Boeke/Books

Medication of the elderly

Drugs in Old Age: New Perspectives. British Medical Bulletin. Vol. 46 No. 1. Ed. by M. J. Denham and C. F. George. Pp. 299. Price £31,50. Edinburgh: Churchill Livingstone. 1990.

The list of contributors to this book reads like a virtual who's who of modern geriatric medicine and clinical pharmacology in the UK. The result is a thoroughly authoritative text dealing with medication of the elderly by acknowledged experts in the various fields covered, in the very best tradition of British technical writing.

Six general introductory chapters describe the background imposed by an ageing population and various aspects of geriatric pharmacology. They include chapters on adverse drug reactions and the pattern of medicine-taking by people aged 65 and over.

Thirteen further chapters deal with specific key topics in geriatric medicine, which cover most of the situations commonly encountered by anyone who cares for the aged. These are hypertension, osteoporosis, post-herpetic neuralgia, Parkinson's disease, urinary incontinence, anaesthesia in the elderly, aspects of psychogeriatrics, drug therapy for recent strokes, heart failure, obstructive airways disease, large bowel problems, pain control and terminal care.

Each chapter is extensively and relevantly referenced and this further enhances the reader's confidence.

This book should find a place on the shelves of all who would wish to treat elderly patients with dedication and competence or, because of its high South African price, it should certainly be available for reference in all medical libraries. It is hard to find any fault with this delightful little textbook, which can be warmly recommended with complete confidence.

P. de V. Meiring

Bile and bile-duct abnormalities

Bile and Bile-duct Abnormalities. Pathophysiology, Diagnosis and Management. Ed. by G. N. J. Tytgat and K. Huibregtse. DM 68. Stuttgart: Georg Thieme Verlag. 1989.

One of the most rapidly expanding fields in gastro-enterology is in basic and clinical research, examining the pathophysiology of extrahepatic cholestasis and gallstone disease. A wide spectrum of disciplines is currently involved in the basic molecular research of bile formation, and the production and consequences of lithogenic bile. A host of new non-operative methods of stone detection and therapy are now available and vying for attention and application. In the current environment of escalating medical costs and increasing fiscal constraints, the competing options in the evaluation and treatment of malignant biliary obstruction require careful audit.

This specialised publication, published as a supplement to *Hepato-gastroenterology,* puts in perspective the current state of knowledge of both benign and malignant biliary tract diseases. Each chapter is written by an expert in the field, with a comprehensive reference list, and provides a state-of-the-art appraisal of the treatment of biliary tract disease. Topical issues addressed include the consequences of extrahepatic biliary obstruction, biliary secretion of antibiotics and the pathogenesis of gallstone disease.

Recent major advances have increased our understanding of the mechanisms leading to cholesterol crystal formation and ultimately gallstone formation, both in the gallbladder and the common bile-duct. There is now a bewildering range of possibilities for the non-surgical treatment of common-bile-duct stones such as endoscopic sphincterotomy and stone extraction, mechanical lithotripsy, electrohydraulic lithotripsy, laser lithotripsy and extracorporeal lithotripsy. Each chapter examines the balance of indications, usefulness and shortcomings of the various techniques and tools to provide the most appropriate therapy for any given patient.

Motility and dysfunctional abnormalities of the sphincter of Oddi require sophisticated methods for accurate diagnosis and therapy, and these are adequately covered in this supplement. The surgical approach to congenital biliary duct abnormalities including choledochal cyst and Caroli's disease is superficially addressed. The current methods of evaluation of malignant bile-duct obstruction are reviewed with an in-depth analysis of the relative usefulness of ultrasound, CT scanning, ERCP, MRI, angiography and endoscopic ultrasonography in the pre-operative staging of bile-duct carcinoma.

This book is intended (and recommended) for the biliary specialist or the enthusiast with a particular interest in the diseases of the biliary tract.

J. E. J. Krige

Radiology

Radiology of Syndromes, Metabolic Disorders, and Skeletal Dysplasias. 3rd ed. Ed. by Hooshang Taybi and Ralph S. Lachman. Chicago: Year Book Publishers. 1990

This book is a cornucopia of knowledge written by a well-known paediatric radiologist and a renowned genetist. It is now into its third edition and completely up to date. It is divided into three sections: syndromes, metabolic disorders and bone dysplasias. Many of the conditions are rare so that it becomes a consultant's consultant since few people can retain knowledge of so many eponymous conditions.

