

Book Review

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Oxford Textbook of Palliative Medicine, 2nd ed.

*edited by Derek Doyle, Geoffrey W. C. Hanks, and Neil MacDonald.
New York, N.Y., Oxford University Press, 1999, 1283 pages, \$95.00.*

The 2nd edition of the *Oxford Textbook of Palliative Medicine* is a thorough and compelling treatise on the subject of end-of-life care. It provides a much-needed resource for physicians and other health care providers who care for those who are dying.

Nearly half of the text concerns the difficult task of controlling the myriad symptoms from which dying patients suffer. As would be expected from a text on dying, the chapters on pain control and management are exceedingly thorough and informative. Several options for alleviating pain are offered that might not have been considered in a more conventional textbook of medicine. The text also includes excellent chapters on palliative care for symptoms other than pain, including gastrointestinal, respiratory, neurologic, and dermatologic problems. Chapters on interventional radiology and palliative surgery are eye-opening for those who think of palliative care simply as giving morphine to patients at home. I found the well-thought-out discussion on how to break bad news to patients and their families particularly helpful.

Authorship input from health care providers from around the globe ensure a perspective that is truly universal. Input from nonphysician health care personnel makes the book useful for nurses, social workers, and others who provide services to the dying patient. These sections make the text a must for any hospice team.

The major drawback of this text is its size. Anyone looking for a concise, quick read in palliative medicine will not find it here. The first 200 pages of the book discuss the history and development of the modern hospice movement. While this makes for interesting reading, it would seem more appropriate in a separate text on the sociology or history of medicine.

Although most discussions are complete, a paltry 4 paragraphs are devoted to helping the physician convey to patients and families that it may be time to enter a hospice program. In these times of medical miracles, magnetic resonance imaging, and "magic bullet" chemotherapeutic agents, patients and their families often continue to push to "do it all at all costs," even when the physician who cares for the patient knows that palliative medicine is the best option. One of the greatest challenges practicing physicians face is convincing patients that "comfort care" will improve their quality of life more so than continuing the investigational process with its necessary poking, prodding, needles, and pain. More discussion on how to help patients and their families understand the dying process would have been time well spent.

Above criticisms aside, the text is an excellent resource for those who care for the dying and should occupy a prominent place on the bookshelf of anyone who wishes to practice palliative medicine.

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