

BOOK REVIEWS

Edward Lowenstein, M.D., Editor

The Quality of Care in Anesthesia. EDITED BY BETTY L. GRUNDY AND J. S. GRAVENSTEIN. Springfield, Charles C. Thomas, 1982. Pages: 255. Price: \$31.50.

At a small college the news spread that the professor of economics gave the same final exam every year. One of his colleagues from another discipline asked how he could do this. Didn't the students pass the answers on from year to year? The professor of economics answered "That would not be possible. Although the questions in my field remain the same, the answers change every year." In the analysis of anesthetic care we face a situation slightly different. The questions remain the same, but the answers do not yet exist.

The Quality of Care in Anesthesia, edited by Betty L. Grundy and J. S. Gravenstein is the collected proceedings of a 1980 symposium in Pittsburgh, and contains 16 chapters and four section summaries. A diverse group of participants is represented: physicians, bioengineers, nurses, industrial representatives, and administrators.

The book's first section is concerned with the "structure" of anesthesia care, that is, the influence of organization, management, and physical factors on the delivery of anesthesia care. In this section, the roles of training of personnel and technological advancement in shaping the fabric of anesthesia care are discussed. Also considered is the impact on anesthesia care of regulatory agencies, including the administration of the hospital. The disadvantageous position of the smaller hospital lacking the resources of the major centers is discussed, as are the possible contributions of the major medical centers to help fill in the gaps.

The second section covers the process of anesthesia care—record-keeping, decision-making, and the occurrence of human errors. The classic questions are raised but not answered: How can we improve decision-making and minimize error? How can we evaluate the success or quality of anesthesia care? Can we develop algorithms for good care? Can technology help in a cost-effective way?

The third section concerns the outcome of anesthesia care. The difficult problem of how to measure the result of anesthesia care is considered, but not solved. We still need to know what criteria should be used for evaluating a successful outcome. Can they be quantitated? How different are the results of the best care and the most cost-efficient care?

Throughout the first three sections, the providers who deliver anesthesia care are repeatedly mentioned, and the familiar dilemmas related to anesthesia manpower are presented: the distribution of hospitals and personnel, the training of the personnel, the relationships of the different kinds of providers to each other, and the most efficient way to employ all the providers. The relationships of doctors and nurses are discussed, as is the role of each in team health care. The recipients of anesthesia care, on the other hand, receive little coverage. One cannot help but wonder: How many patients are there? What are their characteristics? How do their characteristics influence outcome?

The book's final section addresses policy implications. What are our manpower needs and how can we meet them? What is the impact on anesthesia care of regulation by government, regulatory agencies, third-party payers, hospital administrators? Since data on which to base policy decisions are slim, should the government collect the data?

The quality of care in anesthesia was the subject of an earlier AUA sponsored symposium held in 1977. Its proceedings, published as *Health Care Delivery in Anesthesia* edited by RA Hirsh, WH Forrest, FK Orkin, and H Wollman raised relevant questions, and offered few definitive answers. *The Quality of Care in Anesthesia*, published in 1982,

points out that the questions remain; they are complex, and the answers remain elusive. Consciousness has been raised, but little data have appeared, perhaps because research in the area is underfunded. Potential researchers blame lack of interest on the part of sponsoring agencies. Some of the sponsoring agencies point to the small number of researchers trained and interested in the area, and the resulting paucity of meritorious applications. Therefore, we conclude by asking, but not answering: It is time to call a moratorium on symposia, roll up the sleeves, and work on data collection?

JOAN MERANZE, M.D.
HARRY WOLLMAN, M.D.
University of Pennsylvania
Philadelphia, Pennsylvania

Preparation for Anaesthesia. EDITED BY A. J. STEVENS. Kent, England, Pitman Medical Limited, 1980. Pages: 453. Price: \$29.95.

Dr. Stevens' goal in assembling this monograph was to compensate for the paucity of attention given to preoperative management of surgical patients in textbooks of anesthesia and surgery. In 22 chapters, 21 British physicians, among them 13 anesthesiologists, consider a variety of topics, including psychology, pulmonary physiology, hematology, pharmacology, monitoring, trauma, inpatient and outpatient anesthesia, and medical jurisprudence. As with most multiauthored books, chapters vary considerably as to style and quality.

This reviewer found the organization of the book somewhat perplexing. Some topics are covered in depth, while others are ignored. There are three chapters devoted to hematologic matters (General Haematology, Blood Transfusion, Problems of Haemostasis), but none dealing with the heart, the kidneys, or the neuromuscular system. Individual chapters deal with Dental Outpatient Anaesthesia, Anaesthesia During Pregnancy, and The Paediatric Patient, but no mention is made of anesthetic considerations for cardiac, neurosurgical, or orthopedic patients. There are chapters on local anesthetics and on spinal and epidural anesthesia, but none on general anesthetics or general anesthesia.

On the positive side, Atkinson's chapter titled, Inpatient Anaesthesia, is an excellent summary of a thorough preoperative evaluation. Chapters on Unusual Medical Conditions and Unusual Paediatric Conditions provide a wealth of clinically useful information in abbreviated form.

The monograph, published in England by The Pitman Press, is being distributed in North America by University Park Press in Baltimore, Maryland. Several minor physical defects detracted from the readability of this reviewer's copy: a few of the pages were creased, and some were still joined together in the corners.

Dr. Stevens deplors the low priority given to preanesthetic visits by many anesthesiologists. This book is a small step in the right direction. All in all, American readers might prefer Vandam's *To Make the Patient Ready for Anesthesia* (Addison-Wesley, 1980), or "Medical Evaluation of the Preoperative Patient" in *Medical Clinics of North America* (WB Saunders, November 1979).

RICHARD A. STEINBROOK, M.D.
Instructor in Anaesthesia
Harvard Medical School
Boston, Massachusetts 02115