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Books, Software, and Other Media

Breaking the Cycle: How to Turn Conflict Into Collaboration When You and Your Patients Disagree. George F Blackall PsyD MBA, Steven Simms PhD, and Michael J Green MD MSc. Philadelphia: ACP Press. 2009. Soft cover, illustrated 176 pages, $39.95.

Conflict is an inevitable part of medical practice. **Breaking the Cycle: How to Turn Conflict Into Collaboration When You and Your Patients Disagree** begins by stating what many physicians know to be true but are often reticent to discuss: that patient-physician relationships are not always mutually satisfying, productive, or even pleasant for the parties involved. Most physicians enter into the profession with a sincere desire to help others, and conflict within the therapeutic relationship can undermine the best intentions of providers, stymieing attempts for optimal medical care. The book was inspired by a clinical case experienced by 2 of the authors, treating a 12-year-old girl with acute lymphoblastic leukemia, who was unable to swallow the pills necessary for her treatment. The difficulties in navigating that impasse led to the development of an approach to prevent and mitigate conflicts and stalemates, one grounded in techniques developed for family therapy, but applied specifically to the physician-patient relationship.

Some argue that the skills required to successfully navigate conflict and build stronger relationships are innate and cannot be taught. This book, with it supportive, positive tone, "universal principles" or skills, and specific examples of their applications, suggests otherwise. Medical school and post-graduate medical education teach core concepts of professionalism, mandated by the Liaison Committee on Medical Education and the Accreditation Council for Graduate Medical Education, respectively. However, even well trained physicians exceptionally gifted in communication sometimes have difficulty identifying and addressing a patient's needs, and express anger, frustration, and despair in the face of diagnostic uncertainty, ineffective treatments, and loss.

The first chapter describes the traditional "physician as expert" model, in which a patient comes to the doctor with a problem, and the physician, acting as the "expert," provides a diagnosis and treatment, either resulting in resolution of said problem, or persistence/increase in symptoms. As the authors attest, this model usually works well, provided that the doctor and patient agree on the cause of the problem, and on the best way to proceed. However, conflict and a breakdown in the physician-patient relationship can arise when a disagreement occurs related to either diagnosis or treatment plan.

Chapter 2 explores the "symptomatic cycle," in which the clinical encounter is focused on symptom resolution rather than relationship strengthening. The authors propose a new model for physician-patient relationships—one grounded in the principles of structural family therapy developed by family therapist Salvador Minuchin. Specifically, they assert that, by prioritizing and focusing on relationships (in this case, between providers and patients, as well as patients and their families), conflicts and impasses can be prevented.

Chapters 3 and 4 focus on specific techniques for relationship building and collaboration between physicians and patients. They describe "universal principles" for navigating stalemates with patients: highlighting competencies, focusing on relationship strengthening, prioritizing collaboration over control, and recognizing one's own role in an impasse. The ARCH mnemonic (Acceptance, Respect, Curiosity, Honesty) is presented as a tool to prevent quagmires in the therapeutic relationship. Additionally, the authors highlight specific techniques for active, engaged listening, which will be familiar to those already grounded in patient-centered interviewing. Chapters 5 through 10 apply these techniques to individual clinical scenarios, from challenges in addressing chronic progressive disease, to highly fraught emotional interactions with families of critically ill patients.

Throughout the book, the authors include transcripts of specific physician-patient, or physician-family interactions, based on interviews with physicians, and/or the authors' clinical experiences. These scenarios resonate: clinicians will readily identify similar interactions from their own practice. The inclusion of these dialogues helps to translate the theoretical principles into pragmatic examples that translate directly to patient care. Instead of presenting idealized clinical scenarios, the authors discuss how, even in the real world, with untidy and sometimes poor outcomes, physicians can maximize their effectiveness and patient satisfaction by focusing on collaborative relationship building.

The book is well written, clearly organized, has pithy summary boxes at the chapter-ends, and includes many tables and boxes with specific numbered skills, which allows quick, high-yield reading for busy clinicians. The least useful aspects of the book are the somewhat repetitive, multiple flow charts that elucidate the "physician as expert" model and the symptomatic cycle as it is applied to specific patient scenarios. The text is written clearly enough to elucidate the steps of the cycle without distracting the reader with these figures.

This book is directed mainly at physicians and mid-level practitioners (eg, nurse practitioners and physician assistants), particularly those working in primary care and intensive care. That said, though the scenarios given are focused on interactions between physicians and patients, the "universal principles" outlined could be useful to anyone who navigates conflict in interacting with patients in the clinic or the hospital, or truthfully, even in the non-professional setting.

