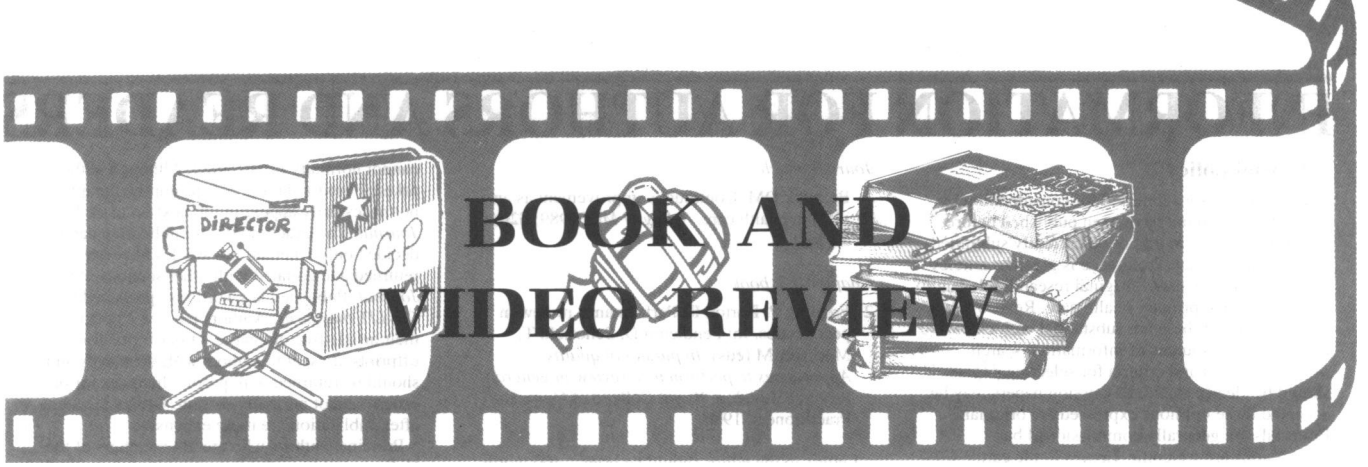

ENVIRONMENTAL MEDICAL EMERGENCIES

David J Steedman
Oxford University Press (1994)
211 pages. Price £16.95

Where man and his environment meet there is bound to be friction. This book is, however, the reverse of the many books which list the adverse effects man has upon nature. It concentrates upon the impact of the environment, both natural and artificial, on man.

The book forms part of an excellent series from Oxford University Press on emergency medicine aimed at the doctor on the spot, and some aspects such as cardiopulmonary resuscitation and children's accidents are not detailed as they are found in other volumes. This volume covers problems of temperature and pressure, drowning, lightning injury, poisoning, bites, and radiation and chemical accidents. It gives advice on the cause, rescue, and immediate and definitive treatment. The author has tried to follow a standard layout for each subject with highlighted key points but, because of the diverse subjects, this is not always consistent.

The text, by design, tends to be brief, but occasionally, as in the chapter on lightning, the author provides a readable and detailed description of the incidence and pathology. Overall, the book is excellent for quick reference or background reading, and each chapter ends with a reading list for those who wish to find out more.

Many doctors are involved in outdoor pursuits and would find this an excellent companion, and even those whose furthest expedition is to the local supermarket would benefit from having it available for reference. You never know where lightning will strike...

CHRIS BRITTAIN
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TEACHING PALLIATIVE CARE: ISSUES AND IMPLICATIONS

Roderick D MacLeod and Chris James (eds)
Patten Press, Penzance (1994)
64 pages. Price £5.95

Teaching palliative care, like motherhood and Mozart's music, must be a 'good thing'. This booklet of proceedings of a one-day seminar carries the subtitle 'issues and implications', and looks at how palliative care can be taught. It has a two-pronged approach, with issues being addressed from an educational as well as a medical viewpoint. This is to be welcomed as there are generic issues in palliative care which need to be explored.

This is not a textbook, and I enjoyed it for the fact that it raised issues of whether, how and why to teach palliative care. The multidisciplinary approach is mentioned, if only to flag up problems with multidisciplinary teaching. Generally, the text avoids the use of jargon and most of the ideas are presented freshly, with appropriate references given by the contributors. The tension between a reflective and action-based approach are explored, with Schön's *Educating the reflective practitioner* being acknowledged as an influence.

But where is the general practitioner in all of this? Little is made of the crucial role of the family doctor, with the implication that it is the general practitioner who needs this teaching. The general practitioner's place in palliative care provision should be as the coordinator of all the available resources: the conductor of the orchestra. The family doctor is still best placed, when the family is closest at both ends of life, to provide that crucial stability.

If you want to ponder the questions raised in *Teaching palliative care,* there are plenty: if you are looking for answers, there is scope in this book for thought and guidance.

