
Book reviews

**Kirklees Alcohol Advisory Service:
Alcohol and You (videotape).**

Huddersfield: St Luke's Hospital. 1996
28 minutes. £10.00

A brewer or distiller would be proud of this video because it illustrates the pleasures of alcohol for everyone other than the small minority who cannot control their consumption. When 'alcohol problems' reads as 'alcoholism' the industry can freely promote its product to 'us', while showing heartfelt concern for those with alcohol dependence. How simple alcohol problems become if they are restricted to people with alcoholism. Unfortunately, this message does not reflect the fact that most alcohol-related problems arise in the 'normal' majority rather than the alcohol dependent minority. The very large number of people having occasional problems outweighs the small number of people having frequent ones. Most reckless driving, self-harm, domestic violence, etc. associated with alcohol is not committed by alcoholics but by so called 'social' drinkers.

Social drinking, some of it pretty heavy, looks great in the party scenes and the kids interviewed agree. The message broadens with a glimpse of a brewery (substantial industry here), a nod to health ('alcohol is a wholly natural product'), a brief history (we've always enjoyed it) and finally the upper limits of low-risk drinking are presented as 'normal drinking levels'. In the words of one well-lubricated young drinker: 'I don't understand the people who become dependent on the stuff'. Then, with spooky effects, we are among the lonely few for whom alcohol is 'much more than they want it to be; uncontrollable, irresistible. Life seems impossible without it'. We are in the world of alcoholism and ruined lives.

The video takes a puzzling diversion into a pub fight and a road accident. No-one interviewed has any idea why the victim in the first incident was 'glassed', who the perpetrator was or the role of alcohol. Even more perplexing, the drinker in the road accident was the passenger. His injured girlfriend, the driver, was on tonic water. This may be the raw stuff of Huddersfield night life, but what does it mean? A naive audience would assume it is those 'alcoholics' at it again.

The local hospital service offers blood testing and detoxification ('I was never let out again for a fortnight!', 'hallucinations, the DTs, suicidal depression, the process can be a nightmare!'). Thank goodness the ward and the community

psychiatric nurse look calm. There are also some dry houses. Beyond that there is only Kirklees Alcohol Advisory Service (KAAS) which provides regular meetings for patients and relatives who share their problems and give each other advice. Here, at last, the video makes some sense, giving the who, what, when and where of the service.

This video is not suitable for health education, students or professionals, and there is precious little for the patient to whom KAAS offers less than Alcoholics Anonymous or A1-Anon. To be fair, though, a person with alcohol dependence living in Kirklees and looking for help might find it interesting, but watch out – the party scenes at the beginning may make him rather have a drink.

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The Physician Workforce in the United Kingdom: Issues Prospects and Policies, Nuffield Series No. 2. By ALAN MAYNARD and ARTHUR

WALKER. London: Nuffield Trust. 1997. 56 pp.
£12.50 ISBN 1-902089-00-6

This is an important review by two health economists. Despite a baffling diagram the message is clear – we do not have enough physicians to meet identified need. The authors have more questions than answers and are rightly concerned about the lack of data in almost every relevant area.

They take for granted that the future service will be 'consultant only', if not necessarily consultant-led, but do not examine the possible disadvantages of this. The flexibility of the workforce is said to have increased but some would argue that the rigidities of training requirements have had the opposite effect. Substitution or skill sharing appears to be favoured as a less expensive means of service provision and of resolution of the doctor shortage, than an expensive and disruptive increase in medical student intake. A skilled nurse will be preferred to an absent or incompetent doctor so that it is important that evaluation of substitution should happen where good-quality staff are available in all of the relevant professions.

The effects on training also need to be considered. In one centre male catheterisation is always undertaken by nursing staff, who only call upon the junior medical staff if problems arise, even though these doctors have not been allowed to practise the procedure. Similar

problems arise where only midwives undertake 'normal' deliveries.

