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ence pain while performing the recommended stretches or exercises are urged to consult an orthopedic physiotherapist. However, there are no cautions for the reader (injured or uninjured) to consult a physician (or any health professional other than an orthopedic physiotherapist) before engaging in the exercise protocol. The lack of appropriate warnings and the authors’ emphasis on back extension stretches are cause for concern.

Although Harrison’s detailed account of her injury experience illustrates some frustrations other musicians encounter when consulting health professionals, both she and Paull make several unnecessary derogatory comments regarding diagnostic tests and treatments used by health professionals other than orthopedic physiotherapists.

In sum, this book presents the authors’ opinions and experience rather than a comprehensive evidence-based approach to injury prevention.

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Director, Canadian Network for Health in the Arts

Reference

Source Book in Bioethics: a Documentary History


Overall rating: Good source of US bioethics

Strengths: Well written historical introductions

Audience: Anyone with an academic interest in bioethics and health law

Weaknesses: US audience; most documentation not necessarily applicable to Canadians

Jonsen, Veatch and Walters, well known and respected US bioethicists, have done an excellent job in compiling many of the pivotal documents in bioethics and health law of the last few decades. (As bioethics is a very new discipline, this really does constitute an historical approach.)

The five sections cover research on humans, death and dying, human genetics, human reproduction and the changing health care system. Each begins with an historical introduction by one of the editors, followed by documents (e.g., the well known Belmont Report).

The editors promise to “Bring[s] together in a single volume the core legislative documents, court briefs, and reports by professional organizations, public bodies, and governments around the world.” Unfortunately, “the world” does not include anything north of the 49th parallel. There are only a few documents from countries other than the United States. Although the literature is interesting and informative, much of it, particularly the law, is not applicable in Canada. Indeed, relevant ethical and legal Canadian documents concerning all areas discussed in the book do exist, and these documents may be more important for Canadian readers interested in our own social policies and norms.

This is not to say that Canadians cannot benefit from the insights of these respected bioethicists and from the reproduced documents. However, particularly at $95 (US), I do not think it will become nor do I think it ought to become “a standard text for courses in bioethics” ... at least not for readers outside the United States.

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Queen’s University
Kingston, Ont.

Running With the Caribou


Overall rating: Good

Strengths: Well written, humorous, personal

Audience: All medical practitioners and libraries

In Running With the Caribou Pete Sarsfield sketches a broad picture of his 25 years as a community health physician in northern communities in Ontario, Manitoba, Labrador and the North West Territories. Part medical log, part personal quest, part travelogue, this book takes you on a journey you will be pleased you made.

Sarsfield allows us into his Canada: the northern landscape, native peoples, friends, family, his travels, and the provision of health care in the north. One gets the sense that most of his time has been spent in an airplane, train or bus, but in many cases, getting to the frontier is the best part of the story. He has made excursions to Hong Kong, Sweden and to Nevis, where his Canadian medical training is called “destructively irrelevant” to that small nation.

His writing style is subtle, economical and elegant. He wonders about medical specialists who have “chosen to avoid most ordinary human contact by becoming unusually adept in one tiny area of people’s problems.” Waiting for the Pope in