into the practical and organizational difficulties that these issues raise. The chapter on matching levels of care to levels of illness gives a perceptive view of the limitations of ward level resources in terms of knowledge and experience and how METs can contribute to patient safety in this context.

The middle section deals with the realities of setting up and running a MET system. Topics covered include different models of MET and discussion of the diverse requirements of hospitals of various sizes. Much of this relates to logistics and personnel matters, but of particular note here are the chapters relating to the challenges beyond these. The chapter ‘Potential sociological and political barriers to MET implementation’ is authoritative in the light of the author’s own experiences of setting up such teams. The MET system affects a profound change in traditional clinical working practices, with the need to bypass issues such as ‘patient ownership’. The authors identify a broad range of obstructions to change in practice, from personal and psychological matters, current medical training and hierarchy, to the economic value of such changes. Many of these will seem familiar to readers, and the authors go further to give their suggestions as to how to overcome these barriers.

The role of the multi-disciplinary team is frequently stressed, including a chapter devoted to nurse-led METs. Integration of medical training with the MET system is discussed, in reply to the frequent concern that junior doctors lose training opportunities and become deskilled if outside teams deal with their sickest patients. Some of the information is purely practical, such as the chapters discussing equipment requirements for METs. Some others repeat information likely to already be familiar to potential readers, an example being the overview of goal-directed therapy in early sepsis.

The final six chapters are devoted to measuring outcomes from MET implementation. This includes further chapters exploring the place of medical training, including simulator-based training. Mention is made of the MERIT study in assessing the effectiveness of the MET concept, and the last chapter looks at the economic aspects of their use.

This book aims to be a guide to health care professionals and administrators wishing to implement this concept in their hospital. It is intended primarily as a resource for those aiming to set up a MET in their hospital. Studies have so far failed to prove a benefit from the MET system in terms of death, cardiac arrest and unplanned ICU admission. How this affects the future role of METs and subsequently the intended readership of this book remains to be seen. Despite this, the book discusses many important areas in the identification and management of sick patients and perhaps more importantly highlights barriers to the delivery of effective care to this at risk group. As such, the text is of potential value to both health care practitioners and hospital administrators, serving as an overview of problems which often transcend the boundaries of these roles. It should be read by anyone wishing to establish a MET within their hospital as it will give them the ammunition to support their cause in obtaining the necessary finance and the support of their clinical and nursing colleagues. It should certainly be read by hospital administrators and those interested in quality improvement, currently working in hospitals without such teams. They will then know what questions to ask and of whom to ask them.

L. Walker and N. R. Webster
Aberdeen, UK
E-mail: n.r.webster@abdn.ac.uk

doi:10.1093/bja/ael292


As the title of the book clearly states, this book is about making sense of the medical evidence. Although plenty of books about general evidence based medicine has been published recently, this little book seems to have found its own ‘niche’—an approach to the topic that is different from other publications. The book is small, and so is the printing. People on the verge of needing reading glasses will definitely be pushed over the edge. However, despite its size, this book holds a good deal of very useful information.

Clearly, the authors of this book are experts in the field of medical literature evaluation. They have described all the pitfalls and difficulties encountered when trying to read a paper critically. Throughout the book the sections give a good overview and the plentiful illustrations assist in the understanding of the text, which, for the clinician untrained in statistics, is at times quite complicated.

The book is in pocket size, has 409 pages and is divided into eight sections. The first section is entitled ‘Basic understanding and tools’. This section describes the basics of evidence based medicine, searching for evidence, the importance of size and simple statistics. The chapter dealing with the importance of study size is worth emphasizing. It explains why size is so important in clinical trials and is easy to read and understand. Everyone who reads or practices research will benefit from reading this chapter. The chapter on simple statistics is very short, but the book is not about statistics and the references are good.

Section 2 is about the fundamentals of clinical trials, including systematic reviews. It has a very informative chapter about placebos, bias and clinical trial validity.

Section 3 is about observational studies, which traditionally are very difficult to assess. The chapters deal with prevalence and incidence, questionnaires and how to summarize knowledge from this type of studies into systematic reviews. Section 4 is about diagnostic testing, how to assess evidence and bias in this field and, again, how to summarize results in systematic reviews. Chapter 5 is entitled ‘Adverse events’ and describes the different methods of getting a little
Book Reviews

closer to a meaningful scientific approach to this topic—and, of course, what to be aware of.

