



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

through their own human responses. Not to do this as a profession invites retreat behind the excuse of 'not enough time' and burnout.

This is a thought-provoking study of reactions to parkinsons disease as a paradigm of chronic and progressive illness. Hopefully awareness of what we do will help us respond more appropriately as individuals and as a group in future.

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THE AFRICAN BACKGROUND TO MEDICAL SCIENCE Essays on African history, science and civilizations

Charles S Finch

Karnak House, London (1990)

212 pages. Price £13.95 (h/b), £7.95 (p/b)

Finch's surprising book is a collection of essays, bound together by a unifying theme: reclaiming ancient Egypt as an African civilization. The idea is familiar to readers and viewers of those popular Africanists, Basil Davidson and Ali Mazrui; the element of surprise lies in Finch's extensive discussion of theories about the racial identity of the ancient Egyptians, a rehearsal of old arguments which are evidently still pertinent to American scholarship. However, Finch offers a satisfying rebuff to those who would over-refine racial differentiation using biomolecular markers.

African primacy is argued in chapters on Africa and the semitic world; on the contribution of Imhotep; on the great queens of ancient Ethiopia; and on the origins of christianity. Two essays deal more extensively with medicine. In his discussion of traditional African medicine, Finch perhaps relies over-much on selected anthropological sources, while with ancient Egyptian medical science and symbolism, he sometimes stretches his connections, and our credulity, to breaking point.

Much inherently fascinating material is presented in this book, but the work of J Worth Estes should be read for a more temperate assessment of ancient Egyptian medicine. For other parts of Africa, in less distant times, there is an accumulating body of work that places disease and healing in its social context; some of this effectively demythologizes 'science'. Finch's evident enthusiasm for Africa, his enquiring mind and combative style, might find even more fertile fields in Africa's wider and more recent past.

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PARKINSON'S DISEASE AND EMPLOYMENT — THE EXPERIENCE OF 43 PATIENTS

John Williams (ed)

Parkinson's Disease Society, London (1990)

20 pages. Price £1.00

This 20 page booklet is a compilation of the experiences of 43 people with parkinson's disease. All were relatively young when the disease was diagnosed and they were asked by John Williams to describe the effects which parkinson's disease had had upon their ability to hold down a job.

The accounts are succinct and, in many cases, moving. They reveal the frustration and depression associated with the discovery of having a chronic and deteriorating illness; they also emphasize the relief which some individuals experience when

a diagnosis is eventually made. This should remind doctors of the difficulty of recognizing parkinson's disease when the 'classic' signs are absent.

The majority of contributors came from professional and managerial backgrounds. Many had adapted their work environment in order to cope better with the disease. This was less easy for those who relied on manual dexterity. Employers varied in the way in which they offered advice and practical help. On the whole, colleagues at work appear to have been supportive; frankness about the condition at an early stage seems to have helped with this.

The booklet is written for sufferers from parkinson's disease. I am sure that many will find it of value, both for the practical ideas which it contains and for the insight into the way in which others have coped with the illness. I would commend it also to doctors for the same reasons.

LINDSAY BURLEY

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THE DYING PATIENT — TRYING TO TELL (video)

The Lisa Sainsbury Foundation, Croydon (1989)

Price £25.00

This video is produced by the Lisa Sainsbury Foundation in collaboration with members of the department of general practice at Leicester University. It shows five different consultations with a woman suffering from carcinoma of the oesophagus, from her initial presentation and diagnosis to her final days at home. Each scene is sensitively acted and though some are unnaturally short, they each contain enough strengths and weaknesses to provoke valuable discussion. One scene also involves a visit from a district nurse. I feel that this video will be particularly valuable for a primary health care team who are considering their different roles in terminal care and who wish to learn from each others' experience and approach.

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CLINICAL FORENSIC MEDICINE

W D S McLay (ed)

Pinter, London (1990)

350 pages. Price £18.50

This book represents a complete revision of the guidelines on which police surgeons and all doctors who find themselves in professional contact with the criminal justice system have relied in recent times. Much has happened since the publication of the *New police surgeon* and it had become increasingly necessary for it to be revised.

The accumulated knowledge and wisdom in this book is remarkable, representing as it does the experience and knowledge of the many authors who have been selected to contribute. Each chapter is a gem in its own right, offering practical guidance as well as valuable philosophy on the particular subjects.

The book is less bulky than the earlier publication and is therefore easier to carry around. Although there are few photographs, the illustrations are good and are probably clearer than photographs would be.

Clinical forensic medicine must be regarded as essential for all those working in this field or preparing for examination in medical jurisprudence. The editor and all the authors must be congratulated for bringing us right up to date in a rapidly moving field.

JOHN CUMMINS

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