

patient from different cultural backgrounds, the doctor should ask the patient tactfully about this possibility in an effort to avoid such misunderstandings. Case histories, tables, summaries, references and a list of further reading after each chapter make this book an authentic and concise resource for a busy practitioner. Indeed, the presentation of easily accessible facts is its major strength.

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QUALITY ASSURANCE FOR FAMILY DOCTORS

Report of the quality assurance working party
John Warwick, Richard Grol and Alexander Borgiel
World Organization of Family Doctors (WONCA),
Wellington, New Zealand (1992)
99 pages. Price US\$5.00

The working party was set up by the World Organization of Family Doctors (WONCA) world council to review indicators and standards of quality in general practice, their measurement, and provisions for achieving change. Members of the working party are all well acquainted with the development of quality assurance in English speaking countries. The report is aimed primarily at family doctors and offers a framework for understanding quality assurance. The introductory framework is based on

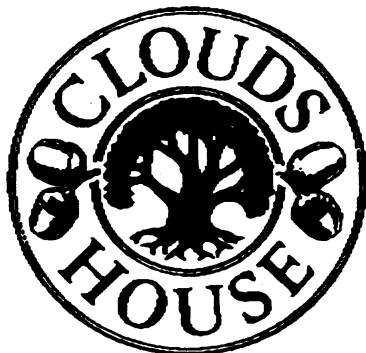
the quality assurance circle and the evaluation strategy presented by Donabedian in the mid-1970s.

The report is condensed into 100 pages and has seven chapters in which comprehensive tables identify areas related to quality assurance. The tables are supported by examples and the reader is advised how to avoid pitfalls. Concepts used in the report, for example, criteria, guidelines, indicators and standards, are defined strictly but sometimes used interchangeably. Spelling mistakes and an incomplete list of references add to the reading difficulties. However, the report achieves its purpose.

In many countries, health care delivery is governed by national laws based on goals outlining a frame and direction for practice, rather than explicit criteria. The evaluation strategies proposed by Donabedian can also be criticized for not including aims in the model. The quality circle restricts thinking to circular, rather than spiral movements. Furthermore, after completing a quality assurance-round a new starting point is usually established but a restriction is imposed by using Donabedian's model for evaluation. Similarly, concepts central to cost containment cannot be explored without taking aims and goal fulfilment into consideration.

The report gives a thorough description of the development of quality assurance in United Kingdom-influenced countries. It was interesting to read about the proposed link between quality assurance and continuous medical education. It remains to be seen whether there is such a development in other countries.

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