Book reviews

Doctor-Patient Communication

Editors, David Pendleton and John Hasler, 293 pages, London, £21, Academic Press, 1983

Why, it may be asked, should a book on communication between doctors and patients be reviewed in a journal of medical ethics? The answer is that good communication is necessary for competent and compassionate medical practice and it is unethical to do nothing to prevent the failures of communication that are so widespread in medical practice today. This book reports studies, mostly in general practice, which show both the need for better communication and how appropriate training can do much to achieve it.

It begins with a lengthy review of the literature much of which is unfamiliar to doctors because it is to be found in books and journals which few of them read, and some of it is tough reading. One extreme example is: '... in the presence of question formatted conversational object one should, as part of formulating a response shift, gaze toward the direction of the interlocutor prior to the end of a response which terminates a Q-A sequence'. Little of the essay is as opaque as that, but if social psychologists are going to change doctors' attitudes they will have to learn to express themselves in simpler English. That this can be done is shown in the next essay by Michael Argyle who gives a readable account of the relevance of his studies of social skills to the interactions between doctors and patients and shows how doctors can be trained to improve their skills.

Philip Ley provides a full review of the extensive literature, to which he has contributed so much, on how poor communication can inhibit patients' understanding and recall of what they have been told and on how such errors

may be lessened. Fascinating accounts follow of the widely contrasting health beliefs that patients have, to which doctors should adjust their advice so that it is more acceptable to their patients. This concept is then extended to the barriers to understanding which arise from the contrasting cultural backgrounds of doctors and patients.

Dr Paul Freeling gives a pleasing and helpful account of how the doctor-patient relationship is best handled in general practice. Anne Cartwright follows with her studies on prescriptions as a help or hindrance in a successful consultation. Dr Muir Gray discusses how best to listen to and talk with the elderly and Dr Peter Pritchard describes the value of patient participation not only in the practice groups which he has pioneered but also generally within the National Health Service.

The last section, on medical education and medical practice, starts with a critical account of how irrelevant much conventional medical education in Britain is to the work of the general practitioner, largely because of its lack of attention to training in communication. Richard Wakeford confirms this defect from his General Medical Council survey of British medical curricula in 1977. He contrasts this with the far more extensive communication training given in schools in the USA. He attributes the British neglect both to doctors' innate conservatism and their dislike of working with people such as sociologists who dare to question medical competence. Finally there are four essays on current vocational training of GPs in which increasing attention is being given to interpersonal skills. Here gratitude is expressed for the sometimes abrasive, but always useful, contributions from behavioural scientists.

Anyone concerned with problems of communicating with patients,

particularly those in general practice will find it stimulating and helpful to delve into these essays. How long shall we have to wait for specialists, particularly those who teach students, to look into the defects in their own communications with patients and accept the ethical imperative of seeking remedies in constructive analyses such as those described in this book? McNair Wilson's recent Bill on Hospital Complaints Procedure, which was based on the grievous communication failures he suffered in hospital passed its three readings in the House of Commons without a dissentient voice. Perhaps this may act as one stimulus to action.

PROFESSOR CHARLES FLETCHER
*Retired Physician, Emeritus Professor of
Clinical Epidemiology, London
University*

Informed Consent: A Study of Decision-making in Psychiatry

Charles W Lidz, Alan Meisel, Eviatar Zerubavel, Mary Carter, Regina M. Sestak and Loren H Roth, 365 pages, New York and London, £22.95, Guildford Press, 1984

Consent to treatment continues to be a dominant issue in medical ethics. The full impact of *Sidaway* on surgical practice has yet to be seen (See also pages 135-137 in this issue) while in psychiatric work, clinicians learn to accept, with varying degrees of enthusiasm, sections 57 and 58 of the Mental Health Act, 1983. For psychiatrists and their patients, informed consent presents complex dilemmas and well conducted research on the subject in Britain is absent. The first task for future researchers must surely be to read this magnificent work, though few of them are likely to achieve the standard of

excellence set by Charles Lidz and his colleagues. In short the book is a masterpiece.

The authors set out to investigate how, in practice, informed consent worked in a psychiatric hospital. In particular they examined three clinical areas: a research ward, an out-patient clinic and an acute admission ward. The Mental Health Procedures Act, 1976 for the State of Pennsylvania had been enacted just prior to the study. Their theoretical framework rests on what they identify as the five components of the doctrine of informed consent. Certain information must be disclosed to a *competent* patient who should *understand* what he or she is told. From a position of complete *voluntariness* the patient should then make a *decision* which fully determines the outcome. How are these components to be measured? Clearly there is no psychiatric or psychological gadgetry that will do the job and too much interference by interviewers may distort the very procedure which is under scrutiny. The authors opted for two participant observers, one of whom 'lived with' the patients and the other with the staff. In this way the researchers breathed the air of the hospital and learned much of all those subtle, and sometimes not so subtle, ways in which information is communicated to and received by patients. A fascinating picture of life in the hospital emerges and any reader who finds it disturbing should sample something of the average British psychiatric hospital.