It is embarrassing when a case is referred to you as so-and-so syndrome and you don't know what to look for. With this book you may know more than the referring doctor. If you are the latter the short clinical and radiological descriptions are excellent and a mine of information. If, for example, one wants to know the gamut of syndromes associated with some particular malformation, all one has to do is refer to the index.

Compared with previous editions, the bibliography has been considerably extended and many new radiographic and clinical illustrations provided. I think it is a must for any radiological, clinical or genetic department, or practice that sees a considerable amount of developmental malformations or diseases. Personally, I would not be without it.

B. J. Cremin

Epidemiology in district health

Manual of Epidemiology for District Health Management. Ed. by J. P. Vaughan and R. J. Morrow. Pp. viii + 198. Illustrated. SFr. 35. Geneva: WHO. 1989.

The manual arose out an expressed need by district health workers for access to epidemiological methods of relevance to their routine work. It was produced by the scientific working group on epidemiology of the UNDP/World Bank/WHO Special Programme for Research and Training in Tropical Diseases, and has been through several field testings in developing countries. The aim of this version is to allow district health managers to access effective, simple, epidemiological methods and use them in the public health sector. It shows how they can use simple techniques to rank health priorities in the community, defining high-risk groups and identifying risk factors. It describes how this information can be used to design health services that are targeted to the specific needs of groups in the population, and how epidemiological indicators can be used to monitor community health services and evaluate their impact.

It will have a wide range of applications at local and regional health authority, and community health project level. Specific chapters and appendices address basic epidemiological principles, the institution of an epidemiological health information system, the design, conduct and analysis of epidemiological surveys (with specific chapters on organising investigations, record form and coding, dataprocessing and analyses, as well as presentation of information and communication to the district health team). Appendices ensure that the book can be used without having to resort to more specialised statistical texts. Attention has been given to the need for ethical guidelines in epidemiological studies.

Throughout the text, the emphasis is on reducing complexity and focusing only on key elements of essential use to health planners. For example, the section under descriptive epidemiology explains the need to ask questions such as: What is the health problem? Who is affected? Where does the problem occur? When does it happen? How does the health problem occur? Why does it occur? What interventions have been planned? and What is their effectiveness? Shortcomings of routine data are well spelt out. For example, the high-quality information hospital inpatient records can provide makes them a useful indicator of the health status of the whole population, allowing for the fact that inpatients tend to live near the hospital, and are better educated. Similarly, outpatient clinic records can be used, but also suffer from selection biases. Special surveys are indicated when the quality and representativeness of data cannot be inferred. In a useful section on ethical issues, the authors emphasise that some service should be part of any survey, and people found to be suffering from a disease should be treated or referred to a clinic (it would be interesting to know how often this is applied in South Africa).

The section on data processing and analysis is as accessible to community health workers with a moderate level of numeracy as to professional statisticians. The strongest feature of the book is its ability to cross previous professional boundaries in terms of technical skills and knowledge of epidemiology and statistics. It is for this reason that the manual should be an essential part of all health services.

The only impediment to the wide distribution of this manual is the cost. For this reason, the Centre for Epidemiological Research in Southern Africa and the Institute for Biostatistics are planning the production of a South African manual to address many of these issues. It is to be completed by June 1991.

D. Yach

Growth retardation

Intra-uterine Growth Retardation. Nestlè Nutrition Workshop Series. Vol. 18. Ed. by Jacques Senterre. Pp. xvi + 300. Illustrated. $57. New York: Raven Press. 1989.

Intra-uterine growth retardation is a universal problem contributing significantly to low birthweight with its increased mortality and morbidity. This book reports on a workshop attended by health workers from developed and Third World countries. Key aspects of intra-uterine growth retardation were discussed. The volume should be of great value to all concerned with the improvement of the health of mothers and their infants.

Eighteen superb talks with illustrations and discussion among the attendees are documented. The comments are most interesting and illuminating. The contributors reviewed the regulation of fetal growth, factors associated with growth retardation, assessment of fetal growth and well-being, maternal food supplementation, management of delivery, and the outcome for the infants. The studies from South America, Africa and India are of relevance to South Africa, particularly the results of food supplementation in pregnancy. Sound advice on this controversial but beneficial intervention is given.

