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Conflict of interest: none declared

Self-test questions

The following statements are either true or false (answers on page 87)

7. Most patients with chronic lymphocytic leukaemia present with the clinical features of bone marrow failure.
8. Chronic myeloid leukaemia is caused by a genetic abnormality.

Book review

Therapeutic Guidelines: Palliative Care. Version 2.

Melbourne: Therapeutic Guidelines Limited; 2005. 369 pages. Price: \$39, students \$30, plus postage

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The new edition of *Therapeutic Guidelines: Palliative Care* builds on the excellent first edition. This small pocket-sized text is a vital part of the *Therapeutic Guidelines* stable. The published version is very user-friendly and I am looking forward to loading the mini computer version, which is now available, onto my personal organiser.

The *Palliative Care* second version has some changes in format and a tightening of the overall presentation. The order and format of chapters has been streamlined and minor changes only add to the usefulness of this text.

The order of chapters reflects the challenges of caring for people with life-limiting illnesses. There is considerable space given to principles, care of the provider of palliative care, ethical issues and communication. Then follow important guidelines regarding community care and other practical factors. The major symptom groups in order of significance and prevalence are then covered with comprehensive consideration of not only pharmacological therapeutics but all possible interventions.

The chapter on Emergencies has moved further up the contents table and many might wonder what is an emergency in

palliative care. The obvious conditions covered were spinal cord compression, superior vena cava obstruction, acute airways obstruction, haemorrhage and acute confusion. The need to recognise these is paramount and then further management should be decided in the context of the clinical situation, the patient, and their wishes – the total picture. As always, relief of distress remains a paramount issue.

A new chapter on intercurrent illnesses has been written. This is a useful addition and explores the interaction of the life-limiting illness and medical comorbidities. The psychological impact of changing long-term medications was dealt with in a clear and logical progression and reminds us of the need to 'negotiate changes to medication over time rather than making sudden sweeping changes'.

The chapter on pain covers this increasingly complex and fascinating area in a clear, logical and approachable manner.

The new version of *Therapeutic Guidelines: Palliative Care* comes with my high recommendation – not only for relatively inexperienced practitioners but also for those more experienced whose primary focus is not end-of-life care. This small book is also a good summary for those of us whose core practice is with people living with a life-limiting illness. I would recommend this text as a useful resource and an accessible update for all clinicians. Good symptom management and the active involvement of the patient and family in care, particularly at the end of life, are core principles for clinicians of all disciplines and experience.