

ably. In Chapter 9 the authors discuss the stages of emotional response that most patients experience when told they have lung cancer, from denial through hostility and from dependence to acceptance. Resources, including friends, family, support groups, and church members, are reviewed.

The treatment of lung cancer is discussed beginning in Chapter 10. The authors advise getting the best possible advice and participating in decisions regarding treatment. Resources for getting second opinions are provided, and special problems are reviewed, such as pregnancy, the patient's job, and whether to accept experimental treatment. Medical record keeping is discussed, and a 3-page form for recording medical data is included.

Chapter 11 is devoted to lung cancer surgery. There is advice about choosing an experienced surgeon with proper credentials. The preoperative workup and postoperative recovery period are reviewed. This is the only place in the book where we found a specific reference to respiratory therapists (though referred to with the misnomer "respiration therapists"), with regard to spirometry instructions. There are 2 references to physical therapists, but none to pulmonologists, critical care physicians, or critical care nurses, even during postoperative recovery.

Chemotherapy is covered in appropriate detail in Chapter 12. The authors discuss how chemotherapy is administered, as well as the adverse effects and how to deal with them. They include such practical matters as how to buy a wig, how to deal with oral and digestive problems, and loss of appetite. Chapter 13 is on radiation therapy, and since this is Dr Henschke's field of practice, it is covered expertly and completely. In Chapter 14, "Getting Access to the Latest Treatments," the authors discuss the advantages and disadvantages of clinical drug trials and how to participate in them. Resources for further information are included.

Chapter 15 discusses alternative and complementary therapy. Some controversial remedies are covered, and hypnosis, acupuncture, and other pain relief methods are reviewed. The wrist pressure method for relieving nausea is described in detail. Though the authors are sympathetic to alternative approaches, they do advise the patient using those therapies to tell his or her physician.

Chapters 16 and 17 are devoted to the post-treatment period. Follow-up care is discussed in detail from the patient's viewpoint. The authors advise chest CT scans at least annually. In Chapter 17 the patient is instructed on how to deal with fatigue, pain, breathlessness, anxiety, depression, and sexual problems. Chapter 18 is a brief message to caretakers; it discusses such common issues as anger at nonparticipating family members, caretaker burnout, and use of support groups. Here again an extensive and specific list of resources is provided. Chapter 19 is probably the most useful chapter in the book. It discusses such practical issues as financial problems, legal issues, estate planning, and end-of-life decisions, including advance directives to physicians (living will) and assigning durable power of attorney. Finally, Chapter 20 is titled "It's Never Too Late to Hope." It discusses the last days of life, hospice care, saying goodbye, and funeral arrangements. An extensive glossary defines the many medical terms related to lung cancer diagnosis and care, and a thorough and helpful index is provided.

In general this book achieves its goal of providing a resource manual for lung cancer patients and their caretakers. One of the present reviewers (JSA) has had close personal experience with lung cancer (her mother, sister, and husband all died of lung cancer; all were heavy cigarette smokers). She strongly recommends the book as a resource for anyone involved with the disease and believes that the book would have been valuable to her. In her words, "This book should be required reading for all smokers." We think Chapters 8, 13, 15, and 19 and the glossary are the most useful. We recommend that respiratory therapists suggest this book as a resource for their lung cancer patients. The book is somewhat expensive, but the extensive list of resources is probably worth the cost.

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**Physician's Guide to End-of-Life Care.** Lois Snyder JD and Timothy E Quill MD, editors (American College of Physicians-American Society of Internal Medicine End-of-Life Care Consensus Panel). Philadelphia: American College of Physicians. 2001. Soft cover, 267 pages, \$35.

**Physician's Guide to End-of-Life Care** is a collection of 13 articles on various topics involving end-of-life care. It was conceived and developed by the End-of-Life Care Consensus Panel of the American College of Physicians-American Society of Internal Medicine (ACP-ASIM), supported with outside funding, and approved by the ACP-ASIM Ethics Committees. Most of the authors are members of the consensus panel and are nationally known for their work in end-of-life care. Seven of the articles were previously published in shorter versions (6 articles in the *Annals of Internal Medicine* and 1 in *The Journal of the American Medical Association*) in 1999-2000, the citations for which are in the book's acknowledgements. As the title suggests, the book is for physicians, although the information is useful to other caregivers as well.

