

**Mosby's Respiratory Care Equipment**, 7th edition. JM Cairo PhD RRT and Susan P Pilbeam MSc RRT FAARC. St Louis: Elsevier Mosby. 2004. Hard cover, illustrated, 885 pages, \$72.95.

Today the respiratory therapist is faced with ever-changing and more complex equipment than ever before. Respiratory care practitioners need to be armed with the knowledge and understanding of the many devices at their disposal to provide the highest, safest level of care to their patients. Authors Cairo and Pilbeam have taken on the daunting task of reviewing, updating, and improving upon a text that was first published over 20 years ago and has become an essential tool for respiratory care professionals everywhere.

The 7th edition of **Mosby's Respiratory Care Equipment** quickly catches your eye with its brightly colored hard cover. This is followed by a comprehensive list of abbreviations on the inside front cover and frequently used formulae and values on the inside back cover. The book begins with a detailed table of contents, making it easy for the reader to navigate all 15 chapters and quickly find specific information.

Chapter 1 provides a nice review of the basic physics involved in the practice of respiratory care. Chapters 2 and 3 deal with all aspects of medical gases, from manufacturing and storage to devices for proper administration. Specialized and mixed gases are also included. Chapter 2 has a very useful, organized appendix, outlining National Fire Protection Association and Compressed Gas Association recommendations and regulations for the safe storage, transportation, and use of medical gas systems. This information is valuable to all practitioners, including managers and administrators living in an environment of increased scrutiny from state, federal, and independent regulating agencies.

Chapter 4 discusses humidity and aerosol therapy, utilizing several tables to illustrate important points. Chapter 5, "Principles of Infection Control," is a concise discussion of an extremely important aspect of health care. This chapter would be a nice review for any practitioner involved in direct patient care.

Chapter 6 is a nicely organized chapter that discusses and demonstrates aspects of airway management and includes many helpful, accurate illustrations and photographs to assist the reader in understanding the available airway management tools.

Chapter 7 reviews lung-expansion devices. I question the value of giving nearly 10 pages of attention to intermittent positive-pressure breathing. To my knowledge, positive-airway-pressure devices, along with other techniques, have become much more popular and have been studied more recently as an adjunct to bronchial-hygiene therapy.

Chapters 8, 9, and 10 detail the various diagnostic tests related to the practice of respiratory care, including pulmonary function testing, cardiovascular testing, and blood gas monitoring. Each of these chapters provides up-to-date, accurate information for practitioners who routinely order these diagnostic tests.

Chapters 11 and 12 may be the best chapters in this text. Cairo and Pilbeam have captured the essence of mechanical ventilators, from the most basic concepts to the most complex of today's ventilator modes. They provide key information about 22 different ventilators. Yes, 22 ventilators were included in Chapter 12 alone. This is the most comprehensive chapter I have seen on the ventilators available today, and the authors organized the information in a readable, understandable, and useful way. The attention to detail, including the figures and photographs of each ventilator, is remarkable.

Chapter 13 follows in line with Chapters 11 and 12 by providing key information on numerous infant and pediatric ventilators, including continuous-positive-airway-pressure systems, jet ventilators, and high-frequency oscillatory ventilators. Once again, the attention to detail and the ventilator photographs are wonderful additions.

Chapter 14 is a particularly timely chapter, as transport and home-care ventilators have become more popular. Included in this chapter are descriptions of several transport ventilators, home-care ventilators, devices to provide noninvasive ventilation, and negative-pressure ventilators. The text concludes with a chapter on sleep diagnostics.

This chapter is concise and nicely written, so the reader will have a basic understanding of sleep disorders, their pathophysiology, and physiologic consequences.

The text begins each chapter with a clear set of learning objectives and key terms. The body of each chapter contains subtitles, clear and readable text, and tables, figures, and photographs that complement the surrounding text. Each chapter also includes "clinical rounds," a problem-solving, critical-thinking section to test the reader's understanding of the topic being presented. Each chapter ends with a summary and a set of review questions that challenge the reader. There are also references, a bibliography, and a list of Internet resources. Since the Internet is such a worldwide wealth of information, I believe this is a useful tool. Although I did not visit each Web site, I trust the authors and others involved in the writing of this text have done so and verified the credibility and accuracy of the information at each site.