DOMINIC FAUX
Course organizer and postgraduate tutor, Dudley and Stourbridge

ASSESSING ELDERLY PEOPLE IN HOSPITAL AND COMMUNITY CARE

Ian Philp (ed)
Farrand Press, London (1994)
155 pages. Price £14.95

There are four situations in which assessment of elderly people is necessary: in the community when there is a social problem, in the community when there is a health problem or as part of a health check, in hospital as part of a multidisciplinary assessment, and as part of a research project either in hospital or in the community. Each of these assessments is different in purpose and content. A major problem has been the need to produce an assessment technology which acknowledges the requirements of each of the different areas where assessment is needed and achieves at least a working congruence between the different instruments used in each area.

This book sets out to examine these issues. A distinguished group of contributors has been gathered together to discuss specific areas. As well as comprehensive assessment in hospital, specific attention is given to activities of daily living, mental assessments, social functioning, the well-being of old people and carer burden. Fiona Ross writes a chapter about assessment in the community and deals with annual health checks for those aged 75 years and over and 'community care' management assessment. She advocates the use of the staged approach described in *Health checks for people aged 75 and over (Occasional paper 59,* RCGP, 1993) and discusses critically the benefits, cost

implications, organizational problems and need for training involved in these health checks.

The point is made that every specialty needs a technology; in health and social care of elderly people the technology is that of assessment. In this sense the book is a useful addition to the debate, but there is still a good deal of developmental work to be done before definitive statements about the best assessment instruments can be made.

Is the book helpful to the health worker in the community? It does support three assessment instruments included in *Occasional paper 59*. There are interesting discussions about the measurement of carer burden and various stress indices which could be helpful to community workers. All in all, however, I felt that this was principally a book for those working in hospital and in research, but it could be of help to other workers in that it gives an account of the present development of assessment. We still have to wait for an authoritative, comprehensive, fully evaluated package of assessment instruments capable of being used in primary care.

E IDRIS WILLIAMS
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THE PREVENTION OF SUICIDE
Rachael Jenkins, Sian Griffiths, Ian Wylie, Keith Hawton, Gethin Morgan and André Tylee (eds)
HMSO, London (1994)
194 pages. Price £35.00

This conference report, tightly packed with expert information by 32 contributors, seems to be aimed at a wide audience. It covers thoroughly what is known and what is believed about the causes of suicide, the possibility of prevention, the care of suicidal patients and the aftermath of the disaster. It ends with an important section on the implications for training, research and policy.

As I was reading this report, I happened to be in close touch with a friend who is simultaneously bereaved and suicidal from an episode of recurrent depressive illness which started before his wife died. In this context the report offers help only within the Samaritans chapter. The rest is not intended for that purpose.

If I was still in active practice, I would find most relevance in the chapter by Denis Pereira Gray. He concentrates on depression, because it is the most common precursor of suicide and therefore seems to offer chances of prevention. But how far is this really true? A much reported study published in 1974 found that 40% of patients who succeeded in suicide had seen their general practitioner within the previous week (the percentage of young males, now the most worrying group, was much lower) (*Br J Psychiatry* 1974; **125:** 355-373). In contrast, a recent study, covering Scotland, found that only 16% of patients dying from this cause had seen their general practitioner within the preceding week (*Br J Gen Pract* 1994; **44:** 345-348). But this study points to the importance of assessing suicidal risk in patients with a psychiatric history. Another recent study from Scandinavia agreed with the Scottish figure, but found that a third of the patients who died had expressed suicidal thoughts during their last consultation (*Acta Psychiatr Scand* 1989; **79:** 268-275).

'It is simply not known how many of these cases could have been prevented', but it remains true that significant episodes of depression are too often missed by general practitioners. Pereira Gray proposes a plan of action under 10 headings. I pick out one because it is both obvious and controversial. There is evidence that patients are more likely to consult for depression if they feel that they know their doctor well than if they do not. Personal continuity is therefore relevant and that seems likely to be achieved more often when practices have a personal list system.

JOHN HORDER
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QUALITY AND AUDIT IN GENERAL PRACTICE: MEANINGS AND DEFINITIONS
Oliver Samuel, Janet Grant and Donald Irvine (eds)
Royal College of General Practitioners, London (1994)
35 pages. Price £5.00

This short book was compiled from the proceedings of a conference of 20 doctors convened by the audit programme of the Royal College of General Practitioners. It lists alphabetically the recommended meanings of many words that are used ambiguously in the context of audit but, recognizing that alternatives are used widely, it also includes them. By pointing out the differences the authors throw more light on the issues involved.

Despite its format, it is a book best read from cover to cover, referring back where appropriate. Anyone with some practical experience of audit could save time by using it as their main informative text in audit and the authors' approach will promote more thought than other texts. From the definitions the reader will see a clear link between clinical guidelines, protocols, criteria, standard setting, data collection, outcome, quality assessment and quality assurance. There is a long list of useful references.

Inevitably some definitions beg for more. In defining assessment one asks what is meant by attitudes? Confidentiality during audit is only defined in relation to patients. Many would see it as important to apply to individual care professionals who are not participating in the audit but whose work may be referred to. These minor points aside, this book should help bring precision to quality assurance.

F DIFFORD
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