

■ BOOK REVIEWS

Baby. Joseph A. Stirt. Far Hills, New Horizon Press, 1992. Pages: 307. Price: \$22.95.

Health-care workers don't get a lot of breaks these days. The lay press regularly documents tragedies caused by unchecked enthusiasm for modern medical technology. Physicians, in particular, are routinely assaulted for their arrogance and insensitivity. With only occasional twinges of guilt, we rebuff these attacks because lay people just don't understand. They don't know the complexities, the statistics, the nuances, the greater obligation to society. They haven't walked in our shoes.

Then, along comes *Baby*. *Baby* tells another one of *those stories*. A 34-week-old premature infant girl does well for a couple of days. Then, perhaps fed a little early, she develops necrotizing enterocolitis. The next few months of her life are, as we love to say, not that uncommon. Anyone working in intensive care encounters similar "cases" many times over. But her hospital course of sepsis, respiratory failure, bowel resection, possible meningitis, central venous cannulation, candidemia, and wound infection devastates her parents. They feel ignored, alienated, patronized, and out of control. Just another one of those stories.

Except that the girl's parents are a doctor and a nurse. Holistic types? No, Joe Stirt is an academic anesthesiologist. Judy Stirt is a former surgical intensive care nurse. And Caroline, their daughter, is hospitalized at the medical center where Dr. Stirt is on the faculty. Their story, as told by Dr. Stirt in *Baby* is compelling. Using entries from Caroline's medical record and the diary he kept during the hospitalization, Dr. Stirt takes us through the hell he, Judy, and Caroline endured despite their being the most knowledgeable, informed family imaginable.

Why the agony? Certainly, Caroline was sick. But the Stirts' anguish primarily arose from surgeons rooted in rigid protocols and political propriety, neonatologists reluctant to admit and correct errors, radiologists unwilling to commit to a diagnosis, a fellow anesthesiologist ready to go to court to block the Stirts' decision to remove Caroline from the hospital, and nurses presuming they knew better than the parents what's good for Caroline. The Stirts met the enemy and he was us.

Baby is not just another one of those stories. The story is told by a pulmonary artery catheter-inserting, trachea-intubating, vasopressor-infusing, antibiotic-pushing one of us. And that part of us is ugly at times. We won't admit mistakes, respect different opinions, or ask for help. It's my way or the highway. Total control. And this total control shuts us off from the patients we are supposed to be treating. The message is not a new one for doctors. But with the Stirts' as our messengers, we might listen a little more carefully to what is being said.

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Acute Pain: Mechanisms and Management. Edited by R. S. Sinatra, A. H. Hord, B. Ginsberg, and L. M. Preble. St. Louis, Mosby Year Book, Pages: 636. Price: \$74.00.

Acute Pain: Mechanisms and Management is a comprehensive textbook to which 72 professionals from multiple disciplines have contributed. The text is edited by faculty from the Yale University School of Medicine. It represents the first such endeavor of its kind;

previous books on acute pain management have been authored by only one or two contributors.

The book is organized to emphasize the comprehensive nature of acute pain management within existing specialty frameworks, so very little space is wasted on the review of pain mechanisms, neurochemistry, neurophysiology, and psychology. These topics are well covered in other major textbooks dealing with acute and chronic pain syndromes. Likewise, pain assessment and measurement are given brief mention within the scope of the book since more than 20 yr of research has been devoted to this topic, and it is evident that evaluation of function will supersede measurement of pain as a determinant of outcome.

Most of the book is devoted to the management of pain using opioid analgesics, with two chapters devoted to the use of nonsteroidal antiinflammatory agents and local anesthetics. Half of the chapters on acute pain management using opioids are devoted to the use of patient-controlled analgesia devices. The remaining chapters cover other modalities that have been and are used in acute pain management. The major strength of this textbook is its overall composition, since the management of acute pain is becoming a topic important to all medical students, nursing students, and allied health professionals. As hospitals and managed-care associations compete for patients, an organized, multidisciplinary acute pain management service will be an important part of the overall product being offered to the payer.

This book surpasses boundaries previously set when pain management services were tightly controlled within an anesthesiology department. It makes this discipline understandable to other health professionals who will play an increasingly important role in this area of medicine. The only chapter examining in detail the anesthesiologist's role in acute pain management is written by Dr. P. Prithvi Raj, an expert in the field of pain management. As Raj points out, the anesthesiologist is uniquely capable of providing leadership and knowledge in the area of acute pain management, particularly with regard to management of opioid analgesics and nerve blocks. He also points out the importance of the role of the anesthesiologist as a primary care-giver in the realm of pain management by suggesting that interpretation of the results of intervention is as important to the outcome as is the particular modality chosen.

Although the rules governing reimbursement for medical services are changing almost daily, the strong foundation for organization of a pain service outlined here should stand the test of time. Thorough education of all members of the health-care team is mandatory so that appropriate interventions can be planned for the management of acute pain. The Health Care Finance Administration stipulated in the Federal Register of November 1991 and again in November 1992 that acute pain management provided by anesthesiologists is the only instance of unbundling in surgical reimbursement. There will be no separate payment for patient-controlled analgesia, which is considered part of the surgeon's fee. Since many patients may not qualify for anesthesia pain management, it is more important than ever that surgeons, nurses, and other providers understand the alternatives, risks, and benefits of pain control.

Acute Pain: Mechanisms and Management can be used as an effective aid to the educational process during the coming years of change. I recommend it as a textbook for all professionals involved in the care of acutely injured or surgical patients.

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