Our power as healers largely exists in the domain of language, and the words we choose to use (or squelch) make an enormous difference in the relationships we build with our patients and their families, and even in their clinical outcomes. The toolbox of the modern physician is expansive, but no technology can supplant the primacy of the therapeutic relationship. Blackall, Simms, and Green recognize this and assert that even the most skilled among us can improve. **Breaking the Cycle** is a relatively quick read, and an engaging one at that. Readers would

be well served to learn from the collective wisdom of these authors.

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Clinical Respiratory Medicine, 3rd edition. Richard K Albert, Stephen G Spiro, and James R Jett. *Expert Consult* series. Philadelphia: Mosby Elsevier. 2008. Hard cover, illustrated, 1,032 pages, $169.

Medical textbooks are generally used for one of 2 purposes: to research a particular clinical question, or to educate a reader in a particular subject, who would be approaching the material early in his or her education. To accomplish one of these 2 goals I would consider a necessity in any work; to do both should be the purpose of a good medical textbook or reference book. But to do both, in an approachable way, and as a "good read," I regard as uncommon. Thankfully, the third edition of **Clinical Respiratory Medicine** manages these 2 goals in a remarkably well rounded and yet concise way. To summarize the field of respiratory medicine in a little less than 1,000 pages is no small feat; I wondered when initially approaching this text, what was excluded? What was minimized? Surely there must be some glaringly obvious holes. But, remarkably, I could find none. While some chapters did avoid a detailed discussion of pathophysiology (ie, those dealing with pulmonary manifestations of disease, or interstitial lung disease), this was appropriate to the intended audience, and still provided enough depth such that clinicians such as myself did not at all feel "dumbed down."

From basic chest imaging and common clinical conditions such as chronic obstructive pulmonary disease and cough, to more advanced topics such as interstitial lung disease and mediastinal disorders, **Clinical Respiratory Medicine** covers pulmonary medicine in a thorough way and yet manages to avoid focusing on minutiae; one is never in danger of losing the forest for the trees. While written in a logical fashion, I found most chapters to be approachable enough such that newcomers to pulmonary medicine would not be put off. Respiratory therapists, medical students, residents, nurses, and primary care physicians should all find the subject matter appropriate and informative. Overall, the topic grouping was, I felt, excellent, and seemed intuitive in progression if one were to read the book cover to cover, as I did. Additionally, the "foundation" of the book is solid: the typeset is clear, the pages are well laid out, and the figures and tables are (for the most part) excellent; information is presented logically, with supplemental reference "boxes" frequently scattered about in a rational and presentable fashion. Finally, in a manner I found refreshing, most chapters ended with a discussion of questions or controversies, thus both encouraging critical thinking, and avoiding a pitfall of the typical "preachy" style some textbooks fall into. Understanding that all we know is not, in fact, all we can know, is an important point that can be missed, at least in the initial stages of one's clinical training.

My introduction to the textbook was, appropriately enough, with radiology. I found this chapter to be outstanding, both in its format and in the very idea itself. I personally have found that most beginning students in pulmonary medicine approach the field in terms of chest imaging. Chapter 1 is a superb introduction to basic chest radiography, and provides enough depth that I found myself (perhaps somewhat embarrassingly) still learning several things about the field. While not exhaustive by any means, this chapter is a stepping stone for the chapters to come, and provides some initial reference to topics one will be exploring in more depth later. Well rounded, concise, and with many excellent radiographs for additional reference, I found Chapter 1 a true highlight, and I plan to use it for teaching purposes.

Subsequent chapters are organized around themes; basic physiology, clinical techniques, mechanical ventilation, common symptoms, infectious disease, airway diseases, and interstitial lung disease (termed diffuse lung disease in this book) are but a few of the topics covered. Pulmonary physiology was well done, I thought. Key to so much in clinical reasoning, a good understanding of physiology can aid greatly in truly understanding disease processes, rather than simply memorizing signs and symptoms. Chapter 19 in particular was a standout, and did an excellent job of discussing hypoxemia; I especially appreciated the discussion on "hypoxic respiratory drive," which, I am embarrassed to say, I too learned in residency somehow (before unlearning in fellowship quite rapidly). I did, however, feel that some of the descriptions in Chapter 5 "bogged down" a bit in equations and mathematics, and could be slightly above the reading level of a beginning reader. Respiratory therapists, however, will probably find this chapter highly informative and reinforcing of what they have already been taught in the classroom.

