

a series of well-informed and powerfully argued papers which have now been brought together in a single volume together with a selection of vigorous contributions from the letters' pages.

I most enjoyed David Metcalfe's contribution from general practice entitled 'Care in the capital: what needs to be done'. This is wonderful stuff and alone is worth the purchase of the book. Here is someone who understands the essential nature of general practice and how much is at risk as the role is stretched and distorted by demands from all sides. He writes 'It is important that managers, administrators, politicians and specialists should understand the basic transactions of general practitioner care, lest, failing to value it properly, they make demands on it which will damage it still further while trying to bail out the secondary sector.' Is anyone listening?

This book is topical and primarily concerned with London but as Robert Maxwell points out in his chapter 'Other cities, same problems', London's problems are echoed in many other large cities both in this country and throughout the world. The debate contained in the pages of this book will have lasting relevance to all of us who are striving to deliver a high standard of care to the often multiply-disadvantaged populations of our big cities.

IONA HEATH

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and chair of the RGCP inner city task force*

ENT PRACTICE FOR THE GP'S SURGERY

Andrew N Coley and Nicholas J Kay
Churchill Livingstone, Edinburgh (1992)
98 pages. Price £12.50

'Children cry through their eyes and adults through their noses' – this is one of the gems of wisdom from a new pocket guide to ear, nose and throat practice. The book is authoritative and combines the insights of a general practitioner and a specialist, and will undoubtedly prove popular.

ENT practice for the GP's surgery is well laid out, with a lecture notes format. The approach is inevitably fairly directive, with large bold instructions to refer at various points. Sometimes the shorthand goes too far: abbreviations such as LKKS deserve explanation. As the authors acknowledge, they use illustrations liberally 'to reduce the presence of text which takes time to read'. Though the illustrations are good, valuable space is wasted by duplicating them; at one point two illustrations seem to have been transposed. The technique shown for use of the otoscope is not ideal.

In a book of this size one should perhaps not be too upset by the number of omissions. However, I was surprised to find no reference to assessment for tonsillectomy. The authors assume that general practitioners will not use a pneumatic otoscope, Thudichum's speculum or head mirror, which is a pity.

In some areas I might quibble with the advice given. The authors advise against prescribing antibiotics routinely for otitis media, which is still a controversial issue. On the other hand, they advocate early review and a low threshold of referral, for example, for discharging ears. Other controversial suggestions include routine referral of patients with presbycusis and the choice of cefuroxime as a first-line antibiotic for tonsillitis.

Despite the quibbles, this is an informative book and deserves a place in every good practice library.

PETER BURKE

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HELPFUL ESSENTIAL LINKS TO PALLIATIVE CARE (HELP)

Centre for Medical Education, Ninewells Hospital and Medical School, Dundee (1993)
367 pages. Price £12.90

The care of patients with incurable or terminal disease is an increasing part of the primary health care team workload and there is a need for an authoritative text dealing with the principles and practice of palliative care. This book goes some way to meet the need and is part of an important initiative by the Cancer Relief MacMillan Fund to improve skills in palliative care among doctors and other health care professionals. It is to be distributed free of charge to every new house officer in the United Kingdom over the next five years, and its influence over the new generation of vocational trainees will be of interest.

The book is divided into four principal sections dealing with pain, communication, distressing symptoms and the context of care. Each page is divided into two columns, the first dealing with key issues set out in the form of a clinical or communication problem and the second providing more in-depth information and numerous quotations from definitive texts. The section on pain is comprehensive and practical, with a detailed, illustrated description of the indications for and use of syringe drivers. The communication section is problem based and is a most helpful text on breaking bad news, denial and exploration of feelings. Distressing symptoms are dealt with in a practical manner and include a helpful discussion on the difference between acceptable sadness and clinical depression. The section on the context of care covers spiritual needs, complementary medicine and also pays attention to the setting of death.

Although written primarily for junior hospital doctors, this is a book that is readable and immensely practical.

DAVID SEAMARK

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LIBERATION MANAGEMENT

Tom Peters
Macmillan, London (1992)
834 pages. Price £20.00

Business management is an integral part of modern general practice. If general practitioners are to continue to deliver high quality care with compassion, we need to respond to the challenges of the medical market place.

Tom Peters, an American management guru, suggests that to meet the changes of the future, managers must change in fundamental ways. Barking orders to subordinates is out. Empowerment and respect for autonomy are the ways of the future, fostering curiosity, innovation and imagination throughout the organization. Using examples from industry around the world, Peters argues for decentralization of the management structure by developing work to group projects. Teams of individuals form to work on a specific project. These teams then break up and reform into different groups, depending on the skills required to cope with the next project.

