BOOK REVIEWS

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Stroke Audit Package. Royal College of Physicians (Booklet, software, stroke audit forms, clerking proforma; £25). London: Royal College of Physicians, 1994. ISBN 1 873240 81 3.

This is a welcome first attempt from the Royal College of Physicians to introduce a standard package for consistent audit of stroke management, which was targeted by the Health of the Nation initiative. Standards of care for stroke vary widely up and down the country and controversy rages over how they should be improved. Should we have special stroke units? If so, for which patients and do special units work? Here, at last, is a tool that could provide some answers. But will it?

Produced by the UK Stroke Audit Group, the package includes an audit form for retrospective audit of patients' records, a software package for data collection and analysis, and a proforma for clerking patients. Since producing the famous *Blue Report* or *Physical Disability in 1986 and Beyond* the college has been a major champion of multidisciplinary rehabilitation, so it is rather sad that this audit group should comprise 17 doctors and one clinical psychologist and have no representation from other therapy disciplines. Not surprisingly, the emphasis is heavily weighted towards acute medical management of stroke and only scant attention is paid to rehabilitation. It is, however, during the rehabilitation phase, when medical attention tends to wane, that our services currently fall so far below the mark, and this package as it stands misses a golden opportunity to do something about that. For example, the suggested standards stipulate that each patient should be seen by a consultant within the first week of the stroke. No mention of assessment by a neurologically trained physiotherapist, a swallowing assessment by a speech and language therapist, or a wheelchair assessment by an occupational therapist. When I have my stroke I know whom I would rather see. The standards simply state that all patients should have access to a multi-disciplinary team and that there should be evidence that this team, whoever it comprises, meets from time to time and has a clear idea of the direction of rehabilitation. We can expect and demand more than this.

Clerking proformas fulfill a number of functions, from ensuring a complete database in a collectable form to encouraging junior doctors towards good practice. Unfortunately the proforma supplied with this package will serve only to breed a further generation of doctors with a short attention span for managing stroke.

I hope that this is just part I of the package and that part II is on its way. Then we might really start to see some improvements in quality of managing stroke.

Doctors, Dilemmas, and Decisions. Ben Essex (pp 320; £22.95). London: BMJ Publishing Group, 1994. ISBN 0-7279-0859-6.

Any doctor who could read a selection of the 211 cases reported in this book and not become fascinated by the twists and turns of patient care should seriously question his or her interest in medicine. The cases include a woman who told her general practitioner that her nephew, who had recently joined a local vocational training scheme, had seen a video recording of one of her consultations with you. In another case, a man who drinks relatively heavily wants you to write to London Transport to say that his blood pressure, which was found to be a little raised at a pre-employment medical but is normal when checked in the practice, is in fact normal so that he can be employed as a bus driver. Do you break the rules of confidentiality and tell London Transport about his drinking habits? The procession of cases include the stories of patients who present difficult diagnostic problems, investigation and management decisions, and challenges to preventive medicine.

The examples are not confined to clinical issues but also include topics such as violence towards doctors (one case includes these short sentences; "The door opens and in rushes a man with a large carving knife. He closes the door quietly and says, 'I'm going to kill you'"), difficult requests such as a request for a home visit from a patient of a neighbouring general practitioner, protocols, and waiting list problems. Perhaps the most remarkable chapter is concerned with mistakes. A series of nine cases are presented, in which things went wrong, sometimes seriously. Anyone with an interest in significant event audit will find this chapter valuable and will also be deeply impressed by the professional maturity of the practice that can discuss these cases so openly and honestly.

The purpose of these case descriptions, which are based on real problems presented to general practitioners, is to identify how decisions are made by doctors and to derive common themes or rules from which we can learn and which can guide future decisions. The rules are included throughout the text in relation to the cases. They cover just about every aspect of clinical practice and management of care. For example, there is advice about not only both the signs to look for in non-accidental injury but also the practicalities of a child protection conference and possible child assessment order. The combination of clinical, ethical, legal, and administrative issues is valuable and stimulating.

