on the mental health in patients with PD have been of an observational nature which are not uncommonly subject to biases and pitfalls. Higher quality research is therefore warranted in early recognition of mental illnesses in PD, in finding better or alternative treatments, and in reaching evidence-based guidelines for mental health well-being for patients with PD.

Yassar A Alamri,
PhD Student, Department of Medicine and the New Zealand Brain Research Institute, Christchurch, New Zealand.

DOI: 10.3399/bjgp15X684985

REFERENCES


Doctors don’t seem to be flourishing right now. GPs live in a world of multiple statutory, regulatory, and disciplinary perils, 5-yearly revalidation, deprofessionalisation, and who knows how many years to a pension. A world where doctors’ interests seem often to be pitted against patients’ interests in a zero sum game. Peter Toon offers us no sticking plasters or quick fixes. This book starts with the metaphor of society clinging to the wreckage of a past shared-moral vision. Our little pieces of the wreckage are held together by a precious as they keep us afloat. But might there be any way of building a shared vision of social cohesion in the medical world once again?

Toon’s argument builds on Alasdair MacIntyre’s account of virtue theory from his ground-breaking work After Virtue, which Toon outlines in his opening chapters. Virtue ethics is an increasingly important area, and Toon’s work locates GP ethics once again in the forefront of medical ethical thinking. Toon rejects both rule-based and consequence-oriented guides. Instead he roots moral discourse in our own nature, asking whether an action or outcome helps or hinders human flourishing.

How to tie the goals of medicine to a model of human flourishing is much harder than following a biomedical model that simply aims for a list of biomedical norms. But if our medicine is to be good for patients than serving human flourishing is key. And what of our own flourishing? The beauty of Toon’s approach is that it rejects the zero sum game and shows how both sides can win.

Toon reflects on our distinctive professional virtues. He gives us an intellectually credible analysis of the ‘ordinary’ and humane work of a doctor; no longer just the antique domain of Dr Finlay. Compassion is a prime example of what both biomedicine and traditional ethics leaves out and yet is so very important to patients. Toon examines this in particular detail. He advocates the professional virtue of temperance as a deeper model than ‘work life balance’. Toon examines how the virtues of integrity, honour, and altruism act as more effective guarantors of our practice than regulation.

This is a trailblazing and vital contribution to our craft. It is deeply relevant to the current debate as to what medicine is for and how it should be provided and controlled. I hope that it may influence our current arid policy discourses and will certainly help our own professional life to flourish. Don’t just cling to the wreckage, read this lifeboat construction manual now!

David Misselbrook,
Senior Lecturer in Family Medicine, RCSI Bahrain, Adliya, Kingdom of Bahrain.

E-mail: DMisselbrook@rcsi-mub.com

DOI: 10.3399/bjgp15X684997