**Mosby's Respiratory Care Equipment**, 7th edition, is a comprehensive, well-written text that makes good use of tables, illustrations, figures, and photographs to complement the text. This text is a "must-have" for respiratory care departments and respiratory care schools. It would also be a welcome addition to any health-care professional's personal library. This book is a bargain at \$72.95. I thoroughly enjoyed reviewing this text and will use it in my practice on a regular basis.

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#### **Therapy for Mucus-Clearance Disorders.**

Bruce K Rubin MEng MD and Cees P van der Schans PT PhD (*Lung Biology in Health and Disease* series, volume 188, Claude Lenfant, executive editor). New York: Marcel Dekker. 2004. Hard cover, illustrated, 597 pages, \$195.

This book is a welcome addition to the excellent *Lung Biology in Health and Disease* series of textbooks published by Marcel Dekker. It provides wide-ranging coverage of the physiology of mucus clearance,

the pathology of acute and chronic mucus-clearance disorders, physical and pharmacologic therapies for those disorders, and issues specific to mucus-clearance research.

Although not explicitly stated, the implication from the preface and introduction is that clinicians and researchers in the subject are the intended audience. The content is consistent with this, reflecting a high degree of specialization. The editors were wise not to attempt to have the book function as an introductory text for undergraduate students as well.

The 20 chapters are organized into 3 parts. Part One serves as an introduction to the subject, covering the anatomy and physiology of mucus clearance, the properties of mucus, and the regulation of mucus secretion. The contrast between health and mucus-clearance disorders is presented with examples judiciously chosen from chronic obstructive pulmonary disease, asthma, and cystic fibrosis.

Part Two consists of Chapters 6 through 15 and covers mucoactive medications. A welcome chapter devoted to the taxonomy of mucoactive agents is logically presented first, followed by issues of drug delivery. Subsequent chapters each examine one class of mucoactive medication in detail: expectorants, mucolytics, mucokinetics, and so on. The concluding chapter discusses issues of regulatory approval of mucoactive medications. Part Three explores physical interventions to promote mucus clearance, including manual techniques, mechanical devices, and independent strategies such as autogenic drainage and exercise.

Overall, this organization is logical and helpful. The editors found appropriate places to include some specialist chapters such as "Mucoactive Agents and the Upper Airway" in Part Two, and "Postoperative Mucus Clearance" and "Management of Airway Secretions in Patients with Severe Respiratory Muscle Dysfunction" in Part Three. These are often overlooked in review articles on mucus clearance. Hopefully, their inclusion here will lead to some "crosspollination" of ideas. Two excellent chapters, however, did seem misplaced. Chapter 4, "Outcomes for Trials of Mucoactive Therapy," refers to the different classes of mucoactive medications and might therefore have been better placed after Chapter 6, "Taxonomy of Mucoactive Medications." Chapter 5, "Adherence with the Use of Clearance Techniques," by the accomplished team of Abbott, Dodd, and Webb, tackles the often overlooked issues

of adherence. While this important topic deserves a prominent position, it would seem logical to leave discussion of adherence with physical therapies until after the techniques themselves have been described.

I found some inconsistencies between chapters. In Chapter 4, pulmonary function tests are recommended as a suitable outcome measure for long-term but not short-term trials, while the converse is recommended in Chapter 5. Also, the definitions of the various classes of drugs introduced in the taxonomy of mucoactive medications in Chapter 6 are not adopted consistently throughout the other chapters.

In making these criticisms, I should acknowledge that I had purchased a copy of this book before being asked to review it and I had not noted these issues during day-to-day use. They were only apparent to me on a sequential reading of the entire text. I think most users of this book would use it as I had—reading a paragraph, passage, or chapter of interest at a time—so the impact of the inconsistencies is likely to be small.

An evidence-based approach was generally adopted, with each chapter providing a coherent, concise, and accurate presentation of the available research for one subject. The selection of cited studies was unbiased and comprehensive. A rare exception was the discussion of a randomized trial that found a significant benefit from positive expiratory pressure over conventional physiotherapy, whereas other randomized trials (including one with twice the duration and twice the sample size) with nonsignificant results were ignored. Another was the omission of studies of hypertonic saline's effect on human mucociliary clearance from Table 1 in Chapter 10, although they do appear in the text. Future editions may have the opportunity to make more frequent reference to published systematic reviews as the number of those documents grows. Alternatively, authors may be able to supplement their systematic approach to reviewing the literature with greater use of meta-analysis. Conclusions were well justified, with the usual overstated claims about what is proven, particularly in relation to physical therapies, being conspicuously and refreshingly absent. Where evidence was limited, this was clearly acknowledged before turning to recommendations based on physiologic principles and logical argument.

