the retention of tissues at Alder Hey Hospital and the case of Dr Harold Shipman. In parts, the book resembles a diary (and indeed it was based on the author's diary) and provides the most fascinating reading, involving many of the great and the good in politics, medical politics and the consumer movement. And it reminds one of the often quoted remark of Virchow (1812–1902) that medicine is a social science, and politics nothing else but medicine on a large scale. More seriously these sections highlight the difficulties encountered in addressing the problems described in section 2 and in introducing constitutional reforms to the GMC, changes in the fitness to practice procedures and revalidation for all doctors. These difficulties were highlighted by intransigence by some within the GMC itself, in sections of the British Medical Association and in the Joint Consultants Committee.

What was being disputed was the introduction of revalidation for all doctors through a system of regular independent checks on performance and linked to registration, considered essential to rebuild and retain public trust in the profession. What was also at stake was the ability of the profession to continue to self-regulate in the face of an increasingly impatient government and critical public. As a social scientist, I would have liked the author to have addressed why he thought it had taken so long for the profession to introduce these changes. After all, the 1960s had seen the establishment and influence of such consumer organizations as the National Childbirth Trust and National Association of Women and Children in Hospital, who questioned and changed established practice. Journalists such as Gertrude Cohen was scathing in her comments that 'patients were becoming impatient of being treated like chipped flower pots in for repair – and of being kept in ignorance' and the respected academic Richard Titmuss in 1963 warned that 'medicine must change in sensitive association with the changing needs in society'. The same author in 1964 was recommending that quality in medicine required a spectrum of re-examination and a growing need for professional self-examination.

Donald Irvine has been a great supporter of involving lay people in the GMC and in other

national organizations, of listening to their views and of respecting the patient perspective and this is reflected throughout the book. However there is, in the book, a degree of elitism. For example, with few exceptions, the list of 'Principal Players' in Glossary 1 refer to the great and the good within the medical establishment with very few lay people mentioned although they are referred to in the text. And there is no mention of those both lay and medical people from ethnic minorities who were given prominence in the text.

In the last chapter, the author gives some pertinent insights into professionalism, the autonomous patient and the national health system. This is followed by a description of the reformed GMC, the duties of a doctor registered with the GMC and the Bristol Determination.

I had already read this book before I was asked to review it. Re-reading it for the purposes of this review was both interesting and pleasurable. Donald Irvine cares passionately about clinical standards, quality of care, professionalism and respect for patients and this is evident from the book. One wonders whether someone less sympathetic to patients would have been more or less successful in preserving the relative independence of the GMC and safeguarding professional self-regulation. This book will be an invaluable resource for students of policy and social history. It should be read by all members of the GMC and those appointed to the GMC committees and I suspect that medical students and their lecturers could learn much from it.

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The New Consultation: Developing Doctor–Patient Communication

By David Pendleton, Theo Schofield, Peter Tate and Peter Havelock. Oxford University Press, 2003, PB £19.95, 143 pp. ISBN 0-19-263288-4

The Consultation – An Approach to Learning and Teaching was first published in 1984. Since then,

communications skills have been introduced widely at undergraduate and postgraduate levels, and the concept of patient-centred medicine has become an accepted part of general practice education. In this revised edition, Pendleton and colleagues provide an updated version of their earlier text, reinforced with evidence where available. The first half of the book has been extensively revised, with dedicated chapters on the wider context of the consultation, understanding the patient and understanding the doctor. The focus has shifted, with greater emphasis upon understanding the patient's concerns and enabling the patient rather than merely involving him or her in management decisions. The first six chapters of the book focus on understanding the patient, doctor and context of the consultation, and on describing the seven tasks to be achieved in effective consultations. The second half of the book is a very practical guide to teaching and evaluating consulting skills, and implementing new methods.

The Consultation has two aims: to describe the authors' model for effective consultations, and to describe their method for teaching consulting skills. The early part of the book makes the argument that patient-centred care is effective care. This is a challenging area because of the well-recognized difficulties in obtaining high quality evidence about the effectiveness of consultations. The evidence presented here indicates that patient-centred consulting is associated with higher levels of patient satisfaction and increased adherence to treatment as well as positive health outcomes such as symptom resolution, function, emotional health and pain control. These positive outcomes ground the book's main argument that doctors should be trained in the necessary skills to achieve these outcomes.

Chapter 6 describes the seven tasks that the authors believe contribute to an effective consultation, contrasting these with similar lists from other consultation models. The key issues in the task list are to understand the problem and the patient, to share understanding, decisions and responsibility with the patient, to

maintain the relationship, and to do all of this within the allotted time.

I enjoyed the first part of the book, with its description of the cycle of care building over time and emphasis upon understanding the importance of patients' beliefs and concerns. The material on understanding the doctor is welcome. This chapter explores how various doctor-related factors feed into the dynamics of the consultation, including the doctor's knowledge, values, skills, mood, health and style, and the physical environment and arrangements. The authors describe various outcomes of the consultation for doctors, including short-term rewards and punishments, and the lack of patient feedback. Doctors with an interest in understanding their own consulting will find this material useful and thought-provoking.

There is discussion about the potential tensions involved in patient-centred care. On the one hand, there is a moral imperative to provide information, empower patients and maximize patient choice as part of respecting patient autonomy. On the other hand, there is the medical imperative to improve health outcomes. The authors argue that fortuitously, the same consulting style maximizes both simultaneously. I think this point is more complex, as well-informed patients do not always make 'medically approved' choices. In the area of screening for example, patients exercising their informed choice may lead to lower rather than higher levels of screening, thereby questioning what is meant by effective preventive care.

The second half of the book provides a fairly comprehensive guide on how to implement the seven tasks of the consultation in practice. The authors describe their teaching philosophy (student centred, using principles of adult learning) and outline various strategies for teaching in a variety of settings.

There is some discussion of the wider context of general practice, but this is limited. There is also limited discussion about involving patients in the task of defining and assessing patient-centred care. Most of the work on consulting derives from the medical side of the desk; I would have enjoyed some critical discussion

of this phenomenon and greater exploration of ways to involve patients in assessing consultations and devising research to demonstrate the benefits of 'effective' consultations.

The Consultation is a practical guide for General Practitioners and registrars, based upon experiences in general practice and training in the UK. The tone is straightforward and the authors are quite candid at times about their experiences, for example, in describing their disappointment at the apparent lack of progress

in teaching and learning communication skills over the past 20 years as judged by assessing GP registrars. This direct approach is one of the strengths of the book, marred slightly in places by a retreat to technicalities, such as in describing multiple models of the consultation, or the somewhat convoluted discussion of validity.

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