

MEDIA REVIEWS

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B O O K S

**Unequal Treatment: Confronting Racial and Ethnic Disparities in Healthcare.** Brian D. Smedley, Adrienne Y. Stith, and Alan R. Nelson (Eds.). Washington, DC: National Academies Press, 2003, 764 pages, \$44.95 (with appendixes on CD-ROM) or \$79.95 (complete text with printed appendixes).

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The purpose of *Unequal Treatment: Confronting Racial and Ethnic Disparities in Healthcare* is to provide an in-depth discussion of the issues and recommendations related to addressing and ultimately reducing racial and ethnic disparities in health care. The disparities in health status between majority and racial and ethnic minority populations have been well documented over time. However, in recent years, increasing evidence shows that racial and ethnic minorities receive a lower quality of health care when compared to nonminorities.

Given the ongoing disparities in health care, in 1999, Congress requested that the Institute of Medicine critically examine the type and extent of the differences in the quality of health care received by U.S. racial and ethnic minorities and nonminorities. A panel of 15 experts was charged to examine more than the commonly reported factor of access to care (e.g., insurance status, ability to pay for care) and more fully evaluate the possible role of less frequently reported factors such as discrimination, patient stereotyping, and bias in promoting healthcare disparities. Panel members, including academics, medi-

cal professionals, and researchers, conducted a series of workshops, focus groups, and hearings; performed an extensive review of the literature; and commissioned a series of papers by experts to gain further insight regarding the issue of unequal treatment in health care. The committee defined healthcare disparities as racial or ethnic differences in healthcare quality that do not result from access-related factors or clinical needs, preferences, and appropriateness of the intervention.

The text begins with an overview of committee activities, assumptions, and recommendations. This is followed by an extensive literature review on healthcare disparities as well as the healthcare environment and its relation to healthcare disparities; potential sources of racial and ethnic disparities at patient, provider, and system levels; potential interventions, including education for healthcare professionals, system strategies, and discussions on improving data collection and monitoring, to address the situation; and recommendations for future research. Pages 417–738 are available on a CD-ROM and include a series of papers on the history of racial and ethnic disparities in health care, healthcare disparities among Native Americans and Alaskan Natives, the culture of medicine, healthcare structure and financing, patient and provider communication, and aspects related to civil rights and healthcare disparities.

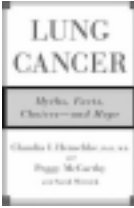
A major strength of the text is its detailed and comprehensive literature review that provides compelling evidence about the extent and types of racial and ethnic disparities in health care. Additional strengths include well-constructed summations of findings and recommendations that are germane to addressing the disparities in health care. The text carefully highlights limitations in some of the data and calls for better methods for data collection and monitoring. This congressionally mandated report is an essential refer-

ence tool for healthcare providers and administrators, policymakers, reimbursement agencies, and other individuals involved in today's healthcare arena. This one-of-a-kind text should serve as a foundation for addressing the racial and ethnic disparities in health care and ultimately improving health outcomes for racial and ethnic minority populations.

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**Lung Cancer: Myths, Facts, Choices—And Hope.** Claudia I. Henschke and Peggy McCarthy, with Sarah Wernick. New York: W.W. Norton and Company, 2002, 389 pages, \$27.95.

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The title of this book is an excellent indicator of its content. *Lung Cancer: Myths, Facts, Choices—And Hope* provides a blamefree approach to smokers; basic information about the lungs, how to find the right doctor, and types of treatment; lifesaving news about early detection; and advice about living with lung cancer. After reading this book, people with lung cancer and their families will be better able to make informed decisions about their treatment.

The primary author, Claudia I. Henschke, is a practicing physician and an advocate for low-dose screening computed tomography scans for individuals who are at risk for developing lung cancer. Henschke is joined by Peggy McCarthy, a prominent advocate for patients with cancer and founder of the Alliance for Lung Cancer Advocacy, Support, and Education (ALCASE). This team offers the fundamentals as well as the controversial topic of low-dose screening, something that still is not recommended by any major health organization nor covered by insurance plans. In addition, the text includes information about ALCASE, which is the only

Ease of Reference and Usability	Content Level	Book Size
Quick, on-the-spot resource	Basic	Pocket size
Moderate time requirement	Intermediate	Intermediate
In-depth study	Advanced and complex, prerequisite reading required	Desk reference


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nonprofit international organization devoted solely to helping people at risk for and living with lung cancer.

The strength of this book is the clear way in which its information is presented; however, because it is a book, the most up-to-date information is not included. The authors are clear to state this and provide Web sites and other resources for readers to supplement their knowledge. This is a good resource for oncology nurses who wish to better understand what their patients are experiencing. Additionally, it serves as an excellent guidebook for patients and families who are seeking information.

