

*Michael J. Avram, Ph.D., Editor*

### **Handbook of Pain Relief in Older Adults: An Evidence Based Approach, Second Edition.**

Edited by F. Michael Gloth III, M.D. New York, Humana Press/Springer Science+Business Media, 2011. ISBN-10: 1607616173. ISBN-13: 978-1-60761-617-7. Pages: 220. Price: \$109.00.

In light of the recent Institute of Medicine report of 116 million Americans experiencing chronic pain coupled with the growing number of baby boomers living longer, it is a delight to know that there is an easy-to-read, well-written text explaining in fair detail most of the aspects of safely treating this growing population. There are certainly approaches to treating the older patient who has chronic pain that differ from the treatment of younger adults, and *Handbook of Pain Relief in Older Adults: An Evidence Based Approach, Second Edition* points them out in areas as diverse as pharmacologic management to spiritual considerations.

As part of a series on Aging Medicine from Humana Press, the handbook offers a broad overview of many aspects of pain management and is written in a concise manner for quick reading. A review of the 2009 update by the American Geriatric Society's Guidelines for Pharmacological Management of Persistent Pain in Older Adults is included as a chapter and should be appreciated as a reference for those treating the geriatric population. It should be noted that the Geriatric Society does not refer to their guidelines being for geriatric patients. It refers to the population as "older adults," as does this text. Older people tend not to like to be called geriatric.

From the clinical perspective, there is detailed coverage of pharmacologic management, including opioid and nonopioid medications, with chapters dedicated to both, highlighting the impact of these drugs on the older adult. The chapter on interventional treatments is broad and covers most techniques used in clinical practice while referencing the level of evidence in support of the procedures. One chronic pain issue common in older adults is lumbar spinal stenosis, and the chapter is up to date enough to make mention of a new technique known as the MILD<sup>®</sup> procedure that is showing promise in treating this common condition.

The last third of the handbook delves into some areas that are not often thought about by clinicians who treat chronic pain. These areas include nursing home care and local and national politics. When patients enter nursing homes, it is apparent that pain becomes part of the daily lives of many, whereas the resources to treat their pain become limited. The chapter reviews many of the barriers involved and links them

to the ongoing political issues that continue to make effective care of our long-term care patients difficult.

There are several chronic pain syndromes that occur more frequently in the older population, including postherpetic neuralgia, vertebral compression fractures, and lumbar spinal stenosis. The text might be improved with a chapter focusing on some of these pain issues in more detail and providing a capstone to the clinical treatment options available in these common problems.

Highlighting some of the political concerns in which the pain medicine field is engaged is also appreciated, as is the call to get involved. Pain is a highly politicized chronic medical problem that is not going away any time soon. There are issues of which we, as the treating practitioners, must be aware and in which we must be involved, and this text provides a nice introduction to some of these areas.

Our population is an aging one, and chronic pain was not supposed to be part of the deal. Unfortunately, it is, and preparing physicians to properly treat pain in "older adults" is a worthy cause. This text does an excellent job of providing a conceptual framework to accomplish this worthy goal.

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### **Clinical Ethics in Anesthesiology: A Case-based Textbook.**

Edited by Gail A. Van Norman, M.D., Stephen Jackson, M.D., Stanley H. Rosenbaum, M.A., M.D., and Susan K. Palmer, M.D. New York, Cambridge University Press, 2011. Pages: 318. Price: \$66.00.

When one thinks of the ethical issues in the care of patients today, the issues specific to anesthesiology may not immediately rise to the top of the list. Nevertheless, *Clinical Ethics in Anesthesiology: A Case-based Textbook* is an important book that deserves a place on the shelf of both practicing anesthesiologists and those with a scholarly interest in ethics. This is a multi-authored text edited by four well-respected anesthesiologists.

The book is divided into six sections that address both important topics for medical ethics (considered broadly) and specific topics of particular relevance to the specialty of anesthesiology: consent and refusal; end-of-life issues; pain management; research and publication; practice issues; and anesthesiologists, the state, and society. Each chapter begins with a specific case that focuses the issue squarely in the context of anesthesiology. The chapters are well-organized, with helpful subheadings of important concepts as well as a

table of “key points” at the end of every chapter and a series of references for further reading.

Although one might initially question the need for another text devoted to the ethical issues of a particular specialty, I believe this book fills an important niche. No one would argue that the issues raised in the book are unique to anesthesiologists alone. However, I would argue that a volume such as this is critical for anesthesiologists to understand the ethical implications of some of these topics for their specialty. For example, although it might not be evident to all why the topic “informed consent for preoperative testing” should be included in such a text, Van Norman clearly makes the case in her chapter on this subject that this is a central issue for an anesthesiologist to consider. In the case provided, a 15-yr-old girl is about to undergo an elective diagnostic arthroscopy for pain and swelling. The patient, accompanied by her mother, denies being sexually active. However, the anesthesiology group that covers this hospital requires pregnancy testing before elective surgery in female patients. Once the pregnancy test comes back positive, the anesthesiologist is faced with a series of difficult issues. For example, state law forbids disclosing that information to anyone other than the patient, but the mother will likely suspect the finding if the case is canceled. In addition, state law requires reporting this finding to Child Protective Services as evidence of sex with a minor. Van Norman thoughtfully considers these topics along with others, such as assessing the evidence to support any routine preoperative testing.