The volume is mandatory reading for those committed to reducing the incidence and sequelae of fetal growth retardation. Although many questions remain unanswered, it contributes to our understanding of the complex interactions between mother and fetus. The extensive subject index makes for easy reference.

A. F. Malan

Books received February 1990

International Digest of Health Legislation. Pp. xx + 957. SFr. 35. Geneva. World Health Organisation. 1989.

Common Medical Diagnoses: An Algorithmic Approach. Ed. by P. M. Healey and E. J. Jacobson. Pp. xiv + 203. £26,50. London. WB Saunders. 1990.

The Social Psychology of Intergroup Conflict. Ed. by W. Stroebe, A. W. Kruglanski, D. Bar-Tal and M. Hewstone. Pp. x + 198. Berlin. Springer-Verlag. 1988.

Geslags-Opvoeding vir Seuns. Deur S. Schulze en L. van Rooyen. B1.90. Prys R17,95. Unibook Uitgewers. Hammanskraal. 1989.

Nutrition Learning Packages. Pp. vii + 170. Illustrated. SFr. 30. Geneva: WHO/UNICEV. 1989.

Bilinguality and Bilingualism. Ed. by J. F. Hamers and M. H. A. Blanc. Pp. xii + 324. Illustrated. £35 h/b, £12,95 p/b. Cambridge: Cambridge University Press. 1989.

Eweknie-evaluasie en litigasie

Die Noord-Transvaal Tak van die MVSA het 'n besprekingspunt oor litigasie in die vorm van 'n kort simposium aangebied in een van hul programme waar hulle probleme van ons tyd aanspreek. Mnr. A. Volschenk, Senior Regsadviseur van die MVSA, het die simposium ingelei, waarna dr. Blomerus Nieuwoudt, ook van die MVSA, ons lede aangemoedig het om hulself teen aanspreeklikheid te verseker by die twee beskikbare versekeringsmaatskappye wat beide in Engeland funksioneer, nl. die Medical Protection Society en die Medical Defence Union.

Mnr. N. M. Prinsloo van die SAGTR het ons ingelig oor die klagtes wat by die SAGTR ingedien word. Indien 'n mens in aanmerking neem dat meer as 19 000 geneeshere in ons land by die Raad geregistreer is, is die persentasie klagtes redelik laag, veral as 'n mens in aanmerking neem dat die getalle wat 'n raadsondersoek regverdig het, gewissel het van 38 tot 114 van 1958 tot 1988, terwyl die aantal navrae en klagtes gewissel het van 800 tot meer as 1 000 gedurende dieselfde tyd.

Daar was 'n klemverskuiwing sedert 1985. Gedurende 1985 was die 5 belangrikste klagtes: (*i*) 50% oor gelde; (*ii*) ± 25% oor onvoldoende kommunikasie; (*iii*) ± 25% oor moontlike nalatigheid; (*iv*) ongeregistreerde geneeshere en (*v*) sertifisering.

Gedurende 1986 en 1987 het die klem verskuif na: (*i*) operasies

wat moontlik onnodig gedoen is; (*ii*) bestuursprobleme; (*iii*) nie toepaslike gelde gehef nie; en (*iv*) polifarmasie. Tydens 1988, 1989 en 1990 het die klem weer eens verskuif na: (*i*) bevoegdheid; (*ii*) gelde; (*iii*) onbeskofte optrede; (*iv*) onvoldoende toesig en sorg; en (*v*) sertifisering.

Hiervan kan afgelei word dat daar waarskynlik 'n toenemende antagonisme by die publiek ontstaan het ten opsigte van geneeshere se bekwaamheid en die gelde wat hulle hef. Die finale uitspraak van die SAGTR was: (*i*) 'n berisping in ± ⅓de van die gevalle; (*ii*) 'n opgeskorte vonnis; (*iii*) tydelike skorsing ((*ii*) en (*iii*) saam vorm ook omtrent 'n ⅓de); (*iv*) skraping van die register, in minder as 12% van gevalle; en (*v*) onskuldig in omtrent 12% van gevalle.

