

medical students would benefit from reviewing these two books and others and deciding which format and content will best meet their needs.

In summary, *Essentials of Family Practice* is an important new resource for teaching medical students about the structure and content of family practice. This text contains a wealth of information that can be used in medical student education. The book also reflects the challenge that confronts family medicine educators. In particular, how do we convey to learners both the process and content of the specialty of family practice and meet both of these objectives within a limited period of time? Rakel and his colleagues have written a useful book that will aid family medicine educators as they seek to meet this challenge. The book, much as the one by Sloane and others, should not simply be handed to medical students with the expectation they will read it and thereby understand the specialty of family practice. Rather, such texts will furnish family medicine educators with a foundation upon which they can build their family medicine curriculum for medical students. Dr. Rakel and his colleagues are to be commended for their valuable contribution.

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Family Health Care. Edited by Russell J. Sawa. 297 pp. Newbury Park, CA, Sage Publications, 1992. \$42.95. ISBN 0-8039-4748-8; \$21.95 (paper) ISBN 0-8039-4749-6.

Where are we in our current thinking about the relation of the family to health and disease? Is it a misnomer when we call ourselves family physicians? Are insights from family theory helpful to the clinician? If we are able to define a family, how do we then study it? Sawa and 16 knowledgeable scholars analyze these issues under the framing hypothesis that "the inclusion of the family in primary care leads to a more effective prevention, diagnosis, management and rehabilitation plan." This book is a compilation of presentations by these experts at a 1990 symposium in Calgary devoted to examining the role of the family in primary care. Issues were explored from four perspectives: theory, methodology, education, and practice. Three scholars and a respondent were chosen to address each area. Predominantly academic family physicians, these participants also represented such disciplines as medical anthropology, psychology, organizational behavior, family social science, and history of medicine.

This text is well referenced with a helpful index. It provides a concise overview of relevant family systems theory, methodology, and approaches toward family therapy and research. The dialogue is informative, thought provoking and, at times, controversial.

For instance, Ransom questions the current methodology for family-oriented health care research and suggests a more person-focused approach. He points out the inherent inaccuracy of characterizing the family as a homogeneous entity because it is multidimensional, multileveled, and dynamic. Rogers provides a critical review of the major textbooks dealing with family-oriented health care, emphasizes the lack of a coherent approach among these authors, and proposes that their advice and models reflect more of an idealized description than everyday practice. He advises process, tracing studies of the actual care provided by exemplary physicians to provide credible conceptual models. Perkin speculates that "the majority of present day family physicians do not fulfill the family part of the clinical picture as well as their predecessors, largely as a result of changes over which they have no control." Authors such as Baird and Sawa respond to these observations with thoughtful contributions including Doherty and Baird's discussion entitled *Five Levels of Physician Involvement with the Family* and Sawa's approach to patients called *Three Ways of Thinking*.

The most likely audience for this book will be educators who wish to be familiar with the application of current knowledge of family systems theory and therapy to family medicine and primary care. The family medicine researcher will also discover stimulating ideas and numerous suggestions for further exploration.

As might be expected in a book of this nature, there is considerable overlap and the message is often inconsistent — a tradeoff for the vitality that comes from diversity. Few authors maintain their focus on the framing hypothesis, and at times the language and terminology of some tend to create expectations for a new paradigm and new way of being a physician that strain credibility. Also, the paperback issue is so tightly bound that it is difficult to open the pages fully. Nevertheless, these drawbacks are well compensated by the opportunity to share in this engaging colloquium with a remarkable group of scholars who are devoting substantial portions of their careers to exploring the interaction of the family with health and disease and who are seeking frameworks from which to study these relations. This book thus contributes importantly to one of the most critical issues in family medicine affecting our conceptual foundation, our self-perception, and our future.

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Grand Rounds on Medical Malpractice. By Francis X. Campion. 372 pp. Chicago, The Risk Management Foundation

of the Harvard Medical Institutions, The American Medical Association, 1990. \$40 (AMA members) \$55 (nonmembers). ISBN 0-89970-388-7.

