

in the field in that one chapter literally outlines different employment options and discusses how a future doctor or interested student can begin their career.

The book offers a full view of global health. It is well organized and formatted so that each chapter can stand alone as an educational tool for the classroom with outlined objectives, useful graphics, and study questions. This text is set apart from others of its kind by the extensive reference section at the end of each chapter that includes not only a reference list but also contact organizations and websites, thereby allowing the student to go beyond the text for continued self-education. Additionally, each of the chapters contains anecdotes and real-world case scenarios that make it easy to relate to the issues under discussion while providing grounds for further debate and thought.

Overall, *Understanding Global Health* is a readable, captivating, and complete text that provides an excellent starting point for learning about global health. It can be appreciated by those with little knowledge of the field as well as those who are experts due to its simple thoroughness.

Laura K. Tom
Yale University School of Medicine
Class of 2011

Oxford American Handbook of Critical Care. By John A. Kellum, Scott R. Gunn, Mervyn Singer, and Andrew Webb. New York, NY: Oxford University Press. 2008. 616 pp. US \$42.95 Vinyl bound. ISBN: 978-0195305289.

The *Oxford American Handbook of Critical Care* is one of a series of pocket-sized guides for medical specialties that focuses on the treatment of patients in the intensive care unit (ICU). This American rendition has been adapted from the third edition of the U.K. version by ICU physicians at the University of Pittsburgh. Designed with medical students and residents in mind, the Oxford Handbook series features a sturdy vinyl cover that resists the side effects of daily use (such as dog-eared

pages, cracked bindings, and coffee stains) that limit the lifespan of other pocket reference guides. Inside, the topics are well-organized with the use of bulleted or numbered points and effective headings that allow this series to organize a lot of information in an easy-to-scan format.

It's a good thing the information is easy to read, because related information is sometimes scattered throughout the book. The book is broadly divided into the general sections of techniques, monitoring, drugs, and disorders; each of these sections are organized by system, such as cardiovascular or respiratory. The last few chapters cover special topics such as poisoning, trauma, and end-of-life care. The result is that a particular topic may be covered in multiple far-flung chapters. Want to know about managing a patient in respiratory failure? Try Chapter 21 for the causes of respiratory failure, Chapter 1 for a description of positive-pressure ventilators, Chapter 7 for respiratory monitoring, or Chapter 13 for respiratory stimulants. This dissemination of information is the bane of many a medical reference source, and it underscores the difficulty of caring for a critically ill patient whose management rarely fits neatly into one chapter of any book.

That being said, this book also offers practical information on a variety of common problems seen in the ICU and focuses on the fundamentals of managing a critically ill patient. The monitoring chapter is particularly helpful for the medical student who may not be well-versed in the various machines that inhabit the ICU. Moreover, some chapters give references for the key clinical trials that support current decision-making, thereby allowing students to review primary literature. There is also plenty of space for the reader to write in his or her own notes, a by-product of the authors' strict adherence to starting new topics on the left-hand side of the page, regardless of the space actually needed for a given topic. In fact, the size of the book could have been reduced by 10 percent had all the blank pages been omitted, thereby opening up a tantalizing 5mm of space in the precious real estate of the white coat pocket.

In summary, the *Oxford American Handbook of Critical Care* offers basic, concise, and practical information for the medical student or resident. The fact that the book focuses on topics that are encountered daily in the ICU makes it a good starting reference for the ICU rotation.

Joanna Chin
Yale University School of Medicine

If that Ever Happens to Me: Making Life and Death Decisions After Terri Schiavo. By Lois Shepherd. Chapel Hill, NC: University of North Carolina Press. 2009. 192 pp. \$28.00 Hardcover. ISBN: 978-0807832950.

