



THERE IS NOTHING MORE I CAN DO
An introduction to the ethics of palliative care

David Jeffrey

Patten Press for the Lisa Sainsbury Foundation, Cornwall (1993)
 116 pages. Price £5.95

This short book is the introductory volume of a series of texts relating to the care of terminally ill patients. It is written for all members of the primary health care team and other professionals interested in palliative care. It is fitting that this first text considers the ethical issues involved. Ethical issues are of increasing importance in palliative care and as an introduction to the subject this book succeeds admirably.

It begins with an interesting exploration of two major concepts underlying the ethics of palliative care, namely, the autonomy of the individual and the quality of life. An understanding of these notions is essential for the effective management of all patients, not only those dying of cancer, and the author presents a lucid explanation to assist this process.

I found the book stimulating. There are excellent chapters on teamwork, breaking bad news and informed consent. The chapter on euthanasia is an excellent contribution to the highly topical debate on this subject and I found this section particularly valuable. The text concludes with a summary and an ethical model for the palliative care of patients.

I do not hesitate to recommend this book to all those interested in palliative care and feel that it should be included in every practice library.

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FUNCTIONAL STATUS ASSESSMENT IN FAMILY PRACTICE

J H G Scholten and C Van Weel

Katholieke Universiteit Nijmegen, The Netherlands (1992)
 93 pages. Price US\$10

Recent advances in general practice include new scales to assess the delivery of care in order to be able to provide better medical care and to collect scientific data. The authors define functional status as the level of functioning of a particular patient at a particular moment or in a given period of time. It refers to the ability of a person to cope with and to adapt to elements in his or her own environment, and to the ability to perform activities of daily life.

The charts in *Functional status assessment in family practice* form a generic instrument covering a core set of functional aspects: physical fitness, feelings, daily activities, social activities, change in health and overall health. The authors claim that the instrument is of particular importance for the family physician when caring for the individual patient. It is comprehensive and brief and therefore suitable for use in daily practice. Each chart contains one question, relating to the past two weeks. There are five responses per question and each response is clarified

with an example and a diagram. Assessment can be carried out by the patient or by a health care provider and there is general agreement between the two assessments.

The first part of the book is a manual for the use of the Dartmouth COOP functional health assessment/WONCA charts and the second part is a report of an international workshop of the World Organization of Family Doctors (WONCA) research and classification committee. Both parts complement each other. The charts are available in 10 languages: English, Danish, Dutch, Finnish, German, Japanese, Norwegian, Spanish, Hebrew and Urdu. However, they should also be available in Arabic and Hindi, for use in the Middle East and India, respectively. An ethnic trap has been observed in that these charts proved applicable in a wide variety of cultural settings, but it was recognized that in some specific cultures such as in Asia and Africa, the illustrations might not be understood, or might even be misunderstood. Therefore, further study is recommended.

Functional status assessment in family practice is concise and readable and should prove to be of interest to general practitioners and trainees who wish to serve their patients with new scientific tools and caring attitudes.

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LEAVING HOSPITAL

Elderly people and their discharge to community care

June Neill and Jenny Williams

HMSO, London (1992)
 169 pages. Price £9.95

Pressure to reduce waiting lists, and a reduction in the number of long stay hospital beds has resulted in earlier discharges from hospital. These, often hurried, discharges leave frail elderly people vulnerable when they return home.

In their research, carried out in 1988-90, June Neill and Jenny Williams have looked at the discharge of people aged 75 years or older who were referred for home help in the community, either through a hospital discharge scheme or through mainstream services. They have undertaken an ambitious project, interviewing principal officers, hospital social workers, home care organizers, home helps, elderly patients and their carers.

Some of the results make depressing reading — one in four elderly people was notified of the discharge only on the day before it took place, and two thirds of general practitioners were not informed of their patients' discharge. Some thoughtless discharges pointed to a need for improved communication between medical, nursing and social services colleagues, and gave support to the idea that planning for discharge should start on admission to hospital. While patients and their carers were appreciative of the care received from home help services, constraints on the service meant that patients were having to adapt to what could be offered rather than the services being tailored to meet the patients' needs.

The authors have asked imaginative, comprehensive questions and their carefully considered research is reflected in their clear writing style. They are aware of the limitations of their study, but offer modest recommendations for improving services. Those aged 75 years and over are a key group as far as the National Health Service and community care act is concerned, and their experience will provide a measure by which the success or failure of the act may be judged. *Leaving hospital* will provide plenty of food for thought for those interested in the welfare of elderly people.

