facilities and mortality from one part of the United States to another, recognised that many facilities were substandard, set up the American College of Surgeons, and began to use the economic incentive of professional accreditation as a means of raising the delivery of health care. Only a little later in the book the authors describe the initiative of the Royal College of Radiologists in appreciating the wide diversity of use of preoperative chest radiographs and their failure to influence decisions to operate, leading to the importance of using economic incentive to conclude that such films were necessary in no more than 11-5% of routine cases.

The book is also a treasure chest of highly quotable thoughts, many of them the authors' own — for example, “The most cost effective approach to audit is to collect limited data on a small but sufficient group of patients” — and the confessions of a remarkable statistician (Humphrey Davey), “I thank God I was not a dextrous manipulator: the most important of my discoveries have been suggested to me by my failures” and of a famous prime minister (Churchill), “You cannot take sides against arithmetic.”

Attractive as these features are, the main message of this book is its summary and structured exposition of the aims, processes, and successes of clinical audit as a tool for improving delivery of health care and it is consistent with the need for such an approach. The book is a counterproductive publication of comparisons of care or outcome nor yet resource management — but the slow, collaborative, and determined identification of shortcomings and the implementation of remedies. To quote the authors again: “The rationale for selecting a topic follows from the definition of the problem to be audited should be capable of change and if successful the change should be worthwhile,” and later, “If a few patients will benefit greatly or many patients will benefit to some extent, the cost of the audit may be justified.”

I commend this book without reserve. I read it with pleasure at a single sitting and then immediately ordered 15 copies to be distributed among my hospital's clinical directors, senior administrators, and all of its clinical audit staff. None have complained. In a few months' time there will be an audit to see whether they have read it.


Public health has a major role in establishing and developing clinical audit in the NHS. As a discrete specialty it is imperative that public health leaders by example and carries out meaningful audit on its own activities. This report presents the results of research into how audit in public health has been implemented. The first section of this report was compiled by the Faculty of Public Health Medicine and funded by the Department of Health and shows its perceived importance both to the specialty and to the wider health service.

Telephone interviews were held with more than eighty public health departments in the last third of 1991. A detailed study of seven carefully selected departments was made with fieldwork conducted between March 1992 and January 1993. Substantial changes in the role of public health have occurred during and after the research dates, which may affect some of the findings of such a report is potentially "out of date."

Nevertheless, the report does contain constructive comments for advancing audit within public health medicine. Interesting insights are given into how departmental culture shapes the audit which is carried out. A broad brush picture of how, when, and who participate — or perhaps should participate — is painted. Types of audit are described. Separate short sections cover the benefits and difficulties with audit. Interestingly, the page space devoted to difficulties exceeds the pages devoted to benefits. This perhaps indicates the difficulty in applying formal clinical audit methodology to the practice of public health medicine.

The report suggests that to date the practice of audit within public health — if these results are representative — shows little evidence of producing tangible benefits, remains largely an "add on" activity rather than an integral part of routine practice, and requires alternative methodology to be applied other than that suited to the practice of clinical medicine.

The report is short, readable, and should be read as background material for those in public health wishing to advance audit within their specialty.

EDWIN J PUGH
Executive Director of Public Health


Despite more than a decade of theorists attempting to illustrate the value of nursing models there is little research evidence to demonstrate the contribution of these models to patient care. However, most have accepted nursing models uncritically. The first in a series of developments in nursing and health care, this expensive book offers up to date reports of recently completed research projects in quality of care. The first part is the selection of a new model for long stay psychiatric care and the second the evaluation of the effects of the selected model on quality of care. As it is an original piece of work on this side of the Atlantic this is therefore one of the book's major strengths. An extensive review of the theory related to nursing models and non-nursing models provides an invaluable resource for those who are being asked to deliver curriculum in relation to nursing models, and it also provides discussion which it is easy to relate to. The book will be of particular interest to psychiatric nurses, the review and methodology sections will be useful to undergraduate nurses and nurses with a particular interest in nursing models. The second part is of particular interest as it evaluates the selected human needs model effect on specified quality of care concepts. It is divided into structure, process, and outcome and uses different measures: the ward atmospheric scale, psychological and social outcomes, Quality of life, satisfaction, nurse satisfaction, and patient dependency. Owing to the variety of measures used, the book is broad in its evaluation.

The research would have benefited from being repeated in different healthcare settings as it would help nurses in evaluating the use of nursing models and their contribution to the quality of care. Because the methodology is so explicit replication is possible.

There are enlightening methodological sections which review several research approaches – for example, of particular interest is the good overview of the Delphi technique, which will be of use to research students. Overall, the discussion of the findings is well supported with short extracts of quotes from the respondents, enhancing a section which could otherwise be complex. The many figures and tables are user friendly and easily referenced, summarising points developed in the text.

The comprehensive nature of this book, its relevance to practice, and its relation to measuring quality of care, make it extremely valuable to nurses.