I was less convinced with the argument that rules can be derived in this way. Inevitably, I disagreed with some of the rules, but only a small minority. Exactly how they could be applied or referred to in daily clinical practice was less clear. This should not necessarily be seen as a criticism of the book, as study of the way

general practitioners make decisions is extremely limited. If nothing else, *Doctors, Dilemmas and Decisions* should act as a catalyst for further research in this area.

However, the book's greatest value may be in encouraging general practitioners to think more carefully about how they make decisions. In this context, it will be of particular value to all trainees and trainers. Nevertheless, I would encourage any doctor or intending doctor to open the book at random and read about a few of the cases described.

RICHARD BAKER
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Systematic Reviews. Iain Chalmers, Douglas G Altman, eds (pp 128; £14.95). London: BMJ Publishing Group, 1995. ISBN 0-7279-09045.

As Iain Chalmers points out, the number of systematic reviews published per year has increased dramatically in recent years. Such reviews are becoming an important part of medical research and *Systematic Reviews* is both timely and thought provoking. It will not tell you about the statistical methods used in meta-analysis but, more importantly, introduces the concepts underlying the procedures necessary to carry out a systematic review.

The contributors come from a range of backgrounds and hold differing views on the place of systematic reviews in medical research. Such views range from: "Before deciding that we should not bother with reviews, it is important to remember that we have little choice. Whether we rely on published, formal reviews or reviews done inside our heads, or the heads of experts, the risks remain." to: "If a medical treatment has an effect so recondite and obscure as to require meta-analysis to establish it, I would not be happy to have it used on me."

Systematic Reviews treats the subject seriously, but it is easy to read and makes minimal demands on statistical understanding. No one who reads it should be under any illusion that a systematic review is an easy option. A good systematic review should allow precise estimates of treatment effects to be made more quickly and cheaply than by carrying out a very large trial. But it cannot be done over a bank holiday weekend with the help of a few school leavers cruising through MEDLINE on their personal computers. It is essential to find all the trials in the area under review, published (in any language) or unpublished, listed in MEDLINE, or simply tracked down through references. The hard task of deciding for each trial whether the methodology is sufficiently rigorous to be included in the review can then begin.

Some telling examples are used in this book to highlight important uses and abuses of meta-analysis. It is made quite clear that the value of a systematic review is heavily dependent on the scientific rigour and attention to detail with which the reviewers carry out their task. Inevitably, different studies will have different methodologies, patient groups, time frames, outcome measures, etc. The skill of the systematic reviewer comes into

its own in exploring the relation between methodological or clinical heterogeneity and treatment effect and in recognising sources of bias.

For those wishing to embark on a systematic review for the first time the bibliography should prove a useful starting point.

JANE WADSWORTH
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Measuring Disease Specific Quality of Life. A Bowling (pp 374; £16.99). Buckingham: Open University Press, 1995. ISBN 0335-19226-2.

Healthcare technologies that rapidly diffuse around healthcare systems without formal evaluation are the object of universal concern. Patient based outcome measures are an unusual example of just such a technology. The term refers to a family of questionnaires and interview schedules that elicit information about patients' perceptions of symptoms, ability to function, and the impact of illness on quality of life. Largely developed in North America, the approach has spread remarkably rapidly around Europe. The principle of patient based outcomes feels exactly right. We are offered the allure of instruments designed to evaluate health services by the only criteria that ultimately matter, those of the patient. Yet, as with many rapidly diffusing technologies, we have little evidence of effectiveness – that is, improved health care as a result of evidence from patient based outcomes. It is not even clear that paper and pencil based self completed questionnaires are cheap once the skills required to process and interpret results are included. Yet the intellectual pace and achievements of this fast growing methodology are striking. Ann Bowling's book is impressive evidence of the staggering range of questionnaires and interviews to assess the patient's experiences of illness now available in almost every field of health care.

