guest editor, Dr Glenys Williams, gives an accurate summary of this volume and discusses how readers can profit by studying it. The 19 contributors meet the editors' objectives of providing family physicians with practical ideas and information on new ways of evaluating their elderly patients for a complete and accurate diagnosis.

The first two articles, "Health Maintenance" and "Comprehensive Functional Assessments," are of prime importance when working up an elderly patient but are not so easily read as the rest of the book. It took me one evening for the first two, and then I easily read the remaining 14 articles in two more sessions.

The book is organized in a logical fashion. The health maintenance article is followed by four assessment and evaluation articles, on function, mental status, acute confusion, and the elderly preoperative patient. These give the clinician the basic tools for making an informed problem list. The remaining articles, on antihypertensive ther-

apy, falls, alcoholism and drug abuse, dementia, depression, insomnia, poor nutrition, fever, and urinary incontinence, cover everyday problems that are often difficult to manage in this age group.

I was pleased to see the two excellent articles on substance abuse and depression. They can both be great imitators. As noted by the authors, physicians can save their aging patient both suffering and funds by being aware of the possibilities and then asking the proper questions.

The self-evident material, plus many new ideas and techniques, will make this volume a valuable addition to the library of family physicians, general internists, and residents to help them deal with an ever increasing number of patients aged over 65 years in their practice. Medical students will find practical information to fill out the theoretical framework of their medical education. Any allied health care person involved in the care of geriatric patients will be able to use this volume to good advantage.

Reuben B. Widmer, MD
University of Iowa
Iowa City

Modern Instrumental Delivery. *John P. O'Grady. Williams & Wilkins, Baltimore, 1988, 270 pp., \$34.95. ISBN 0-683-06632-3.*

This outstanding text provides a concise yet comprehensive review of the history and present use of obstetric forceps and vacuum extractor. The spectrum of instruments is thoroughly presented with helpful illustrations. The current (ACOG 1988) definitions of forceps operations are given and utilized in the text. The indications, technique, and complications of forceps operations are well covered both in the text and with extremely helpful and clear illustrations. Birth injuries and neonatal disability and their relation to forceps delivery are reviewed in a thoughtful and well-referenced chapter of the text.

The text admirably achieves its aim in assisting both practitioners and students to better understand these in-

Continued on page 572

struments and improve their skills. Practitioners providing obstetric care who desire to improve their knowledge of obstetric forceps and vacuum extraction will benefit from this book.

Sam Eggertsen, MD
University of Washington
Seattle

Medicine for the Practicing Physician (2nd Edition). J. Willis Hurst (ed). Butterworth Publishers, Stoneham, Massachusetts, 1988, 1857 pp., \$95. ISBN 0-409-95176-5.

Medicine for the Practicing Physician is unique among contemporary medicine textbooks. Its format follows that of Dr Larry Weed's SOAP method (subjective, objective, assessment, and plans) for organizing medical information. Those medical school graduates of the 1970s and 1980s will find themselves at home with this text. Others will have more of a struggle but should find the effort worthwhile. Even though the SOAP format is different, the content and rigorous editorial work are exceptional. Only rarely do some of the contributing authors provide information that is useless or perfunctory. Characteristically, the discussions are concise, current, and well crafted.

This textbook offers other benefits to the eager clinician and, specifically, to the family physician. For example, each clinical topic includes an education and cost-containment section. The education section is a component under the heading dealing with the "plan" for patient management. This section provides critical information the authors feel the physician should provide to the patient. That a text acknowledges and standardizes the teaching role of the physician is worthy of praise.

The presence of a cost-containment section reflects the importance of providing excellent care at the most reasonable expense. Whereas some sections were quite specific in their recommendations, however—for example, using 2 g of metronidazole as a one-time dose to treat *Trichomonas vaginitis*—other sections were too

general—for example, minimizing the cost of evaluating Raynaud's syndrome by "selecting investigative efforts and operation judiciously." Future editions may wish to accept limited knowledge in the cost-containment area and mention only documented cost-saving steps.

Medicine for the Practicing Physician is excellent for medical students, residents, and experienced physicians alike. The SOAP format is contemporary with current educational trends, and I predict other texts will follow its lead.

T. Rich McNabb, MD
Scenic General Hospital
Modesto, California

Scientific Foundations of Sport Medicine. Carol C. Teitz (ed), B. C. Decker, Toronto and Philadelphia, 1989, 408 pp. (price not available). ISBN 1-55664-081-1.

Most of us in family practice have some special interest. This book is for those of us with a special interest in sports medicine, as physicians, possibly as coaches, certainly as parents, because one of the chapters of outstanding clinical interest is that on pediatric musculoskeletal sports injuries.

The book is divided into four sections. The introduction deals with the epidemiology and mechanisms of sports injuries. "Systemic Components" deals with the response of each organ system to exercise. The review of physiology I found stimulating and relevant, and there was much of clinical importance. Section III, "Musculo-Skeletal Components," deals in depth with structure, physiology, and biomechanics. The last three chapters are clinically oriented and packed with useful information. The final section, "Psychological Components," is a fascinating exposition of the mind-body continuum.

