

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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