This is just one example of the manner in which the authors of the chapters are able to bring important ethical considerations into case contexts that are familiar to anesthesiologists. There is ample suggestion in the text that ethical decisions in anesthesiology cannot and should not be made in isolation from other medical and surgical disciplines. However, the overarching theme is that the anesthesiologist must also be aware of, and integrally involved in, the ethical decision-making around many important clinical topics.

Although scholars of clinical medical ethics will not find new and groundbreaking information in this text, it is nevertheless an important book for this group as well. In order to make the case that ethical discussion is important for all medical disciplines, there must be examples that resonate with many different practitioners. As a surgeon, I see significant overlap between the ethical issues in anesthesiology and in surgery, yet when I present ethics cases to residents and fellows, I invariably focus on the ethical issues for the surgeon. The focus and perspective taken on any topic in ethics will alter the extent to which a particular specialist might see the case and the topic as relevant.

Although there is room for discussion and disagreement about how truly distinct the ethics of anesthesiology should be from, for example, the ethics of surgery, there should be no disagreement over the importance of addressing ethical issues from the perspective of specific disciplines. Such focused considerations make clear that the field of clinical med-

ical ethics requires attention from all specialties in medical practice.

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**Obstetric Anesthesia.** By Craig M. Palmer, M.D., Robert D’Angelo, M.D., Michael J. Paech, F.A.N.Z.C.A. New York, Oxford University Press, Inc., 2011. Pages: 440. Price: \$59.95.

Providing appropriate and safe anesthetic care to the obstetric patient has long been a challenging and controversial endeavor, since the days of Queen Victoria and Fanny Longfellow. In the past, controversy surrounded the ethical and religious implications of providing pain relief for the laboring parturient. Although some of this sentiment lingers to present day, the continued education of the populace and excellent safety record of anesthetic practice is helping to make James Young Simpson’s prediction that any opposition to the “superinduction of anesthesia in parturition will be in vain” a reality.

The present challenge for obstetric anesthesiologists involves providing safe and effective labor analgesia and anesthesia in the context of the parturient’s unique physiologic, mental, emotional, and social state, all the while trying to provide a nurturing, supportive, and enjoyable environment for delivery. This challenge is further complicated by new factors, such as advanced maternal age, increasing cesarean delivery rate, and the growing number of women with serious comorbid systemic diseases. These factors can confuse acute anesthetic care decisions in situations where a delay in appropriate management has the potential to result in permanent injury or mortality to both mother and baby. In this regard, the importance of evidence-based medical practice cannot be overestimated. Luckily for anesthesia providers, *Obstetric Anesthesia* by Palmer, D’Angelo, and Paech is available to be an excellent companion on the labor and delivery floor. Although too succinct to be a comprehensive primary text for students or new residents with no exposure to the field of obstetrical anesthesiology, it is a potentially powerful tool for anesthesia providers requiring a detailed, literature-supported overview of the most important areas of anesthetic concern involving the parturient.

The brevity of the book should not be mistaken for incompleteness, as the chapters contain a surprising level of detail and can answer most of the practical questions a reader would pose. Read cover-to-cover, the book places the reader in the shoes of an obstetric anesthesiologist, as the flow of the chapters reflect the daily flow of events on the labor and deliver floor. Many days begin with providing routine neuraxial labor analgesia and anesthesia, which can become complicated by complex patients, unfamiliar diseases, and

anesthetic complications, as well as occasional postdelivery management of a critically ill parturient. Taken individually, the chapters contain relevant statistics and facts, as well as many useful tables with practical, technical, and procedural advice one would expect from a face-to-face discussion with a consultant obstetrical anesthesiologist. The authors clearly understand that a one-size-fits-all approach to management of the obstetric patient is ineffective, and thus provide concise descriptions of multiple techniques and modalities that allow an anesthesia provider to personalize his or her practice while remaining safely within the confines of standard anesthetic care.

I would highly recommend this text to any anesthesia provider who desires a portable, yet detailed, discussion of

the most recent evidence-based obstetrical anesthesia techniques, theories, and practice. Whether used as a reference to solve an acute problem, or as a manageable method to reorient to the subspecialty, *Obstetric Anesthesia* will not disappoint. This book will make an excellent companion to anyone interested in navigating the challenging and rewarding field of obstetrical anesthesiology.

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