authoritative review articles addressing the various aspects of bronchoscopy is quite obvious. Granted that bronchoscopy is a procedure learned by observing and performing, not by reading manuals and papers, one must recognize that one cannot always learn all the nuances of the procedure from one's teacher. As in any area of surgery, the experience gained is often directly proportional to the number of operations performed, and the limited use of bronchoscopy in certain practice settings may not provide the needed expertise or experience. Most of the newly trained bronchoscopists probably fit into this category. These are the areas that the editorial board of Chest believes can be helped by publishing comprehensive review articles written by well-recognized authorities in the field.

In this issue, the contribution by Shapshay and Beamis (see page 449) leads to the better understanding of the role of the carbon dioxide laser in transbronchial lesions. Future reviews will address the role of transbronchial needle aspiration, bronchoscopy in the early diagnosis of bronchogenic carcinoma, bronchoscopic photography, techniques to improve diagnostic and therapeutic yield from bronchoscopy, pediatric bronchoscopy, and others. Since almost all the articles are solicited and hence entirely dependent on the expeditiousness of authors, their publication will be intermittent and on an "as they come" basis.

The editorial board envisions that the Bronchoscopy department will become a regular feature of Chest and hopes that the readers will benefit from the new series of articles. The editorial board welcomes suggestions from readers regarding future topics on bronchoscopy.

Udaya B. S. Prakash, M.D., F.C.C.P.
Rochester, Minnesota

Professor of Medicine, Mayo Clinic and Mayo Medical School.
Reprint requests: Dr. Prakash, Mayo Clinic, 200 First Street, SW,
Rochester, Minnesota 55905

Withholding Life Support
An Ethical Guide for the Perplexed

Until very recently, polite families avoided discussing the topic of death. However, recent research, and in particular the pioneering studies of the Swiss psychologist Elizabeth Kubler-Ross, has stimulated both physicians and laymen to adopt a realistic and insightful look at death and dying. Technological advances in intensive care, as well as changes in social and legal mores, now make this once untouchable subject a critical priority for our consideration. Three authors have recently faced these issues courageously. The book by Raffin, Shurkin, and Sinkler entitled Intensive Care: Facing the Critical Choices,1 provides valuable guidance for patients, families and the lay public when faced with decisions relating to hospitalization in intensive care units.

The first part of the book describes the environment of the intensive care unit and the purposes of the technology used today. The second part, which discusses death, includes the observation that one of the purposes of the ICU is "to provide a dignified escape from life when death is inevitable." The authors note that "the moment of death—the transition from animate to inanimate—should and can be a quiet moment. But dying can be either wonderful in its dignity and its sense of community or horrible in its isolation." There are five stages of dying: (1) shock, (2) denial, (3) anger, (4) bargaining and (5) acceptance. Raffin and co-authors note that the concept of "stages" provides a context in which these dramatic events can be understood.

The authors discuss compassionately withdrawal from extraordinary life support. They stress that withdrawal of support is always up to the patient or if that is not possible, the judgment of physician and family. "We believe the book will give practical aid in both the fight for survival and in the achievement of the wisdom to know when not to fight." Obviously, decisions related to withholding and withdrawal of life support are intimately related to a number of moral, legal and economic issues. These issues form the third part of the book. Raffin, Shurkin and Sinkler have prepared a uniquely practical and thoughtful commentary entitled "Guidelines from Court Precedents." They discuss topics such as government intervention, available legal recourse (including the living will) and the California durable power of attorney for health care. Critical illness imposes stress on every family member and the authors discuss responsibility of the family toward itself.

As suggested by the subtitle of this commentary, dramatic changes in critical care and increased sensitivity to the often unspoken needs of the dying make it necessary to have "an ethical guide for the perplexed." The book Intensive Care: Facing the Critical Choices provides such guidance. It should be in hospital and community libraries and should be made available to patients, their families, the lay public, nurses, respiratory therapists, other allied health professionals and certainly physicians dealing with these issues.

Alfred Soffer, M.D., F.C.C.P.
Park Ridge, Illinois

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