

# book reviews

## **Palliative care – a patient-centered approach**

**Edited by Geoffrey Mitchell. Radcliffe Publishing, Oxford 2008. 184 pp. £24.95.**

This book is one in a series which promotes a patient-centred approach to care. For those of us who qualified before the ‘problem-orientated’ approach became popular, much of what is described here will be familiar. For practitioners not used to considering how serious illness affects every area of a patient’s life, this book gives insight into what the patient and their relatives experience and it shows how professionals can support them. It is aimed at the primary care team, pointing out the similarities between primary and palliative care. It is not a detailed textbook but ‘presents a model and method of care’.

The patient-centred approach comprises six components: the disease and the patient’s experience of being ill; placing the illness into the context of the whole person, their family, work and social networks; patient and clinician reaching mutual understanding of the problem and management goals; health-promotion and illness prevention (as applicable in palliative care); enhancing the doctor–patient relationship for the patient’s benefit; and finally, realistic assessment of what can be achieved with the resources of time and skill available.

Chapter two details the extent of the need for, and availability of, palliative care for patients (and their carers) with either malignant or non-malignant disease, in the easily reached and the hidden groups (eg ethnic minorities, those with dementia or learning disabilities, refugees, prisoners, etc). Chapter three examines evidence which may explain the pathophysiological changes underlying weight loss, anorexia and lethargy, and other symptoms seen in advanced disease. It describes the place of measures such as exercise, nutrition and medication, and how this evidence can be used to answer common questions put by families to healthcare professionals.

The first section of chapter four shows the effect life-limiting illness has in the day-to-day experiences of three adults (a married couple and the journalist John Diamond) using extracts from their written accounts, recorded as they passed through different phases of their illness. The second part of the chapter helps the reader comprehend how understanding develops when a child and their family face serious illness. Both these sections contain ‘eye-openers’ and for me were the most interesting part of the book.

During the course of a life-limiting illness, the patient experiences a series of progressive losses (eg health and vitality, body image, independence, their perceived future, enjoyment of activities, etc) each of which can lead to grieving, suffering and mourning. The losses experienced by carers mirror the patient’s losses, but they may also have their own individual loss. The range of psychological morbidity in adults and children, and ways in which professionals can support patients and families are described.

It is impossible for a book of this type to cover symptom control in any depth. The authors of chapter six have chosen to deal with

symptoms which have occurred in a young patient with metastatic melanoma. This is dealt with well, but is of necessity short. Chapter seven focuses on the relationship between the patient and the general practitioner (GP) – if they have known each other for many years, the patient may feel able to discuss deeply personal feelings with the GP. This can help the patient cope with their illness better but may come at considerable emotional cost to the GP.

Chapter eight deals with health promotion in palliative care. This feels contrived to fit in with the six components of the patient-centred approach. Health promotion is associated with trying to change the lifestyle of those who are well, but at risk of developing disease by virtue of unhealthy practices. This chapter talks of ‘prevention and harm reduction’ – to reduce physical, psychological, social and spiritual problems, but in palliative care it is applied to people who are already ill. The rest of the chapter describes ways to raise the profile of death and dying (‘death education’) in our communities and at national level. Hopefully this will change attitudes demonstrated by both individuals and society, and encourage communities to participate in supporting those with life-limiting illness of all types.

In general I enjoyed this book although it had no new major insights into patient care for those used to assessing patients and families ‘in the round’. Sadly, chapter five perpetuates the view that palliative care practices euthanasia – apparently ‘most GPs make decisions which hasten death, and (5%) of New Zealand GPs had deliberately induced death in the last 12 months’ – maybe palliative care and general practice are not so similar after all.

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## **Medicine and warfare: Spain 1936–1939**

**By Nicholas Coni. Routledge, New York and Abingdon, 2007. 266 pp. £70.00.**

This is a book that is long on selected detail and short on coherent structure. Intending readers would do well to read the Wikipedia entry on the Spanish Civil War before attempting to read this contribution to military medical literature from Nicholas Coni. There is no proper explanation of the situation that resulted in civil war. From the outset, the plethora of unexplained synonyms employed to describe the belligerent factions creates a confusion from which any reader other than an *aficionado* (devotee) of the Spanish Civil War will struggle to recover. For the record, those supporting the legitimate government are variously described as the loyalists, republicans, left-wing or communists while the insurgent forces under General Franco (often referred to without explanation as *Caudillo* (leader)) are described variously as rebels, nationalists, right-wing or pro-Catholic. There are many instances where names of organisations are given in Spanish and no attempt is made to provide an English translation so intending readers who are not Spanish speakers would do well to arm themselves with a Spanish-English dictionary. A review of the nationalist and republican strategies would have been helpful to construct some concept of the magnitude of the military medical support that would be required.