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Palliative Care: A Case-based Guide. Edited by Jane E. Loitman, M.D., M.S., Christian T. Sinclair, M.D., Michael J. Fisch, M.D., M.P.H. New York, Humana Press, 2010. Price: \$59.95.

In the summer of 2009,¹ as the healthcare debate heated up, a new phrase was thrust into the American lexicon: *death panels*.

Credited to the former governor of Alaska, Sarah Palin, the term was used to describe a section in the healthcare reform bill that would have funded doctors to have discussions about end-of-life planning with patients. To the horror of many practitioners, this was for many Americans, the first introduction to the concept of palliative care. The falsehoods and misconceptions that began circulating at that time were regarded to have set back the cause of palliative care at least a decade.

Another year, another summer, and this time the practice of palliative care has cause to hope that it is no longer associated with “rationing” of care and administrative judgments of life *versus* death. The reasons for this change are two-fold. First was the publication in *The New Yorker* of Atul Gawande’s¹ thoughtful treatise on end-of-life care in the United States and the struggles of patients, families, and healthcare providers faced with incurable illnesses in a system that can always offer one more intervention aimed solely at staving off the inevitable. In the article, Gawande¹ narrates his own journey of discovery that hospice and palliative care help patients “live their fullest lives now.”

This essay was followed by the publication of a study a few weeks later in the *New England Journal of Medicine*² that showed lung cancer patients receiving traditional curative care and early palliative care had a better quality of life and outlived patients that received standard care alone.

These two publications—more than any others in recent memory—have helped shift the perception of palliative care from that of Grim Reaper to life-affirming holistic medicine that should be standard practice for people with advanced illness.

It is into this new, nurturing climate that the book *Palliative Care: A Case-based Guide* is delivered. The book is a slim volume in a glossy, everglade green that is small enough to fit into a laboratory coat pocket. *Palliative Care* is aimed at general clinicians who are caring for patients with life-threatening or life-limiting illness.

There are 10 chapters, spanning topics that range from global palliative issues to issues in the last hours of life. Each chapter is written by experts in the field and is presented as case-based problems realistic enough to be encountered in any medical practice. The cases work through scenarios from initial presentation and diagnosis to management, follow up,

and handling of complications. In addition, *Palliative Care* provides a framework for dealing with the many associated psychosocial challenges that arise for patients and their families.

Palliative care is a relatively young field with a budding evidence base and growing research to support many of its practices. The authors provide literature references at the end of each chapter for people inclined to seek out the data behind the recommendations.

Overall the book is well written and edited, with scant editorial glitches. Included are the expected topics, such as communication; symptom management, including pain, dyspnea, nausea, vomiting, diarrhea, and constipation; as well as caring for patients and families when death is imminent.

The chapters on nutrition and psychiatric palliative issues stand out for their insightful, thorough, yet concise handling of topics that are frequently challenging for patients, families, and healthcare providers. Also welcome are the chapters on cardiac issues and palliative skin and wound care.

Because the book is aimed at general clinicians, an introductory chapter that defines palliative care and hospice, why this approach is important, who provides it, and where it is provided (inpatient, ambulatory, home) would have been beneficial. Also missing is a chapter on pediatric palliative care, as well as discussion of the challenges faced by families with young children when a sibling or parent is dealing with a life-threatening illness. However, these omissions do not take away from the value and utility of this book. It is a book that belongs on the desk, if not in the pocket, of every physician.

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Manual of Pediatric Anesthesia, Sixth Edition, with an Index of Pediatric Syndromes. Edited by Jerrold Lerman, M.D., F.R.C.P.C., F.A.N.Z.C.A., Charles J. Coté, M.D., David J. Steward, M.B., F.R.C.P.C. New York, Churchill Livingstone Elsevier, 2009. Pages: 544. Price: \$73.95.

Although you cannot judge a book by its cover, but you can often foresee its usefulness by its size. Jerrold Lerman, Charles Coté, and David Steward provide an excellent oper-

ating room companion with the sixth edition of *Manual of Pediatric Anesthesia*. This book is a highly portable and thorough guide to everyday—and not-so-everyday—clinical challenges encountered when providing anesthetic and analgesic care for children.

The book begins with three chapters that discuss the anatomic and physiologic underpinnings of pediatric anesthesia. It provides an excellent review of the subject for individuals new to the field as well as experts who need to refresh their memories. Although the chapter dedicated to regional analgesic techniques provides a good anatomic and pharmacologic basis for techniques, it is, unfortunately, devoid of descriptions of ultrasound-guided techniques.

The sixth chapter focuses on medical conditions that are frequently encountered in a pediatric referral center setting and includes excellent evidence-based and experience-based guides to dealing with these problems. I was particularly pleased with the discussion of anesthetizing a child with an upper respiratory infection. The procedure as described in this book is more of an artistic technique than step-by-step “cookbook” formula.

Postoperative care and pain management is discussed in the seventh chapter, which includes useful quick reference guides to dosages parameters of commonly used analgesics.

The second section of the book is dedicated to anesthesia for specific operations and covers a wide gamut of commonly encountered surgeries. Neurosurgery, ophthalmology, otorhinolaryngology, dental procedures, orthopedics, urology, trauma, and plastics are all covered in good depth—allowing for quick perusal that is extremely suitable for trainees and midlevel providers, or the physician returning to the pediatric operating room after some time.

The authors dedicate chapter 13 to neonatal emergencies and commonly seen general and thoracoabdominal surgical cases with an equal depth. Chapter 14 is dedicated to cardiovascular procedures. Although the chapter includes an excellent discussion of cyanotic and noncyanotic congenital heart disease, I feel that diagrams of the processes described would have been helpful.

A quick discussion of anesthesia in remote locations focuses attention to the often hard-to-describe challenges encountered when caring for children in radiology suites and off-site locales.

The book finishes with three excellent appendices that address the anesthetic implications of syndromes and unusual disorders, cardiopulmonary and neonatal resuscitation, and drug dosing.

Overall, *Manual of Pediatric Anesthesia* is a well-written and accessible guide. It provides a practical approach to referral-level cases and can be used at many levels of acuity, although it does pay particularly good attention to complex disease processes. The appendices also serve as an excellent quick-reference guide for rare syndromes. Potential additions to future editions could include references to ultrasound-guided pain procedures, as well as descriptions of rare metabolic disorders and their management.

The book is an excellent carry-along manual, much like the frequently seen *Clinical Anesthesia Procedures of the Massachusetts General Hospital*. It can also serve nicely as an introductory reference for newcomers to pediatric referral center anesthesia departments and refamiliarize those returning to the arena.

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