
The 2005 edition of Miller’s Anesthesia, 6th edition, continues as a 2-volume text consisting of 89 chapters divided into 6 sections. Volume 1 contains the first three sections. Section 1 serves as an introduction into anesthesia along with an historical perspective on anesthesia practice. Section 2 deals with scientific principles, focusing on inhaled and intravenous anesthetics, commonly used drugs in anesthesia, and a subsection covering physiology. Section 3 covers anesthesia management during the preoperative period, as well as the monitoring of various systems during the delivery of anesthesia.

Sections 4 through 6 are found in the second volume, with section 4 providing information on subspecialties found in anesthesia. Section 5 deals with critical care medicine, while section 6 covers a multitude of topics ranging from medical information found on the Internet to the ethical and legal aspects facing anesthesia practitioners today. In addition to the information found in the 2-volume text, there also are companion videos available on CD-ROM that cover topics, such as Fastrach intubation, ultrasound-guided nerve block, and patient positioning in anesthesia, along with 11 videos.

As indicated in the preface, Miller’s Anesthesia has added several new chapters that cover topics not only affecting anesthesiology but also the field of medicine in general. As an example, chapters such as “anesthesia for robotic surgery” and “complementary and alternative therapies” have been incorporated into the most recent edition. As a means of keeping subscribers abreast of the most current information and updating the text, Miller’s Anesthesia also has launched the edition website. This site acts as a source for continual updates, thus keeping the book a truly thorough and contemporary reference.

As in years past, Miller’s Anesthesia continues to be an incredibly thorough text, covering topics as straightforward as the history of anesthesia practice to more involved issues such as the role of the anesthesia practitioner in chemical and biological warfare and clinical care in altered environments (at high and low pressure and in space). The section covering ancillary responsibilities and problems contained quite intriguing material. Of particular interest to me, a nurse anesthesia student in my last year of study, were the subtopics covering anesthesia crisis resource management courses and the use of simulators for evaluation and testing of practitioners. Though the text provided evidence of their popularity among various programs in the United States and abroad, more questions seemed to be raised regarding their true value in anesthesia training programs than not.

One discouraging aspect of the book is the disparaging consideration given nurse anesthetist-related provider outcomes in one of the chapters devoted to quality. The significantly biased treatment (favoring physician-related outcomes compared to the CRNA) ignored published studies that demonstrate otherwise. It is my understanding that the remarkable bias has been brought to the editor’s attention (Dr Miller) by AANA leadership, that Dr Miller has acknowledged the concerns raised, and that work is in progress (for the first scheduled reprint) to correct this situation by offering a more balanced review of the literature. (The online version has been updated.) Miller’s Anesthesia is without a doubt a complete and thorough reference of current knowledge in the field of anesthesia. Its strength lies in its use of a wide range of recognized authors, contributors, and consulting editors, as well as a plethora of scientific information and extremely well-referenced chapters. As a senior nurse anesthesia student, however, the limitations of the book is, in fact, what makes it such an exceptional reference—its thoroughness and sheer size. With time being at such a premium, I often turn to other reference books that might not possess information as comprehensive as Miller’s Anesthesia, but provide information in a brief and concise manner. The size also prohibits me from using the text as an every day reference during clinical rotations. Despite these drawbacks, Miller’s

Adverse Events, Stress and Litigation: A Physician’s Guide presents a unique look at the legal process for physicians. Although aimed specifically at physicians, nurse anesthetists, nurses, and other healthcare providers should find this book useful.

The authors are a psychiatrist and an attorney respectively. Their approach is not the bland description of the legal process of complaint, answer, discovery, and trial. Rather the focus is on how these events, and adverse events in general, affect the physician. Often healthcare providers who are sued think of how the lawsuit will affect their professional lives but neglect to consider how the adverse event and the resulting legal process affect their psyches.

The book has 13 well-organized chapters. The first 5 chapters discuss adverse events themselves, before any lawsuit is filed. These include discussions of the legal and emotional ramifications of the events and our responses to them, including such topics as whether or not the quality assurance process is discoverable, reporting to insurance companies, and the impact of the National Practitioner Data Bank. This is not the first book to go over these topics; what makes this book unique is the excellent discussion of emotional state of the physician dealing with the adverse events and its impact on the physician, his or her practice, and the legal process.

There is extensive discussion in these chapters of how to reveal the problem to the patient and family and whether to say that there was a mistake or say that one is sorry for the events. It carefully considers both the legal ramifications and the emotional impact on the physician. It offers well-considered advice to those of us involved in patient care.

Chapters 6 to 11 consider the legal process from complaint through discovery, possible settlement, and trial. For those unfamiliar with the legal system it is particularly excellent reading. The descriptions of what may seem like absurd allegations in a complaint and the anger and angst that it may provoke are right on point. The process of meeting and selecting a lawyer is perhaps the best discussion of the subject that this reader has seen. True to its unique focus, before proceeding on to another excellent discussion of discovery and trial, there is a chapter entitled “Coping with the Stress Associated with Litigation.” It is true to its title and an excellent analysis of the psychological difficulties that the stress of adverse events and litigation bring.

The legal advice presented is sound although presented for clinicians rather than the nuanced version that would appeal to attorneys. This reader would disagree with some small points, such as the statement on page 89 that the doctrine of res ipsa loquitur stands for the proposition that an expert witness is not necessary in the case of sponges being left in a patient after surgery, but is more a stylistic question of how much information to present rather than a question of the veracity or quality of the information presented.

This book would be an excellent addition to the library of any nurse anesthetist. It is particularly pertinent for the CRNA involved in departmental management or education, one who inevitably has to deal with these issues at some point. While healthcare has had a greater focus on error in medicine in the past few years, most approaches are from a systems and patient view. This book begins the analysis of what happens to the provider involved, a focus sorely missing at this time. This reader would recommend that it be read by students in nurse anesthesia programs; we cannot predict which of us will need this information personally.

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Perioperative Drug Manual is a pocket handbook that provides an extensive list of drugs and the pharmacology to be considered during the perioperative management of a patient. The manual is divided into categories (similar to categories of the Physicians’ Desk Reference). There is within each category an alphabetical arrangement of drugs that allows for quick and efficient use of the handbook. A thorough listing of clinical information perti-
nent to the anesthetic management is provided for each drug. Each drug’s trade and generic name, indications, pharmacokinetics, pharmacodynamics, dosages, contraindications, interactions, and anesthetic key points are listed.

During clinical rotations, the Perioperative Drug Manual has proven to be a very useful tool. It provides essential information in a succinct yet comprehensive format. The handbook is an effective medium in the clinical setting, offering information at one’s fingertips in an easy to locate and read format.

With the increased popularity of the personal digital assistant (PDA), the value of a pocket handbook, such as the Perioperative Drug Manual, compared to computer software, is a matter of individual preference. The PDA software Lexi-Comp (used by Samford University, Ida V. Moffett School of Nursing, Department of Nurse Anesthesia) contains a compact, complete pharmacology reference with capabilities of cross-referencing multiple drugs encountered during the perioperative period. For practitioners accustomed to the efficiency and information available in the PDA software, use of this or any other handbook may be a slower and more deliberate effort to locate information needed in the perioperative management of patients.

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