BOOK REVIEWS

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Legal Issues in Anesthesia Practice. EDITED BY WILLIAM H. L. DORNETTE. Philadelphia, F. A. Davis Company, 1991. Pages: 383. Price: $85.00.

As stated in the preface, "The primary intent of the editor and authors is to explain law and medical jurisprudence to health care providers. Nonetheless, attorneys representing clients involved in anesthesia-related problems may well find both the medical background and legal issues germane to their practice, either for their own edification or for that of their clients." This multiaudience appeal may well be both a marketing strength of this book and, as noted in the appropriate sections below, its Achilles' heel.

Legal Issues in Anesthesia Practice is an attractively packaged book with large, easily readable typeface and clearly distinguishable headings and subheadings. The book is divided into six sections, with 29 total chapters. Although it is a multiauthor text, the editor's influence is strongly felt because he authors 11 chapters and coauthors 4 more. Dornette is an experienced author, and these chapters are all well written, concise, and polished. The remaining 14 chapters are quite variable in style and quality, and although there are a few that could have benefitted from greater editorial review, several are outstanding. There are ample internal cross-references to other chapters, keeping redundancy to a minimum. As with most medicolegal texts, the majority of references are to legal cases and therefore not easily accessible to physicians who do not have access to a law library. This is an inherent limitation of the subject and not a criticism of the book. The book includes a glossary of legal terminology, which is helpful in translating "legalese" to English, and a reasonably complete index to assist in quickly locating items of interest. The table of cases cited will be of more value to attorney readers than to physicians.

The first part of the book is "Introduction to the Law." Each of these six chapters is authored by Dornette, and the entire section serves to establish the legal principles upon which medical jurisprudence is based. This excellent section serves as a core of information for the remainder of the book.

The second part, "Minimizing Exposure to Liability," consists of chapters 7–13. It is in this section and the next that I encountered a problem with this book. The authors of several of these chapters tend to present the way of doing things at their institutions as though it were the standard of care for all. Chapter 7 is devoted to risk management. Although it describes a system toward which we all might aspire, I believe it goes beyond what is typically practiced in most small hospitals. Chapter 8, "Preanesthesia Evaluation," is particularly problematic. The departure in writing style is obvious as the terminology changes from anesthesiologists to "providers." It is not readily apparent to me why the section on physical examination is devoted exclusively to the Allen's test (after only three general introductory sentences). The section on laboratory data allows that some tests *may* be performed but then states, "An electrocardiogram and chest film are included for those over 40 years of age." The author then returns to the use of "may." Taken out of context, the use of the words "are included" establishes a standard that is debatable. This chapter then discusses the preparation and education of the patient in terms that, although laudable, are unrealistic in today's outpatient and same-day admission environment.

In contrast, chapter 9, on consent and informed consent, is a delightfully concise, clearly written, and eminently reasonable discussion of an important area about which many physicians have formed misperceptions. Chapter 10, "The Anesthesia Record," suffers from the same problem as chapter 8: the author tends to use language that compels, rather than suggests, compliance with his suggestions. For example, on page 99, he states, "When a type-specific blood product is employed, the identification numbers, blood type, verification procedures, reactions, and expiration dates of all products must be recorded on the anesthetic record." At my institution, this information is available on the transfusion forms, but it definitely is *not* included on the anesthetic record. The section on computerized records was speculative and anecdotal. The use of specific brand names (Arteriosonde, Hewlett-Packard ear oximeter, Apple II microcomputer, Datascope monitor, *etc.*) trivialized what otherwise could have been an important discussion of an emerging technology. The final three chapters in this section are on positioning, monitoring, and postanesthesia care. These are well-written chapters, and I particularly enjoyed chapter 12, which contains the best discussion of the legal aspects of monitoring I have seen anywhere.

