Reviews of Books and Software

Essentials of Pediatric Intensive Care Manual. Luis O. Toro-Figueroa, Daniel L. Levin, Frances C. Morriss (eds). Quality Medical Publishing, St. Louis, 1992, 474 pp, $25.00. ISBN 0-942219-43-0.

In the past 8 years, several pediatric critical care textbooks have been published providing an authorative approach to the diagnosis and management of the critically ill child. Such references, however, cannot be used efficiently at bedside, particularly in emergency situations, because of their size and the bulk of information included. An outgrowth of their original text *Essentials of Pediatric Critical Care*, the editors of the *Essentials of Pediatric Intensive Care Manual* have developed a smaller textbook that covers the fundamentals of pediatric critical care relevant to bedside care but excludes the detailed discussions of each topic. The editors' purpose for this text was to provide a "convenient, stand-alone peripheral brain for all those health care professionals immersed in the fast-paced, information-packed environment of the pediatric intensive care unit." This softcover text, written by 10 contributors, consists of 19 chapters divided into three sections: Procedures; Disease States and Therapeutic Approaches; and Normal Values and PRISM and TISS Scores.

To improve information access, an appendix of the requisite headings is located at the beginning of each chapter. The thoughtful inclusion of page numbers with each heading is particularly helpful in rapidly accessing pertinent information. The most successful portion of this manual is the Procedures section, which consists of 7 chapters covering the performance of procedures, cardiopulmonary resuscitation, pharmacological monitoring, a comprehensive drug list, basic anesthetic practices, pediatric transport, and extracorporeal therapy. The use of tables and an outline format is very successful in quickly conveying information relevant to the particular clinical circumstance. For instance, I was able to review the information concerning intubation in the child with increased intracranial pressure, full stomach, pulmonary hypertension, and the difficult airway in less than 2 minutes for each subject.

The second section is divided into 11 chapters that cover specifics of disease diagnosis and treatment for each organ system. Specialized chapters covering poisoning and traumatic injuries are also included. This section is not as effective in keeping with the stated goals. In many cases, reasons for ordering laboratory tests are not given, which hinders the effective utilization of collected data. Two noteworthy subject exclusions were hypocalcemia and envenomation. The management guidelines listed for inborn errors of metabolism are too vague to be effective. In some clinical management schemes, such as emergency management in status asthmaticus, information is not up to date. The clinical algorithim found on page 210 is not in keeping with recent NIH guidelines, which stress the use of inhaled β-agonists in place of aminophylline. Quite a few of the diagrams detailing pathophysiologic mechanisms were not useful in the context of the diagnostic and therapeutic information presented. One important highlight was the inclusion of a brief subsection on plant poisonings, which is potentially invaluable, as this subject is often ignored in most standard references. The third section listing normal laboratory values is comprehensive. Most clinicians will not find the information concerning TISS and PRISM scores to be useful in clinical practice.

In general, I found most of the collected information in this book to be easily accessible. The brevity of most of the subject matter, however, limits the successful application of the text to bedside care unless the reader already has some understanding of the particular subject. For primary care physicians, I would recommend a standard pediatric critical care reference, such as the more expanded version of this text.

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Managing Contraceptive Pill Patients (7th Edition). Richard P. Dickey. Essential Medical Information Systems, Durant, Oklahoma, 1993, 276 pp, $12.95. ISBN 0-929240-51-0.

The four guidelines for effective management of oral contraceptive (OC) patients are (1) careful selection of candidates, (2) early recognition of potentially serious problems, (3) accurate information on the potency differences between OC formulations, and (4) knowledge of the causes of common, minor side effects. The Uniform FDA Package Insert Labeling for OCs addresses the first two guidelines, but provides little direction for the last two. Dr Dickey's pocket-sized handbooks have always been at the forefront in providing this missing information.

Managing Contraceptive Pill Patients successfully presents a logical, fact-based approach to prescribing the appropriate OC for an individual patient and creates a sense of order for the numerous OC formulations. The Preface reviews the features of each of the six prior editions (the text was first published in 1977) and explains the new information and OC formulations that made a new edition of the book necessary. This seventh edition presents timely information on the newer OCs using the three recently approved progestins, and puts them into perspective with the OCs that are currently widely used.

