



BOOK AND VIDEO REVIEW

LIVING WITH PARKINSON'S DISEASE

Produced by the Parkinson's Disease Society, London 1996

This 70-minute video is aimed at patients with Parkinson's disease (Pd), their relatives and carers. As most general practitioners (GPs) have relatively few patients with Pd, the video would be helpful for GPs and their primary care team.

Using questions and answers along with two patient interviews, the video provides a comprehensive explanation of what Pd is. The possible aetiological factors, diagnosis and drug treatment are all well covered in a simple but thorough manner. This video is not meant to be watched from start to finish in one viewing, but can be used along with its accompanying booklet to focus on particular parts, as the sections and their corresponding times are given in the booklet.

The video also concentrates on the roles of non-medical staff. The possible involvement in assessment and treatment by physiotherapy, occupational therapy, and speech and language therapy is highlighted — an area that surveys have shown are infrequently offered to patients with Pd. The role of the relatively new Pd nurse specialist is discussed, and evidence of the value of this person is evolving in the United Kingdom. Finally, the important role of the Parkinson's Disease Society as a resource centre, helpline and local branch network, and its involvement in research are discussed.

Although patients interviewed were younger than the normal age group currently seen, their ability to describe their lives with Pd is a valuable educational experience for medical staff. It is clear that we are not always good at communicating with the newly diagnosed patient and are not fully aware of how shocked patients are on being given the diagnosis. Lack of written information available at the time comes over on the video. The need to involve relatives and carers in the diagnosis and management of the disease is crucial. The benefit of continuity in follow up, i.e. seeing the same doctor or team on each visit to the surgery or hospital, is highlighted.

This video is recommended to GP teams and hospital teams dealing with patients with Pd. It has a number of salutary lessons, which, if accepted, would help the patient and their relatives and carers to cope better and encourage as normal a lifestyle as possible.

ROGER SMITH

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TIME ON FIRE

Evan Handler

Souvenir Press, London 1996

279 pages, price £15.99

ISBN 0316344095

For some strange reason, first person accounts of illness have

become the publishing phenomenon of the past 12 months, but even among the wealth of 'my disease' titles this book is something special. Evan Handler is an American actor who contracted acute myeloid leukaemia, and *Time on Fire* is an astonishing and memorable account of his experience of diagnosis, treatment, complementary therapies, friends, staff, the pain caused by incompetent phlebotomists, the pleasure in meeting a doctor who didn't lecture, the effects on his family and girlfriend, and the effects on himself.

While much of the medicine is very American, the real strength of the book lies in the emotions and attitudes that he describes, and these are of relevance to us all. Take this short quote as an example. He has just been told by one oncologist that his expectations of treatment are excessive, even though Evan's research into the medical literature has shown him clearly what treatment he needs. The doctors at the hospital believe, he writes, that 'if an individual's needs exceed what that institution can comfortably provide, then that individual's needs must therefore be excessive; that whatever level of care the institution is capable must be adequate, and therefore, if that care is not good enough, then the patient is unsalvageable'.

In these days of increasing rationing of health care, and where more and more doctors seem happy to see themselves simply as agents of the state system, we do need to be reminded of thoughts like this on a regular basis. Read it.

DAVID HASLAM

General practitioner, Huntingdon, Cambridgeshire

MANAGING SCARCITY: PRIORITY SETTING AND RATIONING IN THE NATIONAL HEALTH SERVICE

Rudolph Klein, Patricia Day and Sharon Redmayne

Buckingham: Open University Press, 1996

161 pages, price £13.99

ISBN 033519446X

Rationing was accepted in war time as the fairest way to deal with scarcity. In times of relative affluence however, rationing sounds perjorative and petty-minded: less rational (which is what it means) than miserly. In the early years, shoddy hospitals and long waiting lists were just accepted as normal. A service that was 'free for all at time of need' was supposed to make everything better. Contrary to the early planners' expectations, costs rose dramatically as effective new treatments were developed, and many more people survived into old age. Limitation to the provision of health services was inevitable, but until recently many decisions about rationing have either been concealed or just muddled through.

There is now an extended debate around the world about how to

limit health costs, as no government can afford an accelerating and unlimited commitment. This book traces the development of public, professional and political awareness of these matters and of the complexity of it all. General practice was at a low ebb when the National Health Service began, and now the hospital sector feel threatened by politicians promoting a primary care-led service. Such changes of direction are not new. It is fascinating to read here how the economic arguments have always interplayed with politics. The authors make clear the background of the recent changes in the way health care is administered, and provide a highly readable explanation of the origins and conflicts involved in these recent developments. It is sober, salutary and well worth reading.

OLIVER SAMUEL

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CHANGING SERVICES FOR OLDER PEOPLE

*Alan Walker and Lorna Warren
Oxford University Press, Oxford 1996
184 pages, price £15.99 (pbk)
ISBN 0335191371*

The increase in the elderly population, with the number of people aged over 60 expected to rise by 40% by the year 2025, raises many issues concerning the coordination of health and social services, and the ways in which successful innovation in community care and in user and carer forms of provision can be accomplished. The authors, both from the Department of Social studies at the University of Sheffield, have a long and detailed experience of community care.

Their book discusses the innovation and impact of the Neighbourhood Support Unit on old people and their carers, using the example of Manor and Southey Green, two well-matched estates in Sheffield, where the plan has been to replace the traditional service division of domiciliary, day and residential care, and to make services more user-oriented. The social services of other European Union countries are examined, as they veer away from residential to domiciliary care from different starting points and at different speeds as a result of pressures for change, though the particular form of provision is determined by local factors.