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**From Chaos to Care: The Promise of Team-Based Medicine.** David Lawrence. Cambridge, MA: Perseus Publishing, 2002, 185 pages, \$25.

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*From Chaos to Care: The Promise of Team-Based Medicine* provides a concise and compelling overview of the problems of healthcare delivery in the United States and an insightful recommendation for a solution. Although intended for the general public, this book has special appeal to oncology nurses because a discussion about the difficulty with the healthcare delivery system is directly applicable to the delivery of cancer care.

The author, a physician, has chosen to describe the U.S. healthcare delivery system through the eyes of a mother whose daughter has asthma and is treated by a pediatrician in a solo practice. In the first three chapters, the author creates a passionate picture of the fragmentation and uncoordinated maze of the healthcare system. The current medical model is based on the independent physician-craftsperson in solo practice, a model that is ill equipped to navigate the complexities of the information age and the chronic nature of disease.

In chapters 4–9, the author makes a case for change to the healthcare delivery system based on a team approach. The care team is the fundamental basis of care. The fact that the patient is a partner and the center of the team is emphasized. Surrounding the patient is a small number of professionals, including physicians, nurses, social workers, and nutritionists. The care team is “nested” in a larger organization that provides the communications and information, administrative,

legal, and quality improvement support needed by the care team. In Chapter 5, the author provides several examples of the care team concept in organizations from all regions of the country. They are described as beacons for the future and hold the promise that medical science and technology can be ours at an affordable price.

Nurses in cancer care certainly can relate to the need to move beyond the craftsperson in a solo practice when it comes to caring for patients with cancer. A coordinated team made up of several medical and healthcare specialists is required for competent cancer care.

The strength of this book is that it provides a concise and insightful approach to healthcare delivery change. *From Chaos to Care* is unique in that the author brings personal experience to the fragmentation of our current healthcare system and combines it with his view as a physician leader in a large team-based practice and participating author in the Institute of Medicine study and subsequent book *To Err Is Human: Building a Safer Health System*. One limitation that readers might find confusing is the author’s reference throughout the book to the healthcare delivery system as the medical care delivery system.

*From Chaos to Care: The Promise of Team-Based Medicine* provides valuable insight for nurse clinicians, managers, and educators who are struggling daily with how to provide care for their patients. Creating care teams is an achievable goal and a step toward eliminating the fragmentation and duplication of our current system.

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## C D - R O M

**Complete Library of NCCN Clinical Practice Guidelines in Oncology.** National Comprehensive Cancer Network, 2003. This CD-ROM is available at no cost by ordering from [www.nccn.org](http://www.nccn.org).



The National Comprehensive Cancer Network (NCCN) began to develop a comprehensive set of diagnostic, treatment, and supportive care guidelines important in oncology practice in 1995. The guidelines provide recommendations based on the best evidence available at the time they are developed and are updated periodically by healthcare professionals. The panels that develop the treatment-related guidelines include physicians from various NCCN institutions, and multidisciplinary

panels develop the supportive care guidelines. Nurses, pharmacists, and social workers are included in the guideline panels for supportive care topics, but the panels remain heavily physician based. The guidelines are targeted to oncologists and other healthcare practitioners in oncology. To assist users, NCCN has included the level (category) of consensus for each guideline. The category is divided into two dimensions: the strength of the evidence behind the recommendation and the degree of consensus about its inclusion in the guideline. The guidelines are designed as algorithms but also include a manuscript that discusses the important issues in each algorithm as well as important references regarding the topic.

Although the NCCN guidelines include 95% of the tumors that are encountered in oncology practice, only seven supportive care topics have been addressed. The treatment guidelines include diagnosis, staging, workup, and treatment recommendations. The supportive care algorithms include screening, risk assessment, evaluation, and interventions. Because the supportive care topics are varied, the template for these topics is less well defined. The guidelines are formatted in a table, and additional tables contain staging information. Each is easy to use. The CD-ROM version of this information allows everyone from novices to very adept computer users to move easily from one table to the next.

This product contains information that is current and evidence based. The only visible flaw in the content developed by NCCN pertains to the supportive care guidelines. Other disciplines are included in the supportive care guideline panels, but the abundance of oncology physicians on these panels is not consistent with the multidisciplinary approach that is required to address these issues in practice. For example, the palliative care guideline panel did not include any hospice nurses, who are a vital component for patients undergoing end-of-life care. The guideline panels need to have representation that is consistent with practice.

Other organizations have developed guidelines for the care of patients with malignancies. NCCN has begun to test NCCN organizations’ compliance with the guidelines and uses the acquired data to revise the existing guidelines. This additional information strengthens the usefulness of these guidelines. Overall, this CD-ROM is valuable for all oncology practitioners and will continue to be strengthened as its data are updated and revised.

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