

and phrenic nerve crush were used. Her year in the sanatorium brought her into close contact with her fellow patients whose hopes and fears she came to know well. She conveys the excitement she later experienced, while a doctor in training in the 1950s, because of the successive introduction of streptomycin, PAS and isoniazid, which together provided for the first time a realistic hope of a medical cure for tuberculosis.

In the second part of the book she provides a perceptive analysis of what patients really want and why so many feel that their needs are not fulfilled in today's highly-regulated healthcare system, stemming from limited doctor time and erosion of continuity of care. She also addresses the reasons for the poor morale among today's medical professionals.

An important theme running through the whole book, implicit in the first part, explored more explicitly in the second, is the primary commitment of the doctor and the clinical staff team to serve their patients' best interests before their own. This is the basis of medical professionalism and of the trust given to doctors by their patients, and the reason society allows self-regulation. This patient-centred approach provides the foundation for her clinical work and directed her research ('from bed to bench').

Dame Margaret argues powerfully that this professional commitment should be the foundation of the profession's relationship with both government and management, with each partner in the provision of healthcare recognising and respecting the value of the others' contribution. Medicine, she believes, is at a crossroads: doctors can choose to become contracted employees or, in the interests of better patient care, assert their professional values, working in partnership with other professionals, both clinical and non clinical. She quotes Relman's division of the evolution of health services in the USA into three eras: the Era of Expansion (from the 1940s to 1960), the Era of Cost Containment (from the 1960s to the 1980s) and the contemporary Era of Accountability and Assessment. The three eras coincide with changes in the UK both in the organisation of the NHS and in the professional-managerial relationship. Her analysis of current problems in the NHS leads her to the conclusion that a new culture, rather than additional resources, is required, and she recommends a fourth era of 'partnership and trust' with mutual respect between those responsible for patients, for the organisation of the NHS and for the management of the service, based on intelligent accountability and regulation. She quotes Onora O'Neill: 'If we want a culture of public service, professionals and public servants must in the end be free to serve the public rather than their paymasters.' This must surely be right.

The book reflects Dame Margaret's continuing concern for patient care, and provides thoughtful analyses of her professional life and of the current concerns of the profession. It will be read with pleasure and benefit by those both within and outside the profession who wish to appreciate the privilege and responsibilities of a career in medicine and to understand the changes in its practice and organisation in the UK during the past 50 years, and by those concerned for its future. Throughout the book she displays an unflinching generosity of spirit and an intelligent optimism for the future.

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Difficult conversations in medicine

Edited by Elisabeth Macdonald. Oxford University Press, Oxford 2004. 254pp. £19.95.

About 100 years ago Lewis Thomas, the American medical scientist and writer, used to accompany his father, a country doctor, on his rounds. He wrote: 'In my father's time, talking with the patients was the biggest part of medicine, for it was almost all there was to do'. By the time he himself entered medical school, scientific technology had moved on and, despite its obvious benefits, it has since taken most of the blame for the erosion of doctor-patient relationships.

I'm not sure this is warranted. When I entered the wards as a medical student almost 60 years ago there was very little in the way of technology, yet communication between doctors in the wards and their patients was minimal. I recall long ward rounds with the professor and his (always!) large entourage moving from bed to bed, a scanty greeting to the patient, then at the end of the examination a group discussion at the foot of the bed, out of the patient's hearing. There would then be another scant word, this time of reassurance, and we would move on. Very little information was provided, therapeutic options and choices were not discussed, the patient was told what would be done. One never disclosed bad news; the accepted practice was to tell the relatives but not the patient when things looked bad. In order to make sure the patient didn't know what was going on we used code words – luetic disease for syphilis, Neisserian infection for gonorrhoea, mitotic disease or a space-occupying lesion for cancer, Hansen's disease for leprosy, Koch's or acid-fast infection for tuberculosis.

Perhaps, hospital medicine was different from general practice: consultants were busy men, so junior doctors might have been expected to do the talking. This was a mistake. We had received no training at all in the skill of communication and the reticence of our chiefs meant we had no model from which we could learn good – or bad – practice. We floundered and blundered along, embarrassed by the need to camouflage bad news or our inability to deal adequately with questions. The doctor-patient relationship was a poor lop-sided arrangement – before technology took root.

Much improvement has taken place since then, in spite of the technological revolution. Ward rounds are no longer like military processions; in general, information is imparted more freely, choices are outlined and options are discussed, and patients are encouraged to express preferences. But, it seems, more needs to be done to satisfy the demand for equality in decision-making, to dispel any last vestige of authoritarianism. Young doctors, therefore, need to be trained to communicate sensitively and sympathetically, especially when the topic is difficult, to 'engage with' patients, to 'empower' them through 'patient-centred consultation'. (I use quotation marks because I live in hope that the new jargon is transitory and will soon be jettisoned.) This need for training is the theme of Dr Macdonald's book. It is aimed at professionals in the early years of medical practice, but contains enough good sense to enlighten the elderly whose less acceptable habits may be entrenched.

