Telephone Medicine: Triage and Training. Harvey P. Katz. F. A. Davis Company, Philadelphia, 1990, 222 pp, $25.00. ISBN 8036-5228-3.

The telephone is an increasingly common conduit for patient care. Patients may call seeking medical advice, for follow-up of a recent clinic visit, or to schedule an appointment. The impression created by that telephone encounter will either favorably affect the office's relationship with the patient or undermine it. The telephone therefore becomes an essential therapeutic and marketing tool for modern medical practice.

When used effectively, telephone medicine improves the continuity of care and lowers health care costs. This book by Harvey P. Katz, MD, successfully teaches primary care physicians, nurses, and office staff how to manage telephone encounters for pediatric patients and their parents.

The first 10 chapters of this book are devoted to organizing medical offices to render telephone medicine in a systematic fashion. Creating a practice image, managing angry patients and medicolegal issues are the strongest of the areas covered in these sections. In the next 19 chapters, different presenting symptoms are discussed with sufficient background and decision-making guidelines to allow the book to serve as a telephone-side reference for individuals with some medical background. The final chapters can be used for training, as each presents a case scenario followed by quality assurance guidelines. We do not agree with the author that sufficient information is presented in the text to allow its use as an "on-the-job" training tool for a "non-health care trained" individual to provide clinical advice in the course of telephone triage.

Though most of the book's content deals with telephone triage of symptoms, the remainder deals with issues just as critical to successful telephone medicine. Important issues such as collecting and providing accurate information, the need for documentation, and how telephone encounters differ from face-to-face encounters are well covered.

This book seems better organized and easier to read than most texts on this subject. The information presented is generally up to date, but we question some of the author's treatment decisions, such as giving advice over the telephone to administer aspirin to a child under 18 years of age (chapter entitled "Cold and Earaches"). Another shortcoming of the book is its exclusion of adult patient problems, but the systematic approach presented could be adapted for other age groups by the physician.

We suggest that the physician read and modify each chapter of the book to fit his or her practice style before sharing it with staff members. In conclusion, this book would be very useful for the physician who needs an easy-to-read guide to use either in training medical and office staff in telephone procedures or in teaching telephone medicine to medical students.

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Addictive Disorders. Michael F. Fleming and Kristen Lawton Barry (eds). Mosby–Year Book, St Louis, 1992, 439 pp, $39.95. ISBN 0-8151-3369-3.

Fleming and Barry are to be congratulated for compiling such a comprehensive clinical guidebook on the assessment and treatment of addictive disorders. This highly informative, yet practical volume is certain to be of interest and relevance to primary care physicians, nurses, social workers, and behavioral scientists who work in a medical setting. Moreover, the outline format in which the material is presented serves as an added attraction for the busy practitioner.

The volume consists of 20 chapters organized into six sections. The first section, "Clinical Overview of Alcohol and Drug Disorders," reviews epidemiology, diagnostic criteria, and clinical models of illness and recovery.

The second section consists of six chapters and is concerned with "Identification and Treatment of Primary Addictions." This section is probably of most value to the clinician, as numerous practical hints are given. The first chapter provides guidelines for conducting "brief interventions" with substance abusers in primary care settings. Other chapters focus on smoking cessation strategies, pharmacological management of substance disorders, use of psychoactive drugs with chemically dependent persons, critical issues in drug testing, and an overview of inpatient and outpatient treatment modalities.

The two chapters of the third section focus on the management of secondary medical problems associated with alcohol and other drugs in ambulatory care and emergency department settings. A strength of this section is that it addresses the relative paucity of available clinical information on the management of non-dependent problem drug users. A relative weakness of the first chapter is the omission of a discussion on the adverse consequences of opiates and narcotics.

The fourth section focuses on clinical approaches to specific populations such as family members, women, older adults, prenatal patients, and patients with physical and cognitive disabilities. The chapter on adolescents is particularly informative and addresses complex issues such as confidentiality and informed consent. This section would have been strengthened by the addition of a chapter on minorities.

The four chapters of the fifth section focus on "related medical problems" such as eating and gambling disorders, dual diagnoses, and HIV and AIDS. The inclusion of such topics adds to the comprehensiveness of this text. The chapter on HIV and AIDS contains several typographical errors that are annoying. Of greater significance is the inclusion of the misleading statement that HIV does not progress to AIDS in all persons.

The remaining section consists of five sets of appendices. Of these, the appendix that includes information on national resources and patient education materials and the appendix that contains screening materials for specific populations are particularly useful. Unfortunately, while the information presented in all the appendices is very current, this same feature is also a potential drawback in that some of this material (eg, addresses and phone numbers of organizations) is so quickly outdated.

In summary, this is an informative and generally well-written guidebook that is enriched by the inclusion of a variety of case examples, troubleshooting guidelines for clinicians, and numerous screening and assessment instruments. Aside from some of the minor criticisms addressed above, the book meets (exceptionally well) its goal of providing a comprehensive, yet practical

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guide to the addictive disorders for health care professionals.

