

BOOK REVIEWS

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Invasive Procedures. A Year in the World of Two Surgeons. BY MARK KRAMER. New York, Penguin Books, 1983. Pages: 213. Price: \$6.95.

In 1985, a clear mandate exists to teach and learn about more than the medical practice of anesthesia. Psychosocial and socioeconomic aspects of surgical care also must be learned. These include the explosion of medical technology resulting in medico-legal and bio-ethical issues unknown in the past; the increased lay public medical knowledge resulting in scrutiny of and skepticism regarding proposed care; and the trend toward socialized forms of health care delivery resulting in new attitudes and behaviors in both health care providers and recipients.

Invasive Procedures is one man's attempt to allow a reader to view surgical care in its entirety, *i.e.*, to see the psychosocial and socioeconomic as well as medical practice aspects of surgical care. When reading this novel, you peer beyond the doors of the doctor's office, the hospital, the surgeons' dressing room, the operating room, the recovery room, and the patient's room. You peer over the masks of the surgeons, the anesthesiologists, and the nurses and back through the eyes of the patients confronted with the "miracle" of modern day medicine.

How has the author captured the reader? This story recounts Kramer's experiences while "tagging along" with two surgeons for a period of 1 year. What makes the book successful is the author's ability to blend a stream-of-consciousness style of narrative, with well-accepted medical information. This is illustrated in the following two passages. In describing his perceptions upon entering the operating room, Kramer writes:

It's not long past dawn. We clothe ourselves for action in crepe-paper booties, green pajama bottoms that we both tie up the front, sporty V-necked shirts with short sleeves, and tight cotton surgical caps. I put mine on backward so I can tie the ties in front, then spin it halfway around so that it looks the same as Andersson's.

When characterizing surgeons, Kramer relies upon the noted medical sociologist Renée Fox for perspective:

What surgeons seem to do with their strong feelings about emotionally upsetting aspects of their work . . . Renée Fox has written, "is to push them just below the surface of their consciousness. That these feelings are not deeply buried is suggested by how easily they can be aroused." The surgeons in the theater are boisterous as they wait for the lights to dim.

As anesthesiologists, we might ask: Why bother reading a book which deals with surgeons and surgical care, a topic of which we have first hand knowledge? There are several answers to such a query. Maybe we haven't thought in depth about what we do. Maybe we are too close to the events to be objective. Maybe a bystander's account will be more enlightening than our own perceptions. Take, for example, the author's explanation of why surgeons appear aloof:

Andersson feels "embattled"—and it seems to be an emotion shared by most surgeons I encounter. Patients' expectations, peers' scrutiny, legal threats, operating in proximity to death and pain, and at the limits of how much one can actually help—each takes its toll. The result seems almost inevitably to be that after some years of practice, surgeons slip into a kind of discipline-wide seclusion, the seclusion of morticians, or moguls, or famous actors; none of them wish to give up what they do well and profitably, but they come to find socializing with outsiders burdensome.

And of the anesthesiologists:

One might anticipate that anesthesiologists, who are medically trained and on regular rotation with surgeons, expert witnesses to surgeons' every piece of work, would be the richest general source of news about operating room talent. One would suspect that family doctors would chat them up regularly on the subject. But it turns out that just as a surgeon sometimes calls the referring internist and not the patient his "client," so an anesthesiologist frequently comes to see the surgeon as a client. Anesthesiologists frequently see their jobs as requiring constant diplomacy, and they are obviously right—their work can make surgeons look good or careless, and in their daily presence they observe every minor mis-cut, every sloppiness before it gets corrected, every rash maneuver that works out, every display of fear and temper on the part of every surgeon. Every mistake. They know everyone's secrets and they acquire protective discretion.

The only place that I find fault with the text is when the author, in an attempt to describe the patient's role, uses himself as an example. The melodrama that surrounds the author's illness and its treatment must be a result of his lack of objectivity about his own situation. This suggests that we ask about our own objectivity.

In addition to exploring the personalities of surgical care, this book exposes some of the most troublesome socioeconomic problems of modern day medical technology. In describing the consequences of a failed lot of pacemakers, Kramer writes:

In the ensuing year, Andersson's rate of pacemaker installation doubles. A hundred replacement procedures. In most cases, he is able to collect government or insurance company fees for the reoperations. In the few cases where the burden of payment falls directly on patients, he refrains from charging for his services. The volume of extra surgery and extra pacemaker sales constitutes a windfall for his hospital, which follows standard practice in attaching a markup of about a hundred percent to all surgical devices it sells. It also seems to be a windfall for Andersson, although one he receives as a mixed blessing. Even the private insurers, whose payout increases infinitesimally because of this incident, adjust their fees upward accordingly. The loss is diffuse, widely shared by those carrying medical insurance. Taxpayers lose by the slight rise in Medicare payments.

Invasive Procedures is a must for everyone involved with surgical care. In revealing the human aspects of surgery, this book is provocative. As a book that deals with "other" aspects of anesthesia, it becomes essential reading to fill a void. Hopefully, more "other" types of books will be reviewed in our journals to stimulate learning in these areas.

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Understanding Anesthesia Equipment, second edition. BY JERRY S. DORSCH AND SUSAN E. DORSCH. Williams and Wilkins, 1984. Pages: 458. Price: 47.00.

Anesthesia machines have become progressively more complex in response to the need to reduce critical incidents and mishaps. Additional