

likely consequences of such genetic material becoming more widely available to society are issues which are highly relevant. The contributors to the book come from a wide-ranging spectrum of interests – medical, legal, sociological, patient and workforce, and their papers, read consecutively, present a thoughtful and broad-based perspective of the problems that society will have to confront more and more in the days ahead. As huge sums are spent on trying to unravel the mysteries of the human genome, anxiety is beginning to surface on the question of how far individual genetic information should be kept completely confidential and how far it should be made available, for example as a result of medical examination for life-insurance, employment and pension schemes.

In his introduction, MF Niermeijer, points out that 'errors in specific hereditary traits (genes) are present in one per cent of newborns. They are often transmitted according to a predictable hereditary pattern. This is now known to be the case for about 4,000 genetic disorders'. However, genetic counselling could not prevent the birth of all 'defective children'. In Holland, it is thought that out of about 9,000 children born annually with congenital and/or hereditary defects, only 500–800 births would be detected as a consequence of risk limitation following genetic counselling – an 'important but modest preventive effect...'. The majority of these defects are caused by an unpredictable error in the formation of the sex cells, a combination of genetic factors from two healthy parents, a disturbance during early pregnancy, or complications during or just after delivery. Thus, there is no basis for the belief that the application of modern technology might lead to a society without handicapped people. What is important is that those parents who may be at higher risk are informed in time about the risks and the possibilities of prevention.'

These are very important considerations to bear in mind when assessing the impact of such information for society as a whole. For individuals who can be identified as likely or certain developers of chronic, disabling and terminal diseases, the revelation of this could have deeply negative effects, both psychologically and for the purposes of insurance and employment. At present, the text tells us, insurers pool their risks and adjust their premiums accordingly, though they may make adjustments to take

account of medical data available and an individual's life-style, for example whether he or she drinks or smokes.

Insurers would therefore be keen to have available any extra and more accurate genetic data to help evaluate the particular insurability or employability of an individual and thus the chance to offload individuals with a known high risk. How far the law or practice should prevent this happening remains debatable and there was no absolute consensus from the contributors. The competing interests of different parties will have to be weighed in the balance very carefully, and particular care given to ensuring that if genetic information is made available i) it is very carefully interpreted, and ii) it may not be used in a manner that creates two classes of individuals, those regarded as genetically 'fit' and 'unfit'.

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## Talking and Listening to Patients – A Modern Approach

Charles Fletcher and Paul Freeling, 68 pages, London, £2.50, Nuffield Provincial Hospitals trust, 1988

In many ways, this is a very useful little book. It is deliberately kept short, to be a handbook for students in learning to deal comfortably with patients, both in listening to them and talking to them, and it emphasises time and again that listening to patients is a large part of the art of communicating with them.

There are, for instance, excellent examples of how this may best be achieved. There is the suggestion that patients should be asked to repeat back to doctors what they have just been told, a good way of discovering whether the patient has understood, and of finding out if there are other concerns as yet unexpressed. The doctor is encouraged to sit down with the patient rather than stand, and bad manners are roundly, and rudely, condemned.

But there are problems. Whilst the authors advocate providing patients with far more information than has hitherto been the norm, when they come to discussing what to tell terminal patients, a section of the book which is

sensitively written, they nevertheless justify a certain amount of disinformation. They do this by arguing that 'students must realise that there are no rules except that hope must never be extinguished', (page 40). They cite a distinguished source, one T B Brewin, but whoever they cite, their assertion needs careful analysis. For it may be appropriate, though painful for the doctor, to extinguish hope of a long life when a patient is near death.

The reasons are many. One is that the hope may be a defence against acceptance; it therefore requires careful handling to make that sort of decision, where a patient is indicating that she or he does not wish to know. But, more importantly and more frequently, there are those who do wish to know, who do want to know, literally, that their case is hopeless, so that they may make arrangements for their loved ones and set their affairs in order. It is precisely because hope is no longer a reality that many of those terminally ill come to terms with their final arrangements, as well as sometimes fulfilling some long-held ambition.

It was surprising to read this in a book which also makes it clear that patients' families should not be told too much, so that they are not in that terrible situation of knowing more than the principal protagonist, the patient. But there is an underlying instruction to be kind and gentle in this volume, which is occasionally not sufficiently toughened with an instruction to face the worst, the most hopeless, of prognoses. That apart, this is a book that every medical student should receive free at the beginning of training, and be tested on at frequent intervals. For the message, the necessity of learning to communicate with patients – is simple, and one would have thought glaringly obvious, but sadly far from frequently observed in practice.

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## Principles and Practice of Forensic Psychiatry

Edited by Robert Bluglass and Paul Bowden, 1584 pages, Edinburgh, £150.00, Churchill Livingstone, 1990

This book is, as claimed by its foreword, undoubtedly a landmark in