

Book Reviews

Jo Ann Rosenfeld, MD Book Review Editor

Publishers who wish to submit books for possible inclusion in Family Medicine's book review section should send texts to Jo Ann Rosenfeld, MD, Family Medicine book review editor, Franklin Square Hospital, Department of Family Practice, 9101 Franklin Square Drive, Suite 205, Baltimore, MD 21237. 410-780-2006. Fax: 410-780-2035. E-mail: joannero@helix.org. Reviewers interested in writing reviews for publication should contact Dr Rosenfeld as well.

The Plenum Series in Adult Development and Aging: Handbook of Pain and Aging, David Mostofsky and Jacob Lomranz, New York, Plenum Press, 1998, \$65 hardcover.

The editors have chosen topics for this book so as to blend theory with clinical practice. The three parts of the book, "Biobehavioral Issues in Geriatric Pain," "Psychological and Psychodynamic Aspects," and "Clinical Management and Techniques," reflect this intention. The 17 chapters are extensively referenced and cover many of the aspects where pain interferes in the lives of the elderly. There are specific chapters on chronic pain, nonmalignant pain, cancer pain, pain of osteoporosis and Paget's disease, and orofacial pain.

The writing style is consistent across the chapters, but it was moderately difficult to sift through the narrative. There are few graphics, and these are mainly in the chapter on nutrition, disability, and health.

About the time I was reviewing this book, I was struggling to help an elderly man who had moderately severe pain from spinal stenosis. I thought that perhaps this book might provide some useful insights. I started looking in the chapter on nonmalignant pain and tried to skim the rest of the chapters, but I found a few relevant concepts. Most of

these I was familiar with, and finding them required a fair amount of effort. In the end, I could not find any ideas that I could use.

Pain specialists and geriatricians with a special interest in pain are likely to find this a useful reference, but this book seems to have little relevance for primary care clinicians.

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1) Facing Death, Howard Spiro, Mary G. McCrea Curnen, Lee Pallmer Wandel, eds, New Haven, Conn, Yale University Press, 1996, 288 pp., \$14 paperback, \$32.50 hardback.

2) Peaceful Dying, Daniel R. Tobin, Karen Lindsey, Reading, Mass, Perseus Books, 1999, 208 pp., \$14 paperback.

Most physicians are too busy to reflect on the prospect of death. They have too many patients to see, too many forms to fill out, and too many meetings to attend. The increasing daily pressures on medical practice and personal life interfere with efforts to reflect on the kind of life physicians wish to live.

As the contributors to *Facing Death* make clear, the starting point for thinking about how to live one's life is the contemplation of one's own inevitable death. From this

point, one begins to ask questions. Is there life after death? Is it important to live a moral life? What does it mean to live a moral life? What is a good life? What is a good death?

In April 1994, distinguished physicians, philosophers, historians, and clergy gathered at Yale University to discuss some of these questions. *Facing Death* is a collection of essays that grew out of that conference.

The book is divided into two sections. The first section, "Witnessing Death: The Medical Battle," provides physician accounts of dying. Some common themes of these essays (themes most of us have read before) include the limitations of technology, physician and patient inability to "let go," and the little time most of us spend thinking about how we or our patients would like to die. There are interesting essays on the hospice movement and how death affects children. In Joanne Lynn's essay "Caring for Those Who Die in Old Age," she discusses the transition from aggressive treatment to palliative treatment for dying patients and makes the remarkable point that as a patient, she would like palliative care all the time. Yes, most, if not all, patients desire comfort care and pain relief, whether they are dying or not.

The second section, "Framing Death: Cultural and Religious

Responses," helps physicians think about death outside of a medical, biological context. Authors in this section remind physicians that there are many people throughout the world who do not view death as the end but rather view it as a transition to a new life. There are interesting articles on Jewish, Catholic, and Islamic views of death. I really enjoyed Sylvia Vatuk's essay on "The Art of Dying in Hindu India," in which she makes difficult concepts like *karma* (action) and *atman* (soul) easier to understand.

