

**Thoracoscopy for Physicians: A Practical Guide.** DR Buchanan and E Neville. New York: Arnold/Oxford University Press. 2004. Soft cover, illustrated, 166 pages, \$42.50.

Medical thoracoscopy is a procedure that is slowly gaining popularity in the United States. As more and more pulmonologists are becoming interested in the visualization and evaluation of the pleural space, a concise practical handbook is certainly necessary.

This book by Buchanan and Neville reviews the procedure and related issues, such as the classification of pleural effusions, etiologies of abnormal pleural fluid, suggested workup, and other surgical approaches, such as video-assisted thoroscopic surgery.

Generally, I found this small book informative and helpful for the novice, but brevity also creates problems, as many topics cannot be expanded on in necessary detail. An example is the short discussion on "trapped" lungs. The difference from lung entrapment is not well defined, pleural manometry is not mentioned, and the discussion about potential interventions is too short.

Also, I have issues with some of the authors' recommendations. Should there really be "diagnostic" thoracentesis? I would argue that if a needle is placed into the pleural space, as much fluid as possible should be drained. Another issue is patient-positioning. Most centers place the patient on his/her side and choose lower points of entry than are suggested by Buchanan and Neville. Obviously, there is often more than one way to perform a procedure.

The book includes a helpful appendix that lists exactly the equipment and disposables required. Note, though, that more than one equipment-maker supplies the needed instruments, and that those instruments differ in design.

Overall, I recommend the book for the beginner in the field, or medical support staff, but I emphasize that the book will not replace the training and experience required for undertaking medical thoracoscopy. Advanced endoscopists will quickly need to resort to more detailed discussions (than this book provides) of pleural problems and pathology.

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**Writing and Defending Your IME Report: The Comprehensive Guide.** Steven Babitsky Esq, James J Mangraviti Jr Esq, J Mark Melhorn MD. Falmouth, Massachusetts: Seak. 2004. Hard cover, 654 pages, \$149.95.

Seak is well known in the field of publishing textbooks and audiotapes and producing seminars about independent medical examinations (IMEs). The authors of this book also bring a personal wealth of experience in writing and lecturing on this topic. **Writing and Defending Your IME Report: The Comprehensive Guide** is a large text. It provides almost everything the interested reader will need to know to perform an acceptable IME. Though it will appeal primarily to physicians, nonphysician clinicians who perform IMEs or who participate in medico-legal activities will find this book useful.

The IME has become necessary in the current practice of medicine. When a health care practitioner agrees to perform an IME, he must be knowledgeable, objective, and thorough about the disease or disability in question. The third-party payer, attorney, employer, patient, and multiple other stakeholders demand this. With numerous case examples and model reports, the authors demonstrate this and many other important facts. Each chapter has a unifying theme that is subdivided into multiple sections. In general, each section contains an introductory paragraph that describes a key point, followed by an example (eg, an excerpt of an IME report or a question-and-answer dialogue between an attorney and the examining physician in a deposition or courtroom situation). This is followed by comments from the authors, who explain why the report or the testimony was either correct or flawed. The text contains 18 chapters, nearly all of which begin with an executive summary. In addition, Chapter 1 provides an overall summary of the key points of all the subsequent chapters. This encyclopedic format allows the reader to stop at the end of a particular topic in a given chapter and easily return later to review another topic.

The book provides a handy review of the basic do's and don't's of an IME examination and report. It does not give a preferred or best-case format, but instead provides multiple formats for the reader to consider. The experienced IME physician generally develops her own procedures and protocols for reviewing records, obtaining the history, examining the patient, and submitting a re-

port. Even so, this book provides alternatives for all IME physicians to consider.

As with any medical evaluation, an IME requires accuracy, precision, and an awareness of detail. The IME report is often scrutinized by multiple individuals. The authors show how a physician can be trapped during testimony because he wrote a seemingly innocent but flawed statement about the history, the physical examination, or the conclusions. The authors make excellent points by emphasizing how attorneys scrutinize reports and then ask probing questions to the physician, who must explain his statements under oath. Confusing or incorrect responses can lead to the conclusion that the IME is invalid. The authors also point out that an IME can become a public record, retrievable years later, so the physician must remain consistent in his statements. The book also provides examples of how a physician can respond appropriately to difficult questions and place the attorney on the defensive.

