
BOOK REVIEWS

THE HANDBOOK OF MEDICAL ETHICS

British Medical Association
London (1980)

94 pages. Price £3 (£1 to Members)

It is a pleasure to welcome the publication of the long heralded *Handbook of Medical Ethics* by the British Medical Association. It is a worthy replacement for its rather pedestrian and little publicized predecessor, *Medical Ethics*, published in 1974.

The Central Ethical Committee has taken a radically different approach to its difficult subject. The document is offered as a stimulus to thoughtful discussion and must be regarded as a 'position paper' for future refinement. Its language is simple and straightforward; it is neither dogmatic, nor didactic and its various sections are offered as suggestions to guide doctors' actions in a way which is wholly praiseworthy. Application of the principles on which it is based cannot fail to help maintain both the trustworthiness and responsibility which is expected of our profession by the public in general, and the dignity and integrity of the individual doctor expected by his patient.

The book breaks new ground in the emphasis it places on the varying forms of relationship between doctor and patient and the nature of consent. Problems associated with screening, artificial insemination by donor, genetic counselling, allocation of resources, reduction of services to patients, individual responsibility for health, multidisciplinary care, and working with social workers are also dealt with for the first time. It embraces medical etiquette, reaffirming the exceptions to the rule of general practitioner/consultant referral and reiterating that attendance by one doctor or another should be without direct charge.

Not the least welcome addition is a bibliography, which is arranged by subject: there is great scope for progress in this development.

It is to be hoped that future editions will be able to offer greater guidance on the many aspects of confidentiality, the health care team, and the implications of clinical audit.

This is a book which should be available in every general practitioner's surgery.

R. MACG. AITKEN

DEPARTMENTS OF GENERAL PRACTICE IN THE UK: A GAZETTEER

Prepared by Dr Douglas MacAdam and David Metcalfe for the Association of Teachers of General Practice

University of Glasgow (1979)

Price £2.50

Only those most heavily involved with teaching (and that almost entirely of undergraduates) will want to look at this gazetteer. It is a comprehensive survey of all the departments, listing the members of staff, and describing their clinical practices (if any) and associated teaching practices, the teaching methods they use, their educational objectives (it is to the great credit of almost all departments that they have written them down), their relationship with post-graduate education and any research being undertaken.

The general impression is of a great deal of useful and laudable activity. Will the laggards be stimulated to catch up with the front-runners, or will we see another example of the excellent being the enemy of the merely good?

S. L. BARLEY

THE CHILDREN'S COMMITTEE FIRST ANNUAL REPORT 1978/79

Brook House, 2-16
Torrington Place,
London

The First Report of the Children's Committee for 1978/79 has now been published. The accompanying press release highlighted the national conference on the reduction of perinatal mortality held at the Royal College of Physicians in December 1979. Although the invited speakers were representative of obstetricians, paediatricians, midwives, and even administrators, general practice was conspicuous by its absence—this despite the enormous contribution made by general practitioners to antenatal and postnatal care.

In the body of the Report there are disappointing omissions, the saddest being the failure to recognize that general practitioners are one group of doctors who consistently work with families over many years.

On page four it is stated that "in many respects the health and social needs of children are complementary and inseparable." It seems surprising that the Committee did not realize that general practitioners reached this view a long time ago!

The emphasis on research is to be welcomed, as are the proposals to integrate child and adolescent psychiatric services. The Royal College of General Practitioners is committed to a policy of raising standards and of encouraging research on how this can be achieved. It is to be hoped that co-operation with the Children's Committee will occur.

After reading the Report one is left with a doubt about whether the Committee is representative enough of those who are actually delivering health care to the children of this country.

C. WAINE

INTRODUCTION TO GENERAL PRACTICE

Michael Drury and Robin Hull

Baillière Tindall
London (1979)

232 pages. Price £3.75

When, after some years in general practice, doctors discuss their work, the problems of patient care, or some aspect of practice organization, much is left unsaid. So much experience is common to all that we tend to forget that much of the time we are reading between the lines. The student at medical school has as yet no share in the common pool of knowledge of general practice. We have had to wait for this book to realize that undergraduates have to have much spelt out for them, and the authors have taken their courage in both hands to define what was hitherto thought to be indefinable.

