

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.

Against a backdrop of disease generated by disruption of civilisation, the book provides some insight into the structure of casualty handling employed by the opposing forces and the factors that limited the planned implementation. Vast numbers of wounded arriving over short intervals test the efficiency of any medical facility and those so employed in the Spanish Civil War were spared little of this. Aerial bombardment of marked hospitals and of civilian populations were the new challenges imported from Nazi Germany and Fascist Italy that diminished available facilities on the one hand while increasing the demand on the other. The mechanised warfare of the first world war had furnished considerable experience of the surgical techniques necessary to improve the chance of survival following serious injury where wounds were heavily contaminated. The successful endeavours of the Spanish surgeon, Trueta (later to work to acclaim in the orthopaedic department at Oxford) to improve on these outcomes in the dawning antibiotic era are recorded in full. Appropriate emphasis on the administration of equine tetanus antitoxin and especially development of blood banks to meet the increasing perception of the widespread need for transfusion were developments that contributed to knowledge of their beneficial effects as well as their complications. In relation to blood transfusion, the practical contributions of Bethune, Saxton and Elosegue are mentioned. The influence of British nursing on the military effort is accorded some detail. The authoritarian and formidable Mercedes Mila, an orthodox practitioner and product of British training, at one end of the spectrum is contrasted to the rich, dilettante, amateur but headstrong and brave expatriate Priscilla Scott-Ellis at the other. Their endeavours to galvanise members of female religious orders and the general republic into an effective military nursing service make interesting reading.

There are the inevitable harrowing accounts of atrocities and sub-standard medical facilities overwhelmed by death and disease. The detailed dangerous encounters Broggi made as a consequence of attempted defection are the equal of any contemporary military thriller.

One is left with an overall impression of a collection of largely referenced and valuable but selective anecdotes. Personally, I would have preferred a more comprehensive account where the military analysis of situation, mission, command and control, communications and security were examined from the medical perspective with comment on the successes and failures. Denied this, an otherwise interesting if muddled book lacks the comprehensive perspective it might have embodied.

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Succeeding as a hospital doctor, 3rd edn

**By Roger Kirby and Tony Mundy. Health Press, 2007.
240 pp. £6.00.**

How do we define success? At one of my first medical senior house officer interviews I was asked to cast my mind forward, to the occasion of my retirement party in the distant future: 'What do you think your colleagues would say about you on such an occasion? Would patients be present? How would you like to be toasted?'. This was a

very good question and it had me stumped. How do we like to be seen by our peers and patients? What kind of praise and fulfilment are we after? What makes one successful?

Success is certainly a multifaceted issue and it is clear that there is no easy definition. Different people are motivated by different forces and in the sphere of hospital medicine there are multiple measures that we can use to rate our development and success. Being doctors we are already self-selecting, ambitious, high achieving and usually rather competitive. Comparing one's 'success' with one's contemporaries, however, is not clear-cut at all. Do we go by fame, wealth, position or a satisfied family life? Is the pre-eminent professor of cardiology with a handsome Harley Street practice more successful than a lowly hospital practitioner who works part time and spends more time with his family or has significant outside interests such as running an art gallery or sailing?

If we take it for granted that a hospital doctor aiming for a successful career climbs the traditional ladder to consultant level; clinical skills, technical competency and expertise in one's specialty have already been thoroughly tested, but what happens next? The point is that there are a huge number of diverse means to express our thirsts for intellectual stimulation and personal development. The third edition of *Succeeding as a hospital doctor* explores this in depth and touches on many of the relevant issues. From the basics of managing your medical career through to research, administration and management, the opportunities of making your mark in the NHS and private practice are covered.

Where this book succeeds is that there is a huge amount of basic, common sense advice available, something often absent from similar texts:

... the single largest problem when finding your focus, setting goals and yet maintaining a healthy and rewarding life outside medicine is time – generally the most successful people are those who manage their time, and themselves, most effectively.

Successful consultants know what they are going to do and how they are going to do it; they set themselves objectives towards a final goal (and then maybe a further goal when that one has been achieved).

The book covers just about every area relevant to the active, engaged hospital doctor; training for success, learning about changes in disease management and keeping up to date – not being left behind is important, especially in this insatiable age of evidence-based medicine. Next is the importance of surviving in the modern NHS and how it affects our working practices. What about extended roles and involvement in hospital management; being asked to join a committee is always flattering, but is it necessary? There is also a section on effective communication – increasingly important – which is essentially an overview rather than an in-depth analysis, and includes advice on dealing with difficult colleagues, managers, the media, chairing meetings and making presentations.

Of course there are going to be times when things are not so rosy, the section on 'crisis management' looks at complaints, the causes of medical mistakes and reducing errors, 'We should develop a cross-checking mentality and be meticulous in everything we do'. The chapter on making your name in private practice is especially apt, 'choose one's consultant colleagues more carefully than a spouse' avoids the potential pitfalls associated with business rela-