Although *Facing Death* has some of the problems that collections often encounter (inconsistent writing, lack of unity, and lack of depth), the collection stimulates readers to take stock of their own lives and to seriously consider how death brings meaning to life. The book also calls on physicians and patients to learn the art or way of dying (*ars morienda*).

Peaceful Dying, by Daniel Tobin, MD, is one answer to the above call. Based on his experience as a palliative care physician and hospice consultant, Dr Tobin describes his 26 steps of peaceful dying (named the FairCare program). As Dr Tobin states in the introduction, the book is "directed primarily to those who are currently facing end-of-life situations and secondarily to their loved ones." Primary care physicians will find practical advice about attending to the needs of the dying patient. The book stresses the importance of preparing for death by openly communicating with your doctor, friends, and family. The book is easy to read and has a great six to seven page summary of the 26 steps in one of the appendices.

If physicians do not take time to reflect on their own death and what kind of life they should lead, it is unlikely that they will significantly change the way they care for the dying patient. On the other hand, if they find time to reflect on some of the ideas presented in these two

books, they have an opportunity to learn more about *ars morienda*. I believe a good life and a good death depend on such reflection.

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Making Medical Decisions, Richard Gross, Philadelphia, American College of Physicians, 1998, 119 pp.

The author presents *Making Medical Decisions* as a manual for implementing evidence-based medicine (EBM) in a busy practice. Few busy clinicians will find the book compelling enough to read cover to cover and implement in daily practice. However, faculty in primary care residencies will find in the book a clear syllabus for teaching whether ordering a lab test will influence treatment.

In an outline I plan to present to residents, I have carried the author's style to an extreme. I start with the author's pocket card summarizing the equations for "action threshold" and posttest probability. Then I explain each equation using the author's example of possible strep throat. A similar approach in the book could make it even clearer, as might a few more sample cases.

Purist disciples of EBM may find *Making Medical Decisions* a gross oversimplification. However, other books about decision analysis and clinical epidemiology collect dust on my bookshelves. Dr Gross has a clear, concise style. He is on a mission to convert the average practicing physician to EBM, in small part to sell his software product. I doubt he will directly engage a discipleship. However, he succeeds in providing educators with a practical blueprint for teaching potentially confusing concepts.

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Diagnostic Challenges: 150 Cases to Test Your Skills, Marshall Goldberg, Philadelphia, Lippincott, Williams and Wilkins, 1999, \$28 softcover.

This book is not for the fragile ego. Marshall Goldberg, MD, has accurately described his 150 cases as diagnostic challenges. Passing his book around the residency, a group of residents and faculty solved only about half of the cases, although they did catch our interest and generate discussion. In fact, I found myself caught up in his series of puzzles, turning pages as if it were a Patricia Cornwall thriller.

Organized into a series of one-page case presentations and one-sentence "flash diagnoses," *Diagnostic Challenges* emphasizes our role as medical detectives. Each case describes in "CPC" (clinical pathological conference) format either an uncommon presentation of a common problem or a common manifestation of an unusual problem in internal medicine. Turning the page reveals the answer, with its major clues, confirmatory clues, red herrings, and a brief discussion of the pathology and practical diagnostic points, followed by final comments with take-home pearls. The text is brief and clearly informed by years of clinical experience, written in a style like that of a kinder Holmes affectionately explaining the mystery's solution to Watson. There are even magnifying glass icons with question marks introducing each "flash diagnosis," challenging the reader to identify the pathognomic clue. Color photographs illustrate some cases; all are indexed thoroughly, allowing selection of an appropriate mystery to introduce a conference or lecture.

Dr Goldberg begins with "10 cardinal rules of the doctor-detective," six pages of tips on history taking and physical diagnosis and the admonition to "Turn yourself into a first-rate diagnostic detective." If presented as an entertaining intel-

lectual challenge, these cases could be fun introductions to internal medicine topics at the senior medical student, resident, or practicing physician level. At \$28, the book is a good value.

