audit in obstetrics and gynaecology and how they should be used, despite their gaps, to identify areas for improvement.

In the second and third sections Michael Maresch and his contributors give a practical guide to audit, helping obstetricians and gynaecologists in selecting which processes to audit and how to do it systematically. The topics covered include antenatal and intrapartum care, prenatal diagnosis, gynaecological inpatient and outpatient care, and infertility services. One of the most obvious candidates for the close scrutiny that audit would bring is urological gynaecology, with its lack of agreement over definitions, appropriate investigations, and treatment. In his chapter on the topic Anthony Smith argues that audit in urological gynaecology is only possible once terminology, investigative techniques, diagnostic criteria, and management have been standardised. He defines these standards and gives examples of their use in auditing the provision and outcome of care.

The sudden interest in audit has resulted in the subject seeming more complicated than it need be. After all, by their participation in confidential enquiries and departmental perinatal mortality meetings, obstetricians and gynaecologists have been auditing for years, albeit unknowingly. This is a book that helpfully takes the mystery out of audit. For a senior registrar in obstetrics and gynaecology, approaching interviews for a consultancy and in fear of questions on audit, it is an excellent book to calm one's nerves.

FRIEDERICKE EBEN

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What is Good General Practice? Peter D Toon (pp 55; £10.00 members, £11.50 others). London: Royal College of General Practitioners, 1994. Occasional paper No 65. ISBN 0-85084-199-2.

The pursuit of quality in health care – and an important subset of this activity, the pursuit of quality in general practice – has given rise to a growth industry of academic units, publications, practice guidelines, clinical protocols, and political exhortations. Little, if any, of this activity is focused on an inquiry about the nature of the good and the values that underpin our judgements. Peter Toon's contribution in this extended essay is therefore particularly timely and important. His thesis is summed up in the final chapter with the words: "What we need is not better research data but better philosophy."

Toon's essay presents us with five models of general practice. In relation to each of these, he identifies a reference figure. The biomechanical model (described as Oslerian) is subjected to what is now a well worn and traditional critique – its view of man as machine, its inability to deal with the body-mind duality, its relative power in dealing with major disease processes, and its relative frailty in dealing with most illnesses. Toon, however, has a much more important point. Although biomedicine may present itself as an empirical model,

it is actually based on vast and largely unquestioned assumptions about the human condition. He goes on to show that his four other 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 ideals of public accountability 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 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 family doctors. The dangers of this model are clearly set out, not least the conflicts of interest that must inevitably arise when doctors see themselves as the advocates for all the members of the family who look to them for care.

The author is at his strongest in mounting a critique on 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 as one model or 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 notion of the "apostolic function," 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 around in a circle 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 the assumptions that we make, 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 alternative truths in the language of others. Toon in fact points us in the direction of such iatronic 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 of immediate understanding. 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 quality assurance in general practice 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. He challenges us with what are the most important questions bedeviling the new age of contract in which modern medicine finds itself. This is an essay not only about what constitutes good general practice but what constitutes good medicine. It is also an essay in good quality thinking. We will be hearing more from Peter Toon, and we should welcome this.

MARSHALL MARINKER
Director of Medical Education

Living with Multiple Sclerosis: Personal Accounts of Coping and Adaptation. Sarah Perry (pp 257; £35.00). Avebury, 1994. ISBN 1-85628-893-5.

Chronic progressive illnesses such as multiple sclerosis have been given little attention in the past. However, their cost in personal and economic terms is beginning to be recognised as the government implements its care in the community policies.

Sarah Perry has succeeded in bringing together and critically examining many concepts, theories, and lines of inquiry related to the experiences and coping mechanisms of people with multiple sclerosis. The potential areas for consideration are very wide, but the book, based on the author's doctoral thesis,

presents this information in a clear, logical, and structured manner, with explicit reasoning for pursuing each line of inquiry.

Arranged in eight chapters, the book largely follows a thesis format. The first three chapters provide excellent in depth literature reviews; the first chapter gives a useful summary of the physical implications of multiple sclerosis from biomedical and social sciences sources, the second and third chapters are particularly valuable in bringing together broader concepts such as chronic illness as a socially defined condition and "insiders' perspectives" based on reports of people with chronic illness themselves. In particular, the third chapter outlines two predominant approaches (qualitative versus quantitative) and argues the need to bridge the language and academic barriers between the two. The project itself, as discussed in the remaining chapters, seeks to do this by integrating both approaches to help gain a fuller understanding of how people with multiple sclerosis live with their illness.

As it becomes clearer that multiple complementary research approaches provide the most illuminating data when studying the human condition, this book presents a much needed, explicit example for others of how this research can be done to good effect. The study provides an in depth consideration of how 40 people with multiple sclerosis in Northern Ireland, community and institutionally based, perceive their lives, their illness, and their means of coping. Although necessarily limited in its application, the study provides a valuable insight into the sufferer's perspective, an area often neglected by healthcare professionals. In this respect, not being a "recognised professional in the field" may have been a significant asset to the author. The study is of interest to clinically based researchers, particularly in rehabilitation and community settings. The findings are especially relevant to clinical practice and are of interest to therapy and nurse teachers, as well as students.

