

Book Review Book Re

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The book is structured into sections that describe clinical scenarios. The usual categories are used: adolescent health, aged care, dermatology, mental health etc. In each section two or three very detailed scenarios are given that include the actor's brief, the relevant laboratory investigations, a suggested approach to the case, key issues, common pitfalls and references for further reading. The scenarios are taken from the general practice experience of the author who has worked as a general practitioner in both England and Australia and have been developed into teaching tools. The author also has an extensive academic background in postgraduate general practice.

One could quibble about the detail in the suggested approach to each case in that there are occasional departures from what we, in New Zealand, would feel appropriate. However, the cases are excellent in their scope, reflection of clinical practice and the method given of how to tackle the scenario. The introduction states '*GPs would never finish their day's work if they took a full history and performed a complete examination on every patient. We take appropriate short cuts.*' It is refreshing to find a book that acknowledges the reality of general practice life and does not preach a model of perfection that is irrelevant to our work. The suggested approach to each case

One criticism that I would have is that there is very little discussion on the theoretical basis of communication in general practice and there is virtually no discussion on the accepted structures of the consultation that are taught widely in New Zealand, Australia, Canada and England. The benefits of such structures are that they allow the candidate/general practitioner to bring a generic framework to a myriad of clinical settings and provide a 'toolbox' of skills that can be used as appropriate. On the other hand, none of the books that describe theoretical frameworks of general practice communication skills provide such a rich source of learning that is found in these clinical scenarios.

The obvious New Zealand audience for this book is clearly those sitting PRIMEX, for whom it would provide very useful information and a wide variety of appropriately pitched practice cases. Approximately 50 scenarios are described. There is also a wider New Zealand audience; experienced general practitioners who feel they are becoming out of date with current best practice or who wish to compare their practice with a recognised and accepted standard. General practice can be a somewhat solitary pursuit in that our clinical work is rarely observed critically by others. This book would admirably promote reflection on practice for these more experienced general practitioners.

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Total-body CT

'Last week a nurse-patient presented for follow-up of her hyperlipidaemia with a Wall Street Journal article in hand, asking what I thought about total-body CT scans. She felt that if she wished it and could afford it, only good could come of it...(However) I can't offer CT scans knowing the low predictive value in asymptomatic low-risk patients, and I can't actively encourage patients to save their money for more effective interventions, such as join a gym or stop smoking.'

At the end of the visit, we agreed to disagree about the value of these tests. Of course, why would she listen to a family doctor when tenured professors of cardiology next door are offering HeartCam® imaging to all interested comers?’

Neill RA. Year Book of Family Practice 2005. Philadelphia:Elsevier Mosby, p12.