The title of the book signals the editor's purpose in compiling it: "to improve performance without compromising the athlete's health, and to base treatment on firm scientific foundations." The book succeeds magnifi-

cently. Each chapter is written by an authority, and each is exhaustively researched. Each chapter is erudite, yet flows smoothly. The editing is of the highest quality, with little duplication among authors, and that only when necessary. Illustrations are generally helpful.

The book is highly recommended for primary care physicians who need an authoritative text on the scientific foundations of sports medicine.

Peter A. Goodwin, MD
The Oregon Health Sciences
University
Portland

Diagnostic and Therapeutic Cardiac Catheterization. Carl J. Pepine (ed), James A. Hill, Charles R. Lambert (assoc eds). Williams & Wilkins, Baltimore, Hong Kong, London, Sydney, 1989, 612 pp., \$69.50. ISBN 0-683-06851-2.

This book was published with the purpose of providing the reader with background material needed to make appropriate decisions regarding the role, value, and application of diagnostic cardiac catheterization and related therapeutic interventions. The general review of the historical background of the diagnostic and therapeutic catheterization procedures is found in section 1 of the text, followed by specific indications and contraindications and risks of the various cardiac catheterization procedures.

There is a great deal of detail in this text regarding specific techniques and materials used for cardiac catheterization and other angiographic procedures. There is also discussion regarding the more current angioplasty and valvuloplasty procedures performed with and during cardiac catheterizations. The most important section of this text for the primary care physician is found in section 5, the last section of the text, which deals with specific clinical states and their evaluation and diagnosis by the use of these angiographic techniques.

This text would be a good reference source for most primary care physicians who had interest in gaining more

specific details of the described procedures as well as a review of proper utilization for these diagnostic and therapeutic maneuvers. It would also be a useful text for medical students, residents, and fellows who are involved in rotations in cardiology or more specifically the catheterization laboratory. It is not a text that most primary care physicians would be purchasing for their own library unless they had specific interests in this field.

*Fran S. Larsen, MD
Ventura, California*

Instructions for Patients: Medical Tests and Diagnostic Procedures. *H. Winter Griffith. Lea & Febiger, Philadelphia, 1989, 438 pp., \$39.50 (paper). ISBN 0-8121-1257-1.*

This first edition of instruction-and-information masters for medical tests and diagnostic procedures is a useful tool for the practicing family medicine clinician. Like the other books of its type by Dr Griffith, it provides quick and easy one-page master instruction sheets to photocopy and hand to the patient that cover the tests or procedures the clinician has ordered.

The manual includes information on more than 400 individual blood, urine, x-ray, ultrasound, and other procedural examinations. Each instruction sheet is divided into information required by the patient before the test (including its purpose and preparations required), the nature of the test (including any expected discomforts

and procedure description), post-test instructions, and test results discussion issues.

Some clinicians may naturally want to alter some the contents of the information specific to their special requirements and/or patient needs. The easy-to-use index and appendices make it relatively easy to locate specific tests for perusal and change, if necessary, by the clinician. In fact, the style of formatting the information may be the most useful aspect of this resource, which is highly recommended.

*Joane G. Baumer, MD
Ventura County Medical Center
Ventura, California*

Standards for Obstetric-Gynecologic Services (7th Edition). *The American College of Obstetricians and Gynecologists. Washington, DC, 1989, 123 pp., \$25 (paper) (fellows), \$35 (paper) (nonfellows). ISBN 0-915473-11-9.*

This text, developed by the ACOG Committee on Professional Standards, is presented as recommendations and general guidelines, not rigid rules, for the practice of ambulatory and inpatient obstetrics and gynecology. It is not intended to be a textbook on clinical decision making, and the authors suggest that variations from their recommendations are encouraged if such variations demonstrably improve care.

The book is written from the perspective of the obstetrician-gynecologist physician. Family physicians

must see beyond such statements as "... for most women, the gynecologist is the only physician who provides continuity of care." Some guidelines, with similar perspective, have practice implications that must be reckoned with, such as "... only a physician who has privileges to perform cesarean deliveries should initiate (labor) induction and augmentation." The sections on cost containment and quality assessment, as is often the case, offer more rhetoric than helpful information. A difficult topic, left unaddressed, is the discussion of what is possible in the provision of obstetric and support services at smaller and rural hospitals with respect to the required capabilities for anesthesia, ultrasound, blood bank, and neonatal resuscitation services.

This text does have some strengths, though, as a reference to use in determining administrative guidelines for medical records, personnel, facilities, and equipment. The clinical guidelines are less specific than the administrative ones, but together they serve as a useful "barometer" by which one might compare the care given in one's own setting. Physicians, nurses, and administrators involved in quality assurance, as well as medical section chiefs and risk-management personnel, would find the book most helpful. It is not intended to be used as cover-to-cover reading for the purpose of continuing medical education.

*Lee A. Norman, MD, MHS
Swedish Hospital Medical Center
Seattle, Washington*