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A Graceful Passage: Notes on the Freedom to Live or Die. Arnold R. Beisser. Bantam Press, New York, 229 pp, $9.50. ISBN 0-553-35308-X.

Much is being said today regarding the meaning of life for the terminally ill person. A major focus of the rhetoric has been on the option of voluntarily ending a human life at that time when all hope has been lost. One need only consider the immense popularity of Derek Humphry's book *Final Exit*.

In this book, *A Graceful Passage*, Dr Arnold Beisser takes a different direction. He poignantly describes his experiences in a personal struggle with polio over the last 40 years. His training as a physician provides a unique perspective through which he very capably and humanly portrays his day-to-day encounters with his disease. He tells us what it feels like to both live and die at the same time. There is no moralizing or odious philosophizing as he details his thoughts and feelings. It is as though he has taken a biopsy of the process of dying. With each pass of the microtome, he reveals a new subtlety that could not have been learned by the most astute observer.

The text has a fluid quality that allows the reader a false sense of security. All too easily, many of the passages can be read as a good novel. I would recommend reading the book very slowly, with long pauses to carefully consider the content and feelings being described.

One might be tempted to suggest this book only to those caring for the terminally ill. Quite the contrary, this book is for the living, regardless of their current physical condition. Read it and your definition of and respect for life will be enriched.

There were many passages of note in this book. I will leave you with this one: "I think I may be getting prepared to live, now that it is nearly time to die. What an unexpected transition this has now become. Perhaps in some amazing way, this life is a preparation, one whose work is done whenever it is over. Why else would I be getting better at it all the time?"

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Software Reviews

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MEDTEACH, Version 1.1 (1990). Distributed by the American Society of Hospital Pharmacists, 4630 Montgomery Avenue, Bethesda, MD 20814. $400 for nonmembers, $350 for members.
DOCUMENTATION: 180-page, illustrated, loose-leaf manual.
HOW SUPPLIED: Four 360K (5.25″) diskettes or two 720K (3.25″) diskettes.
HARDWARE REQUIREMENTS: IBM compatible computer with 640K RAM; one floppy disk drive; hard drive with 2.5 MB free disk space; DOS.
MOUSE SUPPORT: No.
TOLL-FREE SUPPORT: No.
DEMONSTRATION DISKS: No.
MONEY BACK GUARANTEE: No.

The American Society of Hospitals Pharmacists (ASHP) based *MedTeach* on their publication *Medication Teaching Manual, A Guide for Patient Counseling* (4th edition, 1987, American Society of Hospital Pharmacists). The ASHP's intent is to provide a readily accessible source for readable patient-oriented pharmaceutical information. Pharmacists represent the primary audiences for this software, but the patient instruction materials appear quite suitable for use in physicians' offices.

The program installs easily from an included batch file. The only "hitch" observed is that the authors provided no provision for aborting the installation process. The usual termination keys were all ineffective; users should be sure that they are ready to complete the installation process before proceeding. The software utilizes a "no-frills" text-based menu system that proceeds logically among the program's options. From the opening screen, the user can search for a drug by brand or generic name or by information document number. Once located, this document can be printed on an Epson compatible printer. Additional menu options include adding, deleting, changing, or listing the available drug information documents.

The package's primary use will be to generate medication information sheets. The software includes information for nearly 500 prescription and nonprescription medications. Medications are indexed both by generic and commercial brand names (for example, the "digoxin" information sheet is accessed when requesting information on digoxin, Lanoxicaps, or Lanoxin). The information sheets print satisfactorily on a standard DOS dot-matrix text printer (I did not try other printers). The manual states that yearly updates and additions are available (although the program has not been updated since May 1990). The user can add new information documents and modify those provided in the package. The procedure for generating new or modified documents is straightforward but cumbersome. The user must first create a new document (or import a *MedTeach* text file) in a text editor or word processor capable of ASCII text output. The new ASCII text file can then be added to the *MedTeach* index. I think many users will find that, once they have created a new document in their favorite word processing package, their word processor provides greater printing flexibility than that provided in *MedTeach*.

I submitted *MedTeach* patient medication information documents to readability testing using the Grammatik software package. The documents achieved a Flesch Reading Ease score of 68 (7th to 8th grade level) and a 6th grade Flesch-Kincaid Grade Level. These scores indicate that the information documents should be useable in most clinical care situations. The authors have managed to create quite readable documents without sacrificing accuracy.

Who should purchase *MedTeach*? The software provides pharmacists with a quick and readily updated means for providing medication information to consumers. The program could serve a similar purpose in a physician's office. However, other "low tech" means, such as standardized tear-off forms, exist for providing this information, and certainly cost less. I would not purchase a computer system for the sole purpose of running this program. However, for physicians who already have a DOS computer in their offices and do not mind the program's expense, this package might provide a novel means of providing readable and accessible medication information to patients.

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