From a traditional medical perspective, this is a fair and well reasoned analysis, which brings together the different aspects of the debate and shows a willingness to accommodate. But what such an approach fails to confront is the collective significance of the criticisms and their fundamental challenge to the established meaning of science and the role of medicine in society. Biomedical research is certainly capable of developing further sophisticated technology, but how far future medical progress will be judged in these terms is open to doubt.

DAVID A GREAVES

Family Formation 1976
Karen Dunnell

It could be argued that this report will not assist general practitioners, obstetricians or gynaecologists in the decisions - sometimes ethical ones - which they take about such fertility-related matters as contraceptive prescribing, termination of pregnancy, sterilisation, etc. In fact it might be seen as detrimental to wise decision-taking, since this is a report of a large-scale survey and therefore has the job of generalising about groups of women, whereas to take decisions about individuals one must particularise, and not stereotype. Yet, it would be a pity if this study were not read by all those interested in placing the family formation behaviour of individual women within a wider societal context. For this is a very clearly written and informative study, providing not only a great deal of descriptive data on the pregnancies, sexual behaviour and contraceptive usage, marriages and separations of a sample of over 6000 British women, but also supplementing this with data which may help one to understand trends and differences in behaviour (such as women's education, paid employment, husbands' employment and job security, views on ideal and intended family size).

Although the study is of interest to those particularly concerned with research on fertility it also has the merit of being written without the assumption that readers already possess a high degree of prior knowledge of the subject, thus making itself available to a much wider audience. The only drawback of such an approach is that the report may fail to hold the attention of those who do have prior knowledge since it frequently provides merely confirmation of already well-established trends or explains concepts already understood.

However, there are also new findings to report, some of which are interesting in the fact that they can be compared with the findings of previous studies (for example, the decline in family size ideals since 1967), and some in the fact that they break new ground (for example, the information provided on single women and those not legally married but cohabiting). It cannot be blamed for leaving its readers somewhat frustrated by the sense that its findings may now be out of date, for this is bound to be the case with large-scale surveys of changing behaviour.

JANET ASKHAM

Mixed Communications: Problems and Progress in Medical Care: Essays on Current Research

Five Years After: A Review of Health Care Research Management

Both these books, dealing respectively with the conduct and content of medical care research, come from a charitable organisation which has a deserved reputation for the independent promotion of such worthy matters. The Nuffield Provincial Hospitals Trust has funded medical care research for many years and the results of their patronage have been regularly reported in a series of which 'Mixed Communications' is simply the latest example.

The other publication, 'Five Years After', addresses a policy issue which arouses passionate debate since it concerns the most appropriate means by which governments can finance research in the vast field of health. The topic boiled up in the early seventies with the publication of the Rothschild Report and the subsequent Green and White Papers. The idea was to design a framework which would 'make the best use of science and technology for the needs of the community as a whole'. An unexceptionable aim, one might think. But what incensed the academic community of the day was their reduction to the demeaning role of research pedlars, selling their tinkering skills to the Government who, as the wealthy customer, would only demand or buy specific products. The metaphor was not only resented but has since proved inappropriate and also very hard to implement in practice. As a result of unsatisfactory experiences with this model the whole process is now due for redesigning, which makes this publication highly relevant to a revived debate on the special theme of health service research.

This book makes especially lively reading in the first half where Professor Whitehead unabashedly relates personalities to his historical review. Among the multiple problems which have arisen the key one is the sheer inability of governments or, rather, civil service administrators, to decide what is needed from medical research. The customer, in fact, is uninformed and ignorant and in no position to tell, without special advice or advertisement from the retailers themselves, what constitutes the best medical buy. Most of the book concentrates on the shaky mechanisms set up in England, in the DHSS, to get round these difficulties. It is unfortunate that the much superior Scottish arrangements do not feature here but they were described a year earlier in another Nuffield volume, 'Research in Medicine', by Sir Andrew Watt Kay.

From mixed experiences to mixed communications, we find in the other publication very different themes on how to improve doctors' skills at talking to patients; the unmet needs of handicapped children and their parents; hospital in-patient costs and, finally, problems arising over participation in managing the health service. Charles Fletcher is eminently reasonable and humane on the matter of patients' right to know about their illness and on ways of ensuring that doctors will do better at this important task in future. Jack Hallas, in the last essay, ranges widely, but with a refreshing
exuberance of style, over consumerism, the professionalisation of lower status care workers and the co-incident unionisation of members of the professional old guard, doctors and nurses. The NHS, as he rightly says, can no longer remain above the battle, as the question of 'who gets what' daily becomes more pertinent and painful. It is assuredly a question which applies as much to the dispersal of limited medical research funds as it does to the provision of medical care.