In an earlier volume Ann Bowling reviewed the diverse range of instruments commonly termed generic instruments, intended to be applicable to a wide range of health problems. In this current volume she turns her attention to so called disease specific instruments, intended to provide evidence of patients' experiences of a particular disease or condition. Whole chapters are devoted to reviews of specific fields such as cancer or rheumatological or neurological conditions. Each chapter reviews the range of available instruments for a particular health problem with considerable thoroughness. The scholarship involved is substantial as the author has tracked down and summarises not just the primary publications launching and describing new measures but also the secondary evidence of other research testing and applying instruments.

This volume will therefore provide an invaluable resource for anyone undertaking work to establish outcomes of

healthcare activities. They will still need to look up the original sources, at least because this volume is unable to reproduce the full version of any of the instruments described. Indeed, Ann Bowling argues strongly that journals should do more to encourage authors of new instruments to publish them in full to ease dissemination and access.

Towards the end of the volume the author lists several considerations potential users should work through when selecting scales for a particular application. It is in this issue of appropriateness of instruments for particular purposes that more analytical work is needed. At present too many users rather mechanically select patient based outcome instruments in a way that they would not when deciding laboratory measures. Or have I got that wrong?

RAY FITZPATRICK
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Purchasing for Health. John Øvretveit (pp 168; £42.50 (£18.99 pb)). Buckingham: Open University Press, 1994. ISBN 033-519-3323.

There are few authoritative texts on the theory and practice of health purchasing. Most of the available written material is in the form of guidance, project reports, or strategy documents. This new text, one of a series on health services management written by a Swedish professor of health policy (formerly an academic at Brunel University, United Kingdom), is a welcome addition. It potentially meets an important need.

The book's orientation is that of policy analysis, drawing on research undertaken in one of the English health regions and on comparisons with other healthcare systems around the world. Individual chapters cover topics such as markets for public health care, the purpose of purchasing and commissioning, contracting, rationing, effectiveness, collaboration with local authorities, as well as the integration of primary and secondary care.

Good conceptualisation of complex issues is a feature throughout the book, although at times this becomes quite daunting. There are too many issues, checklists, concept diagrams, and classifications for the reader to absorb within a topic area. Similarly, there is extensive use of quotations from government reports, speeches, and comments of influential people, as well as other published work. Sometimes these work well as thought provoking insights into the issues, at other times they do not seem particularly apt, they make the text disjointed, and they stop the flow. For these reasons the book will be of most value to someone seeking to study the subject rather than to read about it more generally.

Some topics could have benefitted from a more practical treatment. Quality in purchasing is one example, in which the pros and cons of quality clauses in

contracts as a mechanism for achieving change is discussed but not how they are framed and the strengths and weaknesses of different approaches. Clinical effectiveness is dealt with somewhat superficially, with little contextual reference to the evidence based healthcare movement. At a more general level more discussion of purchasing theory and practice in other sectors, such as industry, would have been helpful.

A book on this subject will inevitably date quite quickly, but for the moment it should join the more important texts on modern health service management on reading lists and in libraries.

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and Director of Public Health,
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DIARY

23–24 May

Birmingham: Evidence into action. A two day conference on the challenges of putting evidence based health care into practice. Further information from: Lee Crutchley, Health Services Management Centre, The University of Birmingham, Park House, 40 Edgbaston Park Road, Birmingham B15 2RT (tel: 0121-414 7058. fax: 0121-414 7051).

26–30 May

Jerusalem: 13th International Conference of the International Society for Quality in Health Care. The Conference will have special sessions on the quality assurance of trauma care in emergency and disaster situations, with representatives of armed forces medical services and other trauma experts taking active part. Further information from: The Secretariat, ISAS International Seminars POB 574, Jerusalem 91004, Israel (tel 972-2-6520574; fax 972-2-6520558).

26–28 June

Cascais, Portugal: The 1996 EHMA Annual Conference. Healthcare Futures: The Managerial Agenda. The conference will consider three aspects of "Healthcare futures." As the focus of the conferences – and of the Association – in healthcare management, it is expected that all papers will focus on the managerial consequences of each of the following themes: Health futures; Social factors; Managerial futures. Further information from: Ms Rena Dooley, Manager, Membership Services, European Healthcare Management Association, Vergemount Hall, Clonskesgh, Dublin 6, Ireland.