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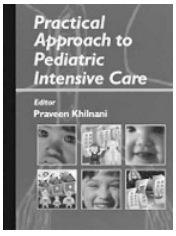
BOOK REVIEWS

Practical approach to pediatric intensive care

Edited by Praveen Khilnani. Hodder Arnold, 2005, £69.00 (approx. €101, $118) (hardback), pp 826. ISBN 0340905824



Parveen Khilnani and an impressive authorship from across India and the USA have set out to produce a text emphasising the practical aspects of paediatric intensive care. It is described in the preface as the ''first comprehensive Indian textbook on pediatric intensive care''. Have Khilnani and his colleagues succeeded and will the book reach out to a wider European and North American audience? I read on with interest.

Using a systems approach the book is divided into 12 sections. In keeping with the title the first section is basic practical issues. Unfortunately a tone is set for the book immediately. It is plagued by spelling mistakes and quite fundamental factual errors. For example, five different formulae and tables are provided for estimating endotracheal tube size. One formula calculates a size 16 tube for a 4 year old rather than the correct size 5. Throughout the book the theme is of poor editing and a lack of focus. Allowing the important issue of cardiogenic shock to be limited to neonatal disease in a paediatric textbook is just one example, but one of many I'm afraid.

These failures are a great pity because there is much to admire, particularly in the sections on procedures which are complemented by clear diagrams and schematics. I found the information on airway obstruction and difficult intubation to be concise and informative and the emphasis on basic physiology throughout is commendable. I have a particular interest in the transport of critically ill children, and the relevant chapter based on the American Academy of Pediatrics guidelines is sound, with some useful detail relating to aeromedical work. The appendix to this chapter details appropriate medications, which is also useful, but the lack of international consensus on drug names and doses will be limiting for some.

The intensive care of children requires a multi-professional approach. The book has a short chapter on nursing issues which is rather superficial and fails to emphasise the impact of extending roles, for example in weaning from ventilation. A senior paediatric physiotherapy colleague who reviewed the chapters on mechanical ventilation felt that there was a repetitive discussion of principles, modes, and equipment which was both potentially confusing and unnecessary. A paragraph on the role of chest physiotherapy was also felt to be superficial and lacking in enough detail to benefit units where physiotherapy provision was limited.

Is there anything here for the generalist or trainee on attachment? If you have the time to hunt for useful information you will find it, but I would suggest there are better, more focused texts on the market for this audience.

So for the acid test—will this book become a well thumbed copy on the shelves of my intensive care unit? Unfortunately, the answer is no. There are just too many errors, too many important differences from established practice, and too little emphasis on multi-professional team working. In the end good intentions are nothing without attention to detail.

Acknowledgements

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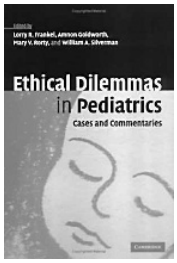
S Hancock

Ethical dilemmas in pediatrics: cases and commentaries

Edited by Lorry R Frankel, Amnon Goldworth, Mary V Rorty, and William A Silverman. Cambridge: Cambridge University Press, 2005, £45.00 (approx. €65, $80) (hardback), pp 302. ISBN 0521847443



Ethical problems are common. Nowadays doctors face a dual difficulty, deciding what is best for the child while ensuring that their actions do not result in complaint, criticism, or worse. Will this book help paediatricians? The simple answer is that it might. What it does is to spell out some clinical scenarios, and then discuss the ethical aspects.

The scenarios are mostly familiar to paediatricians: severe CNS impairment following hypoxia or cardiac arrest; decision making in children with complex cardiac or intestinal pathology; the management of malignancy and bone marrow transplantation; withholding food and fluids; whether or not to ventilate a 23 week gestation infant; the management of an infant with septic shock whose mother demanded herbal therapy.

The book has 27 contributors, all of whom have MD or PhD degrees; one is from the UK, but the rest are from the USA. A significant part of the book concerns issues that are unfamiliar or unheard of in the UK, such a healthcare organisation refusing to fund a paediatric surgeon (for a child with a Wilms' tumour who was then operated on by an adult surgeon), or refusing to sanction a plastic surgeon for a child whose face had been badly bitten by a dog. The gulf between medicine in the USA and the UK is further illustrated with the comment regarding a case of intentional poisoning (laxative abuse) when it is gloomily noted that the management of Munchausen syndrome by proxy is ''often not financially rewarding for the health care and other practitioners involved''.

The discussions of each clinical scenario vary from being mundane and self-evident to thought provoking and helpful. Unfortunately an undue proportion of comments are jargon ridden and unfathomable. For example:

> ''Seeking a ground common to and intelligible to holders of utilitarian, aretaic or deontological theories, it avoids a deductive or top-down approach to ethical decision making.''

or

> ''If 'principilism' represents an ecumenicism of theory, casuistry as the term is used in bioethics represents a countervailing inferential intuitionism.''

or

> ''I analyze their e
> come as being
> inapposite mode
> ing that cannot be
> ling by politici
> principles.''