

BOOK REVIEWS

The Evidence-Based Primary Care Handbook. Mark Gabbay, editor. (Pp 314; £19.50). London: Royal Society of Medicine, 1999. 1 85315 415 6

A flood of publications followed the introduction of evidence-based practice to this country in the mid 1990s and many of the books were concerned with explaining the subject in primary care. Perhaps this reflects particular interest in the topic in a discipline that had not previously believed it had an evidence base to justify its patterns of practice. Whatever the reasons for the initial interest, there has been an inevitable backlash. The criticisms of evidence-based practice now range from detailed technical points, through the difficulty of blending evidence and patient preferences within clinical decisions, to heated emotional reactions that are difficult to interpret. At the present stage of the natural history of evidence-based practice a balance is being struck as the methods are assimilated.

The earlier books concentrated on methods, in particular those that an individual clinician professional would require. Book after book explained the process of seeking and appraising evidence and applying it in practice. *The Evidence-Based Primary Care Handbook* is the first of a second generation of publications on the topic and is therefore a welcome step forward in the debate about the place of evidence-based practice in daily health care.

The first five chapters are perhaps the least helpful. These present a general introduction to the methods of evidence-based practice that can be found in more detailed form in earlier books. For example, guidance on or how to implement clinical guidelines can be found elsewhere. However, from chapter 6 onwards the situation changes. We are introduced to the role of evidence-based practice in learning and development, and issues such as patient consent and patient involvement are discussed. There is an excellent chapter on fundamental statistics. Then begins a section concerned with commissioning, health economics, and the use of evidence to make the best of limited resources. This is essential material for primary care groups and trusts. The book is rounded off by a series of practical examples of the use of evidence in primary care, including discussion of prostate screening illustrated with decision analysis, a chapter on whether or not to treat urinary tract infection, and an investigation of treatments for mastalgia.

If you are already familiar with the concepts of evidence-based practice, miss the first five chapters and enjoy the rest. If you are new to evidence-based practice, you may find the first five chapters helpful although perhaps they do not contain as much detail as some of the earlier books concerned principally with methods. Either way, those leading primary care groups or trusts have much to gain from the later sections of the book.

RICHARD BAKER

Director, University of Leicester School of Medicine,
Clinical Governance Research & Development Unit,
Faculty of Medicine, Leicester LE5 4PW, UK

Peer Review in Health Sciences. F Godlee, T Jefferson (Pp 271; £30.00). London: BMJ Books, 1999. ISBN 0 7279 1181 3

Discussing the merits or otherwise of peer review in the health sciences is very similar to discussing the merits or otherwise of the jury system in the legal process of the courts. Each is surprisingly lacking in evidence upon which to make clear decisions, but each is concerned with systems for judging or rating the evidence, each has a history—and almost certainly a future—of policy crafted by values and opinion. The strongest critics and the strongest defenders are often one and the same. Part of the problem may be that we expect too much of both systems, more than they can ever truly deliver. We therefore create an inevitable expectations/reality gap. One clear example is that of detecting scientific misconduct—something that peer review is so ill equipped to do that we should probably explicitly accept that it can't.

Furthermore, both processes—the jury system and peer review—use untrained participants. However, they do differ at least in the fact that those who undertake peer review in the health sciences have experienced review of their own work, while the experience of jurors is likely to be largely through media representation of the legal process (indeed, many who have direct experience are actively excluded!).

I would not begin to claim to know how the jury system is evaluated, but the peer review of publications and grant applications is now developing a more structured and formalised body of research activity to supplement the vast experience of journal editors and grant giving bodies.

This ambitious book has three sections. The first seeks to review the literature and the evidence base for peer review. This is both a strength and a weakness; a strength because it brings together what was known in 1999 in great detail and with intelligent and perceptive discussion, and a weakness because this is a rapidly changing field and hence this section of the book is already out of date. Nonetheless, as a repository of extensive review, this is unrivalled.

The second section covers “how to do it” and the sound advice and discussion here will be of value to all involved in the process (both practitioners and recipients). It used to be said that clinical skills were learned as “see one, do one, teach one”. For those beginning peer review their “see one” experience is predominantly based upon receipt of the peer review of their own papers or grant submissions—the *outcome* of the peer review process. As an introduction this is analogous to seeing a healthy patient with an appendicectomy scar and then performing an appendicectomy. And who is teaching our peer reviewers?

The final section includes the inevitable crystal ball gazing and addresses the potential of Internet based peer review, peer review anchored within systematic reviews of the literature and hence addressing the additional contribution that the paper makes to the knowledge base, and a concluding reflective piece from Richard Smith who has been such a prime mover in this field. Richard's conclusions are interesting and he notes that “It is the lack of change, rather than the rapidity of change (in peer review), that is remarkable”. This in itself may well reflect the absence of preferred alternatives. Whether the Internet and electronic publishing will change all this remains to be seen; as Richard Smith states:

“The future is unknown and unknowable”. I suspect peer review will continue to buck the trend and that change will continue to be slow.

