



ABC OF ALCOHOL (third edition)
BMJ Publishing Group, London (1994)
 32 pages. Price £7.95

This well written book has been a firm favourite of mine since it first appeared over 10 years ago. The present edition, which has been revised extensively, is completely up to date. Even readers familiar with the previous editions will find it worth reading. The subject is covered succinctly, but in surprising breadth and depth through good use of inset boxes and graphics.

The authors describe the ways in which alcohol can harm minds, bodies, families, societies and economies covering not only the medical consequences but also the scale of the social problem. It is important for general practitioners to be aware of the wider issue and not to see alcohol problems purely in terms of health education and treatment. Those measures which could reduce the harm are discussed — raising the price, random breath testing, advertising bans and better enforcement of the law. The tangled politics, including the government's apparent unwillingness to play its part in reducing the harm, are covered thoroughly.

The alcohol problem has replaced syphilis as the great mimic. Detection of the problem drinker is covered thoroughly and the general practice chapter covers the general practitioner's role since the change in health promotion regulations. Clear and practical advice is given on how to ask patients about their drinking and in the following chapter there is sensible guidance on how to intervene when patients are drinking excessively.

This book is well worth buying for everyone in the practice to read.

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COMMUNITY PARTICIPATION IN PRIMARY CARE
Occasional paper 64

Zoë Heritage (ed)
Royal College of General Practitioners, London (1994)
 37 pages. Price £9.90 (RCGP members £9.00)

'Community participation should not be seen as an extra activity that has to be fitted into primary care's already hectic schedule: it is a principle that should underpin other activities.' This is the initially reassuring, but ultimately challenging, theme of this occasional paper. It is not enough to do our work well if we fail to meet the needs of the community in which we work.

But how can I get people to participate? Is it enough, or even necessary, to set up a patient participation group? Can I risk sharing power with my patients? These are the questions in the

minds of many general practitioners and the paper does tackle them. But the authors go beyond the examples of good practice they present and raise other more fundamental questions. The excellent chapter on the organization of participation raises important questions about the messages our practices project; people need to feel they will be listened to, not lectured to. Health promotion too requires participation, by helping communities identify and develop a healthy approach to the problems they face. Examples like the Wells Park project's reminiscence group for elderly people and the use of art to promote self esteem illustrate this well.

One chapter reports on the community consultation process involved in setting up a primary health care resource centre in Newcastle upon Tyne, an exercise which could be copied by any practice planning new premises. However, few of the other examples reported communities being given real choices about their health care. Perhaps the key lies in the fact that Northern Regional Health Authority funded the project in Newcastle; if the health service wants communities to participate in decisions about health, it will need to fund the work involved.

Reading this paper has prepared me well for our practice 'awayday'; we plan to think about where we are and where we should be going. Zoë Heritage and her colleagues have reminded me that our patients may have another perspective, if only we would listen.

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ACCESS TO MEDICAL RECORDS AND REPORTS: A PRACTICAL GUIDE

Robert Cowley
Radcliffe Medical Press, Oxford (1993)
 176 pages. Price £14.95

Three new major pieces of legislation — the data protection act 1984, the access to medical reports act 1988 and the access to health records act 1990 — confer on patients a right of access to their medical records. This guide to the law, written by a barrister, is intended mainly for hospital health workers. It must be the driest medical book this side of *Gray's anatomy*, but nonetheless, it is clear and all terms are adequately explained.

The book is in two parts. The first comprises discussion and clarification concerning patient access to computerized and manual records, access and litigation, and professional confidence and third party access. The second part, in the form of appendices, reproduces the relevant legislation, regulations and guidance for implementation of the act in the health service.

Who can apply for access and to whom they should apply, as well as details of the procedure are all explained, as are the limits of the process. For instance, a list is given of the health workers who do not count as professionals and therefore do not come under the auspices of the access to health records act 1990: psychotherapists, counsellors and complementary therapists.

The section examining professional confidence and third party access will be most relevant for general practitioners. Here, the author discusses, clearly and concisely, when confidentiality can and must be broken, the limits of access in relation to the detection of crime, the duty of care, and access for employment medical advisers, all issues general practitioners deal with frequently. These issues are helpfully related to guidance from the General Medical Council.

The book is called a practical guide, and, although it does contain a form which can be used by practices to record demands for access, it has little in the way of practical experiences. However, for everyday issues, particularly for confidentiality and third party access, this is a useful reference work.

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PREVENTIVE CARE FOR ELDERLY PEOPLE

David C Kennie

Cambridge University Press (1993)

321 pages. Price £45.00 (h/b); £17.95 (p/b)

For the enthusiast, David Kennie's book provides a critical assessment of preventive strategies for virtually every aspect of health and function in elderly people. While mostly well balanced, a few of his conclusions are debatable: for general practitioners annual screening for hypertension in patients from the age of 65 years may seem excessive when many protocols for younger patients recommend much longer screening intervals.

Perhaps too, some general practitioners will wonder about the author's omission of personality as a factor which can be crucial to elderly patients' lifestyle, and even survival. We recognize the independence of those who refuse help when it seems to be needed, and may try to contain those who demand services that seem inappropriate. Perversely, some can present problems repeatedly, yet apparently thrive on rejecting our solutions. Yet others survive the worst of medical and social circumstances as their peers succumb to relative trivia — the riddle of resilience in old age is not easily screened for.

Many general practitioners will see David Kennie's full screening protocol as excessively long, but may wish to adopt the elements that appeal. He has perhaps side-stepped the difficult issue of recommending a preventive strategy simple and flexible enough to cope with changes affecting the recently screened and the need to cover an ever larger population with limited resources.

Readable, thought-provoking and well referenced, this book also addresses the wider social issues such as housing and poverty. For the majority of general practitioners, I suspect that it will confirm the widely held view of the statutory checks for those aged 75 years and over in their present form as a waste of time and resources, opening the door to a debate on what is worthwhile and achievable.

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