Similarly, the discussion of pulmonary circulation and shock (Chapter 6), is outstanding. Good basic science is coupled with clear clinical reference, thus effectively "bridging" the book-to-bedside chasm that all newcomers to clinical medicine must cross. I found all mathematical references to be appropriate, with numerous graphs and tables placed as an adjunct to the text; they did not at all distract from the underlying discussion. Unfortunately, the very next chapter moves in exactly the opposite direction; many students struggle with acid/base physiology, and while an inorganic chemistry student would probably feel right at home in this chapter, I felt the science was inappropriately emphasized. Beginning students (or even those of us in clinical practice) benefit from clinically relevant approaches that can assist in patient care. I quickly became lost in this chapter, and found it not at all helpful in teaching the application of acid/base at the bedside. I would recommend that those searching for a good discussion of acid/base physiology look elsewhere.

It was with relief that I moved on from Chapter 7, and thankfully found that almost all of the subsequent chapters return to this book's strength: clear explanations with excellent clinical applicability. Even the chapter on immunology managed this (which I found remarkable after my own experience with this topic in medical school). Knowing what to include, and what to exclude, was this chapter's strength, so as not to overwhelm the reader with information. Subsequent descriptions of bedside techniques in respiratory medicine and ventilator management were appropriate to those being introduced to the topic for the first time, but would obviously not be a good reference for more experienced clinicians. For teaching purposes, I found the chapter on ventilators to be useful, and in particular the graphic descriptions of intrinsic positive end-expiratory pressure (auto-PEEP). I would have appreciated a more in-depth dis-

cussion of noninvasive ventilation, especially given the rapidly growing use of this modality. Understanding the uses of bi-level positive airway pressure (BiPAP) is important, but I would have liked a more explicit discussion on when not to use this modality, and when it could in fact be harmful.

Primary physicians and mid-levels will appreciate section VI, a discussion of common respiratory symptoms and their causes. While I doubt that the chapter on chronic cough will do much to slow the onset of referrals to my own practice for this complaint, it was both concise and well written. The infectious diseases chapters are also very well done, with the chapter on opportunistic infection being an especially good review. I would recommend it for residents in training, or even for hospitalists treating immunocompromised patients, as a worthwhile read. The discussions on cystic fibrosis and lung cancer were also excellent, with good graphics and tables being especially important when reviewing lung cancer staging.

Though almost all the radiographs were clear and well reproduced, Chapter 69 had exceptions; the discussion of pleural disease and pneumothorax was superb, but the radiographs were less clear. I found it difficult to appreciate the issues being described in some of the representative films, which in this chapter is an important point. I also found a relative dearth of such pictures; when referencing radiographic abnormalities, I would have found more films helpful. For example, discussing tension pneumothorax is important, but showing a representative film of it should be even more so (to aid in clinical recognition). Why the films in Chapter 1 were so much better and more numerous is unclear; hopefully, this can be addressed in a subsequent edition.

Among the other chapters I will probably be borrowing for teaching purposes is Chapter 71. Acute respiratory distress syndrome remains a common problem in the intensive care unit, and I remain astonished at the number of centers that do not use lung-protective ventilation for this clinical condition. While I accept that there are different perspectives on our current body of literature, I have yet to see an alternative ventilatory strategy demonstrate a mortality benefit for acute respiratory distress syndrome. If anything, the authors of this chapter "soft-sell" this point, although they do include a discussion of the controversies about lung-protective ventilation at the end of the chapter. A thorough discussion of other potential modalities, with mention of alternative ventilatory modes, rounds out this chapter, which I regard as a must-read for respiratory therapists and pulmonary clinicians.

As mentioned previously, I found the discussions on controversies at the ends of the chapters to be most enlightening; however, when it came to the discussion of diffuse lung diseases (interstitial lung disease), I thought that more attention could have been paid to this topic. Overall a good discussion was held in Chapter 50, dealing with the idiopathic interstitial pneumonias. I especially appreciated the computed tomography images placed next to the pathology slides, to allow for a better visual relationship between the two. However, I would have liked more information about the many things we don't understand about usual interstitial pneumonia and interstitial pulmonary fibrosis. For example, how important is a tissue diagnosis? What data support the American Thoracic Society's treatment recommendations, when the authors admit that there is no "established optimal treatment"? One might mention that there is no basis in evidence for any treatment whatsoever, although anecdotal case studies abound (interstitial pulmonary fibrosis is admittedly a difficult entity to study). Are there circumstances when the risks of treatment outweigh the benefits? From a clinician's perspective, the interstitial lung diseases in general (and interstitial pulmonary fibrosis in particular) remain poorly understood; I would have liked this basic framework to shape the chapter's discussion.

