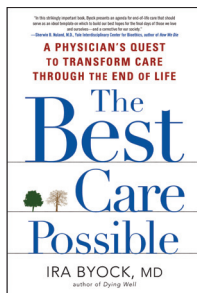


BOOKS

**The Best Care Possible: A Physician's Quest to Transform Care Through the End of Life.** Ira Byock. New York, NY: Avery, 2012, hardcover, 336 pages, \$26.



*The Best Care Possible: A Physician's Quest to Transform Care Through the End of Life* begins as a book of compelling stories steeped in many years of clinical practice.

These stories are about people, families, and those who care for them. Insightful words illustrate this humanness: "Dying doesn't cause suffering. Resistance to dying does" (p. 57).

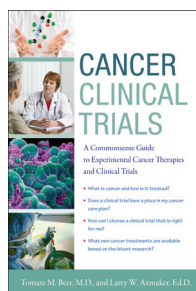
Ira Byock, MD, director of palliative medicine at Dartmouth-Hitchcock Medical Center and a professor at Dartmouth Medical School, takes from these stories a vision for something better. His vision is not only anecdotal, but current research, particularly the evidence that supports palliative care, is cited. One highlight is the 2008 study led by Oncology Nursing Society member Marie Bakitas, DNSc, APRN, AOCN®, FAAN, which found in a retrospective chart review that patients seen by the palliative-care team were more likely to have documented advance directives (72% versus 48%), less likely to die in intensive care (25% versus 67%), averaged fewer invasive interventions, and were more likely to have family present at the time of death.

The framework of Byock's vision is not a medical one with attendant medical solutions. It is a larger social framework that includes naturally occurring retirement communities, all-inclusive care for older adults, and accessible long-term care. Extraordinary challenges carry extraordinary opportunities. "By caring well for our frailest and most vulnerable members, Americans can help raise expectations and improve care for many people right now and in the years to come. We can make it clear

that the best care possible does not stop with excellent disease treatments; that it includes concerns for a person's physical comfort, emotions, and spiritual well-being" (p. 295). As I contemplate this physician's platform, I am moved to ask, isn't this the essence of nursing?

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**Cancer Clinical Trials: A Commonsense Guide to Experimental Cancer Therapies and Clinical Trials.** Tomasz M. Beer & Larry W. Axmaker. New York, NY: DiaMedica, 2012, softcover, 192 pages, \$16.95.



*Cancer Clinical Trials: A Commonsense Guide to Experimental Cancer Therapies and Clinical Trials* is an easily understandable and comprehensive text for anyone who needs accurate and organized information as they are considering enrollment in a cancer clinical trial.

Beer, a medical oncologist, and Axmaker, a retired psychologist, cancer survivor, and clinical trial participant, begin with a discussion about the nature of cancer itself and of the various modalities used in its treatment. From there, they take the reader on a journey through the anatomy of a research trial. Rather than only defining each component, the authors infuse the narrative with the rich history behind it. For example, instead of simply defining "randomization," the reader is informed about how a randomized clinical trial reduced the number of total mastectomies in favor of lumpectomies. This approach solicits an appreciation for the complexity and discernment that is part of a clinical trial.

Along the way, common questions are anticipated and answered. In a discussion about different trial phases, the authors explain why each phase might be appropriate for a different person. After winding the reader through this large desert of information, the authors provide the oasis: an overview of how

clinical trials have impacted cancer care. This is the reassurance of the value of participating in studies despite the rigorous and sometimes tedious procedures.

As oncology nurses know, clinical trials for cancer are introduced to patients and their families at very stressful times; either they are newly diagnosed and still facing the flood of new information, or it is at time of recurrence or progression when perhaps their worst fear is being realized. To them, the thought of reading a book may seem overwhelming; however, using it as a reference or companion to other information and support that is given may seem less daunting.

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**Seeing Patients: Unconscious Bias in Health Care.** Augustus A. White III and David Chanoff. Cambridge, MA: Harvard University Press, 2011, hardcover, 352 pages, \$29.



White offers a valuable and unique perspective through the book *Seeing Patients: Unconscious Bias in Health Care*. He offers a retrospective timeline detailing the rise of healthcare disparities in varied minority populations including women, older adults, gay men and lesbian women, and racial groups. Grounding the book through self-reflection and autobiography, the text is written with a raw honesty that is shocking and informative.

Using his personal journal as a guide, the remainder of the text uses White's personal experiences and practical suggestions while elaborating on themes of discrimination and stigmatization. The greatest strength of the book is the ability of White and coauthor Chanoff to capture the depth and contradiction of White's experience as an African American medical student, physician, and human being. Issues of diversity and discrimination became a lifelong passion that would follow him down many paths, including medical faculty member and orthopedic chief at Harvard.