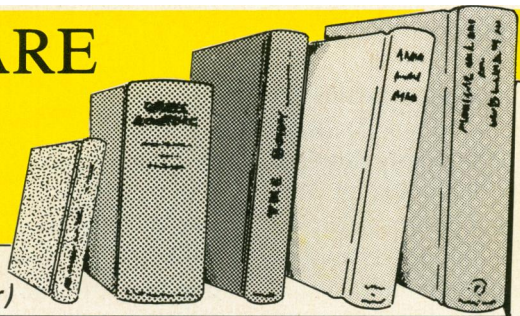


PRIMARY CARE BOOK SHELF



Reviews by

A. S. PARSONS

LORNA TAPPER-JONES

R. H. G. LLOYD

NIGEL STOTT (Reviews Editor)

MOZAMBIQUE

Towards a Peoples Health Service

Gillian Walt and Angela Melamed (Eds)

Zed Press, London (1983)

150 pages. Price £5.95.

FAMILY MEDICINE FOR STUDENTS AND TEACHERS

R. T. Mossop and G. S. Fehrsen

Academica Johannesburg, Johannesburg (1983)

123 pages.

MAKE OR BREAK

An Introduction to Marriage Counselling

Jack Dominion

SPCK, London (1984)

160 pages. Price £3.95.

IATROGENIC DISEASES

(2nd edition, Update 1983)

P. F. D'Arcy and J. P. Griffin

Oxford University Press, Oxford (1983)

288 pages. Price £40.00.

SYNOPSIS OF CRITICAL CARE

(2nd edition)

W. J. Sibbald (Ed)

Williams and Wilkins, Baltimore and London (1984)

341 pages. Price £31.00.

Any bookshelf for primary health care receives a bombardment of specialist-written texts for generalists, a steady flow of generalist-written texts in the specialist style and a trickle of books which grapple with the emerging international principles of primary health care. Principles and practices are often divorced in the texts received. For these reasons, it is appropriate to divide this month's books into those that are most useful in the continuing clarification of principles and those that deal largely with practices.

Principles

Two synoptic texts were published from Southern Africa in 1983 and both have relevance to the emergence of primary health care as an international discipline.

Mozambique—towards a people's health service is a book about a revolutionary process in the early years of independence while the new government was struggling to establish a national health service after the Frelimo struggle against the Portuguese. The book is vigorously anticolonialist and anticapitalist but by looking beyond the political rhetoric you can find an interesting account of the Mozambique Health Service. Nine professional practitioners from various branches of health care report on their experience in the early years after independence, all of them having gone to Mozambique from the United Kingdom because they believed in the ideology of the Frelimo Government.

The nine authors indulge in a degree of overlap and repetition in their chapters but this has the merit of identifying seven salient themes which are of general applicability to primary health care. The first theme is an overriding awareness that people want curative medicine whether it comes from traditional healer, socialist health service or clinical entrepreneur. The second is that prevention should have priority over cure when finances for a health service are strictly limited (note the conflict with the first theme). The third is that individual campaigns (such as measles vaccination, latrine construction, food hygiene) have a short-lived success unless supported by a continuing programme of reinforcement at the grass roots of society. The fourth is that it is extremely difficult to change attitudes. The fifth, that clinicians and nurses have to be educators if there is to be any hope of change. The sixth, that tension between managers and workers can be creative if it is handled well. The seventh is that a new élite arises from the ashes of the old élite, hence the question is not 'Which is best?' but 'Which system helps most to achieve most?'

The cohesive ideology of the nine authors is fascinating and it becomes clear that having an enemy to fight is

one of the most powerful aids to such cohesion. Students of politics will not find this surprising, but health service personnel are often better at picking up the pieces than planning a war.

Primary health care is clearly regarded as a powerhouse for dissemination of ideas from the new Mozambique state and the authors depict this overtly political role with enthusiasm. The major weakness in this account of the Mozambique Health Service is that all the authors were foreign graduates and most worked from hospital bases despite the declared desire for a 'people's health service'—even the one general practitioner found himself working on a medical ward. Nevertheless, this is an honest and brave account which must be considered by those who study health services.

