

# ARCHIVES

OF

# FAMILY MEDICINE

JUNE 1995



*Enlarged second digit of the right foot with lateral deviation. See page 487.*

---

ALCOHOL AND INJURY

---

DELAY OF DIAGNOSIS AND EMPIRIC  
TREATMENT OF ANGIOTENSIN-  
CONVERTING ENZYME INHIBITOR-  
INDUCED COUGH IN OFFICE PRACTICE

---

PATIENTS WITH DEMENTIA  
AND THEIR CAREGIVERS  
3 YEARS AFTER DIAGNOSIS

---

TUBERCULOSIS IN THE HOMELESS

---

SURROGATES' PREDICTIONS  
OF SERIOUSLY ILL PATIENTS'  
RESUSCITATION PREFERENCES

---

INTERRATER AGREEMENT  
IN THE INTERPRETATION  
OF MICROSCOPIC URINALYSIS

American Medical Association

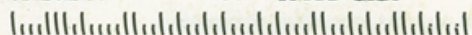
Physicians dedicated to the health of America



PROPERTY OF  
ROBERT M. WHITE MEMORIAL  
LIBRARY  
PAOLI MEMORIAL HOSPITAL

MALVERN

PA 19355-2123

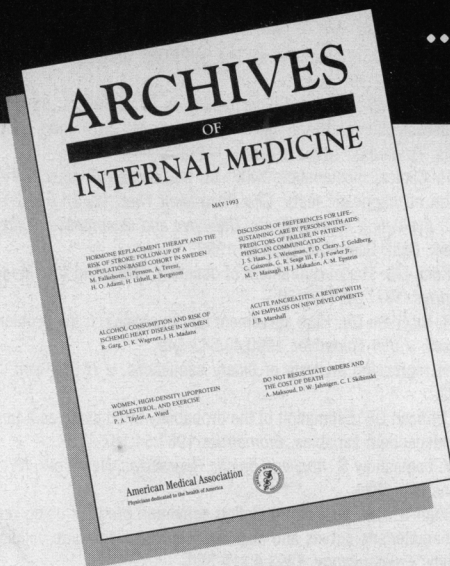


I keep learning new things about decision making at the end of life, often through the school of hard knocks. I recently had a wonderful patient with end-stage chronic obstructive pulmonary disease who died after a decision was reached not to reintubate yet again. However, in spite of several discussions of his wishes over several years and his intermittent episodes of lucidity near the end, he could never make the decision to sign a living will or an advance directive. He also did not want to put his wife in the position of having to make the decision, believing it would be emotionally too difficult for her. He would not choose among his three children. Instead, he wanted me, his doctor, to make the decision. In the end, his ongoing misery was clear, as was the unlikelihood of anything but small, temporary success. His children, with his wife in agreement, made the decision, with the support of myself and the intensive care unit attending physicians, that reintubation no longer met his standard criterion: "If I won't get off the respirator, don't put me on." In many ways, that simple statement was as clear as many sheets of paper of an advance directive.

Marjorie A. Bowman, MD, MPA  
Editor

# Keep in touch

...with Internal Medicine and  
the subspecialties



Make Archives of Internal Medicine your first choice for new medical information. One of the world's best-read and most frequently cited journals in its field, Archives of Internal Medicine's clinical relevance is widely acknowledged. And now more than ever, Archives makes the best use of your reading time.

- **Important medical information**  
Original studies, timely reviews and commentaries.
- **Thorough peer review and stringent standards**  
Ensures that selected articles meet the highest scientific standards.
- **Practical new design**  
Saves you time.
- **Twice-monthly frequency**  
Brings the latest findings to you faster and makes each issue easier for you to quickly review. 24 issues for only \$115.

Published twice each month!

Call toll-free 1-800-AMA-2350.