Tables were clear and used appropriately to present systematic or collated information. Photographic illustrations were of good

quality. Diagrams were simple and put to effective use. Tables and figures were almost always understandable without reference to the text. A few diagrams needed legends, such as Figure 1 of Chapter 13, where the distinction between the bold, solid, and dashed arrows was unclear. Nevertheless, most were excellent examples of how to summarize information pictorially, such as the pressure and flow waveforms of positive-airway-pressure devices in Chapter 17.

Chapter introductions and summaries were well written and helpful. Errors of spelling, grammar, punctuation, abbreviation, and referencing were rare; I found about one per chapter. All were minor, never preventing me from interpreting the intended meaning. The index was quite comprehensive, especially when used in conjunction with the table of contents.

In this rapidly expanding field, this textbook should appear in updated editions. Speculating on the next edition, a Part Four could contain the current chapter "Adherence With the Use of Clearance Techniques" and a corresponding chapter on adherence with the use of mucus-clearance medications. A suitable final chapter could examine structuring mucus-clearance treatments, including the order in which pharmacologic and physical therapies might best be applied, and the timing that would maximize the clinical efficacy. In Part Two, consideration might also be given to splitting Chapter 10, "Modulation of Mucociliary Function by Drugs and Other Agents," into two. Although it is an excellent and comprehensive chapter and an outstanding source of references, it is almost 3 times longer than the average chapter and more than 30 pages longer than the next largest. The first 5 pages include some repetition of material presented earlier in the book. This could be reduced with reference to the earlier sections. The remainder is really worthy of 2 chapters, which might be "Ciliary Function and its Measurement" and "Drug Effects on Mammalian Cilia."

My impression has always been that editors of textbooks in the *Lung Biology in Health and Disease* series identify a comprehensive set of topics within a specialized respiratory field and gather together contributors of the highest caliber to review each topic. Rubin and van der Schans have achieved exactly that. **Therapy for Mucus-Clearance Disorders** is a worthy addition to the series. It is a valuable reference tool for clinicians and

researchers in the field of mucus-clearance disorders.

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**Recent Advances in the Pathophysiology of COPD.** Trevor T Hansel and Peter J Barnes, editors. (*Progress in Inflammation Research* series, Michael J Parnham, series editor). Basel: Birkhäuser Verlag. 2004. Hard cover, illustrated, 231 pages, \$169.

Until recently, research into chronic obstructive pulmonary disease (COPD) had been neglected, as compared to the efforts expended to address issues in asthma. This small multi-author text, edited by Trevor Hansel and Peter Barnes, is another welcome sign that COPD is beginning to receive research attention appropriate to its growing public health importance. The book is a compilation of 12 chapters that cover a broad range of COPD issues, each prepared by an expert or experts in the field. Topics range from the genetics of COPD, in the first chapter, to the new drugs for COPD, based on advances in pathophysiology, in the last. The information presented is suitable for a small audience of respiratory-interested readers; the information is somewhat removed from the clinical setting, despite its chapters on "Lung Function in COPD" and "Computed Tomography Scans in COPD," and would seem to target researchers and research students in the subject. As part of the *Progress in Inflammation Research* series, it has a place in every COPD researcher's library.

Each chapter provides an overview rather than an exhaustive review of its subject, with chapters averaging 20 pages, including references (approximately 50 references in most instances). Chapter 1 offers a review of COPD phenotypes, approaches to identify susceptibility genes, candidate genes studied in COPD, and the future of genetics of COPD. In other words, it explains the basics, states our current knowledge, and gives us perspectives—the approach taken throughout the book. The chapters on pathology, lung function, and computed tomography cover a more general view of the issue.

The next 3 chapters, "Oxidative Stress in COPD," "Proteinases in COPD," and "Mucus Hypersecretion in COPD," are

specifically related to the role of products released from inflammatory cells, and also enzymes, mediators, and inhibitors in COPD.

The next 2 chapters review 2 research and clinical technologies that are widely used to assess respiratory inflammation: bronchoalveolar lavage and induced sputum collection and examination. There is also a chapter about a more recently developed, noninvasive way to monitor lung inflammation: the assessment of exhaled gases and condensates, including nitric oxide and exhaled breath condensate.