Considering that the majority of the chapters were previously published, probably without this particular book in mind, the articles do not necessarily follow a logical pattern. The editors grouped the chapters into 3 sections: "I. Interview and Relationship Building", "II. Pain, Depression, Delirium, and Intractable Problems", and "III. Legal, Financial and Quality Issues." In general the book appears to be an effort to give a greater distribution to and awareness of the 7 previously published articles, with the 6 other chapters assigned to various authors to fill gaps in the content. The mechanism for the choice of topics is not clear, as these are just selected subjects, and in this format the book is not expected to be a textbook on palliative care medicine. Certain topics are not addressed, including spirituality and hospice care. It is therefore not really a "physician's guide." Nonetheless, the book provides a handy resource tool for the topics that are included.

The editors describe the intent of the book in the introduction, pointing out problems

and gaps in end-of-life care in the United States and emphasizing the recent increase in attempts to improve the quality of that care. The charge to the consensus panel was to identify challenges in and opportunities for improvement of end-of-life care and to offer consensus recommendations on how to better address these problems. Their instructions to the authors were to include at least one clinical case study to demonstrate the practical impact of the recommendations on a physician's practice routines. Other than that common structure, the writing styles and formats differ.

Section I deals with the physician-patient relationship, devoting nearly a third of the book's chapters to that topic, which emphasizes how the strength of this relationship or lack of it can impact care delivery. Scripted phrases are offered, using a case presentation as an example. In contrast to other publications, there are no specific recommended schema or general applications on how to discuss palliative care with patients, or when to do it, particularly when the physician might still be giving curative treatment. Nonetheless, there is an attempt throughout the book to expand the physician's focus beyond the dying patient to those who are seriously ill, asking the physician-reader to say whether he or she would be surprised if a particular patient died in the next 6 months. Identifying such patients serves to increase the physician's awareness of the need to address the various topics in this book. Addressing cultural differences is well described in Section I, as well as the physician's roles and responsibilities in palliative care.

Section II addresses management of the symptoms often seen in the seriously ill, such as pain, depression, and delirium. Section II also covers the common experience of addressing the needs of patients who die in a critical care unit, where caregivers often must switch from rescue efforts to providing comfort care only. The authors do a good job of discussing these issues, including responding to intractable suffering and the ethical dilemmas associated with terminal sedation and a patient's voluntary refusal of food and fluids. The section ends with a practical approach to grief and bereavement following the patient's death.

Section III addresses the legal barriers to end-of-life care, describing the myths and realities, and expanding on previously published material on this important topic. This section also addresses the financial obsta-

cles to providing quality end-of-life care. Two of the chapters were written by Dr Joanne Lynn (a leader in addressing this problem) and her colleagues at the Center to Improve Care of the Dying, at George Washington University. They conclude the book with a chapter on methods by which individual physicians and health care systems can utilize techniques of quality improvement to improve care near the end of life.

This book is well written, its strengths coming from the expertise of the authors and the case examples provided in each chapter. Although it is not intended to cover all aspects of end-of-life care, it is a useful resource for physicians and other health care providers. Although more than half of the articles can be obtained in their previously published form from the local medical library, the book's cost of \$35 is worth the price to have them readily available in one bound version, further enhanced by the additional chapters. Despite its limitations, this book is a good introduction to end-of-life care and should be read by all who are involved in the care of seriously ill and/or dying patients.

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**Medical Law, Ethics, and Bioethics for Ambulatory Care**, 5th edition. Marcia A Lewis EdD RN CMA-AC and Carol D Tamparo PhD CMA-A. Philadelphia: FA Davis. 2002. Soft cover, illustrated, 259 pages, \$24.95.

**Medical Law, Ethics, and Bioethics for Ambulatory Care**, 5th edition, is a useful resource guide for health care staff in both ambulatory and hospital settings. Each chapter has identified learning objectives and discussion questions, and most chapters also include a list of definitions, vignettes, and critical thinking exercises. The material should be understandable to health care staff in various disciplines and could be used in training new employees as well as for professional development discussions with experienced staff. The "quick reviews" included throughout the chapters pose ethical and legal questions that challenge the reader.