Flexibility means that everyone in the team is free to question decisions, and a change of mind is not perceived as a weakness. Project teams are not allowed to degenerate into committees, since committees deliberate and project teams act. Peters makes a plea for everyone in the team to be a business person, to cut out paperwork and to be perpetually trained. Training is an

investment, not a cost. We need to tap the expertise of outsiders since seeking help is not a symptom of failure.

At the core of this philosophy is trust. One must let go if one expects others to respond. We are all resources to be shared, not dictators in separate boxes defending our boundaries at all costs.

This is an stimulating book, written in a clear style. It urges us to reflect on how we run our business and how we treat each

other. Innovative practice managers will find it rewarding, indeed anyone interested in managing change should dip into this book.

DAVID JEFFREY

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DIGEST

This month • HIV infection • community mental health

Doctors' fear of contracting HIV infection

THIS study is timely in the light of recent concerns about the transmission of the human immunodeficiency virus (HIV) in health care settings both by the medical profession and the general public. This investigation, based in several north eastern American cities, was designed to explore some of the issues underlying the fear of contracting HIV infection experienced by physicians caring for patients with the infection.

Qualitative research designs are sometimes criticized as producing mere anecdotal accounts. In this study, however, the strategies employed to test the validity and reliability of open ended questions provide a good example of how one can blend traditional and newer research methods in order to obtain more meaningful results. Unfortunately, in view of the detailed nature of such an investigation, one is inevitably limited by the total number of interviews possible — only 30 subjects were recruited in this study. This drawback, however, is well compensated for by the rich description of the physicians' accounts, which offers the reader a human response expressed in words rather than numbers.

The authors reported that the fear of contracting HIV infection was common among the physicians interviewed and often conflicted with their ethical responsibility to patients. As a consequence, some physicians were over zealous in their use of infection control measures, in order to ensure personal safety. Only some of the subjects admitted to their fear as 'irrational'. None of the physicians interviewed had stopped caring for patients with HIV infection, despite their fears. Eight of the 30 doctors interviewed had had to educate and reassure their families who were fearful of the consequences of this work for the doctors and themselves. While the debate on blanket HIV testing of all health care professionals or patients continues, it is important to rationalize emotional decisions. For example, the hepatitis virus exacts a higher death toll among health care workers than does HIV, yet the value of similar testing has excited little attention. Instead the value of widespread preventive vaccinations of health care workers has proved a lot more useful.

IRWIN NAZARETH

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Source: Epstein RM, Christie M, Frankel R, *et al.* Understanding fear of contagion among physicians who care for HIV patients. *Fam Med* 1993; **25**: 264-268.

Community mental health teams

COMMUNITY based multidisciplinary teams and liaison psychiatry services are becoming increasingly widespread in

primary care. Little information, however, is available on the effects of such services in general practice.

In this prospective controlled study, two matched groups of general practitioners were randomized to index and control groups. The index group were offered access to a new community service in addition to retaining access to a new community service in addition to retaining access to established psychiatric services. The control doctors continued to use the existing psychiatric services. The new mental health service was based in a community health centre and comprised three fulltime members — two community psychiatric nurses and one social worker. Regular support on a sessional basis was offered by three senior registrars, two consultant psychiatrists, a psychologist and a secretary.

In the first year the effect of the new service was an increase by a factor of four in the rate of new referrals for patients with depressive illness and an increase in the referral rate for patients with active psychotic symptomatology, suggesting increased availability of specialist care for severely mentally ill patients, who would previously not have had such contact.

As observed by the authors, the greatest increase in referral rates was for patients with relatively mild psychiatric disorders who could possibly have been treated as effectively by the general practitioner. It is unclear whether easy access to mental health services encouraged this pattern of referral or whether index general practitioners actually required support in the daily management of these patients. Further work is essential to identify those groups of patients who would benefit from specialist treatment in the community, and the cost effectiveness of such an intervention.

It was further reported that the new service resulted in a considerable reduction in demands made on outpatient services, but no difference in the use of inpatient facilities. This finding reiterates the need for inpatient care for some patients, irrespective of the extent of community support available.

Primary care multidisciplinary specialist services are a welcome change to the traditional hospital outpatient based services. The active participation of the general practitioner in such a service, a factor not included in this study, is extremely important. Feasibility testing of similar schemes in other areas, such as the care of elderly patients and those with chronic medical disorders, is urgently required.

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Source: Jackson G, Gater R, Goldberg D, *et al.* A new community mental health team based in primary care. A description of the service and its effect on service use in the first year. *Br J Psychiatry* 1993; **162**: 375-384.