

table of “key points” at the end of every chapter and a series of references for further reading.

Although one might initially question the need for another text devoted to the ethical issues of a particular specialty, I believe this book fills an important niche. No one would argue that the issues raised in the book are unique to anesthesiologists alone. However, I would argue that a volume such as this is critical for anesthesiologists to understand the ethical implications of some of these topics for their specialty. For example, although it might not be evident to all why the topic “informed consent for preoperative testing” should be included in such a text, Van Norman clearly makes the case in her chapter on this subject that this is a central issue for an anesthesiologist to consider. In the case provided, a 15-yr-old girl is about to undergo an elective diagnostic arthroscopy for pain and swelling. The patient, accompanied by her mother, denies being sexually active. However, the anesthesiology group that covers this hospital requires pregnancy testing before elective surgery in female patients. Once the pregnancy test comes back positive, the anesthesiologist is faced with a series of difficult issues. For example, state law forbids disclosing that information to anyone other than the patient, but the mother will likely suspect the finding if the case is canceled. In addition, state law requires reporting this finding to Child Protective Services as evidence of sex with a minor. Van Norman thoughtfully considers these topics along with others, such as assessing the evidence to support any routine preoperative testing.

This is just one example of the manner in which the authors of the chapters are able to bring important ethical considerations into case contexts that are familiar to anesthesiologists. There is ample suggestion in the text that ethical decisions in anesthesiology cannot and should not be made in isolation from other medical and surgical disciplines. However, the overarching theme is that the anesthesiologist must also be aware of, and integrally involved in, the ethical decision-making around many important clinical topics.

Although scholars of clinical medical ethics will not find new and groundbreaking information in this text, it is nevertheless an important book for this group as well. In order to make the case that ethical discussion is important for all medical disciplines, there must be examples that resonate with many different practitioners. As a surgeon, I see significant overlap between the ethical issues in anesthesiology and in surgery, yet when I present ethics cases to residents and fellows, I invariably focus on the ethical issues for the surgeon. The focus and perspective taken on any topic in ethics will alter the extent to which a particular specialist might see the case and the topic as relevant.

Although there is room for discussion and disagreement about how truly distinct the ethics of anesthesiology should be from, for example, the ethics of surgery, there should be no disagreement over the importance of addressing ethical issues from the perspective of specific disciplines. Such focused considerations make clear that the field of clinical med-

ical ethics requires attention from all specialties in medical practice.

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Obstetric Anesthesia. By Craig M. Palmer, M.D., Robert D’Angelo, M.D., Michael J. Paech, F.A.N.Z.C.A. New York, Oxford University Press, Inc., 2011. Pages: 440. Price: \$59.95.

Providing appropriate and safe anesthetic care to the obstetric patient has long been a challenging and controversial endeavor, since the days of Queen Victoria and Fanny Longfellow. In the past, controversy surrounded the ethical and religious implications of providing pain relief for the laboring parturient. Although some of this sentiment lingers to present day, the continued education of the populace and excellent safety record of anesthetic practice is helping to make James Young Simpson’s prediction that any opposition to the “superinduction of anesthesia in parturition will be in vain” a reality.

The present challenge for obstetric anesthesiologists involves providing safe and effective labor analgesia and anesthesia in the context of the parturient’s unique physiologic, mental, emotional, and social state, all the while trying to provide a nurturing, supportive, and enjoyable environment for delivery. This challenge is further complicated by new factors, such as advanced maternal age, increasing cesarean delivery rate, and the growing number of women with serious comorbid systemic diseases. These factors can confuse acute anesthetic care decisions in situations where a delay in appropriate management has the potential to result in permanent injury or mortality to both mother and baby. In this regard, the importance of evidence-based medical practice cannot be overestimated. Luckily for anesthesia providers, *Obstetric Anesthesia* by Palmer, D’Angelo, and Paech is available to be an excellent companion on the labor and delivery floor. Although too succinct to be a comprehensive primary text for students or new residents with no exposure to the field of obstetrical anesthesiology, it is a potentially powerful tool for anesthesia providers requiring a detailed, literature-supported overview of the most important areas of anesthetic concern involving the parturient.

The brevity of the book should not be mistaken for incompleteness, as the chapters contain a surprising level of detail and can answer most of the practical questions a reader would pose. Read cover-to-cover, the book places the reader in the shoes of an obstetric anesthesiologist, as the flow of the chapters reflect the daily flow of events on the labor and deliver floor. Many days begin with providing routine neuraxial labor analgesia and anesthesia, which can become complicated by complex patients, unfamiliar diseases, and

anesthetic complications, as well as occasional postdelivery management of a critically ill parturient. Taken individually, the chapters contain relevant statistics and facts, as well as many useful tables with practical, technical, and procedural advice one would expect from a face-to-face discussion with a consultant obstetrical anesthesiologist. The authors clearly understand that a one-size-fits-all approach to management of the obstetric patient is ineffective, and thus provide concise descriptions of multiple techniques and modalities that allow an anesthesia provider to personalize his or her practice while remaining safely within the confines of standard anesthetic care.

I would highly recommend this text to any anesthesia provider who desires a portable, yet detailed, discussion of

the most recent evidence-based obstetrical anesthesia techniques, theories, and practice. Whether used as a reference to solve an acute problem, or as a manageable method to reorient to the subspecialty, *Obstetric Anesthesia* will not disappoint. This book will make an excellent companion to anyone interested in navigating the challenging and rewarding field of obstetrical anesthesiology.

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