The book incorporates a large amount of thought-provoking material into each chapter and covers it thoroughly. The book is clearly written and well organized. The table of contents provides detailed headings that are carried over into each chapter. The graphs, charts, and figures are easy to read. I found the charts in Chapter 4 especially helpful in illustrating the trial, misdemeanor felony, and probate case processes. Appendix I provides a variety of codes of ethics specific to physicians, medical assistants, and medical research involving human subjects. Appendix II includes examples of a Washington State health care directive, durable power of attorney, and donor forms.

The book does a good job of describing a durable power of attorney but could have gone a step further to point out that a health care power of attorney can be combined with a general power of attorney form (which focuses primarily on finances). Since not all medical staff are familiar with these documents, it would have been worthwhile for the editors to bring this to the reader's attention and encourage health care staff to review these documents carefully or to have experienced staff available who can review the documents when they are presented by patients and families. One of the most common mistakes made by medical staff is to accept these documents without reviewing them, only to find out later that the document is invalid because the patient never signed it or the document did not include a health care clause. Frequently, patients believe their document includes a health care clause, but medical staff may discover that the document relates only to finances. Such a scenario is problematic, especially if the patient is now incapable of completing a new document. The book accurately points out that each state has established rules governing the use of a durable power of attorney. It would have been helpful to point out that although some states (eg, Washington State) do not require a power of attorney to be notarized, several institutions recommend notarization because the document may not be acknowledged in another state if the patient travels.

I was glad to see a chapter devoted to consent issues. The book identifies some of the problems that arise, especially when dealing with minors and issues of emancipation. The authors also discuss how language can be a barrier to informed consent if an appropriate interpreter is not present. I was hoping to see a broader discussion about

Care at the End of Life: Guiding Practice Where There Are No Easy Answers Bernard Lo, MD, FACP, Lois Snyder, JD, and Harold C. Sox, MD, FACP This paper launched a series of. Ideal for reviewing knowledge. Board Prep Course Recordings: MOC. Legal Barriers to End-of-Life Care: Myths, Realities, and Grains of Truth Alan Meisel, JD, Lois Snyder, JD, and Timothy Quill, MD, FACP Legal myths about end-of-life care can undermine good care and ethical medical practice. This paper outlines some of these current myths, followed by a discussion of the reality concerning each myth, that is, a fair statement of the legal consensus. Timothy E. Quill, MD & Margaret P. Battin, PhD., editors. Physician-Assisted Suicide: The Case for Palliative Care and Patient Choice. (Baltimore, MD: Johns Hopkins University Press: [...] 2004) 342 pages (ISBN: 0-8018-8069-9; hardcover) (ISBN: 0-8018-8070-X; paperback) (Library of Congress call number: R726.P485 2004) (Medical call number: W50P5781 2004). They have not taken great care to consider the impact of their code words on readers from the general public who do not deal with right-to-die issues every day. The outstanding example of this oversight is embodied in the title and several of the articles: "physician-assisted suicide". We are not really recommending that people commit irrational suicide with the help of a doctor. The American College of Physicians-American Society of Internal Medicine (ACP-ASIM) End-of-Life Care Consensus Panel was convened in 1997 to identify clinical, ethical, and policy problems in end-of-life care, to analyze critically the available evidence and guidelines, and to offer consensus recommendations on how to improve care of the dying. Oregon has legalized and implemented physician-assisted suicide, while observers argue about the moral import of attempting to formulate guidelines; the utility any set of guidelines can have for physician practice, health care providers, patients, or families; and whether guidelines can really protect against harm or abuse. Position Paper. Physician-Assisted Suicide Lois Snyder, JD, and Daniel P. Sulmasy, OFM, MD, PhD, for the Ethics and Human Rights Committee, American College of Physicians-American Society of Internal Medicine\*. Medical professional codes have long prohibited physician involvement in assisting a patient's suicide. Physician-assisted suicide, discourage expensive long-term care loom large over care however, is a different type of act, and is far more controversial. 2001 American College of Physicians-American Society of Internal Medicine 209. Position Paper Physician-Assisted Suicide. self-image or the prospect of being in a long-term care medicated (24-27).