



BOOK MANAGER'S CHOICE



Manual of Family Practice.* *Second Edition.* Robert B. Taylor. September 2001. 784pp. R260.

The thoroughly updated second edition of this manual provides concise, accessible information on the full spectrum of clinical problems in primary care. Written from the family physician's perspective, the book emphasises ambulatory care, plus pertinent hospital-based and home-based health problems. Throughout all chapters, the focus is on disease prevention and health maintenance. Topics include frequently encountered diagnostic challenges such as amenorrhoea and fatigue, management of common disorders such as diabetes mellitus and hypertension, and selected procedures such as obstetric ultrasound and nasolaryngoscopy. This edition includes three new chapters on valvular heart disease, sexual assault and pain management.

Book titles marked* may be ordered directly from SAMA Health and Medical Publishing Book Department, Private Bag X1, Pinelands, 7430, tel. (021) 530-6520, fax (021) 531-4126, e-mail publishing@samedical.org or jstrydom@samedical.org.

BOOKS RECEIVED

The receipt of these books is acknowledged, and this listing must be regarded as sufficient return for the courtesy of the sender. Books that appear to be of particular interest will be reviewed as space permits. The SAMJ does not publish unsolicited reviews.

Ultrasonography in Urology. A Practical Approach to Clinical Problems.* Edited By Edward I Bluth, Peter H Arger, Carol B Benson, Philip W Ralls and Marilyn J Siegel. Pp. xi + 204. Illustrated. DEM 199. Thieme. ISBN 1-58890-050-9.

Ultrasonography in Vascular Diseases. A Practical Approach to Clinical Problems.* Edited by Edward I Bluth, Peter H Arger, Carol B Benson, Philip W Ralls and Marilyn J Siegel. Pp. xi + 84. Illustrated DEM 128. Thieme. ISBN 3-13-129141-9.

The Clinical Use of Blood in Medicine, Obstetrics, Paediatrics, Surgery & Anaesthesia, and Trauma & Burns.* WHO, Blood Transfusion Safety. Pp. 337. Sw.fr. 40. WHO. 2001. ISBN 92-4-154538-0.

The Clinical Use of Blood Handbook.* WHO, Blood Transfusion Safety. Pp. 219. Sw.fr. 15. WHO. 2001. ISBN 92-4-154539-9.

Users' Guide to the Medical Literature. A Manual for Evidence-Based Clinical Practice.* (Plus CD Rom). The Evidence-Based Medicine Working Group. Edited by Gordon Guyatt and Drummond Rennie. Pp. xxiii + 796. \$50. AMA. 2002. ISBN 1-57947-174-9.

Users' Guide to the Medical Literature. Essentials of Evidence-Based Clinical Practice.* (Plus CD Rom). The Evidence-Based Medicine Working Group. Edited by Gordon Guyatt and Drummond Rennie. Pp. xxxi + 442. \$35. AMA. 2002. ISBN 1-57947-191-9.

CONGENITAL AND PERINATAL INFECTIONS*

Congenital and Perinatal Infections: Prevention, Diagnosis and Treatment. Edited by Marie-Louise Newell and James McIntyre. Pp. viii + 342. £38. Cambridge University Press. 2000. ISBN 0521-78979-6.

Congenital and perinatal infections remain a leading cause of perinatal morbidity and mortality in all parts of the world. The HIV epidemic in Africa makes this particularly pertinent in the

developing world. Marie-Louise Newell and James McIntyre have produced a book that covers infections relevant to pregnancies, and have collated an amalgam of contributions from authors across the globe, giving perspectives which would be applicable to both developing as well as developed countries.

The first sections of the book covers general principles of infections. The excellent introductory chapter provides a valuable overview of the effects of various infections on fetuses, and how these are dependent on the timing of exposure, method of transmission, whether they are primary or



recurrent infections and the mechanism of infection, which may be the teratogenesis, direct organ damage or active infection of the fetus. There are further chapters on immunity in pregnancy, maternal effects from infection and guidelines for the scientific evaluation of screening programmes for infections.

The second part of the book concentrates on individual infections. These include the TORCHS infections (toxoplasmosis rubella, cytomegalovirus, herpes and syphilis), varicella, hepatitis, human papilloma virus and group B streptococcal infection. There is strong emphasis on diagnoses and effective intervention and treatment. There is a comprehensive chapter on HIV, which includes some of the postulated mechanisms of transmission, as well as information on management of pregnancies and prevention of transmission to fetuses.

The book provides a concise guide to the diagnosis, prevention and treatment of the infections which affect pregnancies. It is competitively priced and is of use to all health care workers involved in the management of pregnant women.

Chantal Stuart

CLINICAL RISK MANAGEMENT*

Enhancing Patient Safety. Second Edition. Edited by Charles Vincent. X + 53. £48. BMJ Books. 2001. ISBN 0-7279-1392-1.

