Disputing Doctors: the Socio-Legal Dynamics of Complaints about Medical Care

L Mulcahy. Suffolk, UK: Open University Press. 2003. £65.00 (hardback), £19.99 (softback), 152 pp. ISBN 0 335 21245 X (hardback), 0 335 21244 1 (softback)

This book provides an important analysis of what happens when trust between doctors and patients breaks down. It is well referenced and Professor Mulcahy's arguments are amply supported by her own detailed researches.

Before the Second World War there were few overt complaints against doctors. Poor outcome of serious illness was common—people understood little of disease and the outcome of serious illness was commonly just assumed to be in the doctor's control. With the rise in consumerism and political forces in later chapters Professor Mulcahy sensibly discusses the reactions of doctors to complaints. She provides evidence, largely of the rise in managerial power within the NHS that has little effect. The resultant Hospital Complaints Act (''Whose life? Whose body? Who suffers?''), was altered little by either the formal legalistic review of the Davies Committee (1983) or by the initiative of the MP Michael McNair Wilson who, after a bad experience in a hospital, sought to develop a patients' charter. He made a dramatic speech in Parliament in 1983. The doctors' tale: professionalism and public trust. Oxford: Radcliffe Medical Trust, 2003.

References

Basic Skills in Statistics

What is the purpose of books on statistics written for non-statisticians? If one read many introductory statistics books, one might assume that the answer is ‘‘to raise the reader to a level of expertise sufficiently high that they are able to apply and understand the language of statistical literature.’’ This book does (and claims to do) no such thing. The (self-stated) aim of the book is to help clinicians to understand enough about
Statistics to understand papers and to "facilitate the discussion of their ideas with a statistician". As such, the book is light on formulae and equations—although not completely free of them—and does not contain instructions on how to analyse different statistical problems using software. It only tells you how to use a fairly limited range of statistical techniques—you won’t get much beyond a t test, $\chi^2$, or Cohen’s kappa.

The book does exactly what it says on the cover—it encompasses basic skills in statistics. Chapter 1 looks at issues such as measurement and probability and introduces the idea of a probability distribution; chapter 2 examines the univariate description of a single variable, covering measures of average, dispersion, and distributions, and chapter 3 discusses how to link two variables where you will find the formula for the phi correlation (for dichotomous variables) but not the Pearson correlation for continuous variables. If one were to read the book from cover to cover one might be confused by the use of confidence intervals and probability values in this text which are covered in chapter 4. While the first four chapters build on one another, the final three cover different material and do not build on one another in the same way. Chapter 5 looks at study design including sample size calculations, chapter 6 describes the principles of meta-analysis, and a brief chapter 7 looks at data management with some suggestions for software.

The book started life as a series of papers published in Primary Care Respiratory Journal and, as such, there are some minor problems of "flow" through the book. Given that few readers will sit and read a text on statistics from cover to cover, I do not think that this is an issue to be concerned about. Given the breadth and depth of material that there is to include in a text such as this, there will always be disagreements about what should and should not be included. All my quibbles would be minor and barely worth mentioning; I think the authors are a little too enthusiastic in their recommendation of Bonferroni correction and I would strongly advise against attempting to do statistical tests in Excel without a good idea about its shortcomings.

The book admirably succeeds in its aims. As someone who spends considerable time advising practitioners who are carrying out research, I would be very happy if everyone who came to see me had read this book.

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Developing Practice Knowledge for Health Professionals


To offer up a challenge to traditional approaches of knowledge and clinical practice is not new. Indeed, the birth of evidence based medicine/evidence based practice (EBM/EBP) in the 1990s was hailed as providing an overdue and welcome challenge to the poor justification underpinning much clinical care. However, EBM/EBP has also been criticised by some as fostering a misguided and reductionist notion of what comprises "evidence". Others have gone so far as to suggest that EBM and EBP are signs of managerialism gone mad, being simply a malevolent attempt to control expenditure in a cash strapped system. Whilst it might be tempting to view this book as offering up similar fare, Higgs et al very eloquently discuss a wide range of complicated issues involved in debates about the nature of health professional practice knowledge and evidence.

The central thrust of the various chapters of the book is the argument that "how practice knowledge is created, used and further developed" needs to be considered more explicitly within professional practice. The editors suggest we need to establish a different and more appropriate way of thinking about knowledge, a "practice epistemology". Some readers may be put off by the use of such terms before even the preface is finished, but perseverance is rewarded.

Contributors are largely allied health professionals from a range of backgrounds including physiotherapy, nursing, and behavioural sciences. Each chapter comprehensively tackles core issues in the debate about the creation and transfer of knowledge into practice. The book is more theoretical than practical, but it does discuss the very real issues that emerge where intervention processes and outcomes are complex and arguably less amenable to randomised controlled trials than specific drug or surgical interventions. As to whether randomised controlled trials are less "do-able" in certain areas of practice probably depends on where you sit on the continuum of the construction of knowledge. Suffice to say—there is little fence sitting in this book.

The authors are unapologetic about suggesting that the positivist approach inherent in much clinical research has left some of the biggest questions about practice knowledge unanswered. This perspective means that the book will no doubt be popular amongst the already converted, but the debate is intelligent and should be of interest to anyone "thinking" health professional looking at improving their practice and being clear on the rationale for doing so. Insightful comments abound, and the book provides a stimulating challenge to some well held assumptions and beliefs about what underpins practice and what "best evidence" really is.

Unthinking adherence to any rigid approach to knowledge is unlikely to prove rewarding to either health professionals or their patients. For those who want to question their practice and their understanding of evidence, this book is a thought provoking and challenging read.

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