

on 'health' interests by stipulating that the patient will not be able to afford private treatment without coverage. Without that stipulation the interests at stake are likely to be much broader, but to the patient perhaps no less important). Again, there is research which suggests that many health professionals are prepared to deceive 'third party payers' in order to secure treatment for their patients.<sup>6-8</sup>

But there are significant contrasts with the abusive partner case. There it seemed plausible that the patient had a right which could be secured only by lying. It may be that lying is the only way to secure funded treatment for the hernia patient too, but—as the need for deceit suggests—it seems much less plausible that he has a right to the benefit. Indeed, it seems more likely that he falls into a group which has quite carefully and openly been denied coverage. If we suppose that lying is in general wrong—justified only in exceptional cases—the absence of a legitimate interest which will be secured by the lie and offset the *prima facie* wrong of the lie should make us very wary about endorsing the lie. We may regret the limits of eligibility set by treatment payers. Unless they are plainly unjust, however, lying to subvert them seems unjustified. Doctors have an obligation to act for the good of their patients, and the cases we have discussed suggest that they may occasionally lie in order to do so, but it does not follow that lying is justified to obtain any health advantage for the patient.

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## Common cold

Eccles R, Weber O, editors

### Antibiotic use for the common cold

by Tim Kenealy and Bruce Arroll, p. 237–247

Reviewed by **Christine van Dalen** MBChB, FRNZCGP

**T**his book is a very comprehensive account of all you every wanted to know (and probably a lot more) about the common cold. It is difficult to say who in particular the book is aimed at, but it is certainly of interest to doctors and nurses who come across this most common of human ailments in their day-to-day practice.

The book begins with a short history of the common cold that takes the reader on a fascinating journey through the ages from the Stone Age to the current day. Following this delightful chapter, there are several chapters on the symptomatology of the common cold that are particularly relevant to general practice medicine. The basic pathology of the common cold is covered in several chapters including epidemiology, virology and host defences. The chapters on virology are a little dry; however there are gems of information included in these chapters which make them worth working through. There are several chapters covering treatment options, including a chapter by Timothy Kenealy and Bruce Arroll on the use of antibiotics for the common cold. They have produced a succinct synopsis of this topic and addressed the difficulty of saying 'No!' to patients' expectations of antibiotic treatment. Three concluding chapters on over-the-counter remedies, vitamins and alternative remedies provide very interesting additional information that are likely to be helpful in providing advice to patients.

This book is very well written and surprisingly easy to read, including the chapter that has been translated from German. Each chapter is prefaced by a short abstract, and stands alone from the other chapters in the book, making it an easy book to put down and return to later. All the chapters are well-referenced should you see a need to read further, but I would think this unnecessary given how comprehensive this book is.

Although this book is not on my essential reading list, if you felt a need to know more about the common cold, this would be the book to read.

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