empiricism that has to be considered by all researchers whether they use qualitative or quantitative methods: how to show that their empirical methods produce findings that are accurate, credible, and trustworthy. Scientific ordonosy in the north of the Republic of Hong Kong returns, how can qualitative researchers vouchsafe credibility when the methods they use are idiosyncratic and interpretative, and when the objective is to present an account of reality that incorporates the experiences and beliefs of the subjects. His favoured version of validity is grounded in consensus, an aheriasm from Eagleton captures the essence of his view: "an interpretation upon which everyone is likely to agree may be regarded as a fact". The importance of achieving consensus in establishing validity for both qualitative and quantitative research may provide a uni-
ing epistemological concept that can take us beyond the sterile dichotomies of positivism and naturalism. It must be said that Sanger's book is not always an easy read. He demands a willingness to consider episte-
omological issues, and his use of examples that could put from being applied to Health Service, however, the book repays careful reading. It eschews methodological dogma and provides a reasoned consideration of qualitative re-
search that will help to foster methodological pluralism.

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General practitioners do not come more influential than Donald Irvine—formerly
chairman of the Council of the Royal College of General Practitioners (RCGP) and
now chairman of the College's Joint Committee on CEI-MAKING, and now the first
grand master to be elected President of the General Medical Council. Sally Irvine, for
general administrator of the RCGP and
now a member of the New Health Service (NHS Trust), has done much to develop
the role of management in primary care. To
together they played an important part
in shaping the quality initiative of the RCGP in
the 1980s, which in turn had a significant
influence on the enormous and continuing
changes imposed on the NHS through the
1990 GP contract and the wider reforms.
Their book is thus of interest both as a
zapatismo of the development of qual-
ity assurance in primary care and as an
insight into the perspective on progress in
primary care from a viewpoint broadly
in favour of the College. The book will

We get a tour of the theory and practice of
time and practice of quality assurance, the role of guidelines, the
role of planning and management in handling
to the various"method-
s of external review of practice activities
currently available. The narrative is peppered
with the thoughts of the various quality gurus
(not always easily comprehensible in abbrevi-
ated form) and spiced generously with real

Health Outcome Measures in Primary and

Health outcome measures in primary and
out-patient care consists of a volume of edited chapters from academics and health
professionals across the world and from a
wide range of disciplines. They were
members of the European Research Group on
Health Outcomes (ERGHO) and formed
the participants in two earlier workshops on
health outcomes. The chapters are practical
and include the assessment of health
outcomes in chronic diseases in general, and
in particular age groups, and focus on ambu-
atory care. Some chapters are discipline
specific—for example, economics, nursing
and others more broadly concentrate on
definitions of outcomes, quality of life, and
the criteria for selection of a scale. The
book is intended to be read by policy
makers, doctors, nurses, other health profes-
sionals, and patients' repre-
sentatives.

A refreshingly original, patient based
approach to measuring health outcomes is
put forward by Dr Peter P. Ruta. They point out that with most scales for
life the choice of dimensions and their values
are imposed on respondents. However, they
only will the different dimensions have differ-