

The man still said all was for the best as they wheeled him into the stroke unit where he died the best of all possible deaths, as the crash team tried to resurrect him.

The epidemiologists counted the death in their statistics and showed that he had died in the best of all possible ways for, although his cardiac risk had been reduced from 30% to 15%, it had never been eliminated entirely and, although his treatment had not benefited him much, by his compliance with treatment he had reduced the population rate of stroke by at least 0.0000001%. He had done his best as a citizen to reduce the risks of illness in this best of all possible worlds, in which everything was for the best, even though people still kept eating too much and drinking too much and having unprotected sex too much. But even these vices were all for the best too as, without these, who would the public health folk have left to chide, and without a public health department how could the people be healthy?

The GP audited his performance in a self-reflective learning journal and congratulated himself on his great consultation skills, his great continuity of care, and his compliance with the approved guidelines. He surely was the best of all possible GPs for doing this, and he had the best of all possible patients, all of whom he helped and empowered to lead healthy lives characterised by normotension.

He never read any of these dangerous Frenchmen ('filthy foreign muck') who said that, 'Doctors give pills of which they know little to patients, of whom they know less'. They clearly had not had the benefit of the best of all possible health care from the best of all possible healthcare systems.

A visiting Martian physician saw the madness unleashed by the best of all possible healthcare systems and bought shares in pharmaceuticals so that, from these best of all possible systems, he could get the best of all possible returns!

Peter Davies

^a"Whenever I use a word it means whatever I choose it to mean, neither more nor less".

diary

2 December

Sexual Health Course
The Woodlands Conference Centre,
Chorley
Contact: Jackie Dartnell
E-mail: jdartnell@rcgp.org.uk
Tel: 01925 662351

7 December

Primary Care Symposium
The Metropole Hotel, Llandrinod Wells
Contact: Sali Davis
E-mail: sdavis@rcgp.org.uk
Tel: 029 20504604

9 December

GP Consultant Initiative Conference
Aberdeen Exhibition & Conference Centre
Contact: Amanda Storch
E-mail: rcgp@pcrc.grampian.scot.nhs.uk
Tel: 01224 558044

16 December

Palliative Care Course — Module 1 of 2
Woodlands Centre, Chorley
Contact: Debbie Leyland
E-mail: dleyland@rcgp.org.uk
Tel: 01925 662351

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neville goodman

A book and a Bush

PHIL Whitaker is a GP and director of a complementary medical centre. It said as much at the bottom of his review in *The Guardian* of Raymond Tallis's book, *Hippocratic Oaths*. As Tallis sees complementary medicine as one of the 'enemies of progress' — part of the 'regressive temptation' — it is not surprising that Whitaker is not fully at one with him. But at least we know where we stand.

Sir Donald Irvine, on the other hand, had nothing but his e-mail address at the bottom of his review in *The Lancet*. Tallis is not kind to the General Medical Council (GMC), and is frankly uncomplimentary about Irvine, who was its President during the GMC's turbulent times. Irvine is, one could say 'in turn', more than frank about his view of Tallis.

Now, that is the best purpose of book reviews. It would be a boring old world if books were handed only to one's friends, for them to pat you on the back so you could, in due time, return the compliment. Or if book reviews did nothing more than list the contents, worry about the way some of the illustrations had reproduced, and find a couple of hanging participles. But I would have felt easier if Sir Donald had let slip somewhere that, in a book subtitled, 'medicine and its discontents', he himself was one of Tallis's causes of discontent. Irvine's 'evolution of a patient-centred culture of professionalism' simply does not fit with Tallis's thesis.

Stuart Derbyshire, described as assistant professor at the University of Pittsburgh Medical Center, wrote the *BMJ*'s review. For me, it was the best review — in other words, it reflected my own view. Tallis, says Irvine, thinks that most of 'the ills of medicine today ... are beyond the responsibility of doctors'. Not just that — they are also largely beyond their control. Derbyshire wonders how doctors have 'provided so little resistance to the multitude of attacks against their profession'. I venture that it is partly due to powerful doctor-politicians, such as Irvine, if only because they took the stand: 'If we don't do it, they'll do it for us'. If I take issue with Tallis, it is that he is too uncritical of evidence-based medicine, and completely uncritical of clinical governance — the latter, in my view, being the prime example of 'if we don't...'.^a

Not that any of this matters: not only did Bush gain a second term; he won the popular vote.