

expect them to show as much heroism as the dedicated dissident. The evil that they do is to imply that honest social and political criticism is so much lunacy. When all is said the cruelty and wickedness of the Soviet tyranny does not approach the monstrous cruelty and wickedness of the Nazi tyranny. Dr Bloch and Mr Reddaway hope that humane psychiatric values will ultimately prevail, when all imprisoned dissenters would be held in labour camps and none in hospitals. This would be very good for the fair name of psychiatry; but it might deprive the prisoners of some of their friends. Surely, our criticism of the Russian tyranny must go far deeper than this.

ELIOT SLATER

Doing Better and Feeling Worse: Health in the United States

Edited by John H Knowles, MD
President of the Rockefeller Foundation
W W Norton and Company Inc,
New York, 1977

Throughout the Western world there is considerable anguish about the proportion of resources spent on health services. There seems to be no limit to the treasure that can be poured into medicine, and the results in terms of better health and reduced mortality are not strikingly noticeable. Our own Department of Health and Social Security, and Scottish Home and Health Department have made their contributions both to the expenditure and to the subsequent heart-searching. They have published their opinions in red, white and blue papers.^{1,2,3} Briefly, they imply that since the care of the sick is too expensive, more effort will have to be put into prevention and, since most modern illness is the result of individual behaviour, it is up to each of us to promote our own health by stopping smoking, cutting down drinking, eating less, taking more exercise, avoiding the risk of VD, and preventing unwanted pregnancies.

No matter how effective prevention is, there will always be sick and disabled people. Some of these now get ready access to care and treatment. For the rest there are difficulties. Some may spend a time on a waiting list, others may have to forego treatment altogether. Medical

people may be unaware of the importance of their condition, or unwilling to treat it.

The medical profession collectively, knows a great deal about its successes and failures in patient care and treatment. On the other hand, patients know how they feel, what is troublesome, and what they would like made better. Some means is needed to bring these two important kinds of knowledge together, so that doctors are organised to apply their skills and technology to patients' needs.

The management of our National Health Service has completely failed to do this. It is a group of corporate bodies appointed by ministers on the statutory advice of various institutions. It looks on people as objects of pity and concern and not as co-operating subjects. Even community health councils which are supposed to represent the public, are largely appointed by the health authorities, the very bodies they are to monitor. These, as administrative arrangements, are more reminiscent of Mussolini's corporate state than institutions in a democratic society.

Evidently the United States is no better. Theoretically you can pay there for what you want either directly, with your own cash, or through one of the commercial or state insurance agencies. In fact, you can only pay for what is on offer and the ordinary consumer has no more say about what is offered than he has in the British National Health Services.

There is as little choice in the matter of prevention. Advertising and other commercial pressures help to determine much of our personal behaviour especially for those who are least educated and for those whose lives are otherwise limited. The real skill in prevention must be in helping us to overcome the need for a chemical or other veil between ourselves and reality. It is not only cigarettes and alcohol that provide this defence against the unbearable. The National Health Service with its prescriptions for hypnotics and tranquillisers plays its part.

Life should be fulfilled in work and leisure and leisure should be recreation and not self-destruction. A scientific approach to prevention seeks to identify the social pressures that determine behaviour, and to change them.

Fifteen of the twenty essays in this

book are by medical men, of the remainder, three at least are by economists. One cannot resist the temptation to say that, at least in the case of the medical men, the subject matter – increasing costs of medical technology – is love of their business. It is up to the profession to say what it can do to promote health and care for sick people and to state its material and manpower needs to do this conscientiously and honestly. It is for finance experts to count the cost and for politicians on the advice of these two groups, having ascertained their constituents' needs, to say yes or no. Democratic opportunities for choice in health services, and democratic responsibility for the determination of priorities are the answer to this particular dilemma.

This is an interesting book in that it gives valuable insights into the feelings of US doctors and their attitudes to the way they have to work. It shows a major concern for the needs and demands of patients but only as they are seen by doctors and not at all, as the title would imply, as felt by patients.

References

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DONALD CAMERON

Medical Encounters: The Experience of Illness and Treatment

Edited by Alan Davies and Gordon Horobin, Croom Helm, London, 1977.

