

Review by **Ms Helen Ride**, midwife

This is the third edition of Pullon and Benn's *New Zealand Pregnancy Book*. Since it was first published in 1991 there have been many changes within the delivery of maternity care in New Zealand with the introduction of the Lead Maternity Care system. This third edition has been written for New Zealand parents and parents-to-be and includes information specific to the New Zealand maternity system, and all New Zealanders. The aim of the authors is to present a book which prepares the reader, her partner and family for the pregnancy, birth and the first three months of the baby's life.

This book is written chronologically from planning for a pregnancy through to the first three months with your baby, and provides vast amounts of information which appears to cover everything the reader would wish to know. It includes the physical and emotional changes occurring within the pregnant

woman, common health problems, potential problems and the birth. The format of the book is very appealing to the reader. The photographs are beautiful, the diagrams are excellent and the personal stories complete the experience. The reader can dip in and out of the book choosing specific topics or stages within the pregnancy to read, and cross-referencing is made throughout the book for further information.

This is a very informative book. However, there is very little reference to homeopathy throughout the text but there is a reference within the appendix to the homeopathy website. I am aware that quite a few midwives use homeopathy and many women are interested in this during their pregnancies yet there was very little information within the book.

As a former Bereavement Support Midwife I have a particular interest in the care and support of bereaved parents. One error that I found within this book is the information that a baby born dead

before 28 weeks gestation does not need a funeral. However the Births, Deaths and Marriages Registrations Act 1995 redefined what constituted a still birth and changed it to a foetus born after 20 weeks gestation or weighing over 400 grams. Babies in this category are legally required to have a funeral.

I found this book to be informative and great to read. Many first-time parents will enjoy reading it from cover to cover. The beautiful photographs add to the pleasurable experience.

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The New Zealand Pregnancy Book is available to health professionals at 20% discount off the recommended retail price (\$44 rather than \$54.99).

Ideological Debates in Family Medicine

By Stephen Buetow and Tim Kenealy

Review by **Professor Marjan Kljakovic**, School of General Practice, Rural, & Indigenous Health, Australian National University Medical School, Canberra, Australia

This is a book written for the academic who likes to ponder ideological debates that occur within the field of family medicine. The book would also appeal to people who want a comprehensive way of looking at the world of general practice and primary health care.

The book presents a collection of ideas about family medicine around 13 debates, each of which was written in

two chapters posing the affirmative and negative position on a theme. Each theme began with the words 'Family Medicine should...' and then continued with the following words: 'Refine its essential attributes; Rediscover a focus of family care; Emphasise population on health care; Focus on the sick; Encourage its clinicians to sub-specialise; Tolerate uncertainty to manage clinical risk; Use more Evidence Based Medicine than at present; Shift attention from rationality to emotions; Encourage the development of Luxury Practices; Promote the delivery of care through group practice; Emphasise the Provision of Health Care as a social good; Promote the optimal au-

tonomy of patients in decision making; And finally, Self-regulate to best protect patient and professional autonomy'.

The aim of giving ideological perspectives is to offer change in the field of family medicine through a normative thought process. An ideology is a system of abstract thought applied to public matters, and thus makes this concept central to family medicine. The book has 36 authors who came from different parts of the Western world and therefore gave very different perspectives on particular ideological themes. For example the debate on 'Family Medicine should encourage its specialists to

sub-specialise' had Leese arguing for the affirmative having come from the UK where the concept of the generalist is most developed, and the GP acts as gatekeepers for specialist services. Starfield argued for the negative having come from the USA where the concept of the generalist is least developed and there is a huge negative impact of sub-specialisation in primary care.

Some of the debates reminded me about themes I had been taking for granted. For example, Svab and van Weels' negative position on 'Family Medicine should refine its essential attributes' reminded me that family medicine is an emancipated field of medicine and no longer needed to debate this position (been there, done that). Furthermore, family medicine should get

on with improving its image and be rid of 'the harmful benefits of extreme complexity, uniqueness, exclusivity, and threat'.

Other debates taught me a lot. For example, Bohan and Donohoe argued for and against the theme: 'Family Medicine should encourage the development of Luxury Practices'. Their debate revealed how much luxury Practices have flourished in the USA in the last few years and how malignant such a growth was for patient care and provider greed.

A few of the debates annoyed me. For example Upshur and Tracey's negative position that 'Family Medicine should use more Evidence Based Medicine than at present'. They argued that EBM cannot meet its own standards, is no

superior to other modes of obtaining evidence, and lacks legitimacy. Their solution was for family medicine 'to be descriptive, careful in observation, and explicitly recognise and integrate the interpretive grammar of medicine'. A solution I find is easily accepted by an arcane social scientist of family medicine, rather than a pragmatic GP whose patient wants evidence from outside the consultation to answer a health question. The virtue of this book is that it does generate feelings such as annoyance, disagreement, and surprise. It stimulates the reader and for that reason alone I recommend buying this book.

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Integrating mental health into primary care: A global perspective

This report on integrating mental health into primary care, developed jointly by the World Health Organization (WHO) and the World Organization of Family Doctors (Wonca), presents the justification and advantages of providing mental health services in primary care. It provides advice on how to implement and scale-up primary care for mental health, and describes how a range of health systems have successfully undertaken this transformation.

Key messages

1. Mental disorders affect hundreds of millions of people and, if left untreated, create an enormous toll of suffering, disability and economic loss.
2. Despite the potential to successfully treat mental disorders, only a small minority of those in need receive even the most basic treatment.
3. Integrating mental health services into primary care is the most viable

- way of closing the treatment gap and ensuring that people get the mental health care they need.
4. Primary care for mental health is affordable, and investments can bring important benefits.
5. Certain skills and competencies are required to effectively assess, diagnose, treat, support and refer people with mental disorders; it is essential that primary care workers are adequately prepared and supported in their mental health work.
6. There is no single best practice model that can be followed by all countries. Rather, successes have been achieved through sensible local application of broad principles.
7. Integration is most successful when mental health is incorporated into health policy and legislative frameworks and supported by senior leadership, adequate resources, and ongoing governance.

8. To be fully effective and efficient, primary care for mental health must be coordinated with a network of services at different levels of care and complemented by broader health system development.
9. Numerous low- and middle-income countries have successfully made the transition to integrated primary care for mental health.
10. Mental health is central to the values and principles of the Alma Ata Declaration; holistic care will never be achieved until mental health is integrated into primary care.

The full report can be accessed at <http://www.globalfamilydoctor.com/index.asp?PageID=9063>

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