answer each type of question. Readers are introduced to some of the important concepts for EBP, such as chance, bias and confounding, statistical and clinical significance. Chapter three is an excellent resource for people who find searching for the evidence a challenging exercise. After describing the basics of searching, readers are guided through the search process, starting with the top layer of the Evidence Pyramid described by Haynes (the higher up the pyramid, the more reliable the information) and working down. For each ‘layer’, a comprehensive list of sources of evidence is supplied. For locating individual studies (bottom layer) the common databases are explained and more detailed instruction is given on how to undertake an effective search, including how to used the ‘Clinical Queries’ function in PubMed and Medline. Worked examples are provided for searches focussed around clinical questions.

Chapters 4–11 deal with the core material of the book. Two chapters are devoted to each type of evidence (intervention, diagnosis, prognosis and client’s experiences and concerns). Using a clinical scenario for each, the initial chapter works through the five steps of EBP, explaining key concepts. Of particular value are the explanations of the meaning of the results, which often present a barrier when appraising evidence. The second chapter provides worked examples for each of the major professional groups.

Systematic reviews and meta-analyses are dealt with in Chapter 12, and guidelines in Chapter 13. Chapter 14 focuses on how to communicate evidence to patients and includes an eloquent discussion on the complex issue of shared decision-making. Several simple ways of communicating statistical information to patients are presented, and a tool ‘Discern’ is provided to help practitioners evaluate any written information patients may have located on the Internet. The chapter on clinical reasoning provides an interesting insight into the complexities of professional practice—a topic not often covered in many EBP texts. The inherent difficulties of integrating the many sources of ‘evidence’, while at the same time fulfilling role expectations and delivering a service, are acknowledged. The final chapter covers the last and probably the most challenging step in the EBP process—closing the evidence–practice gap. A number of methods are described, along with the barriers and enablers. The importance of using a theoretical framework to address factors that influence getting evidence into practice is emphasised.

In summary, this book is an excellent resource for all health practitioners. The way it has been structured and written will encourage readers to ‘dip into’ the book frequently as they embark on their journey of lifelong learning.


Reviewed by Jane Gunn, Professor, Chair of Primary Care Research and Head of the Department of General Practice, University of Melbourne, Australia

More than 20 years have passed since Sandra Coney and Philip Bunkle published an article in Auckland’s Metro magazine titled ‘An unfortunate experiment at National Women’s’. The article claimed that Dr Herbert Green, an associate professor and gynaecologist, had withheld treatment from women at risk of developing cervical cancer. The response to the article was alarming and unprecedented, resulting in the now famous ‘Cartwright Inquiry into Cervical Cancer’ which had important and lasting ramifications on health care provision, especially for women—ramifications that spread far beyond the shores of New Zealand.

Now, two decades later, the controversy has been reignited by the publication of two books presenting opposing views. In A History of the ‘Unfortunate Experiment’ at National Women’s Hospital, the medical historian Linda Bryder, from The University of Auckland, argues that Dr Herbert Green was in many ways ahead of his time—a thinking gynaecologist—a reflexive practitioner who questioned the level of intervention and radical treatments delivered to women with precancerous and carcinoma in situ lesions. She makes a convincing argument that Green was a scapegoat who was outwitted by a passionate and active feminist movement. If one was to read only Bryder’s book one would be convinced that Green was dealt a
Letters may respond to published papers, briefly report original research or case reports, or raise matters of interest relevant to primary health care. The best letters are succinct and stimulating. Letters of no more than 400 words may be emailed to: editor@rnzcgp.org.nz. All letters are subject to editing and may be shortened.