GERALDINE CUNNINGHAM
Nurse Practice Adviser


Audit has a long tradition in British obstetrics and gynaecology through the Confidential Enquiries into Maternal Deaths first published in 1957. The most recent annual report, however, shows that maternal deaths due to haemorrhage have doubled, with substandard care in half these cases being reported, despite the publication of guidelines on managing massive haemorrhage in the previous report. As Michael Maresch points out in his introduction to Audit in Obstetrics and Gynaecology, this illustrates the need not only to monitor standards but also that recommendations are followed.

The first section of the book emphasises the importance of conducting audit and systematically introduces the role of audit in topics such as risk management. It distinguishes audit from research, "Research is the scientific activity intended to determine what constitutes good care and what should be done — that is, standards of care. Audit is the scientific study of whether the standards are being met." For example, research which looks to be used prophyllactically for surgery; audit would determine whether it was used. Alison Macfarlane provides a comprehensive overview of the sources of data on pregnancy, delivery and newborn in Britain. She shows how routinely collected data are relevant to
It is actually based on vast and largely unquestioned assumptions about the human condition. He goes on to show that his framework models are built on similar foundations.

The humanistic model he describes in relation to the work of Balint, for whom he seems to have particular sympathy. He describes the values of humanistic medicine as teleological – concerned with the meanings that we give to life, suffering, and death. He characterises the Balint model as, “the acceptance of illness as a meaningful part of life to be integrated into an individual’s narrative rather than suppressed or removed.”

The proactive and public health model is exemplified in the work of Tudor Hart. Toon’s analysis of this model is no less subtle and full of insight than his analysis of Balint. He is both critical of the assumptions and sympathetic towards some, but not all, of the intentions. In the course of his analysis he illuminates the confusion between the advocacy of a public health proactive model and the socialist ideal of accountability in the health profession, the state and community which characterise so much of Tudor Hart’s writings and thinking.

Toon not only contrasts these three models but reveals a telling similarity between them. The biomechanical model is concerned with the functioning of the body machine; the humanist model is concerned with life’s meaning and purpose; the proactive model emphasises utilitarianism and justice. What they have in common, he suggests, is a very strong paternalism, although in each model this is differently expressed in its different context.

In addition to these, Toon examines two further models. The model of general practice as a business gets short shrift, although there are many useful insights; this model is unique in recognising the practical and emotional needs of the providers of health care. Lastly, he examines the model of general practitioners as a medical profession. The danger that general practice is becoming a model is very real, and not least the conflicts of interest that must inevitably arise when doctors see themselves as the advocates of the interests of members of the family who look to them for medical care.

The author is at his strongest in mounting a critique of the five models and at his most uncertain in looking to move us forward to a definition of good general practice. Essentially, he offers three solutions. The first is based on the work of Thomas Kuhn who suggests that in science a dominant paradigm increasingly fails to account for what is observed, and as society demands new solutions to new problems, old models are superseded by new ones which are not so much rejected as absorbed. The Kuhn solution presents general practice engaged in a perpetual role and structural revolution. The second relates to Balint’s “anatomical model of communication,” in which doctors unconsciously “sell” their own model of health care to their patients, and the patients selectively “buy” what suits them. The Balint solution suggests a liberal market in moral values. The third is based on the notion of a cultural consensus, and Toon quotes several philosophers’ assertion of “a basis for moral consensus in our common humanity.” Finally, Toon looks to notions of justice and righteousness as a way of judging virtue. This is attractive but perhaps simply takes us in circles to the beginning of the argument.

There are other ways of handling the multiplicity of models of what is good. The American philosopher Richard Rorty in his book Contingency, Irony, and Solidarity (Cambridge University Press, 1989) talks about the contingency of all languages. The truth that we speak depends on a context rather than a meaning, and these assumptions are built into the very structure of language. If we talk about the patient in the Oslerian language of the biomechanic, there will be areas of discourse that can be illuminated and areas which must be left permanently in shadow. What is left in shadow can be illuminated only by another kind of language – for example, the language of Balint or Tudor Hart. Rorty suggests that virtue lies in the development of irony, by which he means a willingness to see the contingency of one’s own language and the possibility of viewpoints other than one’s own. The same may apply to other models and other languages of Toon. In fact points us in the direction of such ironic irony, although I suspect he would not approve of such a relativist position.

This is an important essay, but it is not an easy read. Inevitably, some of the jargon of philosophy gets in the way and the importance of this book may be missed. However, Toon is also a little cavalier in dismissing the struggles of those who have attempted to define good quality general practice against a background of relative complacency about poor quality. Much of the thinking behind this book is relevant to any area of professional practice and has been concerned not with the almost impossible task of defining the good but with the easier task of defining the bad. We owe this author a considerable debt.

The value of the book lies in its keen critical edge, and in its attempt to resist the blandishments of contemporary medical writers and philosophers to remain critical and analytical. The work is written with clarity and passion and is a rewarding read for all those interested in the cultural context in which medicine is practiced.