RICHARD THOMSON

Professor of Epidemiology and Public Health,
School of Health Sciences,
Newcastle University,
The Medical School,
Newcastle upon Tyne NE2 4HH, UK

Elementary Economic Evaluation in Health Care. 2nd edition. T Jefferson, V Demicheli, M Mugford. (Pp 132; £16.95). London: BMJ Books, 2000. ISBN 0 7279 1478 2

At a time when spending on health care continues to increase and there are demands for even greater quantities of resources to fund health services, the need to ensure that resources are used well is a priority. The money spent on health services ends up as income for providers that is an accounting identity. The degree to which it generates health benefits that are valued by society or patients depends on what the resources are used for and at what cost.

Economic evaluation is the activity which provides data that can inform decisions about how resources are best used. This field has grown rapidly over the last decade in both the number and range of economic evaluations and also in methodological complexity. In addition, the results of evaluations are increasingly being used by public bodies to determine whether, and at what price, health technologies will be covered by health budgets.

This book, now in its second edition, is a concise, well written, and useful guide to some of the key principles and methods for carrying out economic evaluations. Each approach is illustrated by a step-by-step case study which will help people to appraise studies critically or to think about the design of a new evaluation.

The book devotes a whole chapter to the cost of illness studies, including the World Health Organisation global burden of disease project which has been so succinctly demolished by Williams.¹ Since they simply (and usually inaccurately) measure the costs associated with a condition and say nothing about the degree to which society's resources can do anything to change this burden and at what net cost, these studies are not particularly helpful. The next edition will hopefully have a greater emphasis on the equity outcomes of health care interventions, something which should also be an element of evaluations. Finally, the book could be strengthened by referring readers to online databases of critically appraised economic evaluations such as the NHS Economic Evaluation Database [<http://agatha.york.ac.uk/welcome.htm>]

Despite these weaknesses, though, it is probably the best introductory text available.

TREVOR A SHELDON

Department of Health Studies,
University of York,
Innovative Centre,
York YO10 5DG, UK

1 Williams A. Calculating the global burden of disease: time for a strategic reappraisal? *Health Economics* 1999;8:1–8.

Measuring Patient Outcomes. Marie T Nolan and Victoria Mock (Pp 248; £23.00). California: Sage Publications, 2000. 0 7619 1505 2

Over the past 20 or more years most western health care systems have been looking for ways to address patient and population outcomes rather than merely structure and process issues. The challenges, though, are many, including problems with the validity and reliability of measures and indicators. For health care providers the greatest challenge is probably to make the assessment of patient outcomes both meaningful and to result in improvements in clinical practice.

This book aims to offer a practical primer to "advance practice nurses everywhere" to measure and improve patient outcomes. The authors are eminently qualified to offer this perspective as professors of nursing research at Johns Hopkins University in the USA with a wide range of research experience in patient outcomes between them.

The book is divided into two parts. Part I covers basic methodological issues such as the validity and reliability of tools, statistical methods, and provides a step by step guide to using SPSS, as well as to the graphical presentation of data. Part II presents case studies in "patient outcomes management" from acute care, maternal and child care, and primary care.

There is no doubting the enthusiasm generated by the authors. The book is explicitly aimed at nurses, but could equally apply to any health care professional as well as to non-

clinical audit or quality assurance assistants. The level of detail in the chapters on SPSS and statistics would be particularly useful to a newcomer who needs to grasp the basics without access to formal support. The case studies emphasise the importance of multidisciplinary team involvement and the improvements in care that have resulted from the exercise.

The main limitation of the book is the exclusively US orientation. As well as confusing terminology and the predominance of "managed care" approaches, the assumed level of resources to support such activities is not generalisable. Several of the case studies are clearly research studies, some with design problems that would have been better addressed in larger more formal trials. Most actually did not result in significant changes in local practice, reflecting the "wouldn't it be interesting to know" nature of the study questions, which has been one of the problems with clinical audit initiatives in the UK. The broader issue of the best way of providing routine clinical information systems for providers, to enable continuous monitoring of processes and outcomes, is not addressed at all.

This book will no doubt be of great value to nurses and other health care professionals in the USA. New health services researchers (clinical and otherwise) from elsewhere would find the practical chapters useful if they can understand the US terminology. They may also find the book inspirational. However, the lack of impact of the case studies and the absence of a broader context limit the book's usefulness outside the USA.

PAULA WHITTY

Consultant/Senior Lecturer in Epidemiology and Public Health, The Medical School, University of Newcastle, Newcastle upon Tyne NE2 4HH, UK

DIARY

5th Annual Conference on Self Directed Learning in General Practice

The 5th Annual Conference on Self Directed Learning in General Practice, organised by the Open Learning Unit, University College London and sponsored by the *British Medical Journal*, will take place on 24 April 2001. The conference will be organised around the themes of:

- revalidation
- web based learning resources for self directed learning.

The day will be based around small group workshops with some offering hands-on training in the use of online learning resources. Places will therefore be strictly limited and allocated on a first come, first served basis. For further details please contact Marcia Rigby (tel: +44 (0)20 7288 3246, fax: +44 (0)20 7281 8004, email: m.rigby@ucl.ac.uk). A website is in preparation.