
Reviewed by Kathleen S. Music, RN, MS, CCP

Although two of the authors are no longer active in conducting cardiopulmonary bypass, the trio’s combined experience in practice, teaching and research is considerable. Charles Reed has co-authored two of the few available texts in perfusion techniques. The authors’ endeavor is ambitious. The intricacies and variances in the conduct of perfusion are as numerous as there are practitioners. Unfortunately, for the most part, this book is a compilation of the authors’ “preferred” methods of practice rather than a much needed global view of safety and safety techniques in perfusion. This slant toward the establishment of standards forces the text to fall short of its purported intent.

Evidence of this failing is found throughout the book. A specific example can be found in Chapter 6 which is entitled “Blood and Blood Handling.” The authors adamantly maintain that the perfusionist should not deviate her attention from the bypass circuit, even for a quick recheck, off the identification numbers on the blood administration bag. Their “preferred” method is a verbal demand of “who checked this blood?” and “two identifying answers.” At the end of each chapter, the authors have utilized anecdotal comments. On the pages following their blood checking routine, a series of vignettes are given which are meant to strengthen the “preferred” method. Two “Lawsuits” are described therein which highlight the danger of the primary perfusionist relying on anyone else to check the ID numbers on a unit of blood to be administered. In both cases, the blood was checked by two other operating room personnel, both would have given the required “identifying responses.”

The research appears inconsistent. While some Chapters are extensively referenced, others are apparently perfunctorily researched. Especially disappointing are the Chapters on Legal and Risk Management for Perfusionists, Blood and Blood Handling, Monitoring During Bypass and Inline Devices, Conduct of Perfusion and Pediatric Considerations.

Twenty-five of the book’s twenty-six chapters are followed by sections entitled “… Lawsuits and … Casenotes.” Approximately, 36 lawsuits are discussed by the authors. Most of the information contained within the “… Lawsuits and … Casenotes” sections is privileged in that the authors, as either parties or expert witnesses, are not permitted to reveal such details as settlement amounts and apportionments. The stories are easily recognizable to those perfusionists who endured the agony attendant to having a malpractice action filed against them. In many of the reported cases, Reed participated as an expert witness for the plaintiff (patient) and against the perfusionist. All of the reported litigation is presented in abbreviated detail and worded solely to illustrate the authors’ point in each chapter.

Perfusionists of all experiential levels, ages and training backgrounds have long ago become familiar with this type of barroom lawyering. Advancement in education and perfusionists’ increased sophistication, among other factors, will permit current practitioners to recognize the potential peril should this book ever be used as any standard. At best, it may be said that the undertaking was ambitious and fell short of the mark.