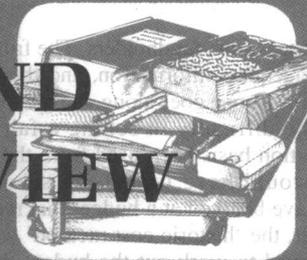




BOOK AND VIDEO REVIEW



SHARED CARE FOR DIABETES: A SYSTEMATIC REVIEW

Occasional paper 67

P M Greenhalgh

Royal College of General Practitioners, London (1994)

35 pages. Price £9.90 (RCGP members £9.00)

Do you want to know how and why shared care works and why it often does not? Tricia Greenhalgh's review will give you the answers in the context of patients with diabetes.

The 23 pages (plus appendices) take only a few enjoyable hours to read but provide a comprehensive, up-to-date, critical appraisal of the field. The methodology of the Cochrane Collaboration was used (as far as possible) to analyse five randomized controlled trials, five non-randomized trials and 14 descriptive studies.

The strengths and weaknesses of each study are discussed and summarized in tables. Recommendations on basics such as the three Rs (registration, recall and regular review) and a need for care to be truly 'shared and not shifted' are cogently argued. This will be of assistance to many of us who are grappling with such problems in the shifting sands of the purchaser-provider divide. Perhaps the brevity of the book does not do justice to the topic? Perhaps the findings relate only to some diabetic patients and some districts in certain practices? I think not. This is a valuable addition to the literature which challenges all of us who want to provide effective care for patients with chronic disease. The effect on the reader is likely to last longer than the few hours spent on its perusal.

FRANK M SULLIVAN

*Senior lecturer, Department of General Practice,
University of Glasgow*

DOCTORS AND THEIR CAREERS: A NEW GENERATION

Isobel Allen

Policy Studies Institute, London (1994)

292 pages. Price £19.95

'Plus ça change, plus c'est la même chose'

My brother and I entered medical school on the same day in 1955 as second and first year students, respectively, so I read this book with the pattern of our subsequent careers in mind. Isobel Allen's book is a follow up to her 1988 study of doctors and their careers carried out by the independent Policy Studies Institute. It describes the experiences of doctors who qualified in 1986 five years on and what is remarkable is how little has changed in the 30 years since I qualified, and what has changed seems to have been for the worst.

The almost non-existence of part-time posts, the lack of recognition for time spent and experience gained in such posts,

the long hours as junior doctors on call in dismal hospital accommodation and the absence of a well-structured career and personal counselling service are characteristics now of the postgraduate years as they have always been for the vast majority of doctors. Women doctors are still seriously disadvantaged in their pathway to the top jobs of consultant and general practitioner principal.

Isobel Allen's clear and concise summary of her meticulously designed study, which achieved a response rate of over 80% from the 286 doctors surveyed, provides a strong message to influence the policy decisions that need to be taken to improve 'the methods by which society manages and nurtures young doctors and medical students'. It is disappointing to find, therefore, that the similarly forceful messages from her previous study have so far evoked few positive benefits, although some tentative steps have been taken in the right direction. Her suggestion of the appointment of career advisers within medical schools, independent of the academic establishment, who would be available to give constructive and informed advice to undergraduate and postgraduate students and who would offer to visit schools to talk to prospective medical students applicants could provide the more positive support needed.

Doctors and the careers: a new generation should be required reading, therefore, for all who have a responsibility for the welfare of those already in the profession and particularly for those contemplating joining its ranks. Although medicine continues to offer a relatively secure and well-paid job, without informed advice parents and teachers are likely to continue to suggest that it is still the goal for the brightest and best students, unaware of the disillusionment that awaits many of them.

ELAN PRESTON-WHYTE

*Lecturer, Department of General Practice,
University of Leicester*

IMPLEMENTING GP FUNDHOLDING: WILD CARD OR WINNING HAND?

*Howard Glennerster, Manos Matsaganis and Patricia Owens
with Stephanie Hancock*

Open University Press, Buckingham (1994)

205 pages. Price £37.50 (h/b), £12.99 (p/b)

Those who want to understand the general practitioner fundholding scheme will find this book invaluable: those who want to evaluate it may find it lacking. The subtitle 'wild card or winning hand?' betrays the problem. Professor Glennerster and colleagues have looked at fundholding from the fundholder's perspective and, just as those who win at poker ignore the consequences for those they bankrupt, they have missed the problems fundholding has caused the National Health Service.

On the plus side, the book offers a detailed analysis of the scheme, what its promoters set out to achieve, and the experiences

of a group of first- and third-wave fundholders. The frustrations of contracting based on inadequate information, and the excitement of making up public policy as one goes along, are all covered.

The discussion of the difficulty in setting a fair budget is perceptive. Had a capitation basis been used from the start, only those spending less would have joined the scheme; those spending more would have balked at a budget that required cuts in patient care. However, the 'historic cost method' was adopted and practices were allowed to work out the budget they needed to provide the same level of care. This decision gave fundholders an incentive to keep their referral levels up (a perverse outcome if the aim was to increase efficiency), encouraged hospitals to charge fundholders more than health authorities and, by inflating fundholders' budgets, this meant that more was 'top-sliced' from district health authority budgets.