Alice McMurtrie
Editorial assistant of the Journal

EXTERNAL EYE DISEASE: A COLOUR ATLAS

Mark T Watts and Michael Nelson
Churchill Livingstone, Edinburgh (1992)
120 pages. Price £42.00

Ophthalmology is a field in which general practitioners are notorious for expressing lack of confidence in diagnosis. A well illustrated atlas of the external eye would therefore be a valuable asset. The book is well presented, with each right hand page consisting of illustrations, while on the left are descriptions and outlines of treatment. The illustrations are clear and do not often fall into the trap of showing advanced disease; most show early presentations as would usually be seen in primary care. Some of the introductory passages, for example the description of the corneal structure, are simple and clear. In addition, some of the conditions often overlooked by general practitioners, such as viral conjunctivitis, or marginal keratitis, are well discussed and illustrated.

However, as a primary care text the book has several disadvantages — indeed, in its preface it states the intention of targeting primarily 'general ophthalmologists and ophthalmologists in training.' In particular, common chalazion occupies 10 lines, while trachoma and bullous dermatoses take up two pages; management is sketchily covered; there is little emphasis on which conditions are common and which are rare; and corneal conditions such as keratoconus and degenerations are extensively illustrated, though they are only recognizable with a slit lamp.

In its present state the book will mainly be of value in general practice to teachers needing illustrations and those with a special interest in the subject. If it were slightly modified to expand on and point out the more common topics then it could be of great value to a general practice readership.

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FORTY YEARS ON

The story of the first forty years of The Royal College of General Practitioners

D P Gray (ed)
Atalink on behalf of the Royal College of General Practitioners,
London (1992)
320 pages

Anniversaries are an important part of life, a time to reflect, an opportunity to celebrate, and the chance to plan for the future. All members of the Royal College of General Practitioners will have received this story of the first 40 years of the College, master-minded by Denis Pereira Gray and carrying his personal stamp throughout its 300 pages.

Those who have read it have had the opportunity to visit or re-visit times of great disadvantage for the profession of general practice, to understand the vision of the early pioneers who set about creating change, and to appreciate the commitment of the many people who have made a contribution to the state of comparative comfort that we now take for granted.

Denis Pereira Gray has himself been a major player in the events he has now chronicled with clarity, simplicity and empathy. He starts with early events, including part of the letter from Russel Brain which reminds us of the combination of arrogance and patronage which marked early relations between specialists and generalists and occasionally still seems closer to the surface than might now be hoped. Subsequent chapters detail the evolution of general practice as a broadly based academic discipline as it took on the challenge of developing education and research in the context of continuity and comprehensiveness of care for families and communities. The success of the RCGP in achieving so much is easier to see in perspective, laid out as it is in this book.

The second half of the collation seems to lose some of the coherence of the first half, and I hope the impact of the whole will not be less for that. Considered reflection of the extent to which the successes described in the first half have solved the problems the College was founded to address, will surely help point the way to a new agenda for at least the first part of the next 40 years. Who from today's younger generation will write the next story, and what will it contain?

J G R Howie
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UNDERMINING INNOVATION: PARALLEL TRADE IN PRESCRIPTION MEDICINES

M L Burstall and I S T Senior
Health and Welfare Unit of the Institute of Economic Affairs,
London (1992)
76 pages. Price £12.95

This short book provides a commendably clear explanation of the rather odd phenomenon of parallel trading in prescription medicines that has gone on within the European Community for at least 15 years. The authors explain that because of different pricing mechanisms operating within different EC countries the same drugs can be available at different prices in different EC countries. However, because the EC is a free trade area, it is possible for traders to purchase medicines in countries where prices are low, for example France, and import them to countries where prices are high, for example the United Kingdom, thereby undercutting home producers. It is even possible for a product made in the UK to be exported to France only to be re-imported into the UK as a parallel import. The authors argue that this phenomenon is a symptom of a market subjected to excessive interference. The book goes on to explain in greater detail why parallel importing occurs, why it is not even more widespread, what drugs are the subject of this form of trade, and the involvement of the key players. The last few chapters go on to speculate on what might happen, particularly to the research based pharmaceutical industry, if parallel trade in prescription medicines were to continue unchecked.

The authors acknowledge that 'neither doctors nor patients have much direct interest in parallel imports'. The phenomenon impinges on them only when drugs are inappropriately packaged, differently named, or have a different appearance. The authors speculate that patients and doctors could lose out indirectly if the trade were to cause sufficient damage to the innovative pharmaceutical industry but their arguments to support this