

important diseases that premature and term infants face. This chapter demonstrates the main shortcoming of this section of the book; that is, the attempt to reduce the principles of pediatric critical care to a group of lists renders the material quickly accessible, and in general the lists are fairly thorough, but the lists do not provide the reader with any of the controversy or subtlety of the principles they describe, especially for the reader who may lack experience or a strong knowledge basis. Hence, I think the attempt at convenience and accessibility also does a disservice to the reader. It is perhaps for this reason that *The Harriet Lane Handbook*, a well established pediatric handbook, has continued to grow longer over the past decade or so; the current (17th) edition runs around 1,168 pages.

The chapters on resuscitation, trauma, respiratory and cardiovascular principles, sedation, fluid and electrolytes, and nutrition emphasize lists of how to begin and end the approach to these problems. There are flow charts on advanced life support and resuscitation of the asystolic patient or the patient with pulseless electrical activity or ventricular fibrillation. There are also a number of tables that include etiologies of common problems, signs of such problems, and indications for various therapies for such problems. These charts and tables are well constructed and clear. This section would benefit from a brief emphasis on the importance of re-evaluation and revisions of the patient assessment and the adequacy of the care plan.

I commend the authors for including a chapter on death in the PICU. This very difficult subject is mainly approached in a clinical fashion. Again, the chapter would be more thorough with references to further resources, especially items on the psychosocial aspects of death.

The second section of the manual is devoted to a more in-depth review of pediatric critical care from an organ-system standpoint. The authors provide a greater emphasis on physiologic principles that underlie the practice in this section. The main difficulty for the novice reader is how to round out the information provided in this section. For instance, in the chapter on cardiac disease the authors introduce and summarize the most common congenital cardiac defects and clinical issues that arise following cardiopulmonary bypass. Although the authors do provide an outline of the care of these problems, it is hard to imagine the

inexperienced clinician relying solely on this manual as a guide to managing such patients. For instance, hyperventilation, nitric oxide, prostacyclin, and sodium nitroprusside are offered as therapies for post-bypass patients with hypertensive crises. There is, however, no way for the reader to evaluate the merits or potential complications of these treatments. So, this chapter provides a convenient introduction for a student who plans to access more rounded approaches to the subject.

In contrast, the chapter on neurologic and neuromuscular disease is replete with tables that range in subject from the Glasgow Coma Scale to causes of unconsciousness and coma, as well as types and causes of status epilepticus, among others. There are decision flow charts for the management of the unconscious child and status epilepticus. The relative thoroughness of this chapter may reflect, at least in part, the nature of the subject, which lends itself more readily than cardiac or respiratory physiology to being summarized in a group of lists.

This second section also includes chapters on gastrointestinal and hepatic diseases; renal, hematologic, and oncologic diseases; endocrine and metabolic disorders; infections; trauma; poisoning; as well as neonatal and surgical issues. The renal chapter concentrates on renal therapies as well as briefly emphasizing renal diseases. The hematology/oncology chapter covers sickle cell disease, leukemias, bone-marrow transplantation, and solid tumors. The chapter on infectious diseases and related illnesses covers meningococemia, human immunodeficiency virus, and systemic inflammatory response syndrome. The trauma and poisoning chapters are fairly thorough for a handbook.

The third section is a compendium of medications commonly employed in the PICU. The medications are listed alphabetically rather than by class. The list includes class of the agent, usage, dosage, contraindications/warnings, and adverse effects.

**Essentials of Pediatric Intensive Care** approaches the major rubrics of pediatric critical care but founders on its attempt to take a physiology-based field of endeavor and reduce it to a series of lists. The manual tries to do too much in too little space, without reference to other sources that may be of value for the intended audience. Additionally, there are inconsistencies in some chapters in the construction of the headings and subheadings, demonstrating poor editing

and making the book less convenient than its authors intended.

The manual appears to be best suited as a brief introduction to pediatric critical care, until the practitioner is able to access a more definitive resource. **Essentials of Pediatric Intensive Care** does not appear adequately constructed as a safe guide for novices in the practice of pediatric critical care.

**Thomas V Brogan MD**

Pediatric Intensive Care Unit  
Children's Hospital and Regional  
Medical Center  
Department of Pediatrics  
University of Washington  
Seattle, Washington

**Difficult Conversations in Medicine.** Elisabeth Macdonald, editor. Oxford UK: Oxford University Press. 2004. Soft cover, 231 pages, \$39.95.

The stated aim of this book is to support an initiative put forth in the year 2001 by the Forum on Communication in Health-care of the Royal Society of Medicine. This forum identified the need to develop a core curriculum about communication for physicians. The stated audience is physicians and "other health care professionals in the early years of medical practice, to help them polish their communication skills and to avoid pitfalls, mistakes, or simply embarrassment on either side."

There are 16 chapters in the book. The editor wrote or co-wrote 9 of the chapters. The editor states the book was written because public confidence in the United Kingdom has been undermined by a "series of failures and accidents in an unfortunately wide variety of medical specialties." There have been closures of health-care facilities and "disastrous results of heart surgery in children." A summary of these events would have been nice for those unfamiliar with the health-care situation in the United Kingdom. She does go on to say that these events led to the Bristol report, which made recommendations about health-care standards and communication, but it's a weak link.

While the book's stated audience is physicians and other health-care professionals, it is written for physicians only. There is a reference to nursing from time to time, but soon the subject is returned to doctors and junior doctors. There was no reference to respiratory therapists. The types of conversations covered were typical of patients and physicians, not other health-care profession-

als. The chapter concerning multidisciplinary communication is approached mostly from the physician-to-physician perspective, and not from an interdisciplinary perspective.