Chapters on systemic features of COPD and pulmonary rehabilitation offer clinically pertinent information, though the former is more closely linked to inflammation issues than the latter. The concept of COPD as a disease not limited to the lung parenchyma but also having systemic features is welcome in a book on inflammatory mechanisms of lung disease.

The last chapter, "New Drugs for COPD Based on Advances in Pathophysiology," describes the need for new drugs and the rationale for them, and, based on the pathophysiology of COPD, identifies potential targets for novel pharmacotherapies. Smoking cessation, immunosuppressants, antioxidants, inducible nitric oxide synthase inhibitors, inhibitors of cell signaling, protease inhibitors, mucoregulators, leukotriene B<sub>4</sub> (LTB<sub>4</sub>) inhibitors, adhesion-molecule blockers, anti-fibrotic therapy, and alveolar repair all receive attention. This review of the current alternatives and the future directions is a great conclusion to the book.

Despite its virtues, one limitation of this book should be noted. As good as its text is, the illustrations are minimal and in most chapters limited to simple black-and-white diagrams. This paucity of illustrations is striking in some chapters. The chapter on computed tomography in COPD has just 2 small images. The chapter on pathology has none.

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**Essentials of Pediatric Intensive Care.** Charles G Stack FRCA and Patrick Dobbs FRCA. London: Greenwich Medical Media/Cambridge University Press. 2004. Soft cover, 241 pages, \$24.99.

The handbook **Essentials of Pediatric Intensive Care**, by Charles Stack and Patrick Dobbs, is described by the authors as a guide for those practitioners who do short-term rotations in caring for critically ill children or who look after children transiently before the children are transferred to a pediatric intensive care unit (PICU). The book is divided into 3 sections, beginning with the section on the basic precepts of pediatric critical care, followed by a section on specific problems encountered in the PICU. The book closes with a guide to medications commonly used in the PICU.

The greatest challenge for a reviewer is to attempt to read the book with the eye of the intended audience. This is made more challenging when the field practiced by the reviewer is reduced to a handy compendium designed for the novice to pull from a white coat and reference. I fear I may have been unable to put aside my fondness for the complexity of the field, and so my review may be biased from that standpoint. However, the perspective of a novice demands that a handbook should guide not simply by reviewing the field, but by encouraging investigation when the handbook may not be a sufficient source.

The first section, on basic concepts in pediatric critical care, includes chapters on the physiologic and anatomical differences between the young and old, neonatal problems in the PICU, resuscitation, trauma, airway and ventilation, circulation and rhythm disturbances, sedation and analgesia, fluids and electrolytes, transportation, and the death of children. These chapters represent a fairly well-rounded introduction to the broad principles encountered in the PICU.

In the first chapter, "Differences Between the Child, the Neonate and the Adult," the authors review respiratory, cardiac, neurologic, and other physiologic and pharmacologic differences between these groups. Although in this short chapter the authors list many of the important differences between the 3 age groups, in the attempt to present these principles as a collection of lists, the inherent summarizing simplifies complex principles and drains controversy and debate from the subject.

The following chapter, on neonatal problems, is brief; it enumerates some of the

important diseases that premature and term infants face. This chapter demonstrates the main shortcoming of this section of the book; that is, the attempt to reduce the principles of pediatric critical care to a group of lists renders the material quickly accessible, and in general the lists are fairly thorough, but the lists do not provide the reader with any of the controversy or subtlety of the principles they describe, especially for the reader who may lack experience or a strong knowledge basis. Hence, I think the attempt at convenience and accessibility also does a disservice to the reader. It is perhaps for this reason that *The Harriet Lane Handbook*, a well established pediatric handbook, has continued to grow longer over the past decade or so; the current (17th) edition runs around 1,168 pages.

The chapters on resuscitation, trauma, respiratory and cardiovascular principles, sedation, fluid and electrolytes, and nutrition emphasize lists of how to begin and end the approach to these problems. There are flow charts on advanced life support and resuscitation of the asystolic patient or the patient with pulseless electrical activity or ventricular fibrillation. There are also a number of tables that include etiologies of common problems, signs of such problems, and indications for various therapies for such problems. These charts and tables are well constructed and clear. This section would benefit from a brief emphasis on the importance of re-evaluation and revisions of the patient assessment and the adequacy of the care plan.

