

including faecal as well as urinary incontinence. Special attention is paid to incontinence in elderly people. The differences in the approach to management between men and women are explored.

I have particular sympathy for the author's view that in the case of incontinence general practitioners are in an excellent position to provide good care. They can use the doctor-patient relationship to give support and can consider the psychological aspects of incontinence to offer a treatment adapted to the individual patient.

Perhaps I have one small criticism. In aiming for completeness the author has not always clearly stated which treatment should be the treatment of first choice and which one is not preferred. The benefits of drugs used in the treatment of incontinence are debatable.

This book will give the general practitioner the opportunity to gain all the knowledge needed to offer the incontinent patient appropriate treatment.

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THE DOCTOR'S COMMUNICATION HANDBOOK

Peter Tate

Radcliffe Medical Press, Oxford (1994)

118 pages. Price £11.50

Healers are becoming dealers and the doctor-patient relationship is turning into doctor-plaintiff business. Therefore, in modern general practice, good communication has become increasingly

important. Many complaints are generated by poor communication. In order to enhance communication, a doctor has not only to understand a patient's physical and emotional status but also to consider a patient's values, beliefs, attitudes and self esteem. The reasons for the tendency to medicalize problems by both the doctor and the patient should also be understood.

In *The doctor's communication handbook* Peter Tate, an MRCP examiner, begins by looking at how doctors talk to patients and why. After touching on the patient's and the doctor's circles of understanding, he takes a refreshingly direct look at the ins and outs of a general practitioner consultation. He goes on to describe useful strategies and skills for interpersonal communication, with particular emphasis on explaining, influencing and negotiating.

The account of how to manage an angry patient perhaps also applies to angry managers. He advises readers to remember that it is the patient who is angry, not the doctor; anger should not be left unexploded; doctors should monitor their own feelings, if the doctor is feeling angry it is very likely that the patient is too; and doctors always support staff in the face of aggression which is really aimed at the doctor.

The text is full of wisdom and it is liberally peppered with drawings, diagrams and tables. Except for the fact that the author has not included my book *Transcultural medicine* in his suggested reading list on communication, I could not find any faults. This handbook is of practical value for practising general practitioners of the thinking kind.

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