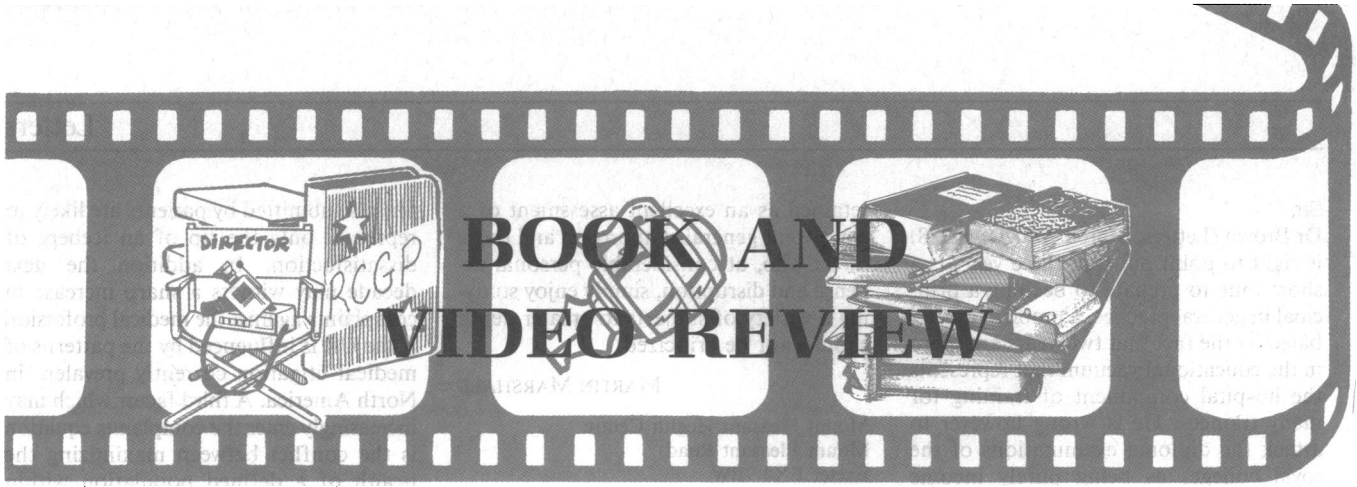

MEDICAL AUDIT AND GENERAL PRACTICE

Marshall Marinker (ed)
British Medical Journal, London (1990)
233 pages. Price £12.00

The government's reforms of the National Health Service proposed the development of medical audit in general practice. The government has stated that they hope to see all general practices involved in audit by 1992. Each family health services authority has set up a medical audit advisory group to achieve this.

A closer examination of these proposals raises a number of important questions. Is medical audit a new method of health services management concerned with achieving targets and controlling resources, or is it a way of increasing practices' professionalism to help them improve the quality of care of their patients? What values underpin the choice of topics for medical audit? Perhaps most importantly, how should practices which are not involved in audit be helped and encouraged to begin, and to find the effort involved rewarding?

This book makes a valuable contribution to answering these questions. The first two chapters, by Marshall Marinker, argue that audit is an attempt to improve the quality of medical care and practice management by those providing that care, and that the protocols and criteria that are used should reflect the values and realities of practice.

Any book on audit has to include a discussion of the terms involved but it is unfortunate that each publication seems to produce different definitions. This confusion is particularly true with the word 'standard' which can be used to mean level of performance. As Marshall Marinker has previously argued, it would be clearer to distinguish between the criteria and the target or actual levels of performance achieved.

This book is designed for general practitioners who wish to embark on medical audit and they would be well advised to start with the excellent chapter by Sir Michael Drury and Bill Styles 'How to begin'. This is full of practical advice on how to avoid possible obstacles and pitfalls and emphasizes the importance of achieving agreement within the practice team.

Subsequent chapters describe audit in particular areas of practice. There are two excellent and thoughtful chapters by Graham Buckley looking at clinically significant events and auditing practice organizations. These describe approaches which would be clearly accepted as central to the work of any general practitioner.

Michael Pringle considers practice reports that are compiled voluntarily as an educational or clinical and management audit. Using the results from his own practice he describes the way in which they can become a focus for the whole team to look at their work and set targets for their development.

The way in which medical audit develops will in large part determine the future of general practice. On the one hand it could remain a professional activity with each practice taking responsibility for managing its services, improving their quality of care, and being accountable to the patients that it serves. On the other hand, as the authors state, the future of general practice will be bleak if audit is seen to be a mechanical process of data collection within a system that penalizes deviations from the norm.

I would commend this book to every member of a medical audit advisory group and to all general practitioners who wish to continue to have an independent and rewarding professional life.

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THE MANAGEMENT OF CHRONIC DISEASE

Patient and doctor perspectives on parkinsons disease

R Pinder
MacMillan Press, Basingstoke (1990)
141 pages. Price £35.00

I must admit to having a special interest in this book. I specialized in neurology before entering general practice, and 10 years later became one of the general practitioners whose perspectives are reported here. The author, Dr Pinder interviewed patients with parkinsons disease and general practitioners about how they perceived and managed the illness.

Dr Pinder's method involved developing ideas and testing them by questioning her subjects. Some ideas were discarded, some were reformulated and some new ideas emerged. This is similar to the dialectical process in Hegelian philosophy. The method is well suited for exploring new research areas like the social consequences of chronic illness.

The author describes the different responses of patients to chronic illness. Some seek information, others avoid it; these coping strategies change over time. She also describes the variation in doctors' responses. Some general practitioners expressed reluctance to explain the prognosis and share management of the illness. They defended their approach, saying people who were older, less intelligent, or perhaps less able to cope, might not want or expect detailed explanation. Clearly this is sometimes the case, but the author correctly infers that a mismatch may occur between information-seeking patients and non-disclosing doctors.

Dr Pinder suggests that general practitioners may have more difficulty coping with patients with chronic disease because of the nature of the illness. The doctor is exposed to patients' distress and uncertainty, their loss of a sense of independence and control. The steady deterioration makes both patients and doctors feel helpless and inadequate. Some general practitioners reported that they tried to respond to the different and changing needs of their patients. But often human frailty led to a mismatch between patients' needs and doctors' abilities to explain, or sometimes to listen and share.

Other professionals who are at the sharp end of receiving human distress, organize their time differently. Social workers and psychotherapists for example, schedule into their work time to discuss difficult cases with a colleague. This allows professional carers the opportunity to vent their feelings and work