

# KNOWLEDGE CENTRAL

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## B O O K S

**Conversations in Palliative Care.** *Joan T. Panke and Patrick Coyne\* (Eds.). Pensacola, FL: Pohl Publishing, Inc., 2004, 324 pages, \$36.*

**Softcover**



Nursing school, work internships, and job orientations provide nurses with the scientific basis for nursing care as well as an introduction to potential patients and situations that may be encountered in the

future. However, these experiences usually do not discuss the art of nursing and cannot provide answers to all of the questions faced by nurses actually engaged in patient care. *Conversations in Palliative Care* addresses this gap. "Palliative care" cannot be categorized neatly; therefore, this book discusses situations encountered in emergency rooms, medical-surgical units, homecare settings, nursing homes, pediatric settings, and even obstetric units, to name a few. This is the book every new nurse needs, every experienced oncology or palliative care nurse wishes he or she had possessed years ago, and every patient care provider can profit from.

Prepared in a question-and-answer format, the book features realistic scenarios geared toward patients and families. The book's tone is friendly and nonthreatening (e.g., "Here are some suggestions we've found to be helpful"), and a model that nurses can incorporate into their own style of communication is included. Information is practical and stresses ongoing thorough assessment. A broad range of subjects is covered, and taboo topics (i.e., the effect of economic issues on symptom management, disenfranchised grief, perinatal hospice, providing less-than-ideal nursing care) are addressed without hesitation.

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A chapter on palliative care financing seems more complex than the others and moves the book from a basic to an intermediate or advanced level and from bedside to administrative aspects of patient care. Its inclusion, however, rounds out the picture of palliative care.

At first, the question-and-answer format seemed tedious and inconsistent with the title (i.e., no conversation seemed to be included). However, the tone seemed to create a comfortable, chatty atmosphere and made the book seem less like a text and more like an informal consultation with expert nurses. Each page also includes plenty of space for note taking.

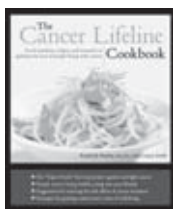
*Conversations in Palliative Care* has an impressive list of contributors, all well credentialed and from a variety of clinical settings. Disciplines that closely interface with nursing, such as nutrition, physical therapy, and occupational therapy, are represented with chapters written by experts in those fields. The book also discusses topics after death; an entire chapter is devoted to postmortem care and another, written by a funeral home director, describes issues surrounding funerals.

Although scientifically based, this text shares the art of nursing with its readers, both novice nurses and experienced practitioners. It is a welcome addition to any healthcare provider's collection.

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**The Cancer Lifeline Cookbook.** *Kimberly Mathai, with Ginny Smith. Seattle, WA: Sasquatch Books, 2004, 234 pages, \$19.95.*

**Softcover**



*The Cancer Lifeline Cookbook* could be described as a combination cookbook and nutrition guide for patients with cancer, caregivers, and survivors who want to adopt a healthy lifestyle after treatments have been completed. This well-organized, informative, and up-to-date

nutrition and cancer book has wonderful recipes, each with a nutritional analysis.

The text is easy to read and divided into seven sections, including resources for cancer- and nutrition-related information and an index. Each section provides an overview of the cancer-fighting properties of foods, how to incorporate these foods into patients' diet, and tips on menu planning, preparing and storing foods, and recipes. Although few limitations can be found in this book, some of the recipes require ingredients that are not typical in certain regions of the United States (e.g., nori, a sea vegetable that is a rich source of protein). On the other hand, cooking is all about being adventurous and trying unusual ingredients.

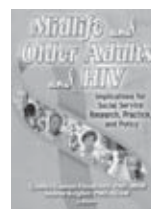
*The Cancer Lifeline Cookbook* addresses nutritional management issues in cancer therapy that are well organized and easy to understand. The chef's and nutritional tips throughout the recipe section are a strong addition to the book. The authors did a great job in discussing cancer and nutritional benefits and implementing them into mouthwatering recipes. Illustrations are sparse; however, the cookbook does provide a glossary of terms.

The uniqueness of this publication lays in its upbeat approach to promoting healthy eating during cancer therapy without compromising flavors, variety, or good nutrition. The section on 10 super foods is very practical. This cookbook would be a great addition to patients' libraries.

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**Midlife and Older Adults and HIV: Implications for Social Service Research, Practice, and Policy.** *Cynthia Cannon Poindexter and Sharon M. Keigher (Eds.). Binghamton, NY: Haworth Press, Inc., 2004, 130 pages, \$19.95.*

**Softcover**



*Midlife and Older Adults and HIV: Implications for Social Service Research, Practice, and Policy* was published simultaneously by Haworth Press, Inc., and as a monograph of the *Journal of HIV/AIDS and Social*

*Services* (Vol. 3, No. 1). Written by and for social service providers, this collection of

Digital Object Identifier: 10.1188/05.ONF.864-865

Ease of Reference and Usability	Content Level	Media Size
Quick, on-the-spot resource	Basic	Pocket size
Moderate time requirement	Intermediate	Intermediate
In-depth study	Advanced and complex, prerequisite reading required	Desk reference

articles contains much of value and interest to oncology nurses. Many of the concepts and insights can be applied to other populations of older adults living with a life-threatening disease. Key concepts appearing throughout the text include the continuum of care, case management, family-based care, psychosocial assessment, stigmas, multiple losses, and comorbidity. Each article begins with a useful summary and author information. Readers are guided to the highlights; prominent subject headings further organize the articles. Although united by a common theme, each article in this collection can stand alone as a contribution to the field. Research, interventions, interviews, theoretical frameworks, advocacy, and resource information all are discussed.