The solution provided by Glennerster and colleagues seems an appropriate way forward: to set budgets on a capitation basis, adjusted for the cost of patients known to cost more. Had this been adopted from the outset, perhaps some of the anger that fundholding has generated might have been avoided. However, as the book makes clear, the NHS was not administratively ready for fundholding and the rules have been made up as the scheme has evolved.

The flaw in this book is the way the authors draw conclusions by looking at half the picture. The analysis of the role of district health authorities, many of whom have established effective links with non-fundholding general practitioners, is inadequate and, frankly, biased. Similarly, the authors have failed to assess the administrative costs of the scheme or ask whether these are justified by the results.

This book should interest everyone concerned with commissioning and the state of the NHS. It has helped me to understand more about fundholding, but despite its claims, it has little to offer on whether fundholding is a good idea or not.

JONATHAN GRAFFY

Lecturer in general practice, St Bartholomew's and the London Medical Colleges

PERINATAL MENTAL HEALTH: A SOURCEBOOK FOR HEALTH PROFESSIONALS

Diana Riley

Radcliffe Medical Press, Oxford (1994)

248 pages. Price £16.50

This valuable sourcebook will be appreciated by general practitioners and other members of the team. It discusses problems raised in pregnancies by teenagers, by immigrants and by women with anorexia nervosa, with bulimia, with epilepsy and by women who are alcoholics. The problems of normal puerperium are appreciated as well as there being full coverage of 'the blues', postnatal depression and psychosis. The effect of psychotropic drugs on the fetus and in breastmilk is discussed, and the role of fathers during pregnancy, labour and the puerperium is stressed. The chapter on resources is guaranteed to be well-thumbed. The bibliography is comprehensive.

There are massive, but gradual, hormonal changes in the woman's body during pregnancy, followed by rapid reversal of hormonal changes in labour and with the institution of lactation. These hormonal changes are responsible for changes in posture, heart, lungs, kidneys and breasts and also include the increase in maternal instinct during pregnancy. Maternal behaviour in animals includes cleaning, feeding and protecting their newborn and has been observed to occur only after a pregnancy. However, scientists have been able by hormonal [progesterone] manipulation on animals to produce maternal behaviour in virgin females and, by

the introduction of progesterone antibodies, to abolish maternal behaviour after normal pregnancies. It is regretted that no mention is made of these animal studies nor of successful progesterone prophylaxis for postnatal depression and psychosis.

KATHARINA DALTON

Specialist in pre-menstrual syndrome and postnatal depression, London

MAKING SENSE OF GENERAL PRACTICE

Norman Ellis

Radcliffe Medical Press, Oxford (1994)

220 pages. Price £13.50

The 'making sense of' series is rapidly becoming essential reading for all personnel with an interest in general practice, including practice managers as well as established principals and general practitioner trainees. This latest addition concerns itself with the business side of general practice, and in many ways complements previous titles such as *Making sense of the red book* and *Making sense of partnerships*. The danger is that in overlapping with previous titles, there will be needless repetition. There is undoubtedly some overlap in content with the other titles, but this does not detract from the inherent clarity of the book in guiding the reader through the tortuous complexities of business management in relation to general practice. The text is clear, readable and concise, while the now familiar highlight boxes remain useful for quick review, once the main body of the text has been read. It is emphasized throughout that the book provides an outline of the various topics, and the reader is directed to other sources for more detailed information and advice.

Overall, *Making sense of general practice* will be a welcome addition to many practice libraries, and justifies Ian Bogle's foreword that this is a 'book which explains in clear and concise terms the business side of general practice'.

DAVID FITZMAURICE

Lecturer in general practice, Birmingham University

HEALTHY RESPECT: ETHICS IN HEALTH CARE (second edition)

R S Downie and K C Calman

Oxford University Press (1994)

291 pages. Price £35.00

This excellent introduction to medical ethics is written by the current professor of moral philosophy at Glasgow University and the erstwhile dean of postgraduate medicine at Glasgow University, now chief medical officer. The dual perspective of philosopher and clinician is reflected in the structure of the book. The first part of the book outlines moral and ethical principles, considering topics such as moral values, autonomy, respect, moral conflicts and moral deficiency. The scope is extensive, the chapter on alternative views of human nature containing sections on the biomedical model, the psychoanalytical model, existentialism, Zen Buddhism, Marxism, and the Judaeo-Christian tradition and Islam.

The second part of the book places the moral philosophy and ethical principles in a clinical context, and is specifically designed to stimulate thinking and discussion. Effective use is made of case histories — small vignettes outlining an ethical dilemma — and many sections end with a series of questions or exercises which can be used in group discussions. The subject matter is always relevant, strenuous and successful efforts having been made to prevent the clinical examples becoming unrealistic or esoteric.