Lois Shepherd's book, *If that Ever Happens to Me: Making Life and Death Decisions After Terri Schiavo*, has arrived on bookshelves at a particularly poignant moment in American politics as the country debates health care reform and the niche that end-of-life decision-making will occupy in upcoming legislation. Shepherd's book sensitively and effectively examines the way in which conversations about end-of-life decisions have changed since the very public legal wrangling in 2005 over the fate of Terri Schiavo. As most will remember — and as Shepherd recounts — Theresa Schiavo (Terri) fell into a permanent vegetative state (PVS) after collapsing at her home in 1990. At the time, Terri was married to Michael Schiavo and enjoyed a good relationship with her parents, Robert and Mary Schindler. Following the collapse, Schiavo and the Schindlers kept constant watch over Terri, advocated for aggressive rehabilitation and insisted on all relevant interventions. Then, approximately 11 years after the PVS diagnosis, Schiavo sought to have Terri's feeding tube removed against the wishes of the Schindlers. After a lengthy legal and political battle — first in Terri's home state of Florida and then on a national stage — Terri's feeding tube was removed on March 18, 2005, and she died 13 days later.

The public response to the ordeal was largely sympathetic, and, as Shepherd details,

polls have continued to confirm that most Americans would prefer not to have artificial nutrition and hydration if they were in a situation similar to Terri Schiavo's. Yet few individuals have taken the time to put these wishes into writing or to name surrogates who are aware of and willing to execute these wishes. Shepherd does an admirable job of explaining the complexities of living wills, the standard of proof needed to verify unwritten wishes, and the legal limitations of advanced directives. Because Shepherd is using the Schiavo case as the cornerstone of the book, she speaks most specifically and frequently about patients in a PVS. But this perspective, while a viable example of a patient with no decision-making capacity, represents a state in which the vast majority of Americans will never find themselves.

Shepherd's book is certainly a positive contribution to the discussion of contemporary end-of-life decision-making, and her writing demonstrates an understanding of the legal and ethical challenges of the PVS case. Further, her ability to concisely but accurately explain medical and legal terms without condescension makes her writing approachable and enjoyable. Shepherd does explain the significance of earlier legal decisions that have contributed to the current state of end-of-life practices, and this background information would be particularly helpful to those who are new to the field. One critique of Shepherd's book is that her stanch opinion on the subject matter can occasionally come across as dismissive of the arguments made by those who take a different point of view.

Overall, I applaud Shepherd for her willingness to provide a fairly nuanced argument about end-of-life decision making in a fresh framework. I believe that others may reasonably disagree with some of the author's conclusions, but I am also confident that Shepherd has intelligently and respectfully added to the ongoing conversation about dying in America.

Allison Grady
Yale School of Nursing 2011

The Oxford American Handbook of Pulmonary Medicine provides a succinct summary of important topics in pulmonary and critical care medicine. It is primarily geared toward pulmonary and critical care physicians, and it can serve as a great resource for pulmonary fellows and medical residents. Shortly. View full-text. Discover more. Download citation. What type of file do you want? RIS.

@article{Chin2009OxfordAH, title={Oxford American Handbook of Critical Care}, author={Joanna Y. Chin}, journal={The Yale Journal of Biology and Medicine}, year={2009}, volume={82}, pages={235 - 236} }.Â The Oxford American Handbook of Critical Care is one of a series of pocket-sized guides for medical specialties that focuses on the treatment of patients in the intensive care unit (ICU. [...] Key Result The result is that a particular topic may be covered in multiple far-flung chapters. Want to know about managing a patient in respiratory failure? Try Chapter 21 for the causes of respiratory failure, Chapter 1 for a description of positive-pressure ventilators, Chapter 7 for respiratory monitoring, or Chapterâ€¦ Expand Abstract. View PDF. The Oxford American Handbooks are pocket clinical books, providing practical guidance in quick reference, note form. Titles cover major medical spe-cialties or cross-specialty topics and are aimed at students, residents, internists, family physicians, and practicing physicians within specic disciplines.Â Management of cardiovascu-lar disease spans a wide range, from acute care of the hemodynamically unstable patient, interventions directed at acute coronary obstructions and electrically unstable rhythms, to disease prevention and care of the chronically ill. In an era of genome-wide scans and growing lists of cardio-vascular disease genes, we still require a careful and detailed understand-ing of disease pathophysiology and management.