I commend the authors for including a chapter on death in the PICU. This very difficult subject is mainly approached in a clinical fashion. Again, the chapter would be more thorough with references to further resources, especially items on the psychosocial aspects of death.

The second section of the manual is devoted to a more in-depth review of pediatric critical care from an organ-system standpoint. The authors provide a greater emphasis on physiologic principles that underlie the practice in this section. The main difficulty for the novice reader is how to round out the information provided in this section. For instance, in the chapter on cardiac disease the authors introduce and summarize the most common congenital cardiac defects and clinical issues that arise following cardiopulmonary bypass. Although the authors do provide an outline of the care of these problems, it is hard to imagine the

inexperienced clinician relying solely on this manual as a guide to managing such patients. For instance, hyperventilation, nitric oxide, prostacyclin, and sodium nitroprusside are offered as therapies for post-bypass patients with hypertensive crises. There is, however, no way for the reader to evaluate the merits or potential complications of these treatments. So, this chapter provides a convenient introduction for a student who plans to access more rounded approaches to the subject.

In contrast, the chapter on neurologic and neuromuscular disease is replete with tables that range in subject from the Glasgow Coma Scale to causes of unconsciousness and coma, as well as types and causes of status epilepticus, among others. There are decision flow charts for the management of the unconscious child and status epilepticus. The relative thoroughness of this chapter may reflect, at least in part, the nature of the subject, which lends itself more readily than cardiac or respiratory physiology to being summarized in a group of lists.

This second section also includes chapters on gastrointestinal and hepatic diseases; renal, hematologic, and oncologic diseases; endocrine and metabolic disorders; infections; trauma; poisoning; as well as neonatal and surgical issues. The renal chapter concentrates on renal therapies as well as briefly emphasizing renal diseases. The hematology/oncology chapter covers sickle cell disease, leukemias, bone-marrow transplantation, and solid tumors. The chapter on infectious diseases and related illnesses covers meningococemia, human immunodeficiency virus, and systemic inflammatory response syndrome. The trauma and poisoning chapters are fairly thorough for a handbook.

The third section is a compendium of medications commonly employed in the PICU. The medications are listed alphabetically rather than by class. The list includes class of the agent, usage, dosage, contraindications/warnings, and adverse effects.

**Essentials of Pediatric Intensive Care** approaches the major rubrics of pediatric critical care but founders on its attempt to take a physiology-based field of endeavor and reduce it to a series of lists. The manual tries to do too much in too little space, without reference to other sources that may be of value for the intended audience. Additionally, there are inconsistencies in some chapters in the construction of the headings and subheadings, demonstrating poor editing

and making the book less convenient than its authors intended.

The manual appears to be best suited as a brief introduction to pediatric critical care, until the practitioner is able to access a more definitive resource. **Essentials of Pediatric Intensive Care** does not appear adequately constructed as a safe guide for novices in the practice of pediatric critical care.

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**Difficult Conversations in Medicine.** Elisabeth Macdonald, editor. Oxford UK: Oxford University Press. 2004. Soft cover, 231 pages, \$39.95.

The stated aim of this book is to support an initiative put forth in the year 2001 by the Forum on Communication in Health-care of the Royal Society of Medicine. This forum identified the need to develop a core curriculum about communication for physicians. The stated audience is physicians and "other health care professionals in the early years of medical practice, to help them polish their communication skills and to avoid pitfalls, mistakes, or simply embarrassment on either side."

There are 16 chapters in the book. The editor wrote or co-wrote 9 of the chapters. The editor states the book was written because public confidence in the United Kingdom has been undermined by a "series of failures and accidents in an unfortunately wide variety of medical specialties." There have been closures of health-care facilities and "disastrous results of heart surgery in children." A summary of these events would have been nice for those unfamiliar with the health-care situation in the United Kingdom. She does go on to say that these events led to the Bristol report, which made recommendations about health-care standards and communication, but it's a weak link.

While the book's stated audience is physicians and other health-care professionals, it is written for physicians only. There is a reference to nursing from time to time, but soon the subject is returned to doctors and junior doctors. There was no reference to respiratory therapists. The types of conversations covered were typical of patients and physicians, not other health-care profession-

als. The chapter concerning multidisciplinary communication is approached mostly from the physician-to-physician perspective, and not from an interdisciplinary perspective.

