

REVIEWS OF EDUCATIONAL MATERIAL

Pain Management for the Practicing Physician. Edited by Gordon A. Irving and Mark S. Wallace. New York, Churchill Livingstone, 1997. Pages: 330. Price: \$49.95.

When I started my career in pain medicine 20 yr ago, there was scarcely a chapter about the topic, let alone a textbook. Today, with the rapid growth of interest in the field of pain medicine, the practitioner is faced with an often difficult choice of pain texts.

Pain Management for the Practicing Physician provides a succinct but comprehensive collection of information regarding the treatment of painful syndromes. The text starts with a very useful glossary of pain terminology. Section 1 includes four chapters about the anatomy, physiology, and pharmacology of pain. Section 2 provides a "cook-book" reference about how to treat 23 painful syndromes, including headaches, herpes zoster, lower back pain, pediatric pain, reflex sympathetic dystrophy, and spasticity. Algorithms are presented for each diagnosis in a chart format, with step-by-step instructions about how to proceed in treating each condition. Recommendations proceed from plan A to plan B to plan C, and so on, and end with "referral to pain specialist." The text then offers numerous approaches that the pain specialist might use during such a referral. Also included are pertinent case studies to clarify the use of the algorithms.

Although section 2 provides the major bulk of the text, section 3 offers a review of the psychologic aspects of pain management, including a very useful chapter with algorithms about opioid detoxification.

Section 4 discusses acupuncture, physical therapy, and transcutaneous electrical nerve stimulation, and section 5 consists of a chapter regarding the future of pain medicine.

I do have a few criticisms. Although the "Reflex Sympathetic Dystrophy" chapter states that a sympathetic block is routine in the diagnosis of reflex sympathetic dystrophy, it completely leaves blocks out of the algorithm, suggesting use of a number of pharmacologic manipulations and even acupuncture and coping skills before neural blockade. I also thought the acupuncture chapter to be rather meager.

Although the authors clearly state that this text is intended to provide non-pain specialists with guidelines for pain treatment and for referral to a pain specialist, I believe this text would be an excellent resource for those training in a pain fellowship program and also for anesthesia residents during their pain rotation. The cost of \$50 is what I would consider to be quite reasonable for a text for such purposes.

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Medical Warrior: Fighting Corporate Socialized Medicine. Edited by Miguel A. Faria, Jr., M.D. Macon, Hacienda Publishing, 1997. Pages: 209. Price: \$23.95.

This book is a must for those who consider themselves "conservatives" who seek material to support their views that governmental intrusion interferes with doctor-patient relationships. This book is also a must for those who consider themselves "liberals" and want to understand the conservative argument against "corporate" medicine.

Dr. Faria, a Cuban immigrant who received medical training at the Medical University of South Carolina and Emory University, has put together this book as a collection of his essays. These essays were written while he served as the editor of the *Journal of the Medical Association of Georgia* and span the time period of 1992-1995, when the political debate regarding healthcare delivery in the United States was at its hottest.

Dr. Faria makes many thought-provoking arguments based on economic theory and historic comparison. His premise is that the evolution in the delivery of health care in the United States has robbed the physician-patient relation of its sanctity. He points out that substituting for the physician-patient relation is a relation among government agencies, insurers, and health maintenance organizations that revolves around the flow of money, with little regard to individual patient concerns.

Dr. Faria reveals the wrath he experienced from "politically correct" organized medicine, which felt his "in your face" arguments about the evolving delivery of health care jeopardized their place at the political bargaining table. In one of his last essays, he chronicles the events leading up to his dismissal as the editor of the *Journal of the Medical Association of Georgia* because of his questioning of politically correct dogma.

In summary, Dr. Faria puts forth the challenge to physicians and physician groups to be thoughtful and not politically expedient in healthcare reform. He does so with captivating historic trends, economic theory, and epidemiologic data. I recommend the book for all those (should it not be all of us) interested in the doctor-patient relation and institutional and administrative pressures that change this relation.

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Quality of Life Assessment in Medicine. A CD-ROM for Windows, Issue 2. Edited by Marcello Tamburini. Glamm Interactive, Milano, 1997. Price: \$212.

During the past 5 yr, dramatic changes have occurred in the healthcare system in the United States. The effectiveness of certain customary therapies is being questioned, and the need to investigate the link between medical care and outcomes (*i.e.*, outcome research) is emphasized increasingly. The scope of outcome research has expanded from the traditional, narrow concept of mortality and morbidity as the primary outcome measures to a broader perspective. In addition to interest in patient satisfaction and economic outcomes, physical functioning, mental well being, and other aspects of health-related quality of life have become important indices of outcome. Outcome research has increased in complexity. Outcome research investigators would welcome a friendly, interactive referral source of validated instruments to measure quality of life.

The author indicates that the CD-ROM was inspired by two recent monographs about measuring disease and quality of life with the objective of facilitating researchers in making comparisons between different instruments used in various fields of medicine. In the brief