My first instinctive reaction to the title of this book was that it is about managing the clinical risk from a managed care/funder's perspective. I soon realised that it actually deals with the risk of litigation in medical practice. Since the first edition, much research has been done to establish why things go wrong in clinical practice. This has led to some new and altered chapters in the second edition that serve as a basis to preventatively manage possible risks and litigation, but also to set up systems to improve the quality of medical services in the UK.

The book is divided into the following main categories: 'Principles of risk management', 'Reducing risk in clinical practice', 'The conditions of safe practice' and 'Implementation of risk management'.

Some 44 different experts in their specific fields contributed to the specialised chapters in each part of the book, making it a worthwhile read for every practising doctor but particularly for managed care funder companies, IPAs, group practices and hospital managers.

The safety of the patient is of prime concern in this book. Determinants of adverse events are complex and can operate at various levels, such as the individual doctor, the health care process and as a feature of the care organisation.

It is interesting to note that a doctor's communication skills are one of the most important determinants of clinical outcomes. This emphasises the importance of providing training to both undergraduate students and practising clinicians. It struck me that most determinants are simple issues like communication, legible handwriting, follow-up of lab and other reports, referring a patient timeously, delay in diagnosis and refusal to do house-calls. Some other interesting issues are lack of appointment systems, emergency care policy and processes,



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management of repeat prescriptions and communication with colleagues.

Not only are the possible causes discussed in great detail, but almost half of each special chapter is also devoted to the prevention of bad events, and improving quality of care. Many of the measures focus on the doctor and the consultation, others relate to organising and management, while others would be promoted at primary level or through medical school curricula.

Quality evidence-based clinical guidelines are currently available for the most common conditions in each speciality, and are growing each year.

The importance of acceptance and familiarity of clinical guidelines by doctors are important factors to improve the process of care, reduce litigation and ensure patient safety. A large systematic review of 59 evaluated guidelines bears testimony of the inherent benefits for all stakeholders.

We need to rethink our outdated opinion that guidelines are cookbook medicine and do not allow doctor autonomy and initiative. It actually promotes current benchmark principles of best practice within the framework of the individual patient's circumstances.

Doctors who are reverting to cookbook medicine have become lazy and are neglecting their responsibilities, because clinical knowledge and skills still have to be applied within the framework of guidelines. Although it does not fully protect the doctor from litigation, I think that adherence to national guidelines would protect doctors a great deal in cases where adverse events are being reported.

Various strategies to ensure quality in clinical practice are discussed throughout every chapter. These strategies are of the utmost importance to clinicians. Performing clinical audit, CME and management of clinical risks does not only improve patient care and quality, but also reduces negative events and litigation. The book focuses on the avoidance of risk and the management of unavoidable situations.

I strongly recommend this book to practising clinicians, managed care companies, IPAs, group practices and hospital administrators.

AJ Snyman

ACUTE MEDICAL EMERGENCIES*

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The Practical Approach. Advanced Life Support Group. Pp. x + 453. £40. BMJ Books. 2001. ISBN 0-7279-1464-2.

This publication by the Advanced Life Support Group is a manual that accompanies a course in advanced medical life support (similar to the other advanced life support courses eg.

ATLS, ACLS and APLS). It represents a structured approach to medical emergencies and is aimed at generalists including GPs and registrars and general physicians who work in emergency environments.

There is no such course in South Africa at present. Those preparing to write the Diploma in Emergency Care, and those considering specialisation in emergency medicine would do well to go through this manual.

Emergency medicine is a rapidly evolving discipline, both in the First World and in our country. This manual serves to exemplify an approach that is unique to emergency medicine and even though there is no course available, it is very useful text. Reference websites are given to ensure that the reader has constant access to relevant and up-to-date information which facilitates continuing professional development.

The sections on presenting complaints and interpretation of emergency investigations are particularly useful, well presented and include the pathophysiology of all the common medical emergency conditions.

Clive Balfour

IN MEMORIAM

DORIS BECKER

Doris Becker, 58, was shot dead while in her vehicle on 1 February this year when returning with a colleague from a visit to the Umhlumayo Mteyi PHC Clinic near Ladysmith.

Dr Becker arrived in South Africa from Germany in 1972. She worked in the Transkei Hospital for some time and then returned to Germany to further her studies in paediatrics. After her return in 1976, she worked in various hospitals including Nkandla hospital near Melmoth for nine years, before eventually settling in Ladysmith. It was her calling to help the poor, especially children. She was a dedicated, self-sacrificing doctor who totally believed in taking medicine to the public.

She initiated the medical services to the 11 PHC clinics in the Ladysmith area, where reliable and regular services had been lacking for decades. At the time of her death, she was working on a project to assist HIV-orphans by training community based caregivers.

She taught organic gardening and handcraft skills to relieve poverty and went out of her way to assess rural children with disabilities and organise appropriate assistance and services. The local and provincial medical community, as well as the rural communities whom she served, were shocked, devastated and outraged by this senseless deed. Her tragic death is an immeasurable loss.