(trained to play a role), 'expert' patients (with chronic or life-threatening conditions) and 'real' patients (involved in all the clinical experiences of students and beginning to be involved in assessment); related community-based educational activities are also described. Samociuk and McAndrew describe a project for mental health nursing students in a postgraduate diploma programme that explored the feasibility of a model of sustained patient involvement. The project was designed as action research and involved seven students, five patients, two lecturers and an observer. The chapter summarizes evaluation data from the patients, facilitators and observer and identifies the areas that would need to be addressed if this model were to be adapted for future collaborative work. These include the need to establish clear boundaries for providing a safe environment, support for all participants, and institutional commitment including resources and establishment of systems for remuneration.

In contrast to these examples of bringing the patient into the classroom setting, Canham explores ways of involving patients in practice settings in the education of specialist community practitioner students, such as community mental health nurses and school nurses. She argues that in post-registration courses where students are experienced nurses, one should build on ways to enhance patient participation in the community practice setting rather than focus on ways of 'bringing the patient to the students' in an institutional (artificial) setting separate from the normal student-patient interface. Ideas for enhancing patient-centred, student-centred learning are provided.

These, for me, was the most interesting parts of the book. However, if your interest is the bigger picture of patient involvement, policy development or nurse education there is plenty of additional food for thought in this book. With the exception of mental health nursing, the active engagement of patients/lay people in the education of health professionals is a recent movement. This book reflects the current stage in its evolution. It is strong on rationale – the reasons why it is a good thing to do – but short

on evidence – the rigorously evaluated benefits to students, patients and teachers. I look forward to a sequel to this book that focuses on the educational outcomes of using patient experiences in nurse education.

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Health Promotion Practice: Power and Empowerment

By Glenn Laverack, Sage Publications, 2004, PB £20.99 or \$43.95, 157pp, ISBN 9780761941804. HB £65 or \$93.95, 157pp, ISBN 9780761941798

Glenn Laverack has authored a book useful for those interested in the health promotion field. The book provides valuable information for professionals, policy makers, and even students looking to become involved with the health promotion industry. Laverack provides detailed information on how power and empowerment can influence the lives of many different groups.

The author makes the book interesting by drawing from a multitude of examples, a variety of case studies, and relevant literature on empowerment practices that can be used to help communities. Laverack uses small scale situations, such as marginalized groups, and large scale situations such as communities, to provide examples and applications to a variety of difficult situations that may come up in the health promotion field. The author also examines the political side of many problems associated with implementing health promotion, such as funding, program participation, organization, and how politics can be used to assist in the development of programs.

One of the more interesting topics covered in the book was on marginalized populations and how those with power could use it to provide an environment for change to those without power. Once empowerment had occurred, the marginalized groups were able to improve their own

situation and sustain this over time. The author also discusses how main goals involve health improvement, but how approaching another problem that in some way parallels the main problem of health improvement may lead to the change and an even greater improvement of life overall. One example Laverack examined was smoking cessation in a population. In order for it to work, other factors deemed of higher importance by the target population needed to be addressed, in this case, an after school programs for their children. Once this was initiated, the after school program became a means for delivering the smoking cessation program to the target population in an enhanced manner with greater success.

Another interesting concept covered in the book is how two contrasting theories of power, top down and bottom up concepts, can be used in conjunction with each other to implement a variety of health promotional programs. Laverack's plan uses the health promoter to combine two contrasting power structures and the group needing help to create a unique situation where change can occur on all ends. He also discussed how the health promoter is mainly a means to help the community stand up and take some control in the direction that is needed for empowerment and improvement. In many ways the promoter is the person who helps to initiate change, but as the change begins to take place and grow, the people involved take on more responsibility for themselves and the promoter takes on a guide role instead of a leader role.

Most of the examples and applications of how power and empowerment can be used to better society were from developed countries in North America and Europe. There was also mention of how similar methods can be used in developing countries. The book includes a discussion on how certain groups from some developing countries seeking refuge because of war or some other unfortunate event could be empowered rather than marginalized in the country in which they have sought refuge.

Laverack provides us with a useful and interesting approach to solving and improving some of the problems associated with health

promotion. The organization of the book provides readers with an easy to follow approach that builds one concept upon another. The book would definitely be a useful tool to many in the health industry, particularly those involved with programming and administrative duties.

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The Doctor in Literature: Volume 2, Private Life

By Solomon Posen, Radcliffe Publishing, 2006, £35.00, 298 pp. ISBN-10 1 85775 779 3, ISBN-13 978 1 85775 779 8

Solomon Posen's book *The Doctor in Literature* (2006) was the first in a projected series of four, detailing the ways in which doctors are depicted in fiction. It dealt with doctor-patient relationships. This second volume covers various aspects of doctors' personal lives—family, relationships with other doctors, religion, extracurricular scholarship, frustration and boredom, and impairment through physical and mental disease, old age, and the ravages of drugs and alcohol. For the third and fourth volumes we are promised accounts of doctors' careers and specialisms and of sex in its widest purview.

As in the first volume, Posen has amassed about 1500 passages from works of literature. To understand completely what he has included and excluded one needs to re-read the introduction to the first volume. However, his bibliography encompasses pretty much everything fictional that the well-read doctor or patient would be expected to have come across, apart from detective and science fiction (although authors such as Dorothy L. Sayers and C.M. Kornbluth do make occasional appearances), and much that they would not. I counted 274 separate authors whose works were cited in the first volume; here 165 of those reappear and