The third part, "Special Problem Areas," is a collection of five diverse subjects of medicolegal interest to anesthesiologists. Chapter 15 is devoted to ambulatory care. The author of this chapter falls into the previously mentioned trap of purporting that his way of doing things is standard, thereby establishing practices that may be neither usual nor customary in many ambulatory facilities. The same criticism might be directed at the author of the chapter on obstetric anesthesia when he states, "It is my belief that anesthesia personnel have a duty to determine that there is no fetal distress before initiating a spinal or epidural anesthetic, and before administering any repeat doses of regional agent for this technique." In my experience, the diagnosis of fetal distress is not always obvious and may require a level of skill and training more appropriate to an obstetrician than an anesthesiologist. To impose an independent duty upon the anesthesiologist for diagnosis in an area tangential to, or possibly outside, his or her area of expertise establishes a higher standard than is typically used in practice. This would create a substantial liability for the occasional obstetric anesthesiologist who must rely upon the diagnosis of the obstetrician.

Chapter 17 is devoted to the use of blood products. Although this chapter contains much useful information, a great deal of it is redundant, and it could be better organized and condensed. Chapter 18 discusses the growing problem of human immunodeficiency virus (HIV) infections and anesthesia practice. This is a thoughtful discussion of a difficult and emerging area, but the author's opinions are bound to be controversial. As an example, in the discussion regarding disclosure to patients of a surgeon or anesthesiologist's HIV status, the author states, "In my opinion there is, however, a clear-cut legally recognized duty to inform the patient as part of the informed consent-risk disclosure discussion. In my opinion, failure to do so would constitute both negligence and a breach of the fiduciary duty between health care provider and patient." The author also advocates mandatory HIV testing of patients for elective surgeries. The overall discussion of the issues is, however, balanced in perspective, and it is clear where the author is interjecting personal views.

Part 4, "Ancillary Activities," consists of chapters 19–22. Chapter 19 discusses the special medicolegal aspects of the training program. This chapter will be of great interest to academic anesthesiologists and should probably be required reading for training program directors. It provides an intelligent and rational review of items of particular interest in training programs, such as call from home, staff ratios, and informed consent regarding trainees. Chapter 21, on dental anesthesia, is written by an oral surgeon and therefore represents a viewpoint that might be not shared by the readers of ANESTHESIOLOGY. The author proposes skin-testing for sensitivity to local anesthetics, the reliability of which is questioned by anesthesiologists. The section on monitoring tactfully avoids the issue of having a separate person provide anesthesia care, which is probably the greatest criticism of dental anesthesia practice leveled by anesthesiologists.

Part 5 is a two-chapter section concerned with the process of litigation

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and the health care provider as a witness. This is a concise review of the course of litigation and trials and offers good tips on being an effective witness.

Part 6, "Business and Other Relationships," comprises the final five chapters of the book, which are perhaps the most practically useful chapters in the book. Chapter 25 discusses the legal status of nurse anesthetists. The authors did a very good job of summarizing the conflicting case laws and state statutes that make definitive conclusions in this area impossible. They raise several issues that I have not seen previously addressed, such as the potential role of contractual standards governing the employment of certified registered nurse anesthetists. Chapter 26 is concerned with the process of joining an anesthesia group and should probably be on residents' required reading lists. It contains practical and useful information that is not readily available elsewhere. Chapter 27 addresses medical staff and hospital issues. It is generally quite good but was not written specifically for anesthesiologists, and I would have liked to have seen more on the critical issue of economic credentialing. Chapter 28, on antitrust issues, is one of the real jewels of this book. It covers all of the main issues in a concise easily digestible fashion. Anyone involved in peer review, exclusive service contracts, or managed care contracting will find this chapter useful. Chapter 29 provides an in-depth review of the insurance industry and will be well received by anesthesiologists who are considering different options for malpractice coverage.

Legal Issues in Anesthesia Practice will be a valuable reference for anesthesiologists. It fulfills the goal of the editor and authors in explaining law and medical jurisprudence to health care providers. The only reservation I have about this book is that attorneys will undoubtedly find the medical background germane to their practice, and several chapters could be problematic in this regard. The authors of these chapters may have inadvertently created specific standards of practice with which many anesthesiologists do not agree.

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The Nature of Suffering and the Goals of Medicine. BY ERIC J. CASSELL. New York, Oxford University Press, 1991. Pages: 254. Price: $24.95.

The Culture of Pain. BY DAVID B. MORRIS. Berkeley, University of California Press, 1991. Pages: 342. Price: $30.00.

