

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.

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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