

BOOK REVIEWS

Rebuilding Trust in Healthcare

Editors: Harrison, J., Innes, R., van Zwanenberg, T.

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Radcliffe Medical Press Ltd

The tragedies caused by the GP Harold Shipman who killed 215 of his patients, the removal without consent of organs from children in Alder Hey Hospital, Liverpool and the Bristol Inquiry into children's heart surgery caused devastation not only to the families involved, but the community at large. Trust in the healthcare system was faltering and people were left troubled that the very people they most trusted in illness were dramatically failing them.

"Rebuilding Trust in Healthcare" is a timely book to let us know that the fatal actions experienced by those failed by the NHS have been noted and that healthcare practitioners as individuals and as NHS institution require creative thinking and action to regain trust. The authors recount and investigate major failures within the health service and show how these tragedies, are being addressed with better selection and training to improve technical competence but also inter personal skills. New research and training recognise that inter personal skills in the patient/doctor relationship which were believed to be " 'caught' rather than taught and are common sense with no need to be taught" are no longer acceptable. That ethos leaves to chance what is too important, ie the emotional well being of the patient whose expectation is always healing and not failure. Yet modern life is a "risk society" in which we live in a cocoon from which we "bracket out" risk.

This very readable book is like a "Who's Who? in medical research, management, theology and ministry". The authors demonstrate that research and new methods invite informed confidence and make chaplains realise that holistic medicine is really at work. The authors point out that the honest doctor deserves trust while contractual relationship excludes trust, and relies on penalties which militate against caring risk. In a litigious society doctors will be hesitant of risking new techniques to advance healthcare and instead keep within safe established practice. The harsher the penalty for failure the less advance we will have. Honest failure will always present the

dilemma of accepting that the doctor did their best, or is there negligence? Whilst trust is gained incrementally, but is lost catastrophically, must a doctor's career end because he admits to error? Restoring trust in Healthcare preaches building relationships based on best practice, careful communication, shared knowledge and help in decision making.

Stan Cook is a retired parish minister continuing as part time hospital chaplain in Community Mental Health Team in Hamilton and at Udston Hospital, Hamilton

Appraisal and Revalidation-Demonstrating Your Competence 2. Women's Health

Chambers R., Wakley G., Field S., Ellis S.

Radcliffe Medical Press

The vast majority of doctors have always kept themselves up to date through postgraduate education, CME and CPD and helped recently by Appraisal. Now however there 'is the requirement for doctors to **demonstrate** that they are fit to practice' - Revalidation . A book about 'Demonstrating your Clinical Competence' is clearly written to help GPs do just this!

The book starts off well. The first chapter provides a helpful and clear, overview of personal development plans, appraisal and revalidation. The advice is practical - how do you keep a record of your learning included - using a box - 'chuck in everything as you do it and sort it every few months, with a good review once a year ' - now that's my technique! It also introduces the educational cycle- providing a clear framework. This cycle is a recurrent theme through out the book.

1. Select your aspirations for good practice.
2. Set the standards for your out comes- for being competent and providing a good service.
- 3A. Identify your learning needs and 3B. Identify your service needs. Then rank them in priority.
4. Make and carry out a learning and action plan with timetable.
5. Document your learning, competence and, performance and standards of service delivery.

The second chapter then gives a range of practical ways of identifying and documenting. Included are some ideas as how to get patient input to your service need. As with each chapter, there is a useful list of references and websites.

Chapter 3 moves on to actually how you would use the cycle, using a range of case studies in certain areas of good quality health care- consent, confidentiality, learning from complaints. This provides a helpful and practical illustration.

After this I am afraid the book loses its identity and it becomes unclear as to whether the authors are writing a text book on female health or sticking to the original aim of trying to help us show our competence in female health. While the summary of the issues were generally interesting, I felt I was being taught, not being shown how to learn about these issues. The chapter on the menopause was especially disappointing giving the recent and on going controversy of about the safety of HRT- something a competent doctor should be reviewing.

This is a book that is definitely, aimed at GPs. Although starting well it becomes over whelming and disappointing.

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For more information on Appraisal and Revalidation in Scotland
-www.rcgp-scotland.org.uk

Attending to the fact – staying with dying
Hilary Elfick and David Head
Jessica Kingsley Publishers, London
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The best people to offer insights into ‘staying with the dying’ are those who know what that’s like on a day to day basis. Hilary Elfick, an experienced poet,

and David Head, more recently published, know what hospice work is about, David from his experience as a chaplain and Hilary as a member of council. This comes through clearly in this exquisite and thought-provoking collection of poems. As Cynthia Fuller writes in her introduction, “*The poems provide a moving and intense expression of this work and together take the reader into the daily life of the hospice and beyond*”. “*The lines through the pancake / on your lower cheek / snake like adjacent rivers / in the Colorado dust*”, in ‘Tear-tracks’, shows that David knows what’s it’s like to sit and watch with those who weep; “*Billy is my child. / He’s sixty-eight, I’m forty-three, and I love him*”, from ‘Billy is my child’, offers us insight into the tenderness of feeling so essential in ministry with dying people; “*You were an unexpected spring / watering my dry and dusty land*”, from Hilary’s ‘After the harvest’, comes from a poet who knows what love and loss and healing can mean; “*One anachronistic spear of green / Has cheeked its way through the shroud*”, from ‘Winter’, is offered by someone who has seen hope break through dark despair. Quite beautifully, poems which range from the harshness of suffering to the inspiration of hope, from two very different poets, combine to highlight the centrality of the human spirit in the face of death, to create a source of insight, beauty and purpose, and to offer the reader a range of new perspectives on illness, compassion, loss, grieving and comfort. There are eighty-two poems in this slim volume, all of them accessible and helpful. If you’ve struggled with poetry up ‘til now while ‘attending to the fact’ of work with dying and bereaved people, read this unerringly open and intimate collection, for it may be that it should become essential reading for professional carers as well as for patients and their families.

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