The many hours of eavesdropping, discussions and interviews are skilfully reported (much of them verbatim) and analysed. Some will be disturbed by the findings, others will not be surprised. The authors conclude 'that current informed consent policy has been a dismal failure', . . . it 'has not produced the results contemplated by its most ardent advocates'. But the discussion is more than a recital of familiar arguments; it has a freshness because it is free of psychiatric paternalism, legal nitpicking and arid philosophical theory. Indeed the authors suggest that their findings will cause little joy to both supporters and detractors of informed consent. The letter of the law was obeyed but in a ritualistic manner which frequently obscured its spirit. On the other hand patients were generally well looked after and there was no improper treatment because of failure to obtain informed consent. The study illustrates, above all else, what Professor Alan Stone describes in his foreword: namely, that the law is a blunt device with which to regulate the fine-tuning of complex human affairs.

From the introduction, which includes a critical review of previous empirical research, through the presentation of the study to the summary, the authors maintain a scholarly style which is free of polemics. The book is essential reading for all who have an interest in informed consent.

DEREK CHISWICK
*Senior Lecturer in Forensic Psychiatry,
Department of Psychiatry,
University of Edinburgh*

Care of the Dying – A Clinical Handbook

Nigel C H Stott and Flora G Finley,
83 pages, London, £2.95 (paperback),
Churchill Livingstone, 1984

Science is objectivity and reason. Religion is subjectivity and intuition. Science follows the concept of rational morality – which is practical, analytical, rational and less emotional – but religious thinking is different – it is theoretical, empirical, moral and emotional. Both contradictory doctrines are practised by humans, not surprisingly, because contradiction is a characteristic feature of human nature. As far as the care of the dying is concerned, both schools of thought, mercifully, agree that one should 'begin at the beginning, go up to the end and then stop'.

This clinical handbook adopts a didactic approach, giving practical tips step by step as required in the care of the dying for a relative, friend, health worker and other helpers. Nineteen chapters deal with symptom control for pain, nausea, vomiting, constipation, intestinal obstruction, urinary incontinence, mouth care, anorexia, dyspepsia, hiccup, dyspnoea, cough, itch, pressure areas, fungating lesions, bleeding problems, compression syndromes, confusion, insomnia and weakness. The text is kept to a minimum and the book is illustrated by line drawings, making it an easy-to-read manual.

There are eight chapters devoted to the ethical aspects of care in keeping with care of the whole person: general approach, talking to patients and their families, avoiding confusion over therapy and food, the patient in the family, as death approaches, grief, religious differences and what to do after an expected death.

At the end there is a chapter on aids for the dying and some topics for discussion to give readers a chance to think things over and not feel they are

being forced into a corner.

I congratulate the authors on the tactful presentation of the text which on the one hand gives advice according to rational morality and on the other encourages devoutly religious people to adhere to their religions and cultural beliefs. The freedom of choice which people value so much during their life is ensured at the time of dying.

Contradictory advice from philosophy and religion was in fact resulting in confusion and this book clarifies it in an excellent way. I recommend this book unreservedly to all health workers, relatives or friends who are likely to care for a dying person.

BASHIR QURESHI
*General Practitioner,
32 Legrace Avenue, Hounslow West
Middlesex TW4 7RS*

Developments in Human Reproduction and Their Eugenic and Ethical Implications

Editor, C O Carter, 236 pages, London, £18.50, Academic Press, 1983

As the preface to this book suggests 'men and women find technical advances affecting human reproduction disturbing'. This applies *a fortiori* to doctors who of necessity must deal with this minefield of research and clinical activity. The symposium on which this book is based, held in London in 1983, makes a significant contribution to this topical yet highly controversial field.

The first chapter by R J Aitken of Edinburgh deals with recent advances in contraception with special reference to a male pill Gossypol, pregnancy vaccination and derivatives of gonadotrophin releasing hormones. The literature is adequately covered but as ever one is depressed regarding the paucity of original thought and innovative flair in this field, a situation which has now lasted for several decades. Advances of a substantive nature have not been made; funding at the international level has been exiguous by any standards; the lead times prior to clinical investigation enforced by regulatory bodies such as the Food and Drug Administration (FDA) in North America have cast long and inhibitory shadows. Prospects for the future cannot be viewed with much optimism and at the time of writing there seems little likelihood of any major breakthrough until the mid-21st century at the earliest.