postgraduate development and identity, and the flowering of his own speciality of gastroenterology, sets high standards for medicine as a university preoccupation within the essential historical meaning of the term 'university'. In a culture which myopically diminishes the relevance of the historical process – the meaningful understanding of where we are today and where we are going tomorrow – I wholly recommend the essay on 'How concepts of health and disease changed during the twentieth century' as obligatory reading for the promising baccalaureate student and undergraduates in medicine, science and the humanities.

A physician reflects by Christopher Booth refreshes the intellect. It is written with 'head and heart and hand'. These are strong, welcome and well-articulated essays. It is a privilege to read them. Although I greatly enjoy the essays of Bacon and Montaigne, the language has a stiffness and the metaphysics and conceits have a hint of the archaic. Christopher Booth's essays are of the modern variety; of their own time. They make a nice gift to further enlighten an enlightened friend; a pleasing antidote to the ecstatic boredom of the diaries of André Gide and Arnold Bennett.

References

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The healing environment: without and within

Edited by Deborah Kirklin and Ruth Richardson. The Royal College of Physicians, London 2003. 221pp. £15.

Over recent years there has been a gradual realisation that the arts can play a significant role in shaping the environment in which individuals experience illness. This role encompasses all aspects of the arts from literature and poetry, through the visual and performing arts, to architecture and the design of treatment centres. In the space of 12 chapters, often with interesting and evocative colour illustrations, these matters are discussed by several medical practitioners as well as by experts in the arts.

The authors examine the importance of a healing environment through the arts. In 1845, the counties and boroughs of England and Wales were required to finance the building of asylums, and during the Victorian period many large hospitals were built for the care of the sick. Although the motives of the founders of these institutions were essentially good, the buildings were drab and depressing. Thankfully, in recent times we have seen an emphasis on attractive architecture with open designs. This dramatic change is well-illustrated – for example by the Chelsea and Westminster Hospital, opened in 1993. On the advice of patients and staff, works of art are selected and then hung around the hospital for general enjoyment. Many other hospitals have now implemented similar schemes including, for example, the Royal Devon and Exeter Hospital.

Other initiatives being developed include taking groups of young patients who are mobile to art galleries and – part of the National Gallery's same 'Take Art' project – taking good reproductions of art to hospitals for discussion with those young patients who are less mobile.

But apart from enjoyment, do the arts affect clinical outcome? The results of several carefully designed studies seem to indicate that they do. For example, anxiety and depression levels in patients have been found to be reduced and, in an antenatal clinic, blood pressure levels are lowered.

Such approaches are not necessarily limited to the hospital environment but can also benefit those with mental health problems being managed in the community by helping in rehabilitation and raising self-esteem, and improving the ability to deal with stressful environments.

Jane Duncan, an artist herself, considers the physiological effects of colour, a subject with a long history. Some colours are clearly associated with particular responses and this information can be employed in designing therapy centres.

The value of the arts also extends to literature and poetry. Claire Elliott, a general practitioner, demonstrates how the study of the novel *Trainspotting* can help students and health carers better understand the world of certain patients whose background can be very different from their own. To any who question 'Why bother?', I would suggest that they read this illuminating study.

There are of course other works written by authors whose experiences might help a carer better appreciate particular problems in certain patients; for example Joyce Cary, Mervyn Peake and Virginia Woolf. Writing about a fatal illness in a loved one can be a cathartic and healing process. This is movingly illustrated in the essay by Michael Rowe, a sociologist whose son died at the age of 19 following life-long illnesses which culminated in several major operations.

I have only given a selected summary of the book, but it will be sufficient, I hope, to encourage others to read it and thereby be convinced of the role of arts in clinical care. As Kenneth Calman writes in his thought-provoking epilogue, the role of arts in the healing process is at last beginning to be accepted. Carers and administrators should now be encouraged to pursue the subject further. I hope they will.

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What is the real cost of more patient choice?

By John Appleby, Anthony Harrison and Nancy Devlin. King's Fund, London 2003. 64pp. £6.50.

One of the criticisms of the Government's plan to modernise the NHS has been that it attempts to right too many of the perceived wrongs simultaneously. A result is that some initiatives may be incompatible. Allowing patients greater choice is intended not only to reduce the feeling of totalitarianism in NHS care but also as a way of introducing healthy competition between providers, so as to drive up quality, efficiency and responsiveness. The Treasury, however, emphasised the antithesis: that promotion of choice might prejudice equity and efficiency. Osler pointed out that the desire to take medicine was one of the features which distinguished man

from animals. So, free choice in publicly-funded care would undoubtedly lead to some people using medical resources extravagantly, to the detriment of their availability to others – the loss of equity feared by the Treasury.

