Book Reviews

C-Section: How to Avoid, Prepare for and Recover from your Cesarean by Mark Zakowski, M.D.

By Stephen Jackson, M.D.

The C-section rate has increased 50 percent this past decade to over 32 percent nationally, becoming one of the most commonly performed surgeries—an estimated 1.2 million annually in the United States. Many women fear having a cesarean, while on the other hand, as many as 6 to 8 percent choose to have a non-medically indicated elective C-section. In his easily readable and engaging book C-Section: How to Avoid, Prepare for and Recover from your Cesarean (Quantum Birthing, 2010; available as printed book or for Kindle on Amazon.com), Mark Zakowski, M.D., provides pregnant women and their partners with an informative, comprehensive, insightful, and patient-friendly resource and guide on the topic of cesarean deliveries. Dr. Zakowski, a longtime associate editor and contributor of educational articles on obstetric anesthesia for this Bulletin, provides patients with information ranging from becoming more knowledgeable about the factors that influence the decision to perform a cesarean, to what a pregnant woman can do in preparation for a cesarean, and on to tips on enhancing the postoperative recovery period. Obstetricians and anesthesiologists might find this book worthy of recommendation to their patients in order for them to become better prepared for the entire cesarean experience.

In this book, women are educated in how to reduce fear and anxiety while awaiting their cesarean; learning the right questions to ask of all their physicians; picking the safest place to deliver; and improving the likelihood of a faster and otherwise uneventful recovery. There is valuable and beneficial material for women who know they want a cesarean as well as for those who plan on having a vaginal delivery. There even is information on how the “labor partner/coach” can help improve the total experience, such as what that individual, as well as the parturient, should expect in the operating room. The book also explains the risks of induced labor, the applicable jargon (e.g., TOLAC—trial of labor after cesarean), and the medical indications for a cesarean. In essence, Dr. Zakowski, the Chief of Obstetric Anesthesiology for two decades at nationally recognized hospitals in New York and California, assists the consumer to make a more informed decision before, while, and after giving birth.
Importantly for anesthesiologists, information here on proper preanesthetic fasting status, the risks and benefits of receiving a regional or general anesthetic, proper positioning for an epidural or spinal, and other practical points regarding anesthesia can make C-sections less stressful, and more enjoyable, for both the obstetric patient and the anesthesiologist.

**Your Medical Mind: How to Decide What Is Right for You**

by Jerome Groopman, M.D., and Pamela Hartzband, M.D.

By Andrew G. Kadar, M.D.

Advised to take statin medication, a 51-year-old woman with a total cholesterol of 240, an HDL of only 37, hesitates. She checks a Department of Health and Human Services website and discovers that her estimated 10-year heart attack risk without treatment is 1 percent. Taking a statin reduces that by one third. Knowing that her father also had high cholesterol and lived a long healthy life and having met someone who suffered debilitating muscle aches after taking statins, the woman decides to refuse treatment.


Because medicine is not an exact science, “the assessment of whether the benefit is great enough to warrant the risk of harm—i.e., the decision for where the threshold for intervention should lie—is necessarily a value judgment.” To arrive at the best course of action for any given patient, the authors argue that we need to consider that individual’s attitudes about health and medicine.

The most appropriate intervention for someone who believes in natural treatments may not be right for a person who prefers high-tech medicine. The authors also classify people as “believers” and “doubters,” those who feel there is a best answer for a given health problem and those who tend to be skeptical about any prescribed solution.
Of course, many people fit somewhere along the continuum between these extremes and can move along the scale over time and changing situations. Groopman uses himself as an example of this. A failed spine surgery turned him from a maximalist to a more risk-averse consumer of health care. When faced with treatment for his own elevated cholesterol, he negotiated with his physician to start with half the recommended statin dose and was gratified to see his total cholesterol drop from around 240 to 160 on the lower amount of medication.

The authors propose that physicians should practice not just “evidence-based” but also “judgment-based” medicine—that is, to give consideration not only to all available scientific data, but also to how it applies to any individual patient. This would incorporate factoring in the patient’s attitudes about medical care.

Groopman, a staff writer for The New Yorker and an oncologist, previously wrote a book called How Doctors Think. This time, Hartzband, his endocrinologist wife, joins him to present the flip side of the story, which could have just as well been entitled How Patients Think and Why That Matters. This easy-to-read, engaging and insightful book can illuminate how we think about our own health as well as that of our patients. As informative as it is for the lay reader, Your Medical Mind is even more valuable for physicians.

MARK TWAIN’S WIT AND WISDOM

Virtue has never been as respected as money.

It’s so hard to find politicians of such high morals that they will stay bought.

When I was a boy of 14, my father was so ignorant I could hardly stand to have the old man around. But when I got to be 21, I was astonished at how much he had learned in seven years.

An honest man in politics shines more than he would elsewhere.

The radical of one century is the conservative of the next. The radical invents the views. When he has has worn them out, the conservative adopts them.