Section 6 is about Health economics—a difficult topic, which the authors have managed to make a little less difficult in the chapters dealing with health economics and management, terms and meanings, guidelines and trust. The last real chapter—since Chapter 8 is a glossary—deals with things that do not fit—for example what to do when there is no evidence—which is fairly often the case in anaesthesia. Section 8 is a comprehensive glossary and index.

I would definitely recommend this book not only to those who read medical literature, but to researchers as well. Both those in training period and more experienced researchers will benefit and learn a lot from the thorough explanations of key research matters these authors have communicated so well. The main audience, however, is clinicians who need to deal with assessing medical literature to form an evidence base for their clinical practice. This book will be of use to medical students, trainees and specialists, and should be available in every department of anaesthesia.

A. M. Møller
Herlev, Denmark
E-mail: docamm@yahoo.com
doi:10.1093/bja/ael293


To find the price of this book, I consulted a well-known online bookseller. In the search result, consisting mainly of books on my other favourite topics of air conditioning and central heating, I found that the price is £115. This is extremely good value: a truly encyclopaedic work, with 70 chapters, 1381 pages and 106 authors. Despite being an American book, only 62 of the authors are from North America. Twenty-four of the chapters are new and 17 have been overhauled since the first edition, 12 yr ago. There have been a lot of changes in this field in that time, and the book has covered them well. The new work is partly mainstream material, but some of it is on topics and techniques that are already past their ‘great new advance’ phase and are only likely to wither with time: pruning a book such as this one must be a hard task. The range of the topics covered by the book is truly encyclopaedic, although I feel there should have been a chapter on variable tidal volume ventilation, which appears to have genuine advantages. I suspect that almost all questions in this field will be answered by this book, although probably not by primary intent. It is true that the chapters largely cover the entire topic, but this is done sometimes by merely providing extensive references to other work. For example a reader interested in the psychological problems in the ventilated patient will find a citation for the Confusion Assessment Method, or the Modified Blessed Dementia Rating Scale, but not the scales themselves. In other words, the book is not a primary source, but a catalogue. In many instances, this may meet the needs of the user, and it sidesteps the perennial problem of separating the wheat from the chaff, but it is not a book that will provide practical clinical answers to a trainee.

Some of the contributors, in addition to meeting the requirement to be comprehensive in summarizing their knowledge in the field, have unfortunately taken the opportunity to become wordy and discursive. Some fundamental principles often have to be addressed before considering important clinical topics, but I hope that they will be discussed simply. I start to fidget when I have to read about epistemic ideals, words such as essentialist and nominalist, and clinical gestalt.

Naturally, the quality varies from chapter to chapter. However, most suffer from the myopia of the expert, covering some topics in exhaustive detail and omitting the obvious, or failing to provide a good concise summary. For example, the editor himself, in a long, thoughtful and very comprehensive consideration of measures to predict weaning outcomes, leaves me with the feeling that nothing is certain. This is possibly correct, but not what I think he would say to a colleague or a trainee. Several important topics have a quite limited amount of space devoted to them, and others are covered in exhaustive detail.

The historical chapter was brisk and entertaining, although manufacturers like Engström, Dräger, Cape and Manley did not get a look in. It was chastening to find a method I used as an undergraduate to measure alveolar gas had been placed in this chapter. The chapter on ‘Setting the ventilator’ is a model of clarity, with a very good table of abbreviations and symbols, and the book as a whole has tackled the matter of respiratory symbols extremely well. Unfortunately units are not as well handled, with the usual North American mix of imperial and SI, quoting litres, cubic feet and pounds per square inch in the same few pages. Some of the chapters could have been improved by weeding out a lot of material. The chapter on paediatric ventilation is very much a catalogue, with several pages of pictures of boxes that convey very little. The chapter on paediatric ventilation should have been better edited, as there are several perhaps unintentional non-sequiturs such as ‘infants are... mainly nose breathers because... the large... epiglottis... tends to obscure the laryngeal inlet’. What was meant (I think) was that the epiglottis tended to obstruct the oral passageway (although I am not sure whether this is correct).

However, the weakest part of the book is the standard of the illustrations. Many are good, clear, simple, line diagrams, appropriately sized and relevant. This is probably all that the paper can handle. Others, mainly