

of law and morals that is likely to appeal to medical practitioners.

The book's breadth is its strength. It complements the book *Medical Law in New Zealand* with its more detailed academic discussion of traditional health care law topics.

Giving breadth to a specialist text risks sacrificing meaning for simplicity. For example, it is a Herculean challenge to explain legal philosophical topics such as Hohfeldian rights in a page-long section called 'what is a right'. Hohfeld was never clear on the meaning of a right and he never intended to describe 'four distinct kinds of rights' when he presented his 'fundamental legal conceptions'.

Hohfeld's contribution to legal discourse was significant, but for most readers a discussion about the meaning of a health care or human right, while challenging, is of greater interest to a health care practitioner than is Hohfeld's analysis.

International law is dealt with briefly. The author of that chapter states that an international human rights treaty is not 'enforceable'. International legal instruments are difficult to enforce but most would accept that there is a process whereby international legal rules become integrated into enforceable domestic law, and therefore become enforceable.

The book could be criticised on the basis that the editors do not 'offer any gener-

alizations, any theory or philosophy of [their] own in regard to the total subject. There is not a single page of synthesis in the book'. This criticism was levelled at the 1958 text mentioned above.

The book is worthy of purchase for the manager and the postgraduate student studying for professional exams with the advice that the topics presented in this book are a starting point for further study.

*References to quotations are with the reviewer.*

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## A Bitter Pill: How the Medical System is Failing the Elderly

by John Sloan

Reviewed by **Bruce Arroll**, Professor, Department of General Practice and Primary Health Care, The University of Auckland, Auckland

I came across this book as a result of listening to a podcast from the Therapeutics Education Collaboration in Canada (<http://therapeuticseducation.org/>). Dr John Sloan was interviewed by James McCormack (a clinical pharmacist) and Mike Allen (an academic family physician from Alberta) on the fragile elderly. It was a fascinating series of programmes. The podcasts are usually evidence-based but it was clear from Dr Sloan that the fragile elderly are never included in randomised trials so it is an evidence-free zone. In the place of evidence, Dr Sloan provided large amounts of advice and experience which made sense. He approaches every patient as a new entity and is always doing informal 'single patient trials'. You can never predict the response of a fragile elderly patient to any treatment. In the book he highlights the fact that we often feel better about starting medication than stopping it, which is in some ways irrational. Most people don't benefit from most medication (numbers

needed to treat are usually greater than two and frequently greater than 30 meaning 29 people don't benefit) while all can get harmed by medication.

The book and the podcast gave me a completely new view on prescribing. I can see that in future the skill of prescribing will be working out what to stop and how and when in patients as they get increasingly fragile. Dr Sloan is very frank about his successes and his failures and that is very refreshing. We all learn from the successes and failures of our colleagues. It is a 'dangerous' occupation that we are in and, although we spend most of our time trying to avoid harm, it inevitably occurs.

There are some wonderful tips in the book, such as the focus for the fragile elderly is comfort and function and that we should forget prevention of most diseases as that is not the priority. Another is that keeping someone at home when they are sick is not abandonment (even if they

may die). Sending a fragile elderly person to an acute hospital can be abandonment and we need to have informed discussion with family members. My own experience of sending such people to hospital is that they end up in an acute ward, bed-bound, and rapidly become less able to go back home and then end up in a rest home. They also acquire hospital infections which complicates their care. Dr Sloan describes acute hospitals as the 'antithesis of dying' which is often what is happening to the fragile elderly. Knowing who to talk with in the family is a key skill in dealing with this group of patients.

Overall, this is a must read for all GPs. It is easy to read and provides a great deal of wisdom.

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