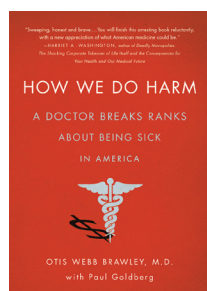




## BOOKS

**How We Do Harm: A Doctor Breaks Ranks About Being Sick in America.** *Otis Webb Brawley and Paul Goldberg. New York, NY: St. Martin's Press, 2012, hardcover, 320 pages, \$25.99.*



Providing excellent reading about a physician's experiences on the complex interrelationships among health-care providers, patients, and the American healthcare system, Brawley and

Goldberg give the reader a wealth of information from a cadre of sources solidifying the need for healthcare reform. This book illuminates how care rendered by the medical community may place patients in harm's way when driven by the financial interests of the physician, pharmaceutical industry, and insurance entities. Gaps and inequities in the delivery and quality of care are revealed. Oncology cases illustrate how too much treatment or lack of treatment may both result in early death when operating in the current health system. The readings are interesting, informative, well-written for the layman and professional, and supported by strong scientific data. Patient and public policy advocacy, along with healthcare system transformation, are recurrent themes noted throughout the text.

The core essence of this text encapsulates key challenges faced by the nation's health program: health disparities, high costs, a culture of practice driven by conflicts of financial interest amongst the healthcare providers, and a nonuniformity in the practice of medicine that may result in poor health outcomes, premature death, or painful suffering. The book provides a broad and easy-to-understand overview on the sociologic, health, and financial perspectives affecting the national healthcare spectrum. Brawley addresses the strong hold of the pharmaceutical and insurance industries,

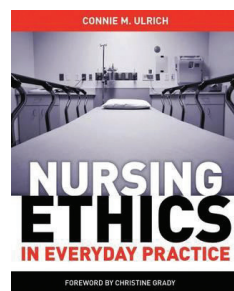
the role of lobbyists, division among oncology academicians and practitioners, and the need for more clinical research leading to the development of policy initiatives and evidence-based medicine.

Although the book was written from a medical oncologist's view, it provides comprehensive insight to how nurses can work collaboratively with physicians to increase healthy patient outcomes and improve quality of life. Nurses can become engaged in patient advocacy, facilitate the shared decision-making process, and have a more visible role in the care coordination for social and healthcare assistance. These all are often needed by patients with cancer.

This resource is easy to read and highlights the importance of patient care advocacy and public health policy. For the lay community, it underscores the importance of education and patient-centered care. This book is one text that should be a part of healthcare transformation discussions.

*Ruby Harford, MSN, RN, PHN, is the president and Chief Operating Officer at Atlantis Healthcare Group in Puerto Rico.*

**Nursing Ethics in Everyday Practice.** *Connie M. Ulrich. Indianapolis, IN: Nursing Knowledge, 2012, softcover, 352 pages, \$39.95.*



patients and colleagues to charged issues such as end-of-life care. Engaging and complex case studies illustrate the tension inherent in ethical dilemmas where two or more competing and compelling choices may exist. Often in these cases, no right or wrong choice exists; instead, a practitioner is faced with uncertainty.

Ulrich contends that nurses may face many small ethical dilemmas as part of

their regular practice, although they may not recognize them as such if they are not of the headline-grabbing variety. Ulrich encourages and illustrates fundamental behaviors essential to creating the best possible environment for patients and their loved ones to navigate illness.

Part 1, "General Considerations of Ethics in Nursing," guides readers in recognizing ethical conflicts in their practices and provides tools with which to resolve them. Ulrich's Framework for Reflection is an excellent tool to initiate thorough, deliberate communication regarding the ethical dilemma at hand, whether large or small. Although all 18 steps may not be used by a nurse in a daily course of communication, the framework reinforces the principle of patient-centered care while broadening awareness of alternate perspectives through open-ended questions and self-awareness. This tool should be essential reading for all nurses, regardless of their level of contact with patients.

Part 2, "Ethics in Specialized Nursing Care," dedicates distinct and comprehensive chapters to issues, including critical care, neonatal nursing, pediatrics, and end-of-life care. These chapters are an excellent resource as they distill complex perspectives into a usable format for nurses, regardless of the nurse's familiarity with to ethical dilemmas in their practice.

An aging patient population with increased comorbidities, coupled with an impending projected shortage of nurses, may have serious effects on the amount of time nurses are able to spend communicating with patients. Simultaneously, nurses experience first-hand the ethical dilemmas and other deleterious effects that poor communication can have on the treatment outcomes and coping patterns of patients and their families. This book is a succinct, useful resource for resolving ethical conflicts—and, potentially, patient outcomes—by improving awareness and communication and working toward a resolution with practical tools and insight.

*Christine Lesh, RN, BS, BA, is a staff nurse working in medical hematology and oncology at Dartmouth-Hitchcock Medical Center in Lebanon, NH.*