

drug–food interactions. Each monograph has been assessed by practising clinical pharmacists for its suitability for inclusion in the pocket companion. To keep the book compact, interactions involving general anesthetics, multiple antiretroviral regimens, multiple antineoplastic regimens, and IV antineoplastic drugs have been omitted. The unabridged reference work, *Stockley's Drug Interactions*, or specialty references should be consulted for these specific interactions. In some cases, so-called non-interactions have been included, particularly where there has been controversy over whether or not a drug interacts with other agents.

Each monograph provides a succinct 2-part message, the first containing a brief summary of the evidence for the interaction (if known) and the second containing information on its clinical importance and helpful guidance on how to manage the interaction in practice. For common drugs and drug classes, a brief overview at the beginning of each section discusses the most common types of interactions that can be expected with that drug or class (e.g., aminoglycosides may have additive nephrotoxicity with other nephrotoxic drugs, so these combinations should be used with caution, and increased monitoring of renal function is recommended). Monograph data are fully referenced to published sources, including clinical studies, case reports, and systematic reviews. Because of space limitations, however, the references are not included in the pocket companion but are available only in the full reference work, *Stockley's Drug Interactions*, or on the publisher's website (<http://www.medicinescomplete.com>).

Each monograph has been assigned 1 of 4 rating symbols, which offer guidance on the clinical importance of the interaction, according to the severity of the interaction, the strength of the evidence supporting the interaction, and whether any action needs to be taken to minimize the interaction. The 4 ratings are as follows: interactions that have a life-threatening outcome and drug combinations for which concurrent use is contraindicated by the manufacturer(s); drug combinations for which concurrent use may result in a significant hazard to the patient and for which dosage adjustment or close monitoring is needed; drug combinations for which there is some doubt about the outcome of concurrent use and for which it may be necessary to give patients some guidance about possible adverse effects and/or consider monitoring; and interactions that are not considered to be of clinical significance and drug combinations for which no interaction occurs.

The absence of an index makes it difficult to look up interacting drug pairs in this book. However, the book is organized alphabetically by generic drug name or drug class (either pharmacologic or therapeutic), with cross-references to the corresponding interacting drug or drug class. For example, an interaction between amiodarone and β -blockers appears under A, and amiodarone is listed under β -blockers with a cross-reference to the appropriate page. Only drug classes that are widely recognized are included. To determine what constitutes a drug class, the user must refer to the list of drug classes in the Preface of the book. In the case of poorly defined drug classes, the individual members of the class are cross-referenced. In other cases, users must determine if the drug they are looking for matches one of the predefined drug classes. When looking up a drug class, specific details of interactions of the individual members of that class are

provided. Since this is a British publication, drugs that are available in the United Kingdom but not in Canada are included, whereas some drugs that are available in Canada but not in the United Kingdom are not included. International Non-proprietary Names (INNs) are used throughout, which are not necessarily the same as Canadian generic names, but for many drugs, there is a cross-reference from the Canadian name.

General information is provided about the mechanism of the interaction and its severity, likelihood, onset, and duration, to provide some context for the interaction without too much complexity. Where information about the interaction conflicts, this is highlighted. Practical advice on management is provided, including the signs and symptoms of the interaction to monitor for and the preferred therapeutic alternatives to the interacting drugs. In some cases, a clearer, more explicit explanation of the interaction and suggested management strategy could be provided, especially given the content of other drug interaction references. In many cases, fewer details are provided about the studies supporting the interactions than in other drug interaction references. On the other hand, this book is comprehensive in terms of the number of interactions it covers, and it includes many minor or pharmacodynamic interactions that other references would not mention. Similarly, many of the theoretical interactions and contraindications that appear in the manufacturers' product monographs and that are endorsed by the UK Committee on Safety of Medicines are incorporated into the interaction monographs.

In summary, this resource could be recommended to pharmacists as a quick reference guide on drug interactions. Despite some limitations, such as the British content and the lack of an index, it covers a wide range of drug interactions and offers a practical approach to management.

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Pharmacy Ethics and Decision Making

Wingfield J, Badcott D. Pharmaceutical Press, London (UK), 2007. ISBN 978-0-85369-689-6. Softcover, 298 pages plus appendix.

Pharmacy Ethics and Decision Making is described by its authors as "a primer in professional ethics and accountability for practising pharmacists" (page viii), for a readership of students, interns, and new pharmacists. A potentially important addition to that list are pharmacist immigrants who are preparing to qualify by examination in their new jurisdiction and who therefore need to review (and perhaps upgrade) their understanding of pharmacy ethics.

The authors' education and experience in the fields of both pharmacy and ethics (and, for one author, in law as well) have enabled them to create a book that builds smoothly from consideration of ethical theory, moral concepts in health care, and moral reasoning to a discussion of professionalism, accountability, and the professional decision-making process,



and finally to ethics in practice. Even in the more theoretical early chapters, an effort has been made to link concepts to pharmacy practice. The final chapter consists of 15 pharmacy-relevant “worked examples” that appeared previously in the eighth edition of *Dale and Applebe’s Pharmacy Law and Ethics* (by Gordon E Appelbe and Joy Wingfield, Pharmaceutical Press, 2005); these scenarios relate to both community and institutional practice. A common format has been used for each worked example: presentation of the practice scenario, followed by issues that a pharmacist should consider, locations of relevant information in the volume *Pharmacy Law and Ethics*, and finally dilemma analysis based on the “4-stage approach” to decision-making (gather relevant facts, prioritize and assign values, generate options, and choose an option). For each example, the authors have provided their preferred option(s), but they also ask whether the reader agrees.

Although the chapters flow logically in sequence from theory to practice, the authors helpfully suggest a different pathway for the busy reader, beginning with Chapter 6, “Ethics in Practice”, to enable the reader to gain an impression of “what the book is about in practical terms”. This chapter highlights both a strength and a limitation of the book for North American readers. Its important strength is provision of a thumbnail sketch for each of 17 commonly encountered topics in bioethics, including consent and capacity, confidentiality, vulnerable patient groups, and issues at the beginning and the end of life, addressing for each topic both its “ethical basis” and “legal considerations”. This treatment should help readers to appreciate the importance of both legal and ethical

perspectives in their consideration of practice dilemmas. However, as a limitation, the discussions of legal considerations are based largely on legislation, regulation, and case law of England, Scotland, and Wales, which are not familiar to or directly practice-relevant for North American pharmacists. Furthermore, frequent reference is made to the Code of Ethics of the Royal Pharmaceutical Society of Great Britain, which would be similarly unfamiliar (although it is provided in the book). Nevertheless, these brief discussions provide learning opportunities for readers in all jurisdictions.

This book is clearly written and should be readable by its intended audiences, ranging from pharmacy students to practising pharmacists. It could provide an excellent framework for an undergraduate course in pharmacy ethics, although North American faculty would need to identify for students the different legal considerations applicable in their own jurisdictions. Alternatively, the ethical concepts and “worked examples” could be integrated into courses in pharmacy practice and social and administrative pharmacy across the several years of undergraduate pharmacy education. It could also serve well as a resource for pharmacists’ self-directed learning.

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