Family medicine for students and teachers was written by two academic practitioners in Zimbabwe and South Africa, and in this text the 'person' occupies the centre of the stage while the doctor (or nurse) is committed to the welfare of the person. This is a brief, cartoon-illustrated text in the tradition of family medicine. It is a book that portrays the nature of personal, primary, continuing and comprehensive care provided by the doctor for individuals and families. The bibliography reveals a dependence on British, American, Canadian and Australian authors. Readers of this *Journal* will feel comfortable with the text and enjoy the way in which African culture is woven gently into a familiar cloth. The book is easy to read and apolitical.

How is it that Zimbabwe, South Africa and Mozambique appear to differ so much in these two little texts about health care at the grass roots? My own view is that when true generalists write about grass-roots medicine they usually start with the person but when true specialists extrapolate from grass-roots medicine they start with a 'system' whether it be physiological or political—the former are 'integrators', the latter are 'separators'. Both groups may have similar broad aims but the means to their ends are totally different and this dichotomy is illustrated clearly in these two books.

The dichotomy between integrators and separators is also seen in the conduct of consultations: the former have a tendency to focus too much on the doctor-patient relationship and levels of communication on a one-to-one basis, whereas the latter define specific goals for the purveyors of 'primary care' and focus on population programmes rather than individual care—for example, immunization status. In the less-developed parts of the world fragmented primary health care is common because specialists strike out into the community to reach limited targets. As facilities for primary health care develop and grow, there is the potential for an integrated approach and a more personal service.

Unfortunately, this potential is not always realized because many countries perpetuate the system of specialized teams of nurses or aides or field workers and

eschew the true discipline of primary health care. Also, many doctors who work in the community function with specialized attitudes and never become true primary physicians. The work of Mossop and Fehrsen is an attempt to keep general principles in the forefront of students' minds. The massive social gradients in Southern Africa are the primary reason why workers with differing attitudes and different equipment can climb the same 'mountain of ill-health'. Nevertheless, the value of these books lies in deepening our understanding of the international discipline of primary health care.

Practices

This month's second shelf of books is concerned with marriage, iatrogenic disease and critical care. Jack Dominion's *Make or break. An introduction to marriage counselling*, comes at a time when divorce has risen to unprecedented heights. Thus smashed marriages touch the lives of everyone in this country, and A.S.P. reviews the book as a doctor and a Christian:

'It is a cliché that the general practitioner has taken on the role of the pastor, minister or priest in the lives of many patients. In this, as in all clichés, there is a good deal of truth and this book, which is written as part of a series for ministers of religion, confirms that marriage counselling is certainly a major area of overlap between the two vocations.

'The basic Christian belief underpinning Dominion's book—that marriage should be preserved—is tempered with the recognition that this is not always possible in reality. This surely must always be the attitude adopted by the general practitioner counsellor in marital conflicts.

'The main body of the book is divided into four parts, and each chapter within each part is followed by a useful list of books for further reading. Part one deals with the role of the pastor in marital breakdown, the social and psychological factors involved and the changes taking place in contemporary marriages.

'Part two deals with the author's approach to counselling and outlines the changes in the social, emotional, sexual, intellectual and spiritual dimensions of the early, middle and late phases of marriage. Part three highlights some of the problems which lead to marital breakdown including infidelity, jealousy, sexual variation, alcoholism and violence. Part four discusses preventing marital breakdown and supporting marriages.

'Some subsections are relevant mainly to the minister of religion, but most are relevant also to the general practitioner and I found this book to be a pleasant introduction to marriage counselling. I recommend it to all who are new to the role of marriage counsellor, and I feel that it would be a useful addition to a trainee's reading list.'

