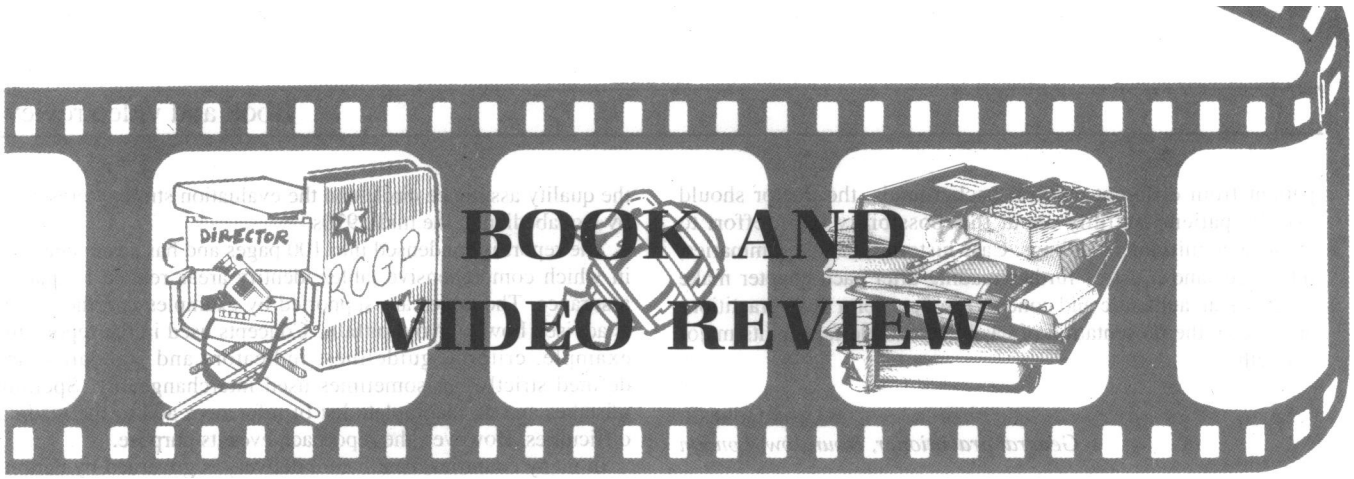

FAMILY SOLUTIONS IN FAMILY PRACTICE

K Eia and P Tomson
Quay Publishing, Lancaster (1992)
124 pages. Price £12.50

Ever since I stopped being a family therapist and took up general practice I have thought about how best to pass on the advantages of a family approach to patient management to my colleagues. This book describes succinctly different schools and techniques of family therapy. Rather than focusing on academic issues it concentrates on practical details, and includes exercises for the reader to encourage effective learning. In addition, it describes how to construct the family around a problem patient. While general practitioners are family doctors, we usually see one family member at a time, and have to piece the puzzle together after the consultation. Frequently, family members add to their communication difficulties by not being able to consult the general practitioner as a family. This book describes strategies for understanding families, and getting family members together, and also offers practical advice about when to refer on to a family therapist.

It is a book which is well laid out and illustrated. It is easy to browse through, but the continuing cartoon dialogue between Dr Pro and Dr Doubt tends to compel one to read on. I am positive about this book because it represents the best book I have seen on family issues in general practice.

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CLINICAL GUIDELINES

Occasional paper 58

Andrew Haines and Brian Hurwitz (eds)
Royal College of General Practitioners, London (1992)
91 pages. Price £11.00

The move into anticipatory care has had a major influence on the work of primary care in the past decade. It has not just involved prevention and early detection, but has also included the management of chronic disease to maximize healthy living. General practice has always been involved in these areas but expectations and knowledge have increased. The health service, patients and the medical profession now expect us to offer a population based service in which target levels are reached and clinics offered; in which standards are set and audits undertaken. These increasing expectations mean that it is no longer possible for a clinician to muddle through on good intentions and wishful thinking. All of us must know what we are trying to achieve and how we propose to achieve it. We must also be able to demonstrate that achievement.

It is becoming clear which interventions work and which waste resources. The relationship between risk factors, their alteration and outcome is being clarified, and we are increasingly able to be rational concerning our prevention programmes. The result is increasing pressure on general practitioners and practice nurses, not only from the workload involved, but also from the need to be fluent with current knowledge and policies, to assess the cost effectiveness of the possible interventions and to set realistic standards for the practice to achieve. Many practices have written their own protocols, others have used example protocols as templates while still deriving information from primary sources.

Now, however, this occasional paper will, I suspect, be the bible for practices creating protocols. It offers the result of work in north London in writing clinical guidelines for conditions as diverse as asthma and drug misuse, the red eye and dementia. Each guideline offers a summary of its main points and then details that justify and expand those. My only reservation is that the summary points are not ideal for use as a quick reference in a consultation, but these can be personalized by practices. However, practices should not just adapt these guidelines and abandon critical throught — the educational benefit from discussing clinical policies among partners should not be underestimated. This occasional paper provides the raw material for practices aspiring to achieve the highest health promotion payments under the new banding scheme and to offer chronic disease clinics.

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HOW TO BREAK BAD NEWS

A guide for health professionals

Robert Buckman
Macmillan, London (1992)
195 pages. Price £9.99

The art of breaking bad news to a patient tests the whole range of a doctor's professional skills. If bad medical news is given badly, the patient or family members may never forgive the person, and if it is done well, they will never forget that person. Family physicians need to be even more tactful because they not only provide long term care to the patient, but also give support to the family afterwards.

Dr Buckman, who is a medical oncologist at the University of Toronto, Canada, admits that no book can tell a doctor what to say and he concentrates rightly on helping a health professional to work out how to say it. The text starts with how to begin the interview and how to find out what the patient knows and how much the patient wants to know about his or her illness. After outlining the general rules about information sharing, the discussion focuses on the transactions which can occur between professionals and the patient.

Consultation barriers may be caused by cultural differences. Dr Buckman advises that if problems do occur between a doctor and