I found this a readable and useful book. The most valuable chapters are those written by the editor, herself – nine of a total of sixteen. Dr Macdonald's advice is clearly based on a long and thoughtful contact with patients in one of the most difficult of all specialties,

oncology. In the first of her chapters she explains why good communication is important, and follows up with a detailed account of how this should be achieved. This includes practical advice about such particulars as seating arrangements, the position of one's computer screen and, even, what to do with your legs and arms to put the patient at ease. Her advice on structuring the interview should help in these time-pressured days. The chapters on communication in difficult circumstances include advice on how to deal with problems such as cardiopulmonary resuscitation, withdrawing life support or other active treatment, organ donation, advance directives and breaking bad news – all of which can be distressing to the untrained young doctor. At the end of the book there are transcripts of illustrative difficult conversations which might prove helpful to those lacking even the most elementary interpersonal skills. A chapter by Carmel O'Donovan contains useful advice about handling situations when things have gone wrong and how to apologise. Apart from the humane aspect of such discussions there is the pragmatic hope that they might help to reduce rampant litigation.

In a multi-authored book, there is bound to be some unevenness and occasional repetition, but the overall coverage is successful and I recommend it to those working at the sharp end of medical practice, young or old. After reading it, I found myself wondering about conversation in general. We all know people who are good conversationalists; they weren't taught to converse, they just acquired the skill. Perhaps medicine is a special case, because of the sensitivity and personal nature of so many of the issues, but I do still wonder.

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Management of advanced disease: fourth edition

Edited by Nigel Sykes, Polly Edmonds and John Wiles.
Arnold, London 2004. 628pp. £35.99.

The new edition of this core palliative care textbook has been keenly awaited, and it lives up to expectations in almost every way. This fourth edition adopts a change of title, from 'malignant terminal disease' to 'advanced disease', reflecting the increasing recognition that patients with life-shortening progressive illnesses other than cancer can benefit from palliative care. It is of a size to provide sufficient detail on the day-to-day clinical management of patients, while not confusing or overwhelming with minutiae. The clear layout supports this, with bulleting and key point summaries throughout, and this is used to particularly good effect in the chapters on symptom management. Collation of drug data into a separate concise appendix is also helpful, and supports its daily use as an efficient clinical resource. Another strength of the book is the range of expertise brought by the various contributors. Many of the authors work at the forefront of palliative care while continuing to be actively involved in patient care. This is reflected in the clear emphasis of the book on the issues that concern patient, family and professionals 'on the ground'.

The opening section is devoted to three general topics; an introduction and brief history by Dame Cicely Saunders (without whom palliative care would not be what it is today), communication (without which palliative care cannot begin to take place), and an

overview of audit, outcomes and quality of life (without which the care provided cannot be measured). This provides an excellent foundation for the remainder of the book. The first two topics are particularly useful for those readers from specialties other than palliative care, supplying background and perspective, while the third is a helpful overview for those both inside and outside the field. Subsequent chapters reveal that this is primarily a book for clinicians. Information is arranged according to each individual symptom or clinical challenge, making it practical and accessible for all those who deal with patients on a daily basis. Almost without exception, these chapters are well written and authoritative, detailed yet compact, drawing strongly on the growing but still limited evidence base, and informing the reader from that evidence. The addition of a section on 'clinical challenges in malignant disease' allows the discussion of specific problems in cancer that will be very familiar to anyone working in cancer care, and strengthens the value of this book as a clinical management handbook. Fractures, haemorrhage, fits, superior vena cava obstruction, spinal cord compression, ascites, pleural effusions, malignant wounds and lymphoedema are all included, and addressed well.

A further section explores challenges in non-malignant disease. These chapters are required to cover complex areas within limited space, and this has sometimes led to a loss of detail about specific conditions. For example, neurodegenerative conditions are handled within one chapter, heart, renal and liver failure within another, preventing discussion of the management of disease-specific problems to a clinically useful depth. In part, this reflects the very early stage of development of the role of palliative care in these areas. Available evidence is highlighted, although this is very limited in non-cancer conditions, and the sound advice on symptom management that is found elsewhere in the book (some of which can be extrapolated to non-cancer conditions) makes this a relatively minor limitation.

Psychosocial, spiritual and ethical issues are addressed in some detail, which is very appropriate given their critical role in palliative care. Again the book draws on a wealth of expertise and experience from key authors, who are active in developing understanding of these areas, and concentrates on what is clinically useful for patient management. It is particularly good to see authoritative chapters on cultural issues in palliative care, on equal access, and on the impact of palliative care provision on staff, all of which provide valuable reflections to inform current practice and future developments. Organisational issues are also addressed, but briefly, as is pertinent to a book that focusses predominantly on clinical management.

The editors hope that this is a book that will prove useful to providers of palliative care, in whatever setting, and so ultimately help patients and families. The quality of the book is such that it is set to achieve these objectives. For those working with patients with advanced progressive disease, whatever their diagnoses, this book is one to add to the library – not to be put on the shelf, but to join those few well-thumbed books that every clinician keeps near at hand for daily reference.

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