



## **CORONARY HEART DISEASE PREVENTION**

**Action in the UK 1984–1987**

*National Forum for Coronary Heart Disease Prevention  
Health Education Authority, London (1988)  
240 pages. Price £4.95*

Students of medical history, observing the ridicule to which previous scientific theories are now subjected, might be excused for occasional feelings of discomfort about modern orthodoxies. Hidden in the pages of this book is the fact that the age-specific coronary heart disease mortality rates have been falling for the younger cohorts since 1975. Will coronary heart disease — like tuberculosis, rheumatic fever, peptic ulcer and appendicitis — relax its hold on the nation's mortality tables and health consciousness without our really understanding the reasons or being able to claim the victory for medical science? Such heretical ideas have no place in this book, which is a thoroughly orthodox and comprehensive review of the latest information on coronary heart disease prevention.

The book is divided into three sections. The first is devoted to an overview of coronary heart disease in the UK, the second to discussion of particular risk factors, and the third to the roles to be played by various bodies in the community (including a welcome chapter on the voluntary sector). Throughout, we are told what national government could be doing, but for the most part is failing to do. This includes action on the fat content of food and food labelling, tobacco consumption, provision of an environment conducive to healthy living and provision of effective health education in schools, this last being currently under threat from the proposals for a national curriculum. However, none of this dispels the tone of a gloomy school report for the nation: 'Despite some modest changes in behaviour, the UK is still coming very close to the bottom of the class and wasting a lot of money by its deplorable habits. It will have to try a lot harder in the future.'

Whispers are in the air that health education is set for a change in image from the puritanical 'pull yourself together and stop doing all these disgusting things to yourselves' model to a 'health is fun' approach. This book with all its information, figures and austere message may be a late if very fine example of a dying genre.

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## **USING PSYCHOSOCIAL COUNSELLING TECHNIQUES IN PRIMARY HEALTH CARE**

*Ellen Jespersen and P.F. Pegg  
Avebury, Gower Publishing Company, Aldershot (1988)  
169 pages. Price £19.50*

Laegernus Hus is a primary health clinic in western Denmark with four general practitioners and a primary care team serving

4700 patients. The two authors of the book, Ellen Jespersen and P.F. Pegg, worked at the clinic as a psychotherapist in primary care and as a consultant on the integration of psychosocial practices.

In 1982 the clinic was given a grant to carry out 'untraditional' practices such as family preparation therapy, counselling psychotherapy, alone and combined with physical treatment for the seriously ill, and other forms of therapy with women's groups, widow/widower groups and chronically ill patients. The basis of these treatment initiatives was to encourage patients to become self-reliant.

The aim of the book, however, is to demonstrate how existing principles of psychotherapeutic practice can be applied to general practice. To do this the authors, in some 160 tightly written pages, give details of some of the patients whom they have treated at the clinic; these range from the recently divorced and recently bereaved to those with serious family problems of one sort or another.

Although the book is interesting in parts, I found the laborious way in which the patients and their treatments are described tedious and boring. The style of presentation is rather reminiscent of a romantic novel and at times the book sounds too implausible, especially as almost every story ends in something like, 'and they all lived happily ever after'. In one case even the dog, a golden retriever, appears to have benefited from the 'brief therapy' afforded to its young master. Furthermore, the explanation of the therapy used in each case suffers inevitably from heavy jargon, for example: 'Tasks can be utilized to stimulate reflective, cogitative activities by the patients', or worse still: 'interventions are devised in response to cross generational involvements'.

In summary, although the book undoubtedly has an important message in the use of 'brief therapy' in the setting of general practice, its style and presentation often obscures its message.

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## **ELDERLY PEOPLE, THEIR MEDICINES, AND THEIR DOCTORS**

*Ann Cartwright and Christopher Smith  
Routledge, London (1988)  
180 pages. Price £27.95*

Cartwright and Smith's research was carried out in the summer of 1984 and this book represents the first account of the findings as no papers have yet been published. The study set out to examine the medicine taking habits of a representative sample of elderly people from the point of view of the elderly people themselves and the main prescribers of their medicines, their general practitioners. The sample was drawn from a wide geographical area and was complicated to construct, but the

eventual response rate of 78% among the elderly people was reasonable. However, the response from the general practitioners was poor, only 39%.

