these patients are usually socially stigmatised individuals who are better informed than their carers about the latest research into their condition. Veronica Moss gives an overview, highlighting 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.

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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 functions 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 decision making. 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 what outcomes to place in rank order their preferences for deployment of healthcare resources defies belief as a way of policy decision making. 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 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 healthcare profession. Its 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 proponents.

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 not doubt feel that he had achieved his 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 serve us better than this clever but difficult book.

ALISON FRATER
Public Health Specialist


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 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 falls 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, 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.


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 her contemporaries because the 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 practice. Ten years later mortality had reduced inpatient mortality from 40% to 2%. One century later surgeons in the United States, appreciating wide discrepancies in the distributions of