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Slow Dance: A Story of Stroke, Love, and Disability, Bonnie Sherr Klein, Toronto, Alfred A Knopf Canada, 1997, and Berkeley, Calif, PageMill Press, 1998, 317 pp., hardcover, \$24.95 list price. Available from the STFM Bookstore. \$17.47 from Amazon.com.

I've only met Bonnie Klein once. She is an award-winning filmmaker, but I met her because she is married to Michael Klein, MD, former *Family Medicine* editorial board member and past winner of the STFM Research Award. Bonnie was in a group I had dinner with at an STFM meeting. She was in a wheelchair (actually, a little motorized scooter named Gladys), but I didn't know or ask why. All I knew was that Michael once told me that his wife developed a neurological problem that upended their lives a few years previously.

Bonnie Klein tells the story of her neurological problem in *Slow Dance*, which is about her experience with a brainstem stroke at age 46. It is an engrossing story that takes readers along on the emotional ups and downs that occurred as she progressed from the emergency room through a hellish period of intensive care, on to rehabilitation, and eventually home.

The book centers on how the stroke affected Bonnie's life and being, and she tells the story from the unique perspective of a doctor's wife. *Slow Dance* provides a close-to-home (perhaps too-close-for-comfort) look into what such a medical calamity can do to physicians, their spouses, their families, and to all of us as individuals. She

shares everything with the reader in an extraordinarily open and honest way, ranging from how she and her husband dealt with physicians' diagnostic errors and the subsequent reality of the correct diagnosis to how her physician husband tried to manipulate the medical system to get the care he deemed appropriate for her (even to the point of being labeled an out-of-control nuisance by hospital staff) and personal details about nightmares, fear of failure, and sexual intimacy.

At times, I found myself uncomfortable with the personal details, perhaps because I'm not used to learning such things about my colleagues and their families. However, these details are probably the book's greatest strength, because they allow readers to really personalize and identify with Bonnie and Michael Klein's experience.

Another of *Slow Dance's* strong points is that it is extremely readable. Although 300 pages long, I was able to read the book thoroughly and still zip through 50+ pages an hour. Most readers will be able to read the book in a single day.

The book has a few weaknesses, but they are minor. References to feminism and 1960s politics sometimes made the book seem a bit dated. And, at times, I found the author's descriptions of her psychological stresses a bit overdone, but maybe that's because she went through them and I didn't. Regardless, these weaknesses do not detract from the book's value.

In summary, *Slow Dance* offers a personalized account of what a serious medical catastrophe can do to an individual and a medical family, and I recommend it to anyone who has not had to deal with such things on a personal level. It will help readers gain insights into themselves and to be better health professionals and family members.

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Serious Mental Illness and the Family—the Practitioner's Guide, Diane T. Marsh, Philadelphia, John Wiley and Sons, Inc, 1998, 374 pp., \$45, hardcover.

This book is a practical guide that teaches mental health professionals how to help families cope with the many difficulties associated with having a family member with serious mental illness.

The book is divided into four sections. Part one covers the foundations of practicing with mentally ill patients and addresses topics such as confidentiality, ethical, and legal issues. Part two chronicles the experiences and needs of families faced with serious mental illness. The burdens of the family are detailed, along with a discussion of mental illness in the context of the individual and family life cycle. The author stresses the development of family and individual action plans and details how to cope with problems when they arise. Part three presents forms of family interventions, which always includes giving information, skills, and support. Part four suggests how to work with parents, spouses, siblings, and offspring of mentally ill patients.

The book is highly readable. Each chapter starts with a patient vignette that draws the reader in. Many creative and practical strategies are offered throughout. Each chapter ends with a section called "From Theory to Practice" and includes a mock dialogue between a health professional and a family.

The author suggests that the book would be helpful for providers other than mental health professionals, especially family physicians. I couldn't agree more. This useful work should be on the shelf of any family physician who provides care to patients with serious mental illness or their families. Residency programs should include this text as part of their behavioral science curriculum. I strongly recommend this book.

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