

Introduction to Obstetrics and Gynaecology—3RD EDITION

Cynthia Farquhar and Helen Roberts

Reviewed by **Jon Wilcox**, general practitioner, Glenfield, Auckland

This updated third edition is a 200-page handbook designed largely as an undergraduate manual for medical and midwifery students and also for medical graduates doing their diplomas in obstetrics and medical gynaecology. The second edition came out some 13 years ago and clearly medical science in O&G does change rapidly enough to demand the occasional update.

Important current topics which have been highlighted in this edition include prenatal screening, advances in pre-implantation genetic diagnosis, contraception, cervical screening technology, sexual health and newer surgical techniques.

It is an introductory textbook and, as such, would probably not have enough detail to be a big seller for general practitioners unless considering pursuing a diploma course. As might be expected, there is not much reference data and

none of the synoptic text is specifically referenced.

There are good, albeit brief, updated sections on foetal, pregnancy and synergistic endocrinology, a good update on early pregnancy loss and the important reclassification into non-viable and viable loss, a good selection of schematically value-added ultrasound images, a comprehensive section on the utilisation of ultrasound (earmarked to be the next exciting primary care technology), prenatal screening to include the application of NT and maternal serum screening protocols, several chapters on normal pregnancy, labour and the puerperium, neonatal care, the abnormal pregnancy (preterm labour and medical disorders of pregnancy), antepartum and postpartum bleeding, multiple pregnancy, obstetric interventions and an up-to-date section on infertility.

The gynaecology section includes chapters on contraception, therapeutic abor-

tion (medical and surgical), menstrual disorders, modern cervical screening and gynaecological neoplasia management, painful gynaecological disorders, gynaecological infections and STIs. There is a helpful small section on sexual difficulties and also prolapse and incontinence surgery and a short four-page chapter on the menopause.

While this handbook should not replace a good and perhaps appropriately more comprehensive text on obstetrics, gynaecology and women's health, at well under \$100 I feel it should be a very useful addition to the general practice library, albeit mainly perhaps for nursing staff, medical students and maybe for the expected influx of new GP registrars over the next few years.

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Health Care and the Law

Editor: Rebecca Keenan

Reviewed by **John Kennelly**, Senior Lecturer, Department of General Practice and Primary Health Care, The University of Auckland, Auckland

Health Care and the Law is written for health practitioners, risk managers, lawyers, educators and students. As a reference text, and with selective reading of this text, a health practitioner will gain insight into New Zealand health law. The book aims to give an overview of a wide range of medicolegal topics. It is inevitable that the book is compared to *Medical Law in New Zealand* (Brookers; 2006), a similar

book but with a greater academic focus and a narrower range of legal topics.

Health care law (synonymous with medical law) as a field of law has been variously described as a '...an established and thriving academic discipline' and 'a disjointed set of statutes and doctrines, designed mainly with nonmedical cases in mind', so the book is a welcome addition to an expanding repertoire for a field of

law seeking coherence. *Health Care and the Law* has a wide mix of legal topics including the legal system, regulation, rights, consent, information, medicines, contracts and employment, workers compensation and injury, coronial inquiries, public health and ethics. The book could not be said to suffer from the weakness of a 1958 health law text, described as an 'ungainly mixture of law and morals'. It is, however, an analysis of the mixture

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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