
Busy clinicians, by and large, do not have time even to sample the many courses and training programmes available. The subject is one which divides the medical world, and the majority consists of those cynics who believe that clinical governance will prove to be a useful tool for introducing quality improvements into health care, whereas the minority believe that clinical governance will prove to be a valuable tool for improving quality in health care, then the way forward is becoming clearer.

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Palliative care has undergone a rapid expansion in the UK over the past 30 years, resulting in the development of inpatient beds, home care services, day care services, and hospital palliative care teams. Evaluation of these services suggests greater patient and carer satisfaction, improved symptom control, and a reduction of hospital stay. This book documents the development of a hospice-at-home service in West Cumbria, providing a home nursing service, medical domiciliary visits, day centre twice a week, and access to a specialist palliative care service. It is, in essence, an uncritical description of the development of this service from the initial fundraising meeting to the service 10 years on. It reviews the role of the members of the team involved in the development of the service in an uncritical way, but there is no clear discussion of multidisciplinary working within the local area. For example, it is not clear how the hospice-at-home team interacts with local services such as physiotherapy, occupational therapy, social services, and chaplaincy. Although there is reasonable detail outlining how patients' needs are met, it is unclear as to whether specialist psychosocial needs were adequately addressed within the structure of the hospice-at-home team.

Although the book suggests that dying patients spend less time in hospital in West Cumbria since development of the service, it is not clear whether there has been any change in patterns of place of death, in particular a rise in home deaths, since the establishment of the service. It is also not clear how many dying patients in the geographical area in which it operates have access to this service, and what the potential levels of unmet need are.

This readable book has been written for a largely local audience with no specialist knowledge of palliative care, or palliative care services. It does, however, give a good discussion as to why a hospice-at-home team was particularly suited to the geographical area and why inpatient beds and a building were rapidly discounted by the development team. I am sure it will be of great interest to a general audience interested in palliative care, in particular in rural populations, but is unlikely to be of interest to specialist palliative care providers.

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