Professor S. A. S. Strauss van UNISA en mnr. H. Schoeman van MacRobert, De Villiers en Hitge, wat namens die Mediese Vereniging en die twee versekeringsmaatskappye as wetsadviseurs optree, het ons ingelig oor siviele aanspreeklikheid en die verloop van siviele gedinge in die praktyk. Hulle het die belang van ingeligte toestemming en veral die praktykdokumentasie beklemtoon.

Dat daar 'n toenemende tendens is van die publiek om geneeshere te bevraagteken of aan te kla is duidelik, veral as 'n mens die voorkoms van hierdie klagtes in ander lande in ag neem. Die kans dat 'n geneesheer gedurende 1968 in so 'n geding betrokke sou raak was 1 uit 522. Dit het gedurende 1986 en 1987 stadig afgeneem — toe was dit 1 uit 48, en in 1988 was dit 1 uit 22 geneeshere.

Siviele aanspreeklikheid en kriminele aanspreeklikheid hoort nie primêr by die SAGTR tuis nie, maar die wetsgeleerdes neig om toenemend sulke sake eers deur die SAGTR te laat ondersoek. Indien 'n kollega dan deur die Raad skuldig bevind word, gebruik die wetsgeleerdes dit as 'n agtergrond om hulle saak te beveg.

Die Raad beoordeel die beroep met 'n aanname; dat 'n geneesheer 'n redelike bevoegdheid behoort te hê, dat hy 'n goeie opvoeding en onderrig geniet het en dat hy sekere professionele regte en voorregte geniet. Geneeshere se optrede word beoordeel met hierdie agtergrond in aanmerking geneem.

Komitee vir Kostebewustheid en Eweknie-evaluasie

Dié Komitee van die MVSA het net betyds sy verskyning gemaak in 1983. Hierdie Komitee ontvang die meeste van sy navrae van die administrateurs van die mediese hulpfondse. Die samestelling van die Komitee is van so 'n aard dat enige groepsprobleem verwys word na die betrokke groepe in die MVSA of na 'n Takraad wat so 'n aangeleentheid dan verder kan ontleed. Die Komitee se eerste taak en doel is opvoedkundig van aard. Tweedens probeer die Komitee om 'n redelike praktykvoering te bevorder. Dit sluit in kontrakte tussen dokters en die publiek (die gemeenskap), dokters onder mekaar, voltydse en deeltydse geneeshere onder mekaar en die verhouding tussen voltydse en privaatgeneeshere.

'n Belangrike wagwoord is waarskynlik redelike kommunikasie tussen al hierdie groepe en mense. 'n Ander belangrike behoefte is om kostedoeltreffend te praktiseer met 'n redelike wetenskaplike benadering. Met 'n redelike logika kan 'n mens beroepsvoldoening ook geniet.

Met al die nuwerwetse ontwikkelings en hoë eise wat aan die beroep gestel word is dit vandag miskien moeilik om nie verdedigend te praktiseer nie (sg. 'defensive medicine'). Om ondersoeke te laat doen en oorbodige medisynes voor te skryf, slegs om jouself te verdedig in geval jy in 'n hofgeding beland, is nie goeie geneeskundige praktyk nie. Buitendien kan geen pasiënt, siekefonds of hulpfonds dit bekostig nie.

Tydens my Presidentsrede aan die Tak Noord-Transvaal van die Mediese Vereniging het ek 'n grafiek geteken (Fig. 1) wat waarskynlik makliker verstaanbaar is as baie woorde.

Afgesien van ons registrasie by die SAGTR is ons, soos alle lede van die publiek, onderhorig aan wetgewing — dit stel vir almal in elk geval 'n minimum standaard. Geneeshere wat daarin slaag om net aan hierdie minimum standaard te voldoen, praktiseer in 'n skadu van wanpraktyk. Die SAGTR, MVSA en die hele beroep stel 'n standaard hoër as die minimum standaard van die wetgewers met behulp van reëls, kodes, etiket en etiek. Met 'n redelike humanistiese en professionele benadering streef 'n jong oningeligte kollega na 'n hoër standaard as die minimum standaard van die wetgewers. Met 'n eweknie-evaluerende en kostebewuste benadering onderskraag deur sy eie gewete sowel as 'n geneeskundige gewete kan 'n geneesheer met verloop van jare 'n praktykvoering handhaaf wat hom bokant die minimum standaard van die wet verhef. Dit stel hom ook in staat om nie met die gereg te bots nie, maar ook nie 'n berisping van die SAGTR of ander beroepsliggame op die hals te haal nie.

