

cluded papers on the role of the courts in child abuse, the civil liberty implications of the acquired immune deficiency syndrome (AIDS), how absolute is the injunction not to kill, and two different aspects of fertility — the first paper questions if there is a right to reproduce, the second contrasts the rights of the woman and the unborn child. In contrast I was neither informed nor moved by the essays on clinical research, randomized clinical trials, use of fetuses in transplantation, and resource allocation in the National Health Service.

I read this book from cover to cover while confined to bed with a prolapsed disc. But how many general practitioners normally read a book on medical ethics in its entirety? This is not a book for the practice library but when you visit the medical library, you should take it from the shelves for half an hour and at least make an effort to read the paper by Kennedy and Stone.

PHILIP L HEYWOOD
General practitioner, Leeds

A HEALTHY BUSINESS

World health and the pharmaceutical industry

Andrew Chetley

Zed Books, London (1990)

206 pages. Price £9.95

Is the drug industry healthy? Andrew Chetley has taken the World Health Organization definition of health — 'a state of complete physical, mental and social well being' — and argues that although the pharmaceutical industry is physically healthy, its mental and social well being are in doubt, owing to pursuit of profit with little consideration for the consumers of its products, particularly in the underdeveloped countries. He admits to being biased, and although his arguments are ultimately convincing, he cites so many examples of unethical behaviour that at one stage I found myself wanting to defend the drug companies. Many of the obstacles to world health which he describes are as much the responsibility of governments and prescribers as of the drug companies, and unlike the industrialists, governments and prescribers do claim to be working on the patients' behalf.

I would like to have seen more discussion of the extent to which it is reasonable to expect a commercial concern to have world health as its major aim, and therefore, for example, to research tropical diseases rather than angiotensin-converting enzyme inhibitors. The author suggests, without convincing

evidence, that it may be in the long term interests of the companies to do so. He gives the example of Ciba-Geigy, who have become much more interested in ethical issues over the last few years; but it remains to be seen what effect this will have on their profits, or how many other companies will follow suit.

This book was rather hard work to read, owing to the enormous number of abbreviations (104 in the glossary, and this is not a complete list of those used). Although I felt that I had not always heard both sides of the argument, I now have a much better understanding of how the work of the WHO and other groups has been in conflict with the drug industry. Anyone contemplating political work in this field should read this book.

JENNY FIELD

Clinical teacher, Aldermeer Health Centre, Southampton

THE WHITE PAPER AND BEYOND

E J Beck and S A Adam (eds)

Oxford University Press (1991)

151 pages. Price £22.50 (h/b), £9.95 (p/b)

When a number of substantial changes are introduced in a complex organization, such as a health care system, it is difficult to assess the potential outcome. This is the problem that the National Health Service faces in relation to the changes proposed by the white paper *Working for patients*.

One useful option is to consider a series of views from widely differing standpoints. This was the approach used in *The white paper and beyond*, a conference organized by the North West Thames regional health authority which brought together an imaginative range of distinguished speakers from the forefront of medicine and the health care system.

This published version of the proceedings can be thoroughly recommended because the contributors critically examine an extensive range of topics, including medical need, audit, contractual relationships, medical education and research.

It is absorbing to ponder the views of these key contributors and so develop one's own perspective on the changes now occurring in the NHS. The value added benefit of this book is that the reader develops a more questioning attitude to the future as the presentation progresses. In addition, the book's sectional lay-out makes it versatile reading for the busy person.

JOHN G BALL

General practitioner, Kidderminster

CLASSIFIED ADVERTISEMENTS

OXFORD PRIMARY CARE PARTNERSHIP

HEALTH PROMOTION IN PRACTICE

10th - 12th July 1991

Cumberland Lodge, Windsor Great Park

A course for general practitioners, practice nurses and other professionals working in primary care, to set up Health Promotion Clinics. Subjects will include: multiple risk factor identification; management of hypertension and hyperlipidaemia; effective communication; development of team working; organising protocols; record systems and health promotion clinics; managing change within the practice.

PGEA — 6 sessions applied for. Course fee to include accommodation at Cumberland Lodge with fine cuisine, £325. Course tutors Dr Theo Schofield and Dr Peter Havelock.

For further information and application forms contact: Dr Peter Havelock, Pound House Surgery, 8 The Green, Wooburn Green, HP10 0EE. Tel: 06285-29633. Fax: 0628-810963.

TRAINEE VACANCY

TRAINEE VACANCY

SOUTH WALES

August 1991 for six or twelve months. Seven partner practice, fundholding, fully computerized, full complement of ancillary staff, friendly environment. Trainee's own consulting room. Semi-rural location easy reach of Cardiff. Fully furnished modern flat available. Half-day release scheme.

Apply to practice manager, Mrs J Davies, The Surgery, Oakfield Street, Ystrad Mynach, Mid Glamorgan CF8 7WX.

FOR DETAILS ON DISPLAY AND CLASSIFIED
ADVERTISING CONTACT NICKIE ROBERTS ON
071-581 3232