The table of contents is very thorough, breaking each chapter into several subsections, and each chapter begins with its own table of contents. There is at least one discrepancy between the page numbers listed in the main table of contents and the corresponding chapter table of contents, but this was easily overlooked. It is very easy to find a given topic by looking in the table of contents so one can select the most helpful topics. Many of the chapters are quite short, so in some cases the chapter table of contents is superfluous. After each chapter table of contents is a paragraph that summarizes what is to follow in the chapter. In many chapters, helpful hints, checklists, and tips are listed in gray boxes, so that you can flip through the book and easily focus on summary points in the boxes.

The chapters cover the gamut of difficult conversations well. Breaking bad news, taking a sexual history, apology, dealing with angry patients, legal issues, pediatric patients, and multicultural issues are all addressed. The topics receive uneven treatment, however, with pediatrics, legal constraints, and apology coming out on the positive side.

There are a few typographical errors in the book, but more distracting are words for which one needs to be familiar with medical jargon in the United Kingdom to fully understand the passage. For example, "bleep," as in "leave your bleep at the nursing station" when going to have difficult conversation. "Clerking" patients was an expression that was less self-explanatory. This language may be a part of the daily exchange in the United Kingdom, but it does limit the book's usefulness for those who are not familiar with United Kingdom medical jargon.

Chapter 8, "Difficult Conversations With Children and Parents," is one of the strongest chapters. Very practical tips are given for sharing bad news with very young children, and the chapter reviews children's

rights in regard to their health care. The author discusses how family dynamics can impact care and talks about some pitfalls to avoid. This chapter stands out as one that enhances the reader's knowledge base.

Chapter 14, "Legal Constraints and Guidelines to Good Practice," is another stand-out chapter. It discusses physician fear of litigation in a respectful way and also dispels common myths. One pearl from this chapter is that patients think a good communicator equals a good doctor. The author gives many tips on how to become that good communicator.

I found the book to be inconsistent in the quality of writing and in philosophy. One chapter gives advice about how to get the patient to stop talking so the appointment can end on time, and it is suggested that patients will sometimes "save" their symptoms until the end of the interview just to take up more of the physician's time. Techniques are given to deal with that type of patient, so that the doctor can meet his or her obligation to other patients. It is true that time management is a huge concern in medical practice today, but the suggested manner of dealing with the patient, and the assigning of an underlying patient motive for wasting the doctor's time, was unsupported by the dialogue presented. The suggested dialogue seemed very brusque, and the possibility that the patient may be comfortable mentioning a delicate issue only at the end of an appointment, after some rapport has been established, is not entertained. Another chapter suggests that one has to be careful not to schedule adolescent appointments early in the morning, because this age group likes to stay up late and sleep in. It is inconsistent to emphasize the need to keep appointments on time, above all, for one set of patients and yet take into consideration the sleep habits of another group when managing appointments.

There are several places throughout the book where transcripts of enacted dialogue are presented as examples. The words said are written on one side of the page and the rationale assigned to those words is written on the other side of the page. The technique is very illustrative. It gives examples of how

to explore a concern or introduce a difficult topic. It presents what the doctor said and why he or she said it. These sections could have been improved by showing dialogue with the purpose of establishing rapport or providing reassurance. The passages provided demonstrate little warmth or empathy on the part of the physician.

The lack of empathy shown in the text chosen to be illustrative is unfortunate. The book could have been improved by demonstrating how to establish rapport with a patient before diving into very personal scenarios. I had the feeling that these conversations had a very specific goal and success was to be judged by attaining the goal.

Appendix 2 was very informative. It is the product of a Forum on Medical Communication meeting at the Royal Society of Medicine in November of 1999. It serves as an outline for what a curriculum for communication in medical education could look like, and it is quite comprehensive. Expanding on the content in this appendix could have increased the usefulness of this book.

Throughout the book the emphasis is on developing a curriculum for junior doctors. I think this emphasis may disincline a senior doctor from looking at the book, and yet many who are not necessarily "junior" could benefit from education about communication and how valuable it is to patients and families.

In summary, I hesitate to recommend this book for anyone who is not a physician living in the United Kingdom. For a physician living in the United Kingdom seeking to improve communication skills, I recommend reading Chapters 8, 11, 13, 14, and 15, and Appendix 2, and seeking resources elsewhere. This text is not a stand-alone resource for improving skill at having difficult conversations.

**Patsy Treece RN MN**  
Division of Pulmonary and  
Critical Care Medicine  
Harborview Medical Center  
Seattle, Washington

A 24 hrs optional course was realized with 15 students at the Medical School of Milan, with the aim of undertaking the management of the emotional aspects in a difficult communication in medicine. The course was realized through the use of active teaching tools; issues resulted from what literature consider as "difficult communication". Photolangage was used as pre-post test to assess the effects of the course; a satisfaction questionnaire was also used. From the content analysis of the data the course resulted effective both for the students' satisfaction and for the enhancing Difficult conversations in medicine are those conversations that raise negative feelings such as frustration, anxiety, and guilt, within the healthcare team and patients alike. It is understandable and predictable for patients to express strong feelings when presented with the need to change behavior such as reducing or eliminating prescription opioids.Â Strong emotions are commonly expressed and directed toward the healthcare team. Communication that demonstrates empathy, compassion and strong limit setting, will lead to more positive clinical outcomes. Health care teams can develop their capacity to authentically engage in difficult conversations with their patients.