Iatrogenic diseases, Updates 1983 is a very different book with a title which should cause a ripple of concern in every compassionate general practitioner. Does the content live up to the title? This is what L.T.J. said:

'This is a reference manual which must be read in conjunction with *Updates 1981* and *1982*: it is of little use without these companion volumes. Its objective is to summarize new information on drug-induced diseases and this is done mainly by reference to recently published case reports supplemented by author comment. This book is ideal for the specialist who requires indepth knowledge of a drug, but it is of limited value for general practitioners since it is difficult to extract practical clinical information from detailed pharmacological data.

'The text is attractively presented, being divided into short chapters mainly dealing with individual systems, each written by a clinical pharmacologist or community physician, and concluding with a useful bibliography. A new chapter on handling anticancer drugs has been included in the 1983 edition. Information on the side-effects of herbal and unorthodox medicines and drugs interfering with laboratory tests is interesting although fact, anecdote and discussion are sometimes difficult to separate.

'General practitioners require up-to-date facts to cope with questions posed by patients who are being made increasingly aware of iatrogenic diseases by the mass media. A publication produced annually such as this *Update* will almost inevitably contain omissions by the time of publication. Zomepirac, for instance, is discussed in detail but its withdrawal came too late for inclusion.

'Current information on side-effects, interactions and dosage regimens can already be obtained by general practitioners from local drug information centres, *British National Formulary*, and *Drug and Therapeutics Bulletin*. Those interested in obtaining more detailed knowledge might find it easier to consult other standard texts or a reputable journal than to search the rather incomplete cumulative index of *Iatrogenic diseases*. I feel this book would therefore be more appropriate on the shelves of the postgraduate centre library than on the general practitioner's desk.'

The final book is a multi-author Canadian text called *Synopsis of critical care*. The phrase 'critical care medicine' represents an amazing redefinition of many of the systems specialties into two types: (a) those that deal with critical patients, and (b) those that do not deal with critically ill patients. Cardiologists, nephrologists, chest physicians, obstetricians, orthopaedic surgeons and many others become type (b) specialists so a new

specialty can be born. To the general practitioner the horizontal splitting of specialties divides up some colleagues to the point of non-entity status but not everyone would agree and our reviewer (R.H.G.L.) has this to say:

'Between its soft covers, the second edition of *Synopsis of critical care* provides masses of fascinating information in a very readable form. Under the editorship of Professor Sibbald, the authors, mainly from Western Ontario and hospital-based, have produced a book displaying a laudable uniformity of style and format. The text is helped with numerous diagrams, flow-charts, tables and references.

'The first chapter is about a philosophy of critical care medicine, explaining that this 'horizontal' discipline cuts across the 'vertical' specialties and subspecialties of medicines, surgery, paediatrics and anaesthetics. The author goes on to describe an extended, idealized form of intensive care unit (ICU) directed by its own physician who will be atop a pyramid of caring people and call on the special abilities of other consultants. This chapter draws a parallel between the role of the ICU physician and "the idealized image of the general practitioner of old" and refers to the intimate, ongoing relationship with the patient, the patient's relatives and the physician's colleagues. Regrettably, this is the only reference the reviewer found to the consideration of the patient as a person.

'In the course of the next 35 chapters all the major systems are considered from the point of view of established or impending failure, together with trauma and specific syndromes. This latter division includes chapters on the nutritional support of the critically ill, disorders of body temperature, multi-organ failure and host defence mechanisms. The book concludes with a review of monitoring techniques, normal values and the drugs used in the care of the critically ill. While pointing out the nauseant qualities of morphine, it does not indicate the benefit of adding an antiemetic and nowhere does it mention the value of diamorphine.

'The book attempts to show the panorama of problems rather than being a treatise on any of the many topics and it is a pity that it did not make any mention of the current problems of the hyperbaric environment. Clinical considerations begin in this book when the patient is admitted to hospital: general practitioners need more guidance for those crucial moments before hospital admission of the critically ill patient is possible.

'This book may be commended as a work of general interest but it is of little practical value to the primary care physician.'