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!

Unlike most other books in this series, *Medical genetics at a glance* is monochromic with a varying font size much of which is below eight point. The overall visual presentation, despite its enticing and colourful front cover, is extremely disappointing and, far from being accessible 'at a glance', it is visually challenging.

The book's preface states that the authors have written the book with medical students in mind. Medical students and the medical student's curriculum are changing however, and in the UK many of the integrated undergraduate courses no longer have genetics as part of their core curriculum. Unfortunately, too many UK medical students will consider the detail in this textbook as in excess of the minimal scientific knowledge required to qualify these days. Nevertheless, it will hopefully appeal to the more inquisitive medical students and those qualified doctors who are keen to keep up and take part after the human genome revolution.

The strength of the book is that it does successfully combine a basic scientific approach to the understanding of medical genetics with current clinical practice. Whilst other medical genetic books are available, the balance between basic science and clinical applications makes *Medical genetics at a glance* a suitable introductory text, eyesight permitting.

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