



Advanced Paediatric Life Support: The Practical Approach

2nd ed. Advanced Life Support Group. 306 pp. Illust. BMJ. 1997. Distributed in Canada by the CMA. \$67.95 (\$56.95 members). ISBN 0-7279-1069-8

Overall rating: Very good
Strengths: Well written, easy to follow; comprehensive
Weaknesses: A few medication names may be unfamiliar to North American readers
Audience: Professionals who care for critically ill or injured children; especially useful to those who see children infrequently

This is a core text for the Advanced Paediatric Life Support course in the UK. The 35 contributors include pediatricians, pediatric surgeons, emergency physicians and anesthetists. It emphasizes the first hour of care, and also provides a general reference for advanced life support.

The first part looks at the causes of childhood emergencies and the ways to quickly recognize a situation as an emergency. Part II discusses basic and advanced life support. "The seriously ill child" is the topic in part III (e.g., shock, shock syndromes, status epilepticus, coma, cardiac and respiratory emergencies). "The seriously injured child" takes us through trauma assessment and resuscitation; it covers specific systems (e.g., chest, abdomen) and entities (e.g., near drowning). In part V, practical procedures involving the airway and breathing, circulation and trauma resuscitation are explained and illustrated. There is a chapter on what to look for in x-rays of the spine, pelvis and chest, and one that deals with issues of transport. Part VI deals with "other areas of importance," includ-

ing acid-base balance, fluid and electrolyte management, child abuse and accident prevention. Each chapter is reviewed briefly, with greatest emphasis on parts II, III and IV. Particular attention is given to the flow charts, summaries and algorithms used throughout.

The protocols are essentially similar to those outlined in the Pediatric Advanced Life Support textbook that accompanies the American Academy of Pediatrics PALS course. In a very few instances the North American reader may encounter the name of a drug that is not immediately familiar, but this is a minor difficulty easily overcome.

Overall, this is a well-written, comprehensive reference book; the text is easily followed, the diagrams are clear, the algorithms and summaries useful. It will be of great benefit to those involved in emergency care of children.

Dr. Carrol A. Pitters
 Chief
 Division of Emergency Medicine
 Children's Hospital of Eastern Ontario
 Ottawa, Ont.

Mortally Wounded

Michael Kearney. 192 pp. Illust. Scribner, New York. 1996. \$19.95. ISBN 1-684-83220-X

Overall rating: Excellent
Strengths: Beautifully written, highly relevant, a clear message
Weaknesses: Could not implement the approach from information provided
Audience: Palliative care physicians, all physicians interested in the caring aspects of medicine

This book is simple, straightforward, beautifully written and has a message for all of us. It is excel-

lent reading for any physician, not just for those in palliative care.

As physicians, we attempt to cure disease and conquer the suffering of our patients in the "Heroic" tradition. The thesis of this book, by palliative care physician Michael Kearney from Dublin, is that some of the anguish and suffering of dying patients, particularly suffering that is not amenable to the usual palliative measures, is caused by the patient being locked into this heroic model. Patients are trapped in what Kearney calls the "surface" mind that likes to solve problems. They have no way to access comfort from the deep resources of the psyche when faced with insoluble problems. Kearney suggests a complementary paradigm and a method for implementing it.

He illustrates his thesis with the stories of different patients. One dies suffering, her pain unresolved. Others find comfort and at least a partial resolution to their pain. He suggests that we can help our patients to reach this kind of resolution. First, he suggests that dying patients need all of the palliative care we have at our disposal to make space for something else to happen. Sometimes that is all that is needed. Next, he proposes a paradigm that has both psychological and mythical dimensions. At a psychological level he distinguishes surface mind, where the ego is in control, and deep mind, where healing can take place that is outside the ego's control. Healing comes when the ego loosens its control and there is descent to a deeper level in the psyche.

The Greek myth of Chiron exemplifies this process. Chiron is suffering from a painful and incurable wound. To get relief he gives up his immortality and descends to Hades. He is then rescued by Zeus, who immortalizes him.