There was the danger that they might talk down to their readers, but they have escaped this hazard and have given us an eminently readable book even though we are no longer undergraduates. Certainly nothing like this introduction existed in the far-off days when we were. The pejorative abbreviation 'GP' appears once only in the text (p.50). Proofing has occasionally slipped. Why is it that typesetters delight in spelling 'symptom' with a terminal 'n' and proofreaders so often overlook it?

The student will no doubt play the game of deciding which chapter was written by which author. Right or wrong he will reach the last chapter as well informed, in some matters at least, as some of the principals with whom he may subsequently work. He will have begun to think of patients as people

with problems rather than bodies with pathology, and have some insight into the element of probability. He will learn, too, that he has to organize his own practice in his own way because medicine is still an art, though a good deal of science is now attached to it.

Those who may benefit most from

this book are the students who will go into some other branch of medicine when they graduate and qualify. For providing an understanding of general practice to the career hospital worker the authors deserve our thanks.

R. J. F. H. PINSENT

REPORTS

GP INFO 80

THE advent of the microcomputer has seen a rapid and fundamental change in the way we regard information, both in its acquisition and its application. The medical profession is not immune from the changes that this new technology will bring, and in a recent symposium, the Royal College of General Practitioners demonstrated that the primary health care team could and would be involved in this technological revolution. GP INFO 80, a national symposium on computing in general practice, was held at 14 Princes Gate, London from 13 to 15 March 1980 and combined a detailed exhibition of current equipment with a chance for the profession as a whole to meet the men whose machines will reshape their practice.

The exhibition

The exhibition was open for nearly a week with the College building turned into an Aladdin's cave of shiny new machines strung on a spider's web of white plastic covered wire, the whole effect seeming somewhat incongruous as the buzz of cooling fans and the clicking of paper printers broke the calm normally associated with the building. Nonetheless, the atmosphere was friendly and only a few early gremlins prevented the smooth demonstration of the modern machines, which varied tremendously in their technical complexity and intended application. The skill available varied in the same way, from the dedicated professional who offered package deals of readily available equipment to the even more dedicated enthusiast who was prepared to demonstrate his own solution to the programmers' problems.

A detailed description of the exhibition would be tedious so I shall mention just a few of the exhibits which caught my eye. The most impressive was certainly the system displayed by the Southampton Project, which showed how the application of the microcomputer to general practice problems could generate a research tool of formidable power. Not only could this machine hold data for a practice population and recall particular items on demand but it could also cross refer

and produce searches of the data held to help in both research and management. For instance, I watched it search and produce a list of all the diabetics held on file in less time than it takes to write about. The system was designed as a research tool and no doubt the time will come when it is offered commercially but since the current price is about £20,000 that time is clearly not yet here.

Mickie is a well known micro system which is unusual in that it is not so much concerned with practice record keeping but more with the patient/machine interface. This machine can question a patient on a simple basis and arrive at some decision about management; in other words it can screen symptoms and decide whether a medical opinion is required. Not, I hasten to add, that it is designed to replace a doctor but rather to act as an extension of the doctor in order to reach more people more effectively.

My favourite system was Patrius, which is based around a currently available micro, the well known Commodore PET, but it is not available as a package. I liked it because it represented for me the direction in which the computer will have to go before it becomes widely accepted: the need is for a single individual or practice to be able to define the problems in their own practice and then apply a readily available machine to them. In effect Patrius is a computerized age/sex and disease register of limited capability but it is designed to fit particular parameters rather than to create problems that only it can solve.

The Conference

So much for the machines: what of the Conference? In the opening sessions five discussion groups were formed and introductory papers given by Professor David Metcalfe, Department of General Practice, University of Manchester, and Mr D. Reid, IBM UK Laboratories Ltd. Professor Metcalfe speaking on "Information needs of general practice" stated that a revision of record keeping systems in general practice was long overdue. The little brown Lloyd George folder, first used in 1911, had changed little since then. Further-