though one of the authors, Adam Darkins, is surely fantasing that “five years from now we will all expect decision support when we look at treatment choices” – ten or fifteen years away. A workshop held on this model of lay participation yielded some very germane points. And improving the communication that takes place through the media is certainly necessary; in May 1994 alone the National Asthma Campaign had to pick up the pieces of a huge “steroids scare” perpetrated by The People, and explain to caller after caller that “the asthma gene” has not in fact been found, and the newspapers would have them believe.

But why does the report have to be so loaded with jargon? Do any of us actually like being called a “healthcare consumer” when we are ill? Why call the conference, “Involving Users of Health Services in Outcomes Research” instead of, “Asking Patients What They Want?” If those who commission and deliver care really want patients to help to make themselves better the first thing they need to do is learn to speak in plain English.

MELINDA LETTS
Chief Executive,
National Asthma Campaign


It might seem impertinent to write a review and suggest that we write and talk less about quality in health care and more about the real nature of the health business so that we can understand more about what really needs to be done. I can disagree with nothing in this book; what concerns me is what it doesn’t deal with and its rather superficial and simplistic analysis of the issues. I doubt its influence on the quality in the service sector (sic).

For the try and explain why. John Macdonald is right when he questions the reluctance of the service sector to learn the lessons from the manufacturing sector. What is less clear is whether he also appreciates and values the distinctiveness of the service sector. It seems to me that by grouping financial services, the civil service, retail trade, local authorities, the transportation industry, the NHS, management consultants, education, and hotel and catering together in this apparently haphazard way he fails to demonstrate the essential nature of these various services and the organisations that support them. This is not to say that each should learn from each other, just as each should learn from the manufacturing sector, but that simply transferring learning will not be appropriate.

Two obvious organisational issues differentiate public service industries – the health service, education, social services, and local government – from the manufacturing and professional services: first there is a permanent dilemma in trying to meet the needs of the individual and the wider community simultaneously and second the service that people receive depends on the relationship between a professional – doctor, teacher, social worker, prison officer – and the individual user. These issues make the simple translation of methods that are effective in other sectors fail in these unique public service industries. A third issue, the prevalence of institutionalised choice, can be made evident in these public service industries, adds yet another dimension. Anyone who has worked in a hospital, a home for older people, a school, or a prison will be deeply aware of the institutionalisation on users and staff alike.

NHS readers of this book will be wary of the paucity of its analysis of the nature of health care and rightly sceptical of the choices that are being made. Anybody who has read the Ritchie report into the treatment and care of Christopher Clunis will understand readily that while TCI (see below) will keep a lot of people engaged in time consuming activity it will hardly address the profound and endemic problems that pervade all the services that are designed to support, care for, and treat people with illness.

I just might be shroud-waving, claiming on behalf of these services, “But we are different …” You may judge for yourselves, but the notion that health services are analogous, in managerial terms, to making “widgets” or even to Macdonald’s a myth that has been around for over ten years and needs to be put to rest. TQM and TCI (you will have to read the book to know what it means) will not address the fundamental issues that an organisation like the NHS is facing; they could help, but not where the business happens. We need to get back to understanding the nature of the health business.

JOHN MITCHELL
Consultant, Mitchell-Damon


Most contemporary nursing courses include instruction in the philosophy and methods of quality assurance. This text is primarily aimed at those nursing students undergoing Project 2000 diploma courses.

It may also be used as an introductory text for qualified nurses who wish to develop an awareness of standard setting and audit. The core content of the book principally centres around the theory and application of the Dynamic Quality Improvement (DQI) system (formally DYSSSY) as formulated by Kitson and others. Students from other healthcare disciplines may find this book’s useful introduction to the DQI system.

There are several other texts competing for this market niche. However, they invariably are broad in their description of the various quality assurance approaches available in nursing. In contrast, this book demonstrates the “why and how to” of a well researched quality improvement project, and their approach has strength. Its breadth and impact on other merits include the simplicity of its descriptions and the fact that all chapters contain explicit learning outcomes and study activities. Anybody who has read the book will become an expert and will make the patient uncomfortable, and will not prolong life.

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