though one of the authors, Adam Darkins, is surely fantasising that "five years from now we will all expect decision support when we look at treatment choices" – ten or fifteen years, maybe. A workshop on models 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 has 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, as 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 organise and deliver care really want patients to help to make themselves better the first thing they need to do is to learn to speak in plain English.

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National Asthma Campaign

But We are Different ... Quality for the Service Sector. John Macdonald (pp 213; £16.95 hardback). Didcot, Oxfordshire: Management Books, 1994. ISBN 1-85251-131-1.

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 quality in the *service sector* (sic).

Let me 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 industries 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 have little impact.

Two obvious organisational issues differentiate *public service industries* – the health service; education; social services; and others, like the prison and probation 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 care that characterises 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 effect of 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 cheery solutions. 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 mental illnesses.

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 Macdonalds is 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

Quality Assurance in Nursing. Heather Marr, Hannie Giebing (pp 139; £9.95). Edinburgh: Campion Press, 1994. ISBN 1-873732-04-X.

Most contemporary nursing courses include instruction in the philosophy and methods of quality assurance. This text is aimed primarily 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 the book a 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 approach, and here lies its strength. Its other merits include the simplicity of its descriptions and the fact that all chapters contain explicit learning outcomes and study activities for the reader.

The book is divided two parts: the first focuses on what quality is and how nurses can assure and improve quality, placing considerable emphasis on empowering

practitioners to take responsibility for the quality of service they provide, the second provides seven factual examples of how the DQI system was applied to practice.

Potential readers must be acutely aware of what this book offers. If they wish to increase their knowledge concerning other quality assurance approaches in nursing (for example, Monitor, QualPACs), or recent developments in quality assurance computer software or multidisciplinary quality initiatives they will have to look elsewhere.

In conclusion, the authors set out to write a book that introduces nurses to the principles and practices of a quality improvement approach. I believe they have succeeded. They have produced an inexpensive, elementary, and understandable text which should be an attractive purchase for the quality assurance neophyte who requires guidance in an increasingly complex field.

HUGH McKENNA
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Palliative Care in Terminal Illness. 2nd ed. J F Hanratty, I Higginson, eds (pp 128; £12.50). Oxford: Medical Press, 1994. ISBN 1-85775-030-6.

Sitting down with this book, I recollected a consultation I witnessed as a medical student twenty years ago. A middle aged patient had come for the results of a bronchoscopy done six weeks previously. The physician said, "I'm sorry to tell you that you have incurable lung cancer and there's nothing anyone can do to help you." The patient gulped and left, and the consultant turned to me and said, "I always find it best to be frank in these cases."

On the second page, I found a similar experience of bleak helplessness towards the hopeless case described by the authors, and from then on the book rang true. Although based on experience in the hospice setting, this overview of progress in palliative care over the past two decades is helpful and relevant to all those involved in care of the dying in hospital or the community.

People with terminal incurable illness have various physical, social, spiritual, and practical problems, and the challenge is to relieve discomfort, enhance wellbeing, and foster realistic hope that good quality life may be enjoyed until the end. Carers do not need exceptional counselling or psychiatric skills, but rather sensitivity to the patients needs and wishes, sympathy combined with pragmatism.

Palliation is sometimes perceived, wrongly, as placebo, but in fact many active measures are available to alleviate distressing symptoms. The management of dyspnoea, for example, includes practical advice – on sleeping upright; using a cool fan; taking drug treatments such as opiates, nebulised bupivacaine; and encouragement to try the unorthodox – diazepam. Common sense helps – cachexia is less of a problem if it is explained that force feeding and focusing attention on food will merely serve to make the patient uncomfortable, and will not prolong life.

Caring for the population of patients with AIDS presents unique problems, as

these patients are usually socially stigmatised individuals who are better informed than their carers about the latest research into their condition. Veronica Moss gives a masterly overview, illustrating the need to balance the aggressive treatment of reversible conditions with appropriate supportive care.

There is a fine line between the offer of help and intrusion into patients' privacy, and some professional carers can be seen as officious and interfering – "I hid when the counsellor called because she wanted to talk about death all the time." Only the patient can say what is good quality life for him or her, and objective measures are difficult to quantify. But all of us should nowadays be aware of the repertoire of help available to patients and their carers, and even if we ourselves do not hold all the answers, we should at least "know a person who does." I recommend this book highly.

IRENE M PEAT
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A Review of Economic Policy Analysis. A Rights Based Approach. Henry Neuberger, Neil Fraser (pp 207; £35). Aldershot: Avebury Publishing, 1994. ISBN 1-85628-505-7.

Published by Avebury Publishing, a monograph publishing service for academics wishing to stimulate debate in a particular area, this book sets out a method of analysis for policy development and decision making which challenges traditional approaches. For health care this book provides exciting and stimulating thinking and will make a useful contribution to policy analysis in the most challenging area facing the health service of the 1990s – that is, comparative evaluation of alternative interventions in health care as a basis for understanding how to ration resources available for health.