It is not often that doctors and nurses are able to see themselves through the eyes of patients who have had a similar educational background. This book does just this for them. It contains sympathetic and challenging accounts of some of the heartless

and stupid, as well as the kind and sensible, ways in which we manage our patients. Since it is written by sociologists, much of it is written in their jargon which is often irritating and occasionally almost unintelligible, but its great merit is the challenge it presents to the almost unconscious mantle of superiority that many, if not most, doctors assume in their relation to their patients. The mere fact that we use the word 'patient' rather than 'client', which is more appropriate in today's medicine, makes this point. We often refer to 'difficult patients' - who want to know too much; but seldom of 'difficult doctors' who will not listen or tell enough. Many of the stories in the book recount the discrepancy between patients' desire and ability to control medical encounters that accounts for the feelings of frustration and helplessness that are reported in consumer (patient) satisfaction studies. In other stories we read of doctors' resentment, instead of grateful acceptance, of patients who really do know more about their condition than the doctor (examples are given of recurrent pneumothorax dangerously ignored and psoriasis and migraine being disdainfully handled). Nor is it only doctors who assume and enjoy the sense of power over patients that they feel. Nurses are just as bad. In one ante-natal clinic, with the patient naked and prone, the midwife 'left the room temporarily and I picked up a book I had brought along. She returned and whipped the volume away, instructed me to "lie ready for the doctor"'. Where else in human society would one adult (a nurse) say to another (a sociologist) who on a hot day, was going to the balcony for a breath of air: "You mustn't do that, you might catch cold?"

After all the stories have been told, the editors summarise the difficulties that people meet in their professional encounters with doctors and their colleagues. They recount the various roles patients have to play, and the written but unexplained rules that they have to follow if they are not to get into trouble: 'You should have insight into your own condition, but you are not entitled to all the information; you are expected to be a competent patient, but in all matters medical you are assumed to be incompetent'. The stark absurdity of

this professional attitude in relation to modern chronic diseases, where the patient very often understands much more about practical management than the doctor who has never had the disease can ever possibly learn, is humbling.

The ethical component in all this may not at first be obvious. But many of the problems of patients are due to insensitivity and lack of caring by medical professionals. Insofar as insensitivity and lack of care lead to bad medicine, these are professional faults; but they are also ethical failures. That there is an evil component in our professions' actions and inactions described in this book is shown by a brief, scathing review of it in one of the free medical newspapers that GPs receive. This ended: "I had to read this book: you don't". If only the obscure sociological jargon were to be re-written in simple English I would regard this book as necessary reading for all doctors and nurses before qualification.

C M FLETCHER

The Role of Medicine: Dream, Mirage or Nemesis?

Thomas McKeown
Nuffield Provincial Hospitals Trust,
London, 1976

Has medicine contributed to an improvement in health? To most of us the answer seems surely to be yes. Yet, here, in a slim volume which pulls together and reviews an extensive programme of work on changes in mortality over time, Thomas McKeown, Professor of Social Medicine at Birmingham, calls this into question. To take McKeown seriously is without doubt to confront some of the basic assumptions of clinical medicine.

Part One deals with factors contributing to improved mortality rates over the last two centuries or so. In essence, McKeown claims that three broad factors have been at work, environmental, behavioural and therapeutic. Environmental changes include principally improvements in nutrition, but also hygienic measures, i.e. improvements in water supply, better food preparation and better personal habits of cleanliness. Behavioural changes concern mainly the voluntary limitation of family size. Therapeutic measures cover immunisation and treatment, these last being the active measures

which arise from developments in medical science. These three factors became effective respectively from the 18th century, 19th century and 20th century. Furthermore, the order of the intervention in time was also the order of their effectiveness. Older readers will know that this interpretation is supported by a closely and carefully argued consideration of material on mortality in England and Wales. It is accompanied here by two additional approaches. First, attention is paid to specific medical advances and to the small contribution they can be said to have made to the total decline in mortality. This is discussed mainly in Part Two in a Chapter on medical research. Secondly, there is what McKeown calls a conceptual approach. Readers will begin to appreciate that it is the general theory of populations within which McKeown is operating which marks him off so distinctly from the clinician. It enables him both to clarify and attack the mechanistic model of the latter, focused as it is on processes internal to the individual and ignoring as it does wider issues of aetiology. Textbooks McKeown points out, rarely include a full discussion of the origins and nature of the disease process. The demographic transition (from high mortality and high fertility to low mortality and low fertility) alters our resistance to disease, and produces a new kind of adaptation to the environment.

In Part Two, the arguments are of a different order. The evidence is more sparse and the points are more polemical. A chapter on health services, being quite consistent with the evaluation of relative contributions to health starts with nutrition and the importance of food subsidies, moves to changes in personal behaviour, namely smoking habits and sedentary living, and attacks with vigour the fragmentary nature of the medical input to environmental measures. Only then is the question of personal health services addressed, and the focus on acute cases to the neglect of mental illness and chronic care, which many criticise on simple humanitarian terms, is here subject to question of what amounts to cost-benefit terms.

Five major changes to the curriculum are next set out crisply in a chapter which considers a new and more appropriate medical education