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


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 of that wrong was that it was ungenerous and ungrateful; circumstances

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.

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 medico-legal 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. A minimalistic approach is especially true of patients and doctors.

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 (Wilcox 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 understood (perhaps for participants).

But external bodies, especially the Public Inquiry into Medical Negligence said (1995) that there is greater...
The book admirably succeeds in its aims. As someone who spends considerable time using software, 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 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.

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