The authors claim that the creators of the National Health Service (NHS) did not "put in place any strong mechanism to address the major geographical and social inequalities in provision . . .", but standardisation of salaries and consultant norms did much to achieve this and the consequences of abandoning these remain to be seen.

We should offer appropriate training to overseas doctors but not use them to fill posts unacceptable to our own graduates.

The issue of perverse incentives is discussed and there is little support for the idea that private practice in any way underpins or supports the NHS.

It is astonishing that we have so little information on the fate of home graduates. We do not know how many emigrate or leave the profession altogether and there have been few studies of career satisfaction.

The authors do not discuss the issue of conservation of the present workforce. Freeing clinicians to undertake their clinical tasks, periodic review of institutional factors which induce stress and more effective recognition and management of stress-related problems might reduce inefficiency, absence and premature retirement.

This book provides an important contribution to a debate of concern to all of us.

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The Anne French Memorial Lectures. Edited by ARTHUR HAWES and WILLIAM HUGHES. Norwich: David Benham. 1996. 106 pp. £4.00. ISBN 0-952570-44-0

This is a remarkable little book – a 'proceedings' with a difference and at a cost you can afford – which contains six lectures within the field of psychiatry and religion (mostly Christianity), brought together by pioneering Norfolk collaborators Arthur Hawes, hospital chaplain, and college tutor, William Hughes. With help from Brigadier French, in memory of his wife, and the Bishop of Norwich, they wished to convey the content and dialogue of these public lectures. The editors were committed to a holistic approach to people and regard this as a useful bridge between psychiatry and religion.

The book is probably neither a priority for a psychiatric library, where it might get lost or fall apart, nor is it mandatory reading for a candidate taking the MRCPsych or wishing to impress a postgraduate dean at the final RITA assessment. However, the symbolism of the book is a key to its importance and understanding – the reader

can jostle with eminent theologians (Montefiore, Elliott and Jenkins) and be made aware of their shared concern, yet also dissonance with distinguished psychiatrists (Paykel, Sims and Murphy). The impact of the book, therefore, is greater than its individual chapters. The ideas presented are broadly within the field of ethics, philosophy, psychotherapy and pastoral counselling – and include a useful summary of core Christian theology (Montefiore).

I found reviewing the book refreshingly stimulating, but several of the chapters may challenge assumptions or defy belief. This applies mainly to those by the theologians, as the psychiatry is more routine. David Jenkins' lecture, for example, must have been memorable at the time, as he provided a pungent critique of a restrictive view of psychiatry by teasing both ourselves and theologians for any grandiose attempt to be the 'curer of souls' (the root origin of the word 'psychiatry'). How can psychiatrists trained mostly in biomedical sciences, he asked, treat souls? "What an odd notion that there should be medical techniques for healing/coping with/affecting souls". There are numerous other quotable references which if taken out of context could be misconstrued as some of his more pungent theological statements have been, e.g. "Psychiatry 'hovers' in the potentially creative nonsense area either on the fringe of medicine [of course it is very important not to locate it outside the area of medicine or the salaries will collapse!] or else very much inside medicine but in a way acting as the very important joker. A joker which upsets the pack by asking things like 'How can the techniques, manipulations, mechanics and biochemistry of medicine help souls? What are the limits of this sort of 'iatry' [the activities of medical interventions, the use of drugs and so on]?" Jenkins then explored parallel problems for those theologians who distance themselves from parishioners and retreat into abstruse theology. He described analogous problems for both disciplines relating to limit-setting, availability and problems of 'burn-out'.

The chapters by Charles Elliott set out to answer two questions: the relationship between the unconscious and the real world and what account Christians can give of hope and redemption in the light of this relationship. This chapter included a critique of traditional theories of atonement and has a useful summary of Kleinian ideas. There is also a valuable discussion of memory, with reference to what the Christian 'memory bank' offers. These he lists as harmful memories not necessarily having the last word – they are not unforgivable or unredeemable. Cultural memories ('difficult times'), including morally ambiguous times like colonialism, can be challenged and corrected by cultural memories of which "we are the inheritors" – here