as increasing choice, the choosers have proven to be the general practitioners rather than the patients. In addition Morgan argues that the pseudo-element of choice has been at the expense of patient participation.

Good reference is made to alternative sources of funding, principally through international comparisons, which provide varying levels of equity compared to funding through taxation, which he suggests reinforces social solidarity and equity. However, even with a tax-based system, the NHS faces great inequity through the local rather than national approach to priority setting and rationing. The questions of how to ration and who should ration health care are explored.

Also discussed is the government's role in shaping health services. Frequent reference to the past is balanced by a consideration of how, in the future, Labour's role will play out, given the indications thus far about how the government is approaching the health issues of the country.

The references to international approaches to health care provide useful comparisons, where they are present; it is disappointing though that this opportunity to inform the "Great British Health Debate" neglects to make greater reference to international models. Europe is an element of the equation which has also been skirted, even though it would have brought an interesting dimension to the dreams of the future.

The author acknowledges that issues relating to mental illness and care in the community have not been covered; in addition there is very little discussion, either past or future, of the role of public health, nurses or professions allied to medicine. It is also surprising that the significant power and influence of the royal colleges has not been given greater consideration. Despite the focus on the acute sector, the book is still informative and provocative in its consideration of how health care may be provided in the future - given that no change is not an option.

Morgan has achieved his aim to be of interest to both the public and health professionals, although I doubt whether he has realised his aim to be readable to readers of any newspaper.

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People-centred Health Promotion


This book seeks to place people's experience of health and its determinants at the core of conceptualisation and practice in health promotion. Attempting to avoid the extremes of a "lifestyle" approach which emphasises individual responsibility for health-related behaviour and a "social model" which focuses on social and environmental factors influencing health status, the authors argue for an approach which recognises the rights of individuals, within their respective communities, to make decisions regarding their health and wellbeing. In such terms, the role of health promotion is to facilitate the actions and decisions of citizens rather than to seek to determine them.

The book is targeted at students and health professionals, but its tone is not that of a formal textbook. Rather than attempting a balanced review of the field, it seeks to stimulate debate regarding the basis and scope of health promotion. It does this by presenting, and then elaborating upon, a clear thesis. The principles which should govern health promotion are: people-centredness (a focus on the "everyday experience of people, from the perspective of their natural community settings"), empowerment, an orientation towards community development, participation (across all sectors of a community), an emphasis on quality of life (rather than disease or disease prevention) and a commitment to evaluation.

This thesis is first presented in the context of a useful historical review of the development of the discipline of health promotion. The authors subsequently seek to locate their proposals within current political and academic debates regarding such areas as individualism and collectivism, and positivism and post-modernism. This analysis is rather brief, and tends to position the proposed approach through compromise between standpoints, rather than by rigorous analysis of the issues at hand. This may suit the pragmatist and, indeed, the overall goal of the volume, but will frustrate the reader interested in careful appraisal of the epistemological and ethical bases of health promotion.

Subsequent chapters then consider the characteristics of a "people-centred" approach to health promotion in more detail. Consideration is given to the value of a broad "quality-of-life" perspective, empowerment, community development, and finally cultural and spiritual issues. This material very much elaborates upon the value base for health promotion being proposed by the authors: the need to extend consideration beyond health to such concepts as wellbeing and belonging; the valuing of the experience and judgment of individuals and communities, and the role of professionals in "strength-building", rather than persuading or educating, within local communities. The style, in asserting such principles rather than evaluating them with respect to others, builds a coherent thesis, but does not readily encourage debate. A less polemical approach - alerting the reader to more points of ambiguity and contestability - might have served the authors' stated goal more in this respect.

The final section of the book explores the application of the proposed model in health-promotion practice. This includes a description of a model for implementing programmes - the People System - and also a range of case studies planned, or analysed, with respect to the model. These are useful for clearly showing how some of the principles considered by the authors earlier in the text could be put into operation.

The final chapter begins with this statement from the authors: "... we want to indulge ourselves by providing our vision of what an ideal society might be like based on PCHP [people-centred health promotion] principles." Deconstruction of this sentence reveals the core function - and indeed core strengths and weaknesses - of this text. The book clearly articulates a nativist, relativistic position on the promotion of health and, indeed, more broadly on the development of humane society. For readers sympathetic to this view, the book provides a myriad of quotations and examples to support their position. For readers sceptical of assumptions underpinning such a vision, however, there is little in the way of crafted, reasoned debate within the current volume to persuade them. In consequence, despite its interest as a source-book within the field, the book is unlikely to contribute significantly to required debate regarding such important issues as the respective roles of the individual and
of the state in the regulation of health-related behaviour, and the benefits and dangers of community-centred prioritisation of health need.

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The Healer’s Calling


At a time when, in Britain, certainly, there is a move away from organised religion and church affiliation, here is a book which explores at some depth what the author calls “A spirituality for physicians and other health care professionals”.