The origin of support units can be traced back to the late 1970s when Brown and MacDonald, who had worked together in Wakefield, came to Sheffield and advanced the concept that older people have a right to live in an ordinary home, enjoying privacy and choice of accessible and flexible services. Woven into this concept was the preference for community care, Thatcherite 'cost-effectiveness imperative', the right of service users to determine their own needs, and the growing interest in decentralization of services into small local areas. The implementation of units and their operation is described in detail, with particular attention to the impact of services, the attitudes of older people towards services, the carers' perspective, the recruitment and experience of support workers.

Coordination of the health and social services is something that must involve the primary care team, and modern young GPs would be well advised to consult this book, which is well-indexed and fully referenced.

M KEITH THOMPSON

Retired general practitioner, Croydon

EVIDENCE GUIDED PRESCRIBING OF THE PILL

*PC Hannaford and AMC Webb (eds)
Parthenon Publishing Group, Carnforth 1996
344 pages
ISBN 1850707472*

Given the importance of the combined oral contraceptive pill (c-o-c) in day-to-day general practice, I would have to say that this book is an essential addition to every practice library and to the personal library of any doctor claiming a degree of expertise in the field of family planning.

The book is in the form of a series of papers reviewing the literature appropriate to individual aspects of the c-o-c and its prescribing. As the title implies, most of these concentrate on the technical, clinical considerations covering problems from venous thrombosis to thalassaemia and liver disorders. Once one can stumble past the current cliché of the title, and the rather evangelistic tone of the first chapter, one finds an invaluable fund of information from which to develop a rational approach to pill prescribing and its pitfalls.

The reader will not find a beginners guide nor a patient explanation leaflet. This is not the intention of the compilers. Neither will any discussion of the ethics or moralities implicit (to some) in intervention in human sexuality and its outcomes be discovered. Instead, the evidence gathered to date concerning the c-o-c and its positive and negative health effects are presented in a clear and concise fashion. Defects in the current evidence are shown and suggested areas for further studies are given.

I have very few problems with the book, which plainly achieves its objectives of providing the scientific evidence that should currently guide the pill prescriber. The second chapter is an informative guide to the history of the c-o-c and spells out some of the lessons to be learnt for other new developments in therapeutics. Some of the earlier chapters have tables that could be better laid out or better labelled to assist the reader, but in the main the text and tables make for fluent reading. Some of the papers suffer from the editing that was necessary in order to push a quart into a pint pot, and I was occasionally irritated by individual papers that seemed to ignore the possible compounding effect of sexual promiscuity on the risks of disorders such as chlamydial infection and PID. Others were more realistic, e.g. the chapter on HIV and the c-o-c.

The book can be read on two levels, and a careful study of the text is advisable for those presuming to teach family planning. A satisfactory picture can, however, be obtained by the intelligent prescriber by studying the conclusions at the end of each chapter and referring back to the main text where desired. Either way, this book should not be missed by any doctor involved in prescribing contraception, and should most certainly be on the reading list for every family planning course.

PETER HAMILTON

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and instructing doctor, Family Planning*

WINNING THE PUBLICATIONS GAME

*Tim Albert
Radcliff Medical Press, Oxford 1996
104 pages, price £15.00
ISBN 1857751833*

Many general practitioners are interested in research and audit but feel they have neither the time nor the skills to publish their findings. This book should give them the confidence to do so.

Tim Albert has run courses on effective communication for

some years, and meets his own criteria in that his writing is clear, easy to read, and appropriately targeted.

He has broken down the task of 'getting published' into a series of manageable steps, emphasizing that the key lies in setting the brief and identifying the right market from the start. It is too easy to get bogged down in the minutiae instead of the message, and he shows how to save work by careful planning.

Most journals require authors to follow the Vancouver Group instructions, and the book covers these in detail. However, it also explains the importance of choosing the right journal and of tailoring the paper to its particular style. There is a lot of sensible advice about structure and technique, which should limit the excesses of proper scientific writing, although the book acknowledges that success depends on following the rules of the game.

The would-be author may find that the ideas of co-authors and pre-submission reviewers do not match his own. There is advice on how to cope with this and on the correct way to submit a paper. Several other useful books are reviewed in detail.

Not only should this book be welcomed by those who have something to say, but it should also make life easier for those of us on the receiving end.

MELANIE WYNNE-JONES

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THE PRACTICE OF QUALITY

Donald and Sally Irvine
Radcliffe Medical Press, Oxford 1996
206 pages, price £17.50
ISBN 185775073

Members of many primary health care teams will have read and enjoyed *Making sense of audit*, by the same authors and published in 1991, shortly after arrangements for audit were established in the form of medical audit advisory groups. That book was then the best introduction to audit in general practice, and it is still good reading today. However, much has changed in the past five years.

The *Practice of quality* is not a new edition, rather it is a completely new book with a much broader perspective on the provision of quality care. The theme is that for success, a team needs a culture that involves quality in all its dimensions, and it follows that leadership and management are essential ingredients. It begins by sketching present and future trends in primary care, which together ensure a high priority on the quality of care. Methods are then discussed, including guidelines, audit, significant event audit, performance monitoring and others. The heart of the book lies in the section about managing quality, which reviews practice management, the role of power in practices, leadership, planning, teamwork, education and training, and the partnership. A final substantial section considers the increasingly important process of external review, including fellowship by assessment, teaching practice accreditation, British Standards Institute accreditation, Investors in People and organization audit. The arguments are reinforced by the liberal use of genuine case studies.

The vision that drives the book is one of quality care ensured through leadership, a sense of direction, and effective management. This view will be shared by many general practitioners seeking to develop modern and effective primary care, and they should study this book to discover how to put theory into practice.

RICHARD BAKER

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