As knowledge and experience with the continuum of HIV disease have grown and matured, so have many of the individuals infected with the disease. The population of adults older than the age of 50 who are HIV positive includes long-term survivors; those whose lives have been prolonged by advances in treatment, in particular protease inhibitors; as well as those infected with HIV after the age of 50. Although 10%–12% of people diagnosed with AIDS have been older than age 50, this population often has been perceived as not being at risk for HIV disease. As a result, older adults who are HIV positive may have been marginalized further and may not have received full access to resources. This demographic traditionally has not been targeted for prevention and risk reduction teaching and interventions.

HIV service delivery generally has not sought out those older than 50 years, and gerontologic social services have not sought out those with HIV disease. The authors advocate for collaboration between HIV and aging providers to target culturally competent outreach, education, and services to this underserved population. A common theme throughout the articles was the need to facilitate successful aging for this population.

The articles that present interviews with older adults who are HIV positive and address the intersection of AIDS and aging are of particular interest to nonsocial service providers. The book also lists useful sources of information, including the National Association of HIV Over Fifty.

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## C D - R O M

**PAIN Report It.** Diana J. Wilkie\* and M. Kay M. Judge. Murray, UT: eNursing llc, 2004, \$500 each for 1–100 installations, \$300 each for 101–1,000 installations.

CD-ROM



*PAIN Report It* is an innovative tool for facilitating patients' self-report of pain. According to the product information, the authors seek to transform pain

assessment by providing a 21st-century electronic tool. This purpose is achieved in that *PAIN Report It* is an extremely user-friendly program, enabling even the most computer-resistant patients to describe their pain experience from the standpoint of several important dimensions (i.e., intensity, quality, and location). Additionally, patients are queried as to their pain goal, tolerable level of pain, past experience with pain, and perceived effective pain management strategies.

The intended audience is patients with pain being seen in an ambulatory clinic or office practice. The assessment tool would be useful for patients with cancer who have acute or chronic pain; however, because the software is not specific to cancer-related pain, it could be used effectively with the chronic pain population as well. The well-developed instructions walk patients through the use of the software. Patients also can select their preferred method of text input (i.e., the use of a keyboard or an innovative typewriter-like tool embedded in the response screens). Several training screens are included so that patients can practice using the drawing tool with which they will indicate pain location.

According to the authors, patients' somewhat wasted time in the waiting area could be put to good use if they enter data about their pain, print the report, and have the material ready for the practitioner to evaluate. Demographic data are gathered efficiently in a very culturally sensitive manner.

The only limitation, which is addressed to an extent in the demographic section of the software, is the need for computer access. However, if a computer is set up in a clinic or office practice, this limitation could be overcome easily.

With pain as a fifth vital sign and Joint Commission on Accreditation of Healthcare Organizations' requirements regarding pain assessment at each encounter, this program

would provide an excellent resource for a busy oncology practice while serving to empower patients in their description of their pain experience.

The graphics and technical quality of the CD-ROM are excellent, and the operation is smooth. The ability to generate a written report is a plus, and it printed easily and efficiently once the program was installed.

*PAIN Report It* is a unique and innovative product that can transform pain assessment, providing a record generated by the best source, the patient, with a very simple-to-use format. Although computer-generated pain assessments are emerging in the hospital environment, this reviewer has not come across a program that encourages patient entry of data, accommodating the patient's own words and eliciting patient goals for management.

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## Worth a Look

**Hair: Surviving the Fall.** Sara Romweber. Highland City, FL: Rainbow Books, 2004, 227 pages, softcover, \$16.95.

*Hair: Surviving the Fall*, an expansion of the author's dissertation, uses a somewhat whimsical yet respectful approach when discussing hair loss. It presents brief profiles of people who were interviewed by the author (a clinical psychologist) and the unique issues surrounding the loss of hair.

The book is divided into two main parts: understanding the importance of hair and overcoming the trauma of hair loss. Chapter titles use attention-getting phrases while placing more scientific titles in parentheses. For example, the first chapter is titled the "Spread of the Peacock's Tail (The Biological Purpose of Head Hair)." The chapters provide historic insight into the role of hair as well as some of the day-to-day realities of coping with hair and hair loss. Readers are guided into more serious discussions about the significance of hair loss and ways that patients can cope. The book also addresses myths and medical treatments for hair loss.

Although not specific to patients who loose their hair because of cancer-related treatments, this book would be a good way to begin to address the topic in a nonthreatening manner. However, providers will need to follow up regarding treatment and other scientifically based strategies.

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