As noted in the Introduction, "It is the purpose of this resource book to increase physicians' understanding of liability and risk management issues and the opportunities to make positive changes benefiting both patients and physicians. The book examines the fundamentals of physician-patient communication; organizes the known facts of the insurance/liability cost crisis; and familiarizes medical students, physicians-in-training, and practicing physicians with important medicolegal and risk management issues." This purpose is certainly laudable and will be accomplished if physicians, students, and residents take the opportunity to read the book and to discuss the various subjects in various formats.

It is well known that the medical liability crisis has changed the practice of medicine. Dr. James S. Todd, Executive Vice President of the American Medical Association, comments that "the average practicing physician has a 40 percent chance of being sued at least once in his or her career, and for some specialists the rates are much higher." Although family physicians are less vulnerable to litigation because of their role in providing continuity of care for the family, patients' increased expectation for a 100 percent outcome for any illness or injury makes it incumbent on all physicians to become knowledgeable about the various aspects of professional liability.

The book is organized around seven chapters: The Physician-Patient Relationship, Negligence, Informed Consent, Adverse Outcomes, The Impaired Physician, Professional Liability Insurance, and Peer Review. A medical case is presented to introduce the chapters, followed by discussion questions to stimulate the readers' reactions. There follows a brief overview of the subject, and then key articles from the medical literature are included. Each chapter has an annotated bibliography intended to "provide an appreciation for previous work performed in the field and to guide future study."

The book is well written and can be utilized to obtain continuing medical education (CME) credits by completing a test packet containing seven tests corresponding to the book's seven chapters. Each test is worth two Category I CME credits applicable toward the AMA's Physician Recognition Award.

One criticism of the book from a family physician's perspective is that the cases in the first two chapters ascribe the errant physician as a family physician. There is no need to describe the physician's discipline. Examples of substandard practice can be found in all disciplines. Also, I suspect that the editors did not have consultations with family physicians. In the first chapter, which discusses the physician-patient relationship and documentation and record keeping, there is no mention of the consultant's responsibility

to communicate with the referring physician several miles away, an omission too common in university centers.

I would encourage residency directors and clerkship directors to utilize this book because it is an excellent resource for group discussions about professional liability. The specificity of the cases makes the subject very relevant to the practice of medicine, and the inclusion of key articles from the medical literature make background information readily available. If all of the participants in the group have read the chapter under discussion, a lively and informative session should ensue.

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Milestones: The Diary of a Trainee GP. By Peter Stott. 187 pp. Exeter, England, Office of the Royal College of General Practitioners, 1991. \$9.95 (paper). ISBN 0-85084-160-7.

This republication of a book published 10 years ago is about the experience of a general practice trainee (resident) in a teaching practice in West London, "... a land of old housing, bedsitters, high-rise tower blocks, dereliction, noise and traffic fumes." Aside from a few changed medications and lack of reference to recent family medicine literature, it is relevant, stimulating, and supportive reading to any general practitioner or family physician — especially those still in training and those doing the teaching.

Though written as a diary, it is an informal curriculum, full enough to warrant accreditation. The collection of anecdotal case descriptions and learning experiences should justify to any skeptic the cost of vocational training for general and family practice.

Dr. Stott describes in a daily log 1 year of teaching practice experience. How he hones his skills in relating to patients and how he learns about the importance of practice receptionists and other health professionals are topics relevant today. The manner in which the readings recommended by his tutors were integrated into his experience is reinforcing to those of us who make the effort to write. The frustrations of difficult-to-manage patients, of certificates and forms, of communicating with hospitals (he nearly always refers to "hospitals" rather than the persons in them), and even the seemingly straightforward challenge of choosing what not to put in his black bag are issues raised for discussion.

The writing is clear and interesting. It is too bad someone did not take time to index the book for those who might quickly need to find a good starter for a seminar or group learning experience. For example, when to let people die at home is introduced with a brief case description and leads to a full, but concise, outline of the ethical dilemmas confronting the young physician in making a clinical decision.