Daniel Sulmasy, who is Assistant Professor of Medicine and Director of the Center for Clinical Bioethics at Georgetown Medical Center, Washington DC, is also a Franciscan, and through what he writes in The Healer’s Calling he seeks for “where God is to be found in the experience of being ill and of being healers”.

Starting with the premise that “there is a hunger for things spiritual in our world today”, he goes on in the course of the book to look at the ways in which personal spirituality - and by this he means straightforwardly “a description of one’s relationship with God” - influences and affects the attitudes and practice of health care professionals. In an increasingly litigious society, and at a time when medicine is capable of doing more for patients, the author claims that “it is not enough to live for one’s craft alone”, contending that healing requires a very real focus on the humanity of each and every patient. This he claims is equally as important as technical knowledge and clinical competence. He invites readers to remember what it was that brought them into health care work in the beginning, suggesting that their initial passion and interest in other human beings and their desire to put their own gifts and skills at the disposal of others may have become somewhat blurred through experience. Yet, to remember and re-connect with that initial, original enthusiasm and passion and commitment to and for others would be of great help and benefit in the practice of health care today.

The author’s chapter headings what the reader’s interest further, after the opening one on “Spirituality and the health care professional”, in which I think there would be general agreement with his view that health care professionals - and although he is referring to the American scene, is it not also perhaps true here in Britain also - are no longer just satisfied with what they do. Sulmasy claims that they are looking for something “other”, something deeper than the fulfilment of daily procedures and techniques, something more deeply satisfying, something which meets and satisfies our deepest longings. Whether that “something” is so readily found by all of us and finds expression only, and in specifically, religious form is a question worth raising. It may well be that for some people, to do their job well, to use their skills and knowledge in the best way possible, may suffice, may be enough, may indeed satisfy!

Another chapter, entitled “Medicine, love and the art of being uncertain”, raises many real issues about how the health care worker deals with being in the position of not knowing, of not being certain about something, particularly in relation to diagnoses and treatment. He contends that in the face of uncertainty and doubt specific qualities and virtues like “practical wisdom, patience and courage” are just as important if not more so than anything else. The author goes on to say that “clinicians need to be better at being human if they are to be better clinicians”. Quoting Paul Ramsey he reminds us that “The function of medicine is not to relieve the human condition of the human condition”. It is more about dealing and living with it.

In his chapter on “God-talk at the bedside” our attention is focused on how many health care professionals veer away from open reference to the religious practice and belief of patients. Is it because we feel it is a subject “too private” or too personal for us to raise at the bedside, or indeed anywhere else, with patients? Yet there are other matters - just as private and just as personal - that doctors and nurses will easily raise and enquire about as part of a proper and genuine caring for the patient. In my opinion, the author is right to acknowledge that the patient’s beliefs and religious observance have a valid and not insignificant role in the overall care offered to the individual. He goes on to offer some practical suggestions and hints on communication with patients on spiritual matters, a topic which is quietly forgotten by many in the caring professions.

The writer states that “A series of reflections on spirituality in health care would seem radically incomplete without some direct discussion of suffering”. He attempts to deal with this here Sulmasy does not try to give any facile or glib answers to what suffering is or to the why of its existence. Rather, he acknowledges it as a common reality and he also acknowledges the fact that patients and health care workers are “involved firsthand in this fact every day”. He goes on to look at the role that health care professionals are required to play in the face of such suffering.

Throughout this book the writer raises many questions and issues which Christians involved in health care will be familiar. Whether one always agrees with what is written it is perhaps not so important as the fact that the issues and questions are brought to us for fresh thought and debate. Much of what he says is stimulating and challenging. It is, in many ways a book that calls us to look at the deeper motivations and influences behind what we do in the work of caring for others, and invites us, indeed, to go deeper, to be as fully human as we can. It can be in our relationships with others and especially with our patients. He is much of ourselves, and just how much of our faith we share with others in what we do that do not impose, but which respects the freedom of the spiritual outlook of the patient, requires careful consideration. For those who wish to look at, or develop their own spirituality in relation to their work in the health care field, The Healer’s Calling is a good, starting point and worth reading.

In the penultimate chapter Sulmasy states: “Holiness is not about being perfect. It is about the courage to acknowledge imperfection. It is about the courage to act in the face of imperfection. It is about the courage to be less than superhuman and yet more than the irredeemable, dismally rational maximizer of self-interest that some philosophers and some economists say represents the reality of all that human beings can ever be. It is the call to this kind of holiness that I want to urge upon health care professionals today. To be a wounded healer is to be this kind of doctor or nurse. Holy, not by virtue of any saccharine practices or hypocritical pretension towards perfection. But holy by virtue of honesty. Holy by virtue of courage. Here, Now. In the stuff of it...” To quote the gospel of Luke, the physician evangelist: “Physician, heal yourself” (Luke 2:23).

For until we recognise that we are in need of healing ourselves and recognise in the weakness of our patients and their weakness not unlike our own, we will never be very good healers.”