



DOCTORS, DILEMMAS, DECISIONS

Ben Essex

British Medical Journal Publishing Group, London (1994)

301 pages. Price £22.95

This book is aimed at medical students and their teachers, trainees and their trainers, practice managers, purchasers of services and anyone who is interested in professional judgement. The author feels the need to say that it is not a cookbook and attempts to analyse the judgement that lies behind decision making in general practice. It is based on research that continued for over 10 years and that analysed thousands of cases. The analysis produced over 800 rules of thumb which, in the end, the author says are based on pragmatism rather than evidence. The book is structured so that it looks at specific decisions, people with special problems and the organization of general practice. In addition, it examines factors with an ethical and social dimension. These areas are illustrated by over 200 cases from the community.

The cases are interesting and have several layers of complexity. They will be a godsend to any teacher struggling to find a case for a seminar or tutorial; because of their complexity they can probably be used by teachers of medical students as well as by teachers of postgraduate students. It is worth buying the book just to have access to the cases. However, I found the intrusion of the 800 rules a little distracting and indeed contrived. This is probably one of those books that is going to do well in an interactive electronic medium.

Judgement is an area that managers rarely talk about as it needs a combination of experience, reasoning and imagination. Ben Essex is to be applauded for using his experience in such a reflective manner and for the imagination with which the material is presented.

TOM O'DOWD

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COLLABORATIVE CARE: INTERPROFESSIONAL, INTERAGENCY AND INTERPERSONAL

Sally Hornby

Blackwell Scientific Publications, Oxford (1993)

188 pages. Price £14.99

Working together is difficult. The care of patients often involves help from agencies outwith medicine. The impact on patients of distress, social inadequacies, mental illness or poverty exceeds the scope of any single discipline, no matter how holistic, so we have to work across professional and other boundaries to enable our patients to benefit from whatever help is available. However, many doctors find that joining a multidisciplinary case con-

ference can be time consuming and frustrating; the assumptions of some workers from other disciplines imply perspectives, the relevance of which is not always obvious to a medical professional.

Sally Hornby is a social worker and psychotherapist. She faces the challenges of collaborative care by acknowledging and then anatomizing the difficulties. Hornby starts by defining a new vocabulary — one that is equally unfamiliar to everyone. For example, as neither 'patient' nor 'client' is universally acceptable, she proposes 'user'. She describes the four most common hindrances to collaboration: inadequate understanding of the subtle nature of helping relationships; a helping approach that is inadequate to the complex needs of the users; a separatist attitude to helping; and maladaptive methods for coping with role insecurity. A series of case studies illustrates how misunderstandings and defensive ill-will can occur and each situation is carefully dissected.

I found the author's obsession with jargon quite distracting and in particular the use of unfamiliar abbreviations. But the subject of how to work together is critically important and the examples offered here are well chosen. It is worth struggling with the obscurities in order to follow Hornby's careful analysis.

OLIVER SAMUEL

General practitioner, Pinner

DEPRESSIVE ILLNESS: A CRITICAL REVIEW OF CURRENT PRACTICE AND THE WAY AHEAD

Consensus statement

Clinical Resource and Audit Group (Chairman Christopher Freeman)

Scottish Office, Edinburgh (1993)

106 pages.

This publication comes from the Clinical Resource and Audit Group of the Scottish Office, which is chaired by the Chief Medical Officer in Scotland, Professor Robert Kendell, who writes the foreword.

There is general agreement that depression is one of the most important and common diseases affecting people in the community, and publication of this booklet is therefore timely. Following the launch of the defeat depression campaign organized by the Royal College of Psychiatrists and Royal College of General Practitioners, it reports a consensus conference held in Glasgow under the auspices of the Clinical Resource and Audit Group in June 1993.

There is much that is excellent about this publication. It demonstrates the true partnership between psychiatrists and general practitioners much more effectively than the defeat depression campaign has achieved, and of the six chapters in this

book, the two written by general practitioners are thoughtful and well-referenced pieces. The familiar arguments about methods of diagnosis, drug treatment and the importance of the morbidity of depression are well presented and there is a serious attempt to provide a working summary in the early part of the book.

Relatively little attention is given to the implications of some of the statements; for example, high risk groups are defined in such a way as to include about half an entire general practice population, which may be less helpful to general practitioners than many psychiatrists may think. There are also statements about moderate depression, such as that drug treatments 'should not be used in the first instance if at all', which go beyond the current evidence.

