

Book Reviews

Getting Doctors to Listen: Ethics and Outcomes Data in Context

Phillip Boyle, ed.

Georgetown University Press, Washington, DC, 1998, 248 pp., \$45

"THE NATURE OF MEDICAL TRUTH IS not, and has never been, something about which all medical thinkers agree." This quotation from *Getting Doctors to Listen: Ethics and Outcomes Data in Context* serves as a nice summation of the book's purpose. In this compilation of articles edited by Phillip Boyle, a variety of writers examine, first, the current

trend of implementation of outcomes data and practice guidelines and, second, the reluctance of many physicians to use these guidelines in their practices. The book looks at outcomes research and delves into the reasons behind physicians' opposition to and avoidance of the guidelines.

The book's contents are divided into three parts:

- An overview of the moral obstacles to utilizing outcomes data
- A look at outcomes data and how they are generated
- An examination of ethical issues—some resolvable, some intractable—in utilizing outcomes data

Each of the sections' authors examines the outcomes data employed in such technologies and therapies as hormone replacement therapy, ear tubes for otitis

media, thrombolytic therapy, and autologous bone marrow transplantation for advanced breast cancer. The authors include practicing clinicians, ethicists, public health specialists, and academic teaching physicians.

The book is aimed primarily at the practicing physician, but it could also serve as a textbook for medical students and residents in a course on how to apply the art and science of medicine in daily practice. The book's second section, which serves as a primer on how outcomes data and clinical guidelines are generated, would be most instructive to the clinician. It was interesting to learn, for example, that some guidelines were based more on consensus than on "hard" clinical data. This section of the book also elucidates the biases often inherent in clinical guidelines.

BOOK BRIEFS

Personal Assistance: The Future of Home Care

Robert Morris, Francis G. Caro, and John E. Hansan, Johns Hopkins University Press, Baltimore, 1998, 184 pp., \$48 (hardcover), \$18.95 (paperback)

An aging population, changing family structures, and rising healthcare costs have combined to require fresh thinking about long-term care. The authors of this book offer a conceptual foundation for those who advocate community-based services for the elderly and disabled. Chapters discuss such topics as home care's history and evolution, the place of the family, self-financing, new insurance options, expanding the use of assistive devices, and potential roles for volunteers. The book has a foreword by Bruce C. Vladeck, former head of the Health Care Financing Administration.

The Comfort of Home

Maria M. Meyer with Paula Derr, RN, CareTrust Publications, Portland, OR,

1998, 343 pp., \$23 (paperback)

Subtitled "An Illustrated Step-by-Step Guide for Caregivers," this book is addressed to those planning to provide care at home for frail or disabled people. Part One advises caregivers on preparing their homes and themselves for the task. Part Two offers tips on many aspects of daily care, including feeding, bathing, and transporting the person cared for. One chapter focuses on the care of people with Alzheimer's; other chapters deal with the dying process and funeral planning. Part Three briefs the reader on medical specialists and the jargon they use. Pen-and-ink drawings illustrate many of the chapters.

BOOKS RECEIVED

Light & Death: One Doctor's Fascinating Account of Near-Death Experiences, Michael Sabom, Zondervan Publishing House, Grand Rapids, MI, 1998

The Bible and Healing: A Medical and Theological Commentary, John Wilkinson, Handsel Press, Edinburgh/Wm B. Eerdmans Publishing Company, Grand Rapids, MI, 1998

Methods in Personal Care of the Bedridden Patient . . . Hair, Skin and Nails, Nöella Charest-Papagno, JJ Publishing, Hollywood, FL, 1998

The Tao of Jesus, Joseph A. Loya, Wan-Li Ho, Chang-Shin Jih, Paulist Press, Mahwah, NJ, 1998

Psychiatric Dimensions of Medical Practice: What Primary-Care Physicians Should Know about Delirium, Demoralization, Suicidal Thinking, and Competence to Refuse Medical Advice, Phillip R. Slavney, Johns Hopkins University Press, Baltimore, 1998

Genetic Testing for Alzheimer Disease: Ethical and Clinical Issues, Stephen G. Post and Peter J. Whitehouse, Johns Hopkins University Press, Baltimore, 1998

COMMUNICATION STRATEGIES

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Strategies also include financial seminars and niche mailings.


allowed panelists to be more fluid and responsive, resulting in an engaging exchange.

- Don't practice. While each panelist was given a broad outline of each segment with talking points, there were no dress rehearsals. Tiwanak believes that this technique helps ensure a more engaging, conversational videocast.

- Keep length in mind. Since the videos are only 18 minutes long, to fit into the broadcast timetable, Tiwanak is able to show them at community presentations, before planned-giving seminars, and to individual potential donors.

- Include a call for action. At the end of each segment, viewers are offered brochures with tips on planning, identifying, measuring, tracking, and quantifying cash and non-cash contributions.

Videos are just one element of the St. Francis Healthcare Foundation's fund-raising. Strategies also include financial seminars; partnerships with attorneys, insurance brokers, and realtors; niche mailings; and promotions to physicians, employees, nursing school alumnae, retirees, and prospective donors. But Tiwanak believes that the videocasts are an important and cost-effective option available to any philanthropic organization. □

 For more information, contact Eugene Tiwanak at 808-547-6874.

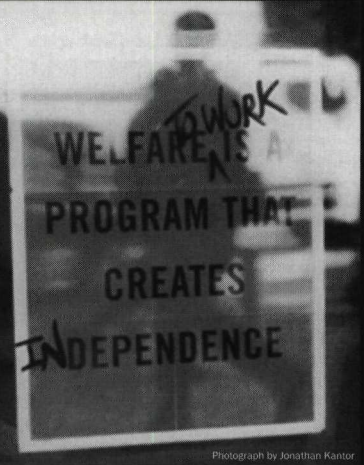
A chapter titled "Guidance Glitches: Measurements, Money, and Malpractice" is the most readable and will probably appear, to the average doctor, the most germane to everyday practice. This chapter uses specific case examples to show how general guidelines cannot always be applied to individual patients. Extraneous factors such as the patient's social support, the pressures of capitated insurance plans, and the specter of malpractice suits can influence the implementation of any guideline. The chapter's final sentence—"Be modest; guidelines are just guidelines"—may be the most enlightened exhortation a clinician could receive.

The book's third section explores the ethical considerations of practice guidelines. For the practicing physician it will serve as a good review of the underlying assumptions and premises involved in making guidelines. According to bioethicists, some of these premises may present intractable problems in the application of guidelines—for example, physicians' tendency to rely on their own judgment rather than on rules, even when those rules are the result of outcomes research. The authors conclude by arguing that practicing physicians must be involved in formulating these guidelines if they are to feel some "ownership" of the process.

This book has instructive advice for the average practicing physician, but it may prove difficult for less motivated readers. On the other hand, some essays appear to be aimed at ethicists, using a vocabulary that will be foreign to the clinician. However, enough chapters are geared to specific clinical trials to hold the reader's interest. This book would be a good addition to the library of a physician manager, a health insurance physician reviewer, or any physician involved in trying to get other physicians to "listen" to clinical guidelines.

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The Welfare to Work Partnership is a not-for-profit corporation organized under the laws of the District of Columbia.



Photograph by Jonathan Kantor

It takes guts for people to get off welfare to learn real skills and land real jobs.

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