The table of contents is very thorough, breaking each chapter into several subsections, and each chapter begins with its own table of contents. There is at least one discrepancy between the page numbers listed in the main table of contents and the corresponding chapter table of contents, but this was easily overlooked. It is very easy to find a given topic by looking in the table of contents so one can select the most helpful topics. Many of the chapters are quite short, so in some cases the chapter table of contents is superfluous. After each chapter table of contents is a paragraph that summarizes what is to follow in the chapter. In many chapters, helpful hints, checklists, and tips are listed in gray boxes, so that you can flip through the book and easily focus on summary points in the boxes.

The chapters cover the gamut of difficult conversations well. Breaking bad news, taking a sexual history, apology, dealing with angry patients, legal issues, pediatric patients, and multicultural issues are all addressed. The topics receive uneven treatment, however, with pediatrics, legal constraints, and apology coming out on the positive side.

There are a few typographical errors in the book, but more distracting are words for which one needs to be familiar with medical jargon in the United Kingdom to fully understand the passage. For example, "bleep," as in "leave your bleep at the nursing station" when going to have difficult conversation. "Clerking" patients was an expression that was less self-explanatory. This language may be a part of the daily exchange in the United Kingdom, but it does limit the book's usefulness for those who are not familiar with United Kingdom medical jargon.

Chapter 8, "Difficult Conversations With Children and Parents," is one of the strongest chapters. Very practical tips are given for sharing bad news with very young children, and the chapter reviews children's

rights in regard to their health care. The author discusses how family dynamics can impact care and talks about some pitfalls to avoid. This chapter stands out as one that enhances the reader's knowledge base.

Chapter 14, "Legal Constraints and Guidelines to Good Practice," is another stand-out chapter. It discusses physician fear of litigation in a respectful way and also dispels common myths. One pearl from this chapter is that patients think a good communicator equals a good doctor. The author gives many tips on how to become that good communicator.

I found the book to be inconsistent in the quality of writing and in philosophy. One chapter gives advice about how to get the patient to stop talking so the appointment can end on time, and it is suggested that patients will sometimes "save" their symptoms until the end of the interview just to take up more of the physician's time. Techniques are given to deal with that type of patient, so that the doctor can meet his or her obligation to other patients. It is true that time management is a huge concern in medical practice today, but the suggested manner of dealing with the patient, and the assigning of an underlying patient motive for wasting the doctor's time, was unsupported by the dialogue presented. The suggested dialogue seemed very brusque, and the possibility that the patient may be comfortable mentioning a delicate issue only at the end of an appointment, after some rapport has been established, is not entertained. Another chapter suggests that one has to be careful not to schedule adolescent appointments early in the morning, because this age group likes to stay up late and sleep in. It is inconsistent to emphasize the need to keep appointments on time, above all, for one set of patients and yet take into consideration the sleep habits of another group when managing appointments.

There are several places throughout the book where transcripts of enacted dialogue are presented as examples. The words said are written on one side of the page and the rationale assigned to those words is written on the other side of the page. The technique is very illustrative. It gives examples of how

to explore a concern or introduce a difficult topic. It presents what the doctor said and why he or she said it. These sections could have been improved by showing dialogue with the purpose of establishing rapport or providing reassurance. The passages provided demonstrate little warmth or empathy on the part of the physician.

The lack of empathy shown in the text chosen to be illustrative is unfortunate. The book could have been improved by demonstrating how to establish rapport with a patient before diving into very personal scenarios. I had the feeling that these conversations had a very specific goal and success was to be judged by attaining the goal.

Appendix 2 was very informative. It is the product of a Forum on Medical Communication meeting at the Royal Society of Medicine in November of 1999. It serves as an outline for what a curriculum for communication in medical education could look like, and it is quite comprehensive. Expanding on the content in this appendix could have increased the usefulness of this book.

Throughout the book the emphasis is on developing a curriculum for junior doctors. I think this emphasis may disincline a senior doctor from looking at the book, and yet many who are not necessarily "junior" could benefit from education about communication and how valuable it is to patients and families.

In summary, I hesitate to recommend this book for anyone who is not a physician living in the United Kingdom. For a physician living in the United Kingdom seeking to improve communication skills, I recommend reading Chapters 8, 11, 13, 14, and 15, and Appendix 2, and seeking resources elsewhere. This text is not a stand-alone resource for improving skill at having difficult conversations.

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