One especially excellent chapter is entitled "Damaging Extraneous Language and Information That Should Not Be Included in IME Reports." It clearly points out that innocent-sounding statements such as "If you have any questions regarding the detail and content, please call. . ." are easily used against the physician. The chapter on "The Examinee's History" emphasizes the importance of precise reading of records. It also outlines the essential components of history-taking for an IME. The chapter provides good examples of various formats for the written history. The text offers many "pearls." Among these are to avoid "hedge" phrases such as "I think." Another comment regards computer-assisted report templates; the physician must be prepared to defend that the entire evaluation process was actually individualized to the patient. One interesting suggestion, which every clinician should consider, is to request that the patient read and sign a satisfaction survey at the end of the examination. When responding in the affirmative to questions that ask if the patient thought he was treated with dignity and respect, or in the negative when asked if he experienced any difficulties during the examination, the authors point out that if the same patient subsequently complains that he was physically injured during the course of the examination, it is less likely to be believed. I have heard of several instances in which patients made such claims against an IME doctor. A positive satisfac-

Rule-Guided Behavior [Oxford U.P.] 2007.pdf Neurovascular Medicine Pursuing Cellular Longevity for Healthy Aging [Oxford U.P.] 2008.pdf New Essays on Tarski and Philosophy [Oxford U.P.] 2008.pdf New Homelands Hindu Communities in Mauritius Guyana Trinidad South Africa Fiji and East Africa [Oxford U.P.] 2009.pdf New Theories of Everything [Oxford U.P.] 2007.pdf Newman and the. The Oxford Guide to Effective Argument and Critical Thinking. Oxford University Press. Colin Swatridge. ZAlerts allow you to be notified by email about the availability of new books according to your search query. A search query can be a title of the book, a name of the author, ISBN or anything else. Read more about ZAlerts. Author / ISBN / Topic / Any search query. See what's new with book lending at the Internet Archive. Oxford University Press A Practical English Grammar. Item Preview. remove-circle. Oxford. Collection. opensource. Language. English. Oxford. Addeddate. 2015-08-28 01:40:25. ark:/13960/t7dr6gj1r. Ocr. ABBYY FineReader 11.0. DR Buchanan and E Neville. New York: Arnold/Oxford University Press. 2004. Soft cover, illustrated, 166 pages, \$42.50. Armin Ernst. You are going to email the following Book Review: Thoracoscopy for Physicians: A Practical Guide. DR Buchanan and E Neville. New York: Arnold/Oxford University Press. 2004. Soft cover, illustrated, 166 pages, \$42.50. Message Subject (Your Name) has sent you a message from American Association for Respiratory Care. Message Body (Your Name) thought you would like to see the American Association for Respiratory Care web site. Your Personal Message. CAPTCHA. This question is for testing whether or not you are a human visitor and to prevent automated spam submissions. Citation Tools. [CrossRef] 2. Buchanan DR, Neville E. Thoracoscopy for physicians. London: Arnold; 2004: 71-114. Medical thoracoscopy vs CT scan-guided Abrams pleural needle biopsy for diagnosis of patients with pleural effusions: a randomized, controlled trial. Chest 2010; 137: 1362-8. [CrossRef]. 25. Metintas M, Ak G, Cadirci O, Yildirim H, Dundar E, Metintas S. Outcome of patients diagnosed with fibrinous pleuritis after medical thoracoscopy. Respir Med 2012; 106: 1177-83. [CrossRef]. 26. Metintas M, Ak G, Yildirim H, Danacioglu S, Dundar E, Metintas S. The safety of medical thoracoscopy in a group at high risk for complications. J Bronchology Interv Pulmonol 2013; 20: 224-31. [CrossRef].