How do we help our patients take



the risk that Chiron took and surrender control of their situation to resources inside themselves but outside the ego? This is usually a slow and difficult process. However, it turns out — and this may be the key insight in Kearney's book — that dying patients are particularly open to this form of growth. Kearney's approach is a very simple form of guided imagery. He does not claim complete resolution of all suffering but a real shift in the patient's level of comfort, acceptance and even aliveness. The examples he gives leave me, for one, profoundly affected and impressed.

Tom A. Hutchinson, MB
Professor
Medicine and Epidemiology
McGill University
Montreal, Que.

Efficiency versus Equality: Health Reform in Canada

Edited by Michael Stingl and Donna Wilson. 209 pp. Fernwood Publishing, Halifax, and Regional Centre for Health Promotion and Community Studies, University of Lethbridge. 1996. \$24.95. ISBN 1-895686-69-5

Overall rating: Good
Strengths: Case for health promotion in an era of reform
Weaknesses: Book dated; effectiveness and cost of implementing strategies not discussed
Audience: Those interested in health promotion or community health services

Strategies are addressed for meeting the challenges of reform: public participation, improved community health services, and healthy public policy.

In the first section, Stingl discusses equality, efficiency and social values in choices and conflicts inherent in reform; Janet Storch articulates foundational values in the WHO definition of health, *New Perspective on the Health of Canadians*, the National

Health Care Forum, and population health; and Timothy Caulfield examines Oregon's 1989 health care plan.

Next, Michael Yeo writes on the ethics of public participation, Gail MacKean and Wilfreda Thurston construct a model for public participation in planning and decision-making and Cécile Rousseau presents the mental health resource movement in Quebec as an example of community empowerment.

Strengthening community services through reform is the focal point for section three. Sharon Matthias presents a value-based framework for citizen participation. Judith Kulig analyzes the exclusion of front-line health workers from decision-making. Robert Marchand, Jacques Durocher and Pierre Tousignant assess the mandate of regional public health directorates in Quebec in monitoring the effects of restructuring and reporting on population health.

In the section on healthy public policy, Dieter Haselbach compares cuts in health expenditures in Germany and Canada; Malcolm Brown reviews changes in Alberta's financing of medical care; and Michael Burgess discusses various means by which the conflicts between health promotion and treating illness are addressed.

In the last section, Donna Wilson considers the changes underway in Alberta and Harley Dickinson reviews definitions of health and outlines components of the health promotion framework.

The book is dated: there are few references or examples since 1994. Its thrust has been overtaken by the National Health Forum, reductions in expenditures and restructuring. Public health departments are being downsized or obliterated. Trends in consumerism indicate the public is moving away from values and beliefs of health promotion.

The authors exclude effectiveness of health promotion from their dis-

cussions. The public envision equity in access to effective services. Regional authorities strive to provide services at affordable costs. It would be interesting to know how the editors would present strategies for health promotion within the current era of reform.

J. Ivan Williams, PhD
Deputy Director, Research
Institute for Clinical Evaluative Sciences
in Ontario
North York, Ont.

Books and other media received

Livres et autres documents reçus

Books for patients

The Rights of the Dying: A Companion for Life's Final Moments. David Kessler. 204 pp. HarperCollins. 1997. \$29.95. ISBN 0-06-018753-0

When Life Becomes Precious: A Guide for Loved Ones and Friends of Cancer Patients. Elise NeeDell Babcock. 275 pp. Illust. Bantam Books, Toronto. 1997. \$19.95. ISBN 0-553-37869-4

Cardiology

On Call Cardiology. M. Gabriel Khan. *On Call Series.* 343 pp. Illust. Harcourt Brace. 1997. \$28.95. ISBN 0-7216-6848-8

Education

Bedside Diagnosis: An Annotated Bibliography of Literature on Physical Examination and Interviewing. 3rd ed. Henry Schneiderman, Aldo J. Peixoto. 203 pp. American College of Physicians. 1997. Distributed in Canada by the CMA. \$36.95 (\$29.95 members). ISBN 0-943126-55-X

Medical Meanings: A Glossary of Word Origins. Revised. William S.