Two recently published books touch our specialty, particularly those aspects that deal with the diagnosis and management of chronic pain. The book with the strongest medical orientation is **The Nature of Suffering and the Goals of Medicine.** Its author, Dr. Eric J. Cassell, a Clinical Professor of Public Health at Cornell, wrote this book in the belief that modern medicine neither recognizes nor attempts to deal with human suffering, a goal and obligation that he believes should be central to practice.

Cassell carefully distinguishes among suffering, pain, and disease, although he recognizes the interaction among them. He defines suffering as "the state of severe distress associated with events that threaten the intactness of person." Disease and pain do threaten biologic life. They also threaten a person's identity and integrity as a human being through impending separation from family, work, and social life, and even from the past. Suffering as described by Cassell resembles the deep state of angst that John Updike sometimes describes as the "awesome specter of extinction."

Cassell believes that, starting in 1800, as modern medicine developed, physicians progressively focused more and more on biologic disease and ignored the human being who happened to also be the patient. Whereas we now may excel at the treatment of pain, we have failed to alleviate suffering. He argues for a return to holistic medicine, the treatment of human beings, not just the cure of disease.

David B. Morris's book **The Culture of Pain** has a very different perspective, but it complements the theme developed by Cassell. Whereas Cassell, focusing on the human being, says that there is more to suffering than disease and pain, Morris focuses on the nature of pain. He argues that it is as important as a cultural phenomenon as it is as a physical process. Thus, he deals with depictions of pain in art and literature—its role in religion, sex, entertainment, and politics, and in both normal and abnormal patterns of social interaction. His best chapters deal with the appearance of pain in literature, not surprisingly, considering his training and his work as an English professor. His discourse is imaginative, even if sometimes overdone. For example, I found his argument linking hysteria, pain, and gender to be overdrawn. Similarly, I question the use of the sexual aberrations of a Marquis de Sade as an example of the role of pain in normal human relationships. In fact, I found myself bothered by Morris's use of the word "pain." On the one hand, he describes how "pain" and "suffering" have come to mean different things, yet many of the phenomena he uses to illustrate the diversity of pain might better be called something else, such as genocide, violence, oppression, insult, mourning, melancholia, tragedy, or simply political or social injustice. Furthermore, he seems to include under the aegis of pain many things that might better be considered distasteful or simply unpleasant. Unlike Cassell, Morris never defines his terms.

Morris believes that pain is a phenomenon as "elemental as fire or ice," one that "inescapably involves our encounter with meaning." He suggests that "chronic pain constitutes an immense, invisible crisis at the center of contemporary life" and that Western medicine has led us to interpret pain simply as a problem in biology or chemistry. In this, his argument resembles that of Cassell. There, however, the similarity ends. Cassell builds his thesis from his experience as a practicing physician; Morris argues from his experience with literature and art.

To an extent I think both authors have set up a straw horse. I believe modern physicians are very aware of the interactions of mind and body and regularly struggle with this problem as they interact with patients. Nevertheless, the authors' treatments of the problem, regardless of their very different perspectives, I found stimulating and provocative. I recommend both books.

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Clinical Procedures in Anesthesia and Intensive Care. EDITED BY JONATHAN L. BENUMOF. Philadelphia, J. B. Lippincott Co., 1992. Pages: 972. Price: $125.00.

"See one, do one, teach one." Everyone who has finished a residency in some subspecialty of medicine has heard this before. Indeed, many of the clinical procedures physicians must learn are taught by seeing and doing rather than by reading. In a specialty such as anesthesiology, the ability to perform procedures and to avoid their complications often has a significant impact on the quality of care the patient receives. Certain procedures that are either commonly (peripheral intravenous access) or uncommonly (transtracheal ventilation) performed can determine outcome in life-or-death situations. **Clinical Procedures in Anesthesia and Intensive Care,** a comprehensive text on clinical procedures performed in the perioperative period, is a much-needed addition to the anesthesia literature. Furthermore, this book is the first single text to include a comprehensive collection of procedures that are essential to the safe and skillful practice of anesthesia and intensive care.

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