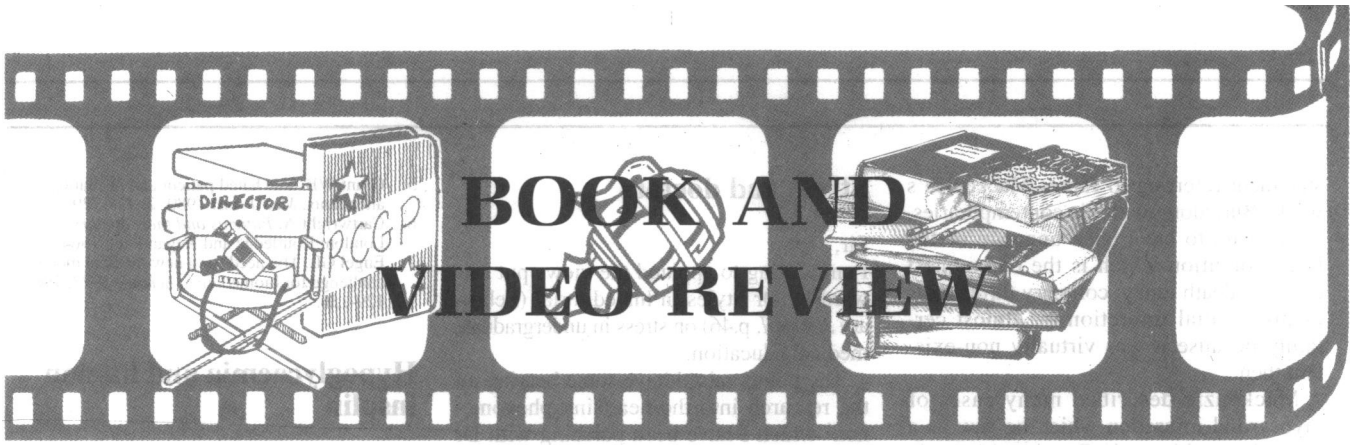

BOOK AND VIDEO REVIEW

THERE IS NOTHING MORE I CAN DO
An introduction to the ethics of palliative care
David Jeffrey
Patten Press for the Lisa Sainsbury Foundation, Cornwall (1993)
116 pages. Price £5.95

This short book is the introductory volume of a series of texts relating to the care of terminally ill patients. It is written for all members of the primary health care team and other professionals interested in palliative care. It is fitting that this first text considers the ethical issues involved. Ethical issues are of increasing importance in palliative care and as an introduction to the subject this book succeeds admirably.

It begins with an interesting exploration of two major concepts underlying the ethics of palliative care, namely, the autonomy of the individual and the quality of life. An understanding of these notions is essential for the effective management of all patients, not only those dying of cancer, and the author presents a lucid explanation to assist this process.

I found the book stimulating. There are excellent chapters on teamwork, breaking bad news and informed consent. The chapter on euthanasia is an excellent contribution to the highly topical debate on this subject and I found this section particularly valuable. The text concludes with a summary and an ethical model for the palliative care of patients.

I do not hesitate to recommend this book to all those interested in palliative care and feel that it should be included in every practice library.

STEPHEN FIELD
General practitioner, Droitwich Spa, Worcestershire

FUNCTIONAL STATUS ASSESSMENT IN FAMILY PRACTICE
J H G Scholten and C Van Weel
Katholieke Universiteit Nijmegen, The Netherlands (1992)
93 pages. Price US$10

Recent advances in general practice include new scales to assess the delivery of care in order to be able to provide better medical care and to collect scientific data. The authors define functional status as the level of functioning of a particular patient at a particular moment or in a given period of time. It refers to the ability of a person to cope with and to adapt to elements in his or her own environment, and to the ability to perform activities of daily life.

The charts in *Functional status assessment in family practice* form a generic instrument covering a core set of functional aspects: physical fitness, feelings, daily activities, social activities, change in health and overall health. The authors claim that the instrument is of particular importance for the family physician when caring for the individual patient. It is comprehensive and brief and therefore suitable for use in daily practice. Each chart contains one question, relating to the past two weeks. There are five responses per question and each response is clarified with an example and a diagram. Assessment can be carried out by the patient or by a health care provider and there is general agreement between the two assessments.

The first part of the book is a manual for the use of the Dartmouth COOP functional health assessment/WONCA charts and the second part is a report of an international workshop of the World Organization of Family Doctors (WONCA) research and classification committee. Both parts complement each other. The charts are available in 10 languages: English, Danish, Dutch, Finnish, German, Japanese, Norwegian, Spanish, Hebrew and Urdu. However, they should also be available in Arabic and Hindi, for use in the Middle East and India, respectively. An ethnic trap has been observed in that these charts proved applicable in a wide variety of cultural settings, but it was recognized that in some specific cultures such as in Asia and Africa, the illustrations might not be understood, or might even be misunderstood. Therefore, further study is recommended.

Functional status assessment in family practice is concise and readable and should prove to be of interest to general practitioners and trainees who wish to serve their patients with new scientific tools and caring attitudes.

BASHIR QURESHI
General practitioner, Hounslow, London

LEAVING HOSPITAL
Elderly people and their discharge to community care
June Neill and Jenny Williams
HMSO, London (1992)
169 pages. Price £9.95

Pressure to reduce waiting lists, and a reduction in the number of long stay hospital beds has resulted in earlier discharges from hospital. These, often hurried, discharges leave frail elderly people vulnerable when they return home.

In their research, carried out in 1988–90, June Neill and Jenny Williams have looked at the discharge of people aged 75 years or older who were referred for home help in the community, either through a hospital discharge scheme or through mainstream services. They have undertaken an ambitious project, interviewing principal officers, hospital social workers, home care organizers, home helps, elderly patients and their carers.

Some of the results make depressing reading — one in four elderly people was notified of the discharge only on the day before it took place, and two thirds of general practitioners were not informed of their patients' discharge. Some thoughtless discharges pointed to a need for improved communication between medical, nursing and social services colleagues, and gave support to the idea that planning for discharge should start on admission to hospital. While patients and their carers were appreciative of the care received from home help services, constraints on the service meant that patients were having to adapt to what could be offered rather than the services being tailored to meet the patients' needs.