These points notwithstanding, I overall found the third edition of **Clinical Respiratory Medicine** to be a remarkably well written and well organized textbook. It is an impressive work, with appropriate and thorough discussions of complex topics, written in such a way as to remain approachable for neophytes and experienced clinicians alike. This can be a difficult balance to strike, and perhaps one that was not always accomplished perfectly, but one that was managed overall quite admirably. I would recommend this work to respiratory therapists, nurses, resident physicians, and even primary care physicians looking to expand their knowledge of pulmonary medicine.

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Bronchopulmonary Dysplasia. Steven H Abman, editor. *Lung Biology in Health and Disease* series, volume 240, Claude Lenfant, executive editor. New York: Informa Healthcare. 2010. Hard cover, 512 pages, illustrated, $269.95.

Bronchopulmonary dysplasia (BPD), also referred to as chronic lung disease, is the most important respiratory complication of prematurity. Despite the advent of antenatal corticosteroid therapy, exogenous surfactant replacement therapy, sophisticated mechanical ventilation, and continuous monitoring techniques, 30–40% of infants with birth weight < 1,500 g develop BPD. Its incidence is inversely related to gestational age, and its etiology and pathogenesis are clearly multifactorial and incompletely understood.

Bronchopulmonary Dysplasia is the latest volume in the *Lung Biology in Health and Disease* series and comprehensively examines 4 aspects of this disorder: mechanisms of lung growth and development, mechanisms of disrupted lung development and repair in the pathobiology of BPD, clinical aspects of BPD and its management, and emerging therapies. The monograph has 27 chapters, each authored by different contributors. Abman certainly enlisted an all-star cast of 50 contributors, who are international and multidiscipline in scope, including neonatologists, pediatric pulmonologists, basic scientists, and epidemiologists.

The book appears to be written for pulmonologists, critical care specialists, and pediatricians who care for infants with BPD. The first half of the work deals primarily with basic science and genetic and inflammatory mediators that play important roles in the pathogenesis of the disease. These are well written, and although they set the stage for translational research, they may be a bit too complex for the average reader, especially those unfamiliar with the language of molecular biology. Nevertheless, they are an excellent reference source.

Clinicians will find the last half of the book to be particularly valuable. Chapter 12, by Bancalari and Claure, provides a current overview of evolving clinical features, and the following chapter, by Van Marter, is an excellent review of the epidemiology of BPD.

One of the most difficult obstacles in both the conduct and interpretation of clinical research has been our inability to standardize the definition of BPD. Walsh, who also describes strategies for benchmarking to compare outcomes, addresses this. Chapter 16, by Vento and Saugstad, nicely summarizes the role of oxygen toxicity in the development of BPD and provides delivery-room management strategies for its avoidance, which are based on sound clinical evidence.

The role of mechanical ventilation is discussed in 2 chapters. In the first, Leone and Finer propose early strategies to decrease the incidence of BPD, using a summary of meta-analytical data to recommend limitation of ventilation wherever possible, and what is a good common sense approach to ventilation based on a sound understanding of pathophysiology. In the second chapter, Castile and Nelin propose a strategy for mechanical ventilation of infants with established BPD, that is based on lung function, structure, and physiology.

The chapter by Mourani and Abman on the pulmonary vascular disease in BPD was especially good, covering an important aspect challenging clinicians who treat infants with well established disease. Halliday comprehensively reviews pharmacologic therapies for BPD, and clinicians would be wise to heed his conclusion that few drugs provide long-term efficacy, despite short-term benefits.

The remainder of the clinical section includes chapters on abnormal lung function, an excellent review on long-term pulmonary outcomes (by Greenough), and long-term neurodevelopmental outcomes of infants with BPD. These are clinically focused and provide current information that is relevant to practice.

The final section contains 5 chapters that examine pharmacologic treatment or prevention of BPD, including inhaled nitric oxide (the jury is still out), vitamin A (it works, but why don't people use it?), antioxidants (promising, but more work is needed), and low-dose glucocorticoids (always end with controversy; it might stimulate a future edition). This section would have been strengthened by inclusion of additional therapies that are being actively investigated, such as late surfactant replacement therapy, and agents used to treat pulmonary hypertension, such as sildenafil or inhaled prostacyclin.

In general, this book comprehensively covers an important subject. It flows well, the chapters are generally similarly formatted, the figures and tables are easy to read, and repetition is minimal. It is heavily weighted to basic science, and as such, it may have limited appeal to clinicians and respiratory therapists. At nearly $300, it is quite pricey and will probably be relegated to library purchases, where it will be a worthwhile addition to reference materials on neonatal lung injury.

I congratulate Dr Abman for putting this all together.

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