The prompt publication of monographs in this way greatly increases the accessibility of research. Unfortunately the ease of use as a reference source is appreciably limited by the lack of an index system, making many valuable discussion points inaccessible without rereading much of the book. Nevertheless, the book provides a much needed perspective for professionals in rehabilitation.

JANE JOHNSON

Clinical Nurse Specialist in Rehabilitation

If you wish to order the titles reviewed or require further information, please contact BMJ Bookshop, PO Box 295, London WC1H 9JR (tel 071 383 6244; fax 071 383 6662). Books are supplied free of postage in the UK and to BFPO addresses, overseas customers should add 15% for postage and packing. Payment can be made by cheque in sterling drawn on a UK bank account or by credit card (Mastercard, Visa, or American Express) stating card number, expiry date, and full name. (The price and availability of titles are occasionally subject to revision by the publishers.)

COMMENT

Hormone Replacement Therapy: A Critical Review of Current Practice and the Way Ahead. Clinical Resource and Audit Group and Scottish Office. (pp 76; free). Edinburgh: CRAG Secretariat.

Although the benefits of hormone replacement therapy are well recognised, views differ widely as to how it should be prescribed and to whom, hence the decision by the Clinical Resource and Audit Group to hold a conference to assess the benefits and risks of hormone replacement therapy and to recommend sensible prescribing policies. The subsequent consensus statement summarises the papers presented at the conference and comprises chapters covering identification of women who would benefit, which preparations to prescribe, the risks and benefits of long term therapy, and areas for future research and for audit.

The need for greater education among doctors and patients is highlighted by the fact that, although all agree that women who have a premature menopause have most to benefit from hormone replacement therapy, only 30% of this group is currently taking the therapy. The greater availability of computerised general practitioner records should enable easier identification of women who should be offered hormone replacement therapy, such as those who have had a hysterectomy. Poor compliance is still a major problem – in the United States 20% of women discontinue therapy within nine months and 30% of those prescribed therapy fail to collect the prescription. Outdated ideas about contraindications to therapy, such as thromboembolism, are still commonly encountered.

The agreed approach when hormone replacement therapy is being started is that the cheapest, effective type of preparation should be prescribed in the first instance, although the individual requirements of each patient should be considered. Different routes of administration are discussed in the statement, together with their influence on patient compliance. The risks and benefits of long term hormone replacement therapy are discussed in detail, and, clearly, more research is needed about the effect of the progestogens used in opposed hormone replacement therapy on the risk of ischaemic heart disease and breast cancer.

Although there is some overlap between the chapters this is an extremely useful booklet for all those who prescribe hormone replacement therapy. It emphasises the need for research of the effects of modern opposed therapies and the need for greater awareness of the benefits of hormone replacement therapy among both women and clinicians

LESLEY REGAN

Consultant Gynaecologist and Obstetrician

DIARY

27 April

London: Royal Society of Medicine. Evaluating clinical audit: past lessons, future directions. A joint conference of the RSM Forum on Quality in Health Care, CASPE Research, and *Quality in Health Care*, sponsored by the Department of Health, on the progress and impact of clinical audit in the NHS. (£45, RSM fellows and forum members; £85 others, including all conference materials, lunch, and VAT.) Further details from Miss Lisa Spicer, RSM, 1 Wimpole Street, London W1M 8AE (tel 071 290 2900 ext 4936; fax 071 290 2989).

14 April–14 May

London: Barbican Centre. Helping to heal. A national touring exhibition of new photographs by Jerry Hardman-Jones focusing on the work of Arts for Health, a national charity based at Manchester Metropolitan University. Further information about the exhibition, review copies of the catalogue, and photographs from Sheeran Lock Fine Art Consultants (01422 844642; fax 01422 845443).

29 June

London: Royal Society of Medicine. How to change practice: strategies and solutions. A conference on the problems and opportunities of changing and influencing clinical practice with an emphasis on practical and working approaches. (£25, RSM fellows and forum members; £35 others.) Further details from Miss Lisa Spicer, as above).

QUALITY QUOTES

Ideals are like stars. You will not succeed in touching them with your hands; but, like the seafaring man, you choose them as your guides, and, following them, you will reach your destiny

– CHARLES SCHURZ

I knew very well what I was undertaking, and very well how to do it, and have done it very well – SAMUEL JOHNSON

Excellence is to do a common thing in an uncommon way

– BOOKER T WASHINGTON

Certainly a leader needs a clear vision of the organisation and where it is going, but a vision is of little value unless it is shared in a way so as to generate enthusiasm and commitment. Leadership and communication are inseparable

– CLAUDE I TAYLOR
(Chairman Air Canada)

Amusing or erudite items relating to quality – including examples of "quality speak", cartoons, etc – are welcomed for publication and should be addressed to the editor