



*The Washington Manual of Critical Care, Second Edition*, by Martin Kollef and Warren Isakow. Published by Lippincott Williams & Wilkins, Philadelphia, PA. 608 pages, \$50.79, 2012. ISBN: 978-1-4511-1022-7

**T**he *Washington Manual of Critical Care*, second edition, is a well-written, comprehensive, and nicely organized handbook for the resident ICU rotator, general practitioner, hospitalist, and advanced care practitioner (nurse practitioner or physician assistant), needing a quick reference for a myriad of critical care medicine topics. Each of the 84 chapters is divided into 20 sections, with an appendix of equations and commonly used drugs references, providing the reader with a snapshot of the most pertinent aspects addressing the topic at hand. The areas covered are relevant and encompass every organ system that is entitled to fail in a critically ill patient: neurologic, cardiac, pulmonary, renal, gastrointestinal, and hepatic, as well as specialty areas such as toxicology and oncologic emergencies. From managing acute respiratory failure to handling end-of-life care, each topic is succinctly addressed (typically 5–7 pages), allowing for quick reference of the important pearls necessary to aid in the management of the critically ill patient, as well as suggesting readings for more in-depth review and study. The writing style, despite the many contributors, is clear and seamless with no overuse of medical jargon. Especially useful in this edition is the frequent use of algorithms for simplicity in diagnosis and management. Although most are clear and easy to follow, some are convoluted or text heavy. There are also numerous tables to summarize important facts, but some are a bit wordy.

Compared with the first edition, the addition of chapters such as “Alternative and functional hemodynamic monitoring” call to light the changing technology and increasing use of noninvasive methods of hemodynamic assessment. There are also new chapters addressing pulmonary embolism, maternal-fetal care, and *Clostridium difficile* infections. The authors provide up-to-date information, specifically mentioning areas of active research and paradigm transition (i.e., drotrecogin alfa in severe sepsis and septic shock). The authors are also careful to cite a balance of literature for evidenced-based practice (i.e., pros and cons for intensive glycemic control in the ICU). Other areas that extensively cite relevant studies are acute respiratory distress syndrome management and indications for noninvasive positive-pressure ventilation.

Overall, the second edition is a highly useful tool for the resident-level physicians rotating through the ICU, who desire

a comprehensive quick reference guide to managing their patients. The increasing prevalence of caregivers who cover ICUs without formal critical care training will find this text very useful. It is probably too basic to serve as a reference for the practicing ICU physician or critical care fellow in training other than to refresh rarely encountered clinical scenarios.

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*ICU Resource Allocation in the New Millennium—Will We Say No?* by David W. Crippen. Published by Springer, New York, NY. 351 pages, \$49.95, 2013. ISBN: 978-1-4614-3865-6

**I**CU *Resource Allocation in the New Millennium—Will We Say No?* is simply compelling! This book provides an organized, balanced, and thought-provoking analysis of the powerful and charged tensions between the rationing of ICU medical care and the global/regional economy’s ability to pay for such care. The political, ethical, and financial challenges associated with trying to provide all care to all patients regardless of prognosis are outlined in stark and realistic terms. In contrast, decisions to limit care are discussed openly and thoughtfully—giving the reader a superb compare and contrast set of arguments for the challenges that modern ICU care faces from the global perspective.

The organizational framework of this book is special and makes it easy for the reader to step into individual chapters and obtain a targeted understanding and perspective. The first half of the book is divided into chapters authored by experts from disparate countries and regions from around the world. The chapter authors provide a brief history and current state of ICU care in their country from the perspective of access to care, decisions about who receives ICU care, and how critical care is funded within their country. They answer the question, “Where have we been?” The most compelling part of the book is the middle section wherein Tim Buchman and Don Chalfin provide an insightful and thought-provoking review of the demand for critical care in the global community. They provide a balanced discussion of resource availability and incentives that drive resource expenditures. They pose and answer many questions, but one of great importance is, “Does everyone have a right to good health?” regardless of prognosis. Additionally, they frame a discussion about incentives for healthcare utilization by quoting Alfred E. Neuman’s cosmic healthcare equation—“Every dollar of health care spending =

Someone's health care income." This chapter is followed by strong rebuttals and critiques of the assertions made by Buchman and Chalfin. The responding authors bring balance and perspective. In the final sections of the book, Dr. Crippen introduces the "Fair and Equitable Health Care Act," which is followed by comments and perspective from nursing experts, ethicists, and jurists. The conclusion framed by Derek Angus and Brian Wowk leaves the reader with a haunting vision of ICU care—2050.

The title of this book belies the content. I believed the book would be a re-tread of the well-worn topics of ICU staffing, efficient use of personnel, and equipment allocation—not so. This dynamic, balanced, and stimulating book challenges readers to question "how things are done" and "how things should

be done" in the ever changing financial and ethical world of the ICU. This book is not only a must read for ICU clinicians of all disciplines but also for health economists, health policy makers, ethicists, and even the lay public. I was concomitantly educated, challenged, depressed, and inspired by this description of the challenging global ICU paradigm of care. Dr. Crippen and colleagues are to be congratulated for a job well done. This text is well worth your time and expense.

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