Complete freedom of choice in health matters is impossible, for every country has some legislative barriers to prevent harmful choices. In the USA, choice may appear to be limitless, but for most citizens it is being increasingly restricted by 'third-party payers' (insurers) and HMOs, while the poor have no choice at all.

This excellent little book defines and debates the issues surrounding patient choice clearly, calmly and factually, with a complete absence of political rhetoric.

The pressure for greater choice stems from the growth in 'consumerism', backed by more available information about clinical developments. The huge increase in the use of complementary and alternative medicine (CAM) is one symptom of this: currently paid for by the consumer, pressure is growing for it to be freely available in the NHS. The Government would like to respond positively to this pressure, yet paradoxically it has often acted to restrict choice. So when the experiment of health authorities each deciding their own priorities resulted in the fiasco of 'postcode rationing', NICE was established to re-assert evidence-based uniformity. Despite strong pressure against MMR immunisations, government has unrelentingly hindered the provision of alternatives.

Major decisions – where to site hospitals, and how big they should be – are taken collectively, not individually. Even here, though, local consumerism is becoming vociferous and the Government's publication, *Keeping the NHS local,* is an attempt to mollify the conflicting demands for small, neighbourly hospitals and the highest standards of care.

This book is at its clearest and best in its middle section on 'Conflicts with other objectives'. It plainly sets out the complex arguments relating to the ways in which freedom of choice conflicts with equity (different choices lead to disparities in care), efficiency (unconstrained choice is incompatible with cost-effective resource allocation) and quality (choice may lead to greater volumes of care but maybe of reduced quality). The book quotes Rudolf Klein: 'maximizing patient choice is incompatible, given constrained budgets, with maximizing the welfare of the patient population as a whole'.

Above all, can patient choice be made effective? If it is random, wilful or perverse the consequences will be worse care for the population, not better. 'No health care systems are yet generating the type of information needed to support patient choice adequately', the authors say. Among the obstacles to increased choice are professional unresponsiveness, they point out, and doubtless the Government agrees. In reality the NHS has always given opportunities for choice, if doctors (as gate-keepers) offered them. Patients choose their GP; the GP can choose any consultant (or other service) to refer to; tertiary care is more accessible than in most countries. Yet unimaginative or dictatorial doctors have not always made best use of these freedoms. If they do not understand and embrace the current pressure for greater choice, they may lose the important and desirable opportunity of giving the *informed* guidance which patients need.

Do read it. It is heartening to find a cool, dispassionate analysis of a health care issue with no apparent political or professional encumbrance. One can only hope that patient organizations and ministers will see it too, and that health care professionals will be more tolerant of the patients who want to make choices.

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Medical genetics at a glance

By Dorian J. Pritchard and Bruce R. Korf. Blackwell Science, Oxford 2003. 116pp. £14.99.

It is now over 41 years since Watson, Crick and Wilkins collected their Nobel Prize for Medicine to the adulatory citation that 'through your discovery… we see the first glimpses of a new world'. Although today some geneticists may be living in this new world, too many physicians have yet to find it on the map. *Medical genetics at a glance* by Pritchard and Korf has been written to provide the reader with sufficient basic genetic information, terminology and methodology to at least acknowledge there is a new and exciting world out there.

Medical genetics at a glance is a hybrid between a standard textbook and short lecture notes. It is divided into three parts. Each chapter starts with an overview and an introduction to the key terminology. In addition there is a useful glossary of terms.

Part I, a third of the total book, covers cell biology, the different cellular organelles and the cell cycle in unnecessary detail. At first glance, Part I more closely resembles an undergraduate biochemical text than a helpful visual aid to understanding a new and exciting subject. Most of the relevant topics covered in Part I, such as gene structure, could be condensed to form a more pertinent introduction to Part II, thereby giving a more balanced structure to the book.

Part II concentrates on general genetic principals and mechanisms. Explanations of these are accompanied by relevant clinical examples. Given the detail in Part I, the lack of detail in explaining some of the more common but poorly understood clinical genetic principals is surprising. For example, autosomal dominant inheritance is fully explained while mosaicism barely gets a mention.

Part III of the book examines the clinical and laboratory applications of these genetic principals to clinical practice. The authors are to be commended for introducing the reader to how complex molecular techniques can be used in different clinical scenarios. The level of detail in some of the chapters, however, requires more than a casual glance.

The Blackwell's 'At a Glance' series is popular among medical students and postgraduates studying for clinical exams. The series' winning formula is the clear presentation, usually covering one topic over a double page, and succinct prose with clear cartoon-style graphics. This format allows the reader to 'glance' at the figures while digesting the text. However, in the case of *Medical genetics at a glance*, most of the illustrations are too small and detailed to allow the reader to move comfortably from one to the other. This is made particularly problematic as none of the pictures are numbered!