UNA MACLEAN

Old People in Hospital

King Edward’s Hospital Fund for London, 1979, 52pp, £2.50.

This report represents the findings of an investigation carried out by Winifred Raphael and Jean Mundeville. The former sadly died soon after completing the report.

The study received the advice of a powerful Steering Committee of eminent geriatricians, nurses, a psychiatrist and sociologists. Information was sought on many important items relating to comforts dignity and well being from patients and staff in six geriatric hospitals. In addition, opinions were sought from patients’ visitors.

The six geriatric hospitals were visited during 1977 and patients, staff and patients’ visitors were interviewed.

It is interesting (but not surprising) that patients were in general more satisfied with conditions than were members of staff – will this situation continue in the future as future old people come to expect more and more from statutory services?

As regards wards, day rooms and furniture/equipment, patients had remarkably few complaints. There was evidence of the familiar dilemma in which patients prefer small rooms and staff prefer larger patient areas. On the one hand patients value privacy and on the other staff like to feel that they have adequate observation and ‘control’. This is an irreconcilable conflict of interests.

It is interesting that patients found two unacceptable sources of noise. One was uncontrolled television and it ought not to be too difficult to deal with this by provision of head phones, etc. Another was the noise engendered by mentally disturbed patients who shouted and created noise. Could we not provide better sound proofing for this problem?

Patients commented that medical care by doctors was generally very good but there were examples of shortage of medical staff and frequent changes of personnel. Not unexpectedly, however, patients and their relatives often felt that they had insufficient contact with doctors and therefore lacked medical information about their cases.

In general patients and their visitors were very highly appreciative of nursing care, but nurses often felt that the quality of care was inadequate because of pressure of work.

Many members of staff felt that they would have benefited from special training in work with the elderly and they also felt that their views should be given more attention.

When patients and staff were asked what they liked best and liked least it was found that staff had more criticisms than patients. Staff were more critical of the inadequacy of the physical environment while patients tended to be more aware of the staffing shortages.

This Report includes very useful check lists which may be used in long stay units to determine how adequately patients’ needs are being met.

This is a publication in the best tradition of the King’s Fund. It ought to be read by doctors, nurses, administrators and bodies concerned with patients in long term care.

J WILLIAMSON

Dying: considerations concerning the passage from life to death


This excellent book has been compiled by a group of doctors, nurses, clergy and a lawyer in association with the Anglican Church of Canada, and is sub-titled ‘Considerations concerning the passage from life to death’. Throughout the pages, there is an authentic and unemotionally realistic presentation of the dilemmas of this vast subject and in addition to the three chapters there is a useful bibliography, study guide and list of relevant audio-visual aids.

The first chapter discusses the problem of dying and man’s responsibility to it and clarifies the subject of brain death. Life is suggested, is a divine loan and man should have concern and care for his neighbour as for himself and shares a corresponding responsibility with God. Those involved in the caring role with dying people are exhorted not merely to listen, but to hear and not only to respond but to feel. ‘We must neither over-estimate our ability nor underrate our responsibility.’

In the second chapter we are asked to look at some of the difficult decisions which have to be made and the interpretation of action taken under the headings of voluntary and involuntary active and passive euthanasia. These terms are clearly elucidated, as are also ordinary and extraordinary treatment. It is suggested that the three important guide-lines in decision making are respect for life, love of neighbour and guidance of the Holy Spirit.

Attention is drawn to the difficult-for the doctor who may be seen as ‘playing God’, and his responsibilities in involving other care givers, the family and the patient in making difficult decisions on the basis of ‘informed consent’. Legal considerations are also discussed and the ‘living will’ as used in California is described: financial aspects of care are also mentioned.

The final chapter on the Christian response to death makes a plea for the highest possible standards of care, including efficient symptom control, attention to emotional, social and spiritual needs of dying people and emphasises the responsibility of the Church in preparing a person for impending death.

This book is packed with important guidance on medical, ethical and spiritual issues of dying and should certainly be included in the libraries of medical and nursing schools as well as theological colleges.

D H SUMMERS