A center index organizes the book into sections: General Information, Reproductive System Side Effects, Other Systemic Effects, Tables, and References. The biological properties of the individual hormones and their overall effects when combined in the various OC formulations are clearly presented in tables and text. Using the center index to locate a side effect, the reader is quickly directed to a concise presentation of clinical information, causal factors, management, and references. What the sections may lack in depth (which can be expanded by using the extensive reference list of 355 articles) is more than compensated by the breadth of coverage of side effects. Side effects that are unrelated to OC use are also noted. Metabolic effects of OCs and drug interactions are comprehensively reviewed. Presentations of complex topics, such as the relation of OCs to breast cancer and cardiovascular disease, are competently handled.

Read from cover to cover, this handbook presents impressively comprehensive and authoritative coverage of OCs. Its best use, however, is as a handy quick reference in the course of a busy office practice. Prescribers of OCs already familiar with *Managing Contraceptive Pill Patients* will welcome this updated version, and novice OC prescribers should quickly become familiar with this excellent resource. Dr Dickey continues to

provide us with the most current and extensive coverage of OCs of any available publication.

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Colour Atlas of Rheumatology (3rd Edition). Michael Shipley. Wolfe Publishing, Aylesbury, England, 1993, 320 pp, price not available. ISBN 0-8151-6613-3.

This British book has a number of positive characteristics that make it an excellent resource for medical students, residents, and clinicians in practice. First, the text has been written by one person and consequently has an integrity and congruity that makes for easy use by the reader. It is also well written, clear, and succinct. Second, there are innumerable high-quality illustrations, photographs, and radiographs, which are invaluable adjuncts to understanding the text and working with patients.

The book is divided into a series of major arthritis categories: rheumatoid diseases, osteoarthritis, crystal synovitis, spinal disorders, seronegative spondarthritides, autoimmune connective tissue disorders, arthritis in childhood, and a range of miscellaneous arthropathies and nonarticular disorders. There are short but useful chapters on injection techniques, surgery, rehabilitation, and aids for the disabled. This last chapter has less relevance for the American audience since the types of aids (wheelchairs, walkers, etc) tend to be of different design in the United States.

A number of important issues are left out of this book. There is almost nothing about the psychological and family impact of the disease and how to manage these issues. There is no mention of sexual activity and ways to help these patients achieve sexual comfort. Finally, there are no references to guide the reader to more in-depth knowledge.

I would use this book to help patients understand their disease or as a teaching reference for students and residents.

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Let Me Die Before I Wake. Derek Humphry. Dell Publishing, New York, 1992, 192 pp, $10.00 (paper). ISBN 0-440-50477-5.

Euthanasia Is Not the Answer: A Hospice Physician's View. David Cundiff. Humana Press, Totowa, New Jersey, 1992, 200 pp, $17.95. ISBN 0-89603-237-X.

In these two books, Derek Humphry and David Cundiff argue for and against voluntary euthanasia, respectively. Humphry contends that pain, dependence, and loss of control are worse than death; he concludes that terminally ill patients should have options available for "self-deliverance" in spite of conventional medicine's recalcitrant attitudes toward assisted suicide. Cundiff, on the other hand, responds that pain and suffering need not be part of the dying process. He suggests that mainstream medicine needs to reform itself by promoting aggressive pain management and hospice care for terminal cancer patients.

One Saturday in 1975, 18 months after his wife was diagnosed with metastatic breast cancer, Derek Humphry assisted in Jean Humphry's suicide. Since then, he has been founder and executive director of the National Hemlock Society and has written three books on voluntary euthanasia. In *Jean's Way* (1978), he described the events leading to his wife's death. In *Final Exit* (1991), he outlined the practicalities of carrying out assisted suicides.

In *Let Me Die Before I Wake*, a reprinting of the original 1981 edition, Humphry documents cases in which terminally ill patients chose death over life with pain, and were helped to accomplish their suicides by loved ones. After stating that his book is aimed at "people who are going to die soon and of known causes," Humphry proceeds to describe ways in which people contemplating rational suicide can proceed. He includes advice on what medicines to use and how to obtain them. Humphry follows, in matter-of-fact fashion, his dictum that "the only way to be reasonably certain of a good death is to plan it."

In *Euthanasia Is Not the Answer*, California oncologist David Cundiff disagrees with Humphry. In this book, purposefully written as an argument against recent state ballot initiatives for the legalization of euthanasia, Cundiff notes that "pain is the single factor most often cited as the reason for a cancer patient to commit suicide." By promoting hospice programs and thus ameliorating the suffering of terminally ill patients, the need for assisted suicide would disappear.