J. S. Loubser

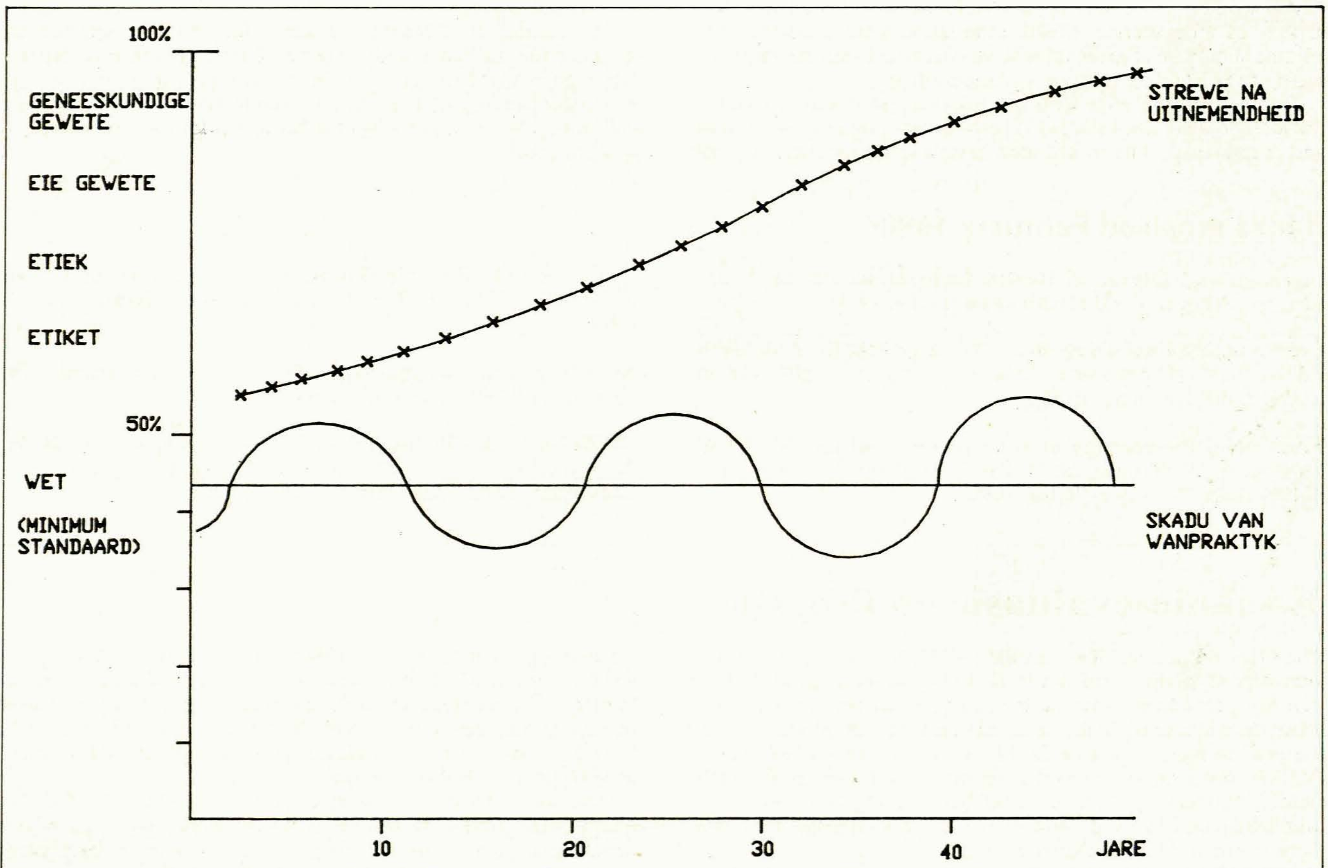

Fig. 1. Faktore wat 'n geneesheer se standaard van praktykvoering bepaal.