



**Do I Need To See
the Doctor?
A Guide for Treating
Common Minor Ailments
at Home. For All Ages**

Canadian edition. Brian Murat, Greg Stewart. 74 pp. Illust. Doc 'N A Book Publishing, 348 Muskoka Rd. #3N, Ste. 206, Huntsville ON P1H 1H8; 888 373-7030. \$16.95 (quantity discounts available). ISBN 0-9682656-0-X

Overall rating: Good
Strengths: Covers common patient problems and questions; easy to read; good layout
Weaknesses: Restricted to only 14 conditions; some flow sheets may be intimidating
Audience: Patients

Written (and self-published) by 2 Ontario physicians — Brian Murat, a specialist in internal medicine and gastroenterology, and Greg Stewart, a family physician — this book delivers more than simply answering the question posed in the title. It is a friendly and understandable home manual for patients and parents. Although it is by no means comprehensive (approximately 14 conditions are covered), it does an excellent job of providing advice on the management of some of the illness and injury scenarios that account for many unnecessary visits to the emergency department.

The authors chose flowcharts to help patients decide whether they really need to go to the hospital or if it is safe to employ the book's list of home remedies and simple first aid. The decision trees appropriately ensure that anyone with potentially significant symptoms will seek expert opinion from a physician. There are several useful sections on antibiotics and common over-the-counter medications, including a pediatric dosing chart for acetaminophen.

The book employs lots of colour and cartoon graphics, and is written in a clear style, at a grade 7 to 10 reading level. Some patients may be intimidated by the appearance of the charts, but, in practice, they seem easy to navigate. Murat and Stewart have secured endorsements for the book from both the Ontario College of Family Physicians and the Ontario Hospital Association, and the Chairman of the Wellness Councils of Canada stated: "*Do I Need To See the Doctor?* belongs in every household in Canada. . . . Its beauty lies in its simplicity."

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**Mad Cows and Mother's
Milk: The Perils of Poor
Risk Communication**

Douglas Powell, William Leiss. 308 pp. Illust. McGill-Queen's University Press, Montreal. 1997. \$19.95. ISBN 0-7735-1618-2

Overall rating: Excellent
Strengths: Well researched; easy to read; interesting material
Weaknesses: Little application to clinical practice
Audience: Public health physicians, communication specialists, regulatory officials, anyone interested in controversial health issues

Mad Cows and Mother's Milk is a fascinating description of how industry and government have mismanaged the public perception of potential environmental and technological health risks. It provides an in-depth chronological account of the

events that occurred and the errors that were made on a variety of topics — from Mad Cow Disease to silicone breast implants. It is written as a series of papers, each of which can be read on its own, that provides the background for the authors' thesis.

This thesis is that if communication of risk on health issues in the public domain is well thought out and thoughtfully communicated to the public, there would be many benefits. The public would have better information to make judgements about these issues and greater confidence in the system. Regulators and manufacturers of products would have a much easier time because public concern and mistrust of authority would be less. Instead, the authors argue, there is more often than not a risk communication vacuum, which allows public concern to escalate and the credibility of those in authority to plummet. They provide copious detail of the failures in the 7 examples that they use, and they make a convincing argument.

The authors give an historical account of how risk communication has been handled in the past, from experts reassuring the public about perceived risks to using marketing techniques to try to get the risk message across. The best approach, however, "begins with the recognition that lack of trust is pervasive in risk issues." It uses consensus building and involves consultation with stakeholders. The book ends with 10 lessons learned, ranging from "there is always more to a risk issue than what science says" to "if you are responsible [for risk communication], act early and often." These lessons are good advice for anyone in the health field who may be called upon to deal with a controversial health issue in the public forum.

If you like to know what has gone



on behind the scenes, this book is fascinating and easy to read. The story of the BSE debacle in the United Kingdom provides plenty to think about in the Canadian context, since “there was silence from the Canadian government — and there is still silence.” The chapters are well researched, in the scientific literature, in the policy documents and statements which have (or have not) been promulgated, and in media reports.

The