Cundiff frames his argument as follows: First, he presents cases in which dying patients have lived fulfilling, if short, lives after their pain was controlled. Second, he reviews religious perspectives on euthanasia, all but one of which speak against euthanasia. And third, he describes medical techniques for controlling pain. He presents hospice as a movement that should be embraced by the medical establishment, the insurance industry, and the general public.

Despite their differences, stylistically these two books have much in common. Both are short, readable, and informative. Both use anecdotal, emotionally laden stories to build their arguments. Both are written for the lay public and, given their large-print formats, seem aimed at an older audience.

Sadly, neither book specifically addresses the role that family physicians play in their patients' care. In *Let Me Die Before I Wake*, Derek Humphry takes the position that patients might best keep their physicians in the dark regarding plans of assisted suicide. In *Euthanasia Is Not the Answer*, David Cundiff proposes that oncologists, not family doctors, should be the specialists required to "learn the optimal techniques of pain and symptom control." Nonetheless, family physicians can learn a great deal from these books. If nothing else, they will begin to appreciate the difficulties doctors, patients, and communities sense in coming to grips with such a highly controversial subject.

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Software Reviews

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PREMED (1992). ProHealth Software Systems, 22751 S Canada Ct, Lake Forest, CA 92630.

HOW SUPPLIED: One 720K (3.5-in.) or one 360K (5.25-in.) diskette.

DOCUMENTATION: 23-page pamphlet.

HARDWARE REQUIREMENT: IBM compatible; DOS 2.0 or higher; 640K RAM; approximately 1MB hard disk space.

MOUSE SUPPORT: No.

CUSTOMER SUPPORT: Yes, 1-800-333-3246.

DEMONSTRATION DISKS: $10 (may be applied to purchase price).
GUARANTEE: 30-day money-back guarantee.

PreMED is billed as "a computer-assisted PREventive MEDicine program that helps physicians provide preventive care." The program is based upon the US Preventive Services Task Force (USPSTF) *Guide to Clinical Preventive Services*. Using *PreMED* requires answering 33 yes or no items regarding past medical and social history. The patient is asked the questions while the physician or office staff, who are the intended users, enters the data directly. Alternatively, a patient questionnaire can be used, followed by manual data entry.

The program is easy to install, and the screens are not difficult to follow. Once into the program, one is obliged to enter a patient's name, age, and sex. The questions follow. To change screens, one must use a function key, which is somewhat inconvenient. After the yes or no responses are entered, one returns to the menu to have the recommendations tabulated and either reviewed on the screen or printed. The printout is suitable for the patient's chart or as a patient handout. Patient data may also be saved to disk.

There are several problems with the program. Most important, there is little rationale for computerization of the simple task performed by the program. Each question seems to have a one-to-one correspondence with a recommendation; no branching logic, database look-up functions, mathematical risk calculations, or other features that truly utilize the electronic environment are employed. A questionnaire that lists after each question the recommended intervention for a "yes" answer could accomplish the same objective.

PreMED cannot be modified by the user. The program applies only to patients 18 years of age or older. The recommendations are generic, not specific. For instance, for patients at risk for sexually transmitted diseases, the program recommends "examination for sexually transmitted diseases"; no mention is made of testing for syphilis or HIV. The questionnaire determines risk by asking if the patient has had five or more sexual partners. The number five seems arbitrary. Also, most conditions evaluated by traditional health-risk appraisal programs, including risks for cerebrovascular disease, depression, and injuries, are excluded.

The USPSTF recommendation for tetanus immunization is every 10 years, but *PreMED* recommends booster vaccination "every 5 years rather than every 10 years due to the inaccuracy of peoples [sic] memories for the exact dating of their last immunization." This recommendation seems paternalistic, in addition to breaching the guidelines.

On the positive side, the program provides a format for addressing preventive issues with patients, and it would be interesting to do a study to determine if such a program would improve family physicians' preventive medical care. It is also handy to be able to give patients an individualized, tangible set of do's and don'ts about prevention for educational purposes.

PreMED's use in office practice is limited by its data entry format, its lack of breadth on preventive topics, and its generic recommendations. If the data entry could be improved, more topics added, and the recommendations broadened, *PreMED* would be a more clinically useful tool, especially to medical students and residents learning preventive medicine skills.

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