Nevertheless this is a clear, particularly well-presented booklet, which a working general practitioner can expect to cover comfortably in an evening. The criteria of the *Diagnostic and statistical manual of mental disorders* and the *Effective Health Care Bulletin* are enclosed as appendices but unfortunately are printed in such a small typeface that few people, if any, are likely to read them in that form.

This booklet should be included in training practice libraries and in the libraries of postgraduate medical centres and hospitals. The Department of Health in Scotland can be congratulated on setting up the conference, on achieving the best sharing of disciplines so far, and for presenting the results so well.

DENIS PEREIRA GRAY

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**ESSENTIAL STATISTICS FOR MEDICAL PRACTICE:
a case-study approach**

D G Rees

*Chapman and Hall, London (1994)
223 pages. Price £12.99*

Statistics is a subject that most general practitioners prefer to ignore. The reasons range from a fear of mathematics and the memory of a few unsatisfactory lectures on statistics in an undergraduate course to a lack of interest in a topic perceived as not being of direct relevance to patient care. However, statistical methods are an integral part of medical research and, in common with other scientific and medical techniques, they need to be used with accuracy and care. Anyone who reads the *Journal*, or other similar journals, cannot fail to notice the use of statistical terminology; for example, 95% confidence intervals, chi square tests, $P < 0.01$, and so on.

Essential statistics for medical practice is true to its title. This book keeps to the essentials and as such is fairly short. The content of the book is unusual as it is not a typical textbook. The first half of the book is devoted to a series of six published papers: five articles from the *Journal* and one from the *British Medical Journal*. Each one is followed by a commentary to explain the statistical methodology used in the paper. The author has selected the six case studies carefully in order to include the statistical methods which are most commonly used in general practice. The following list of the case studies gives an indication of the scope of the chosen articles: preliminary trial of the effect of general practice based nutritional advice; randomized controlled trial of anti-smoking advice by nurses in general practice; psychological distress: outcome and consultation rates in one general practice; use of regression analysis to explain the variation in prescribing rates and costs between family practitioner committees; hidden psychiatric illness: use of the

general health questionnaire in general practice; and a randomized controlled trial of surgery for glue ear.

The second half of this book consists of nine short chapters on statistical methods. The style is clear and non-mathematical. There are frequent cross-references to the use of the methods in the earlier case studies. Topics covered include: summary statistics; hypothesis tests and confidence intervals for means and percentages; the comparison of more than two groups; correlation; regression; study design; sensitivity; specificity; and the use of computers.

The emphasis of the book is firmly on the use of statistics in medical practice. Statistical jargon is explained clearly and without any mathematical theory. Any doctor who wishes to publish an article will need to be familiar with these basic statistical methods. This book deserves to be widely read and it can be highly recommended to all readers of the medical literature.

M V SHOTTER

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**UNLOCKING PATIENTS' RECORDS IN GENERAL
PRACTICE FOR RESEARCH, MEDICAL EDUCATION
AND QUALITY ASSURANCE: THE REGISTRATION
NETWORK FAMILY PRACTICES**

Job F M Metsemakers

*Thesis Publishers, Amsterdam, Netherlands (1994)
200 pages. Price US \$23.50*

One of the challenges to British academic medicine is the fact that MD theses from general practitioners in the Netherlands exceed in numbers those from the United Kingdom, despite the fact that they come from a much smaller country and population base.

This book is the result of several years' work by Job Metsemakers and, as is the custom in many Dutch theses, consists essentially of a series of previously published articles. This technique, which deserves much wider consideration in the UK, does mean that a good thesis builds up over several years and each part is rigorously and independently tested in the peer-reviewed literature.

The sections or chapters describe, first, the general background of networks of general practices, paying brief tribute to the pioneering work in the UK. Later chapters describe the use of problem-recording lists in computerized practices, and tests and exposes the degree of under-recording of a particular disease, in this case, epilepsy. Other chapters show the use of computerized general practice records for quality control, in this case, for diabetes.

The gem of this collection is chapter eight, which introduces a major new concept in family medicine, which Knottnerus and colleagues called 'social prevalence'. This is a somewhat cumbersome term but is used to mean the number of people in a community who are in touch with a person with a chronic illness. The important finding of this work is that over half of this community had such contact and therefore had first-hand experience of chronic disease.

This book is not light reading and is probably not going to be bought by most practice libraries. It should, however, find a place in every university department and postgraduate centre library, if only for its setting of the scene on the social prevalence of chronic disease.

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