

PostScript

BOOK REVIEWS

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 commonplace and people understood little of disease despite the insights offered by G B Shaw in *"The Doctors' Dilemma"*. Doctors were treated with reverence—so much so that two doctors who successfully warded off what appeared to have been an indefensible claim were applauded by the vicar of East Dulwich as having had a wrong redressed: "The great sting of that wrong was that it was ungenerous and ungrateful; circumstances that ought to have elicited gratitude were turned into grounds for accusation and attack".¹

In 1947 the NHS was established with no structured procedure for complaints. Professor Mulcahy describes the subsequent developments starting with the Department of Health guidelines of 1966 that allowed complaints about doctors to be handled almost exclusively by doctors. This process was altered little by either the formal legalistic review of the Davies Committee (1973) or by the initiative of the MP Michael McNair Wilson who, after a bad experience in hospital, sought to develop a patients' charter. He made a dramatic speech in Parliament ("Whose life? Whose body? Who suffers?"), but the resultant Hospital Complaints Act (1985) had little effect.

It took the impetus of the Citizens' Charter (1991) and pressure from both the charity Action for Victims of Medical Accidents and the Association of Community Health Councils to obtain an independent inquiry into complaints procedures (Wilson 1994). The resulting government directions abolished a separate clinical complaints procedure designed and managed by doctors and emphasised the primacy of local resolution. For the first time there was a national structure for complaints. Hospital managers believed that the system worked well and most staff thought that it was fair and unbiased, albeit stressful for participants.

But external bodies, especially the Public Law Project headed by Professor Mulcahy, showed widespread public dissatisfaction. Mulcahy reported a perception of lack of impartiality and visibility (especially the control of access to independent review by non-executive directors of the Trust). Moreover, she found little evidence to show

that information gained from settlements and reviews were being used to improve practice as originally envisaged. The Department of Health decided that further reform was necessary and it is now about to place responsibility for independent review with the newly established Commission for Healthcare Audit and Inspection.²

Professor Mulcahy puts this history into the context of achieving justice and managing conflict in contemporary society. She discusses how legal regulation and professional accountability are regarded as oppressive forces in the doctor-patient relationship. She regards the principle of self-regulation as convenient for the state as well as for the profession, and shows how patients may not be protected by managers. Meanwhile, the medical profession struggles to maintain the principle of self-regulation without overriding the needs of society.³

Professor Mulcahy also discusses the relationship between medical mishaps, complaints and negligence claims. She states that doctors have definitional power (only a doctor can define preventability); political power in public debate (iatrogenic injury may be part of the price of progress); situational power (they can control the visibility of error and its effects and may be able to determine the initial response of an injured patient); and medicolegal power through the Bolam test that endorses medical autonomy.

The wider social changes brought about by the rise in consumerism and political forces that demand improved conditions and rights for the general population are seen as additional forces. A medical mishap is all the worse because it is set against hopeful expectations. Inevitably it leads to anger and distress.⁴ Mulcahy emphasises the potential value of mediation in resolving a patient's needs for an opportunity to air a grievance, to learn what happened, and to receive an assurance that steps have been taken to try to avoid a recurrence.

In later chapters Professor Mulcahy sensitively discusses the reactions of doctors to complaints. She provides evidence, largely from her own observations, to show that she understands the emotional devastation that may be wrought by medical mishaps, complaints, and medicolegal claims. But she also shows how doctors use various devices to externalise blame, often depending on "scientific logic" and specialist expertise to stifle managerial input. She documents the rise in managerial power within the NHS that stemmed largely from the Griffiths report (1983).⁵ This spoke of the need for managers and doctors to work together and for doctors to play a role in management. In practice, the medical profession rejected this opportunity and strove to preserve its traditional networks of power. Moreover, NHS trusts have adopted different styles of complaints' resolution with some managers adopting a confrontational approach describing themselves as watchdogs for consumers whereas others take a minimalist role and act as junior partners. Mulcahy states that the minimalist approach is especially true of managers with a clinical background who

justify their actions as the price to be paid for organisational harmony.

In the closing chapter Professor Mulcahy argues that further steps need to be taken to protect the needs and interests of service users. Up to a point she accepts the need for government to seek to work with doctors and not against them, but believes that society is still dogged by a system of medical education that leaves young doctors unprepared to deal with accountability although, in so doing, she does not mention recent significant changes in the educational process.⁶

Undoubtedly further change is needed. Although there are few firm data, it would seem that the complaints manager in an NHS hospital trust receives several hundred clinical complaints a year with all the attendant costs. Patients⁴ and doctors⁷ need to come to terms with the risks of medical practice. Professor Mulcahy's thought provoking book should be read in conjunction with *"Errors, medicine and the law"*⁸ in which there is greater emphasis on finding better ways of reducing dispute between doctors and patients.

G Neale

Clinical Safety Research Unit, Imperial College, St Mary's Hospital, London W2 1NY, UK; g.neale@imperial.ac.uk

References

- 1 Hawkins C. *Mishap or malpractice*. Oxford: Blackwell Scientific, 1985:13–14.
- 2 Department of Health. *NHS complaints reform: making things right*. London: HMSO, 2003.
- 3 Irvine D. *The doctors' tale: professionalism and public trust*. Oxford: Radcliffe Medical Trust, 2003.
- 4 Gilbert SM. *Wrongful death: a medical tragedy*. New York: Norton, 1996.
- 5 Department of Health and Social Security. *NHS Management Enquiry (The Griffiths Report)*. London: DHSS, 1983.
- 6 General Medical Council. *Tomorrow's doctors. Report of the Education Committee*. London: GMC, 1993.
- 7 Gawande AA. *Complications: a surgeon's notes on an imperfect science*. New York: Picador, 2003.
- 8 Merry A, McCall Smith A. *Errors, medicine and the law*. Cambridge: Cambridge University Press, 2001.

Basic Skills in Statistics

A Cook, G Netuveli, A Sheikh. London: Class Publishing, 2004. 85 pp. 1 8595 9101 9

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 a range of statistical techniques"—in other words, to do without a statistician (at least some of the time). However, to quote Will Rogers: "It isn't what we don't know that gives us trouble, it's what we know that ain't so".

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, χ^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.

J N V Miles

Department of Health Sciences, University of York, York YO10 5DD, UK; jnm1@york.ac.uk

Developing Practice Knowledge for Health Professionals

J Higgs, B Richardson, M A Dahlgren. Oxford: Butterworth-Heinemann, 2004. £25.00. 240 pp. ISBN 0 70506 5429 5

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 any “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.

K M McPherson

School of Health Professions and Rehabilitation Sciences, University of Southampton, Southampton SO17 1BJ, UK; k.mcpherson@soton.ac.uk