The method proposed, democratic decision analysis, is a form of cost effectiveness analysis with politically determined objectives. The authors argue that the values underpinning policy decisions should be politically determined. They propose a hierarchy of basic functionings to guide judgements. The key to their approach is the recognition of basic rights and dignities, such as the rights to life, to freedom from pain, to citizenship, etc. They offer, through an elaborate number of examples and scenarios, possible systems for valuations with weightings placed on these basic rights and dignities in the pursuit of practical government or local deposition of public sector funding. As such their approach is a refreshing alternative to the current trend – possibly stimulated by a lack of political leadership in health policy analysis – for local consultation on questions of rationing health services. Despite democracy, the notion of expending vast resources asking people with limited information on health outcomes to place in rank order their preferences for deployment of healthcare resources defies belief as a way of policy development. Yet this seems to be the intended approach of the government's

programme of "local voices"; devolved decision making may take us back to the poor law but is unlikely to enhance democracy or equity in health.

The appendix to this book – the use of cost effectiveness analysis in health – sets out a sensible and practical approach to providing the technical information needed for policy makers to address fully the political judgements involved in deciding how best to spend a healthcare budget – to avoid wasted resources and provide an equitable provision of health care according to need. This appendix provides a means of combining epidemiologically assessed need with the marginal analysis of cost effectiveness analysis and the insight of clinicians into the needs of individual patients. The approach is a brave attempt to harmonise the apparent conflict of the economic and medical models for resource allocation in health care. The work behind this section, started when one of the authors was working at the Department of Health, has remained unpublished and as yet undeveloped by academics or others within the NHS. Such a serious omission probably results from a lack of courage by the authorities rather than the lack of potential for the approach.

Ideally, this book should have two effects: firstly, to stimulate debate about the sort of information needed by technicians of analysis – and the general public – to undertake a rational basis for allocation of healthcare resources and, secondly, to set out a research agenda to provide the information needed and to test the implications of policy arising from democratic decision analysis and its progenitors.

Sadly, such an arcane and erudite text with its overbearing metaphor and compact, though rather chaotic, references may have the effect of stimulating yet more of the war within the economic academic community between supporters of and detractors from the utility based cost benefit analysis. If this were to be the case, the publisher would no doubt feel it had achieved its aim – the book, however, would not. To achieve their aim the authors must be encouraged to present their ideas with worked examples in a form accessible to the people they seek to influence. Having failed to influence government economists, they should try the lay and specialist health press – better edited and properly referenced papers will service us better than this clever but difficult book.

ALISON FRATER
Public Health Specialist

Medical Statistics on Personal Computers. RA Brown, J Swanson Beck (pp 147; £10.95). London: BMJ Publishing Group, 1994. ISBN 0-7279-0771-9.

In this short and user friendly guide to statistical analysis the authors' stated aim is to provide a tool to promote the rational use of the currently available powerful statistical packages that can be used on modern personal computers, and in this it succeeds. The array of possible statistical analyses these programmes can offer is enormous, and it is good to see a small,

well written book than can cut through the complexities of modern statistics to support those of use who believe that the most important parts of analysis are common sense and inspection of the raw data.

However, the book's title might seem misleading. After the first chapter, in which different commercially available packages are discussed, the book develops as a standard statistical textbook. Only two packages are looked at in any detail in the subsequent text: Minitab and Statgraphics. In this sense the book falls between two stools, but it would be unrealistic to expect a more detailed examination of statistical packages. Such a book would be rapidly redundant, as manuals (albeit often rather incomprehensible) are available, and soon outdated as new programs and computers were introduced. However, program manuals do not as a rule give anything but rudimentary statistical guidance whereas this book does.

The initial chapters develop themes around handling and summarising data, and subsequently confidence intervals and tests of significance are explained. The analysis of normally and non-normally distributed data is included. Clinical applications in terms of diagnostic tests and survival data appear later in the book, followed by guidance on writing up statistical analysis (starting with the useful advice to consider how the data will be processed before embarking on their collection). The final chapter provides a brief summary of currently available packages.

Similar books may be available, but *Medical Statistics on Personal Computers* is small and compact and gives a good introduction to statistical methods in clinical medicine and covers most areas that clinicians will need. Although it could not replace a software manual when data are to be analysed with a personal computer, used in conjunction with one, the book will provide statistical perspective and allow sensible use of statistical methods.

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The Audit Handbook: Improving Health Care through Clinical Audit. IK Crombie, HTO Davies, SCS Abraham, C du V Florey (pp 225; £22.50) Chichester: Wiley, 1993. ISBN 0-471-93766-5.

The Audit Handbook, a small but compellingly readable hardback, contains much wisdom and deserves to be re-read several times. It begins by citing two striking historical examples of the power of audit. The first concern is the Crimean war in 1815. Florence Nightingale noted mortality among the British was much higher than among the French, whose clinical facilities were better. At that time 3168 soldiers died in one month, 2761 of them from infections and only 83 directly from wounds. She reorganised facilities and practices and in six months had reduced inpatient mortality from 40% to 2%. One century later surgeons in the United States, appreciating wide discrepancies in the distributions of