Some of the results were perhaps predictable — three fifths of the elderly people regarded their health as excellent or good, one third took no medicines, most understood something about the medicines they were taking and the majority took them as advised. Among the general practitioners there were concerns about labelling, effective instructions, record keeping and supervision. As the authors admit, it is difficult to make statements about these aspects because of the low response rate but the concerns are undoubtedly relevant. The book's specific recommendations for record keeping, the role of the pharmacist, better communication and education are sensible and should be heeded.

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### NEW PROSPECTS FOR MEDICINE

*Jonathan M. Austyn*

*Oxford University Press (1988)*

*126 pages. Price £12.50*

Recent advances in molecular biology and genetics and their implications for clinical medicine form the main theme of this interesting book. The opening chapter traces the evolution of technical changes in diagnostic medicine since the last war, and comments on the potential loss of good personal doctoring and the problem of rationing of health resources. The author relates molecular and genetic advances to cancer research and treatment. Next, the new genetics is made understandable to the non-expert in the field and its application in the diagnosis and treatment of inherited diseases, especially in prenatal diagnosis, provides fascinating reading. A separate chapter explores the underlying ethical issues and discusses the medical presumption in favour of life. Immunological problems which arise from tissue transplantation in humans are clearly defined, but not the ethical implications. There is a thought-provoking chapter on the publication of new information in medical journals and of the need to raise standards of authorship and reduce the numbers of publications.

The concluding chapter reviews progress in medicine over many years and considers changes in the future, and the need to balance good personal doctoring with a greater emphasis on scientific medicine. This book would be of general interest to all doctors, because it provides an expert overview of the scientific changes in medicine in the past half century and the prospects for the future.

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### BANKING ON SICKNESS

**Commercial medicine in Britain and the USA**

*Ben Griffith, Steve Iliffe and Geof Rayner*

*Lawrence and Wishart, London (1987)*

*287 pages. Price £6.95*

This book on private medicine is written by a member of a health authority, a health liaison officer in local government and a general practitioner, all from London. Each chapter in the book is attributed to one of the three authors and reveals the differences in their writing styles and politics.

The book is divided into three parts. The first reviews the history of commercial medicine in Britain from before the Na-

tional Health Service (NHS) to the changes taking place in recent years under the present government. The second part traces the development of the NHS as an historic compromise and the third looks at the meaning of commercial medicine from the point of view of a medical market place. The book ends with a defence of the NHS with suggestions as to how to tackle the growth of commercial medicine.

This is a well referenced book with a great deal of relevant information, but it is a pity that at least some of the discussion is conducted in the language of left wing versus right wing confrontation. The terms commercial medicine and private medicine are used interchangeably which is unfortunate because there is a difference between charitable institutions and commercial ventures for profit.

However, the authors do draw the threads together with a reasonably balanced defence of the NHS and some sensible suggestions, such as linking merit awards to consultants who are committed full-time to the health service. The danger is not that people are allowed the freedom to choose private care from charitable institutions in addition to the NHS, but that the growth of commercial medicine on the American model will precipitate a two-tier service. The NHS is a compromise which depends on balance and this is not helped by the political bias displayed at times by the authors. But they do highlight the dangers of the growing encroachment of commercial medicine in this country.

It has been said that the NHS is the tribute an unequal society pays to social justice. As such it may be one of the greatest contributions which this country has made to civilization. This book is a timely reminder of the dangers which that achievement faces both from commercial pressures and ideological rhetoric.

D.R. HANNAY

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### EVERYONE A PRIVATE PATIENT

**An analysis of the structural flaws in the NHS and how they could be remedied**

*David Green*

*Institute of Economic Affairs, London (1988)*

*92 pages. Price £7.50*

This book presents a detailed economic argument in favour of insurance-based funding of health care in the UK, rejecting the present system of funding through taxation because it creates a monopoly of provision, denies accountability by professionals to funders and consumers, and leads to inefficiency.

The experience of the USA and Europe in regulating the cost-effectiveness of insurance-based health care, supports arguments for the radical restructuring of the National Health Service, with vouchers exchangeable for private health insurance (for hospital care only, or for primary care as well). The value of vouchers would be related to age, and there would be rules to protect the 'high risk' individual from being excluded from health insurance. The problem of those unable to pay more than the value of the voucher is acknowledged to be a responsibility of government, as is the care of the mentally ill, the handicapped and the elderly.

These are not original proposals, but this synthesis into a package of reform is a helpful contribution to the contemporary debate which may govern our professional futures. For this reason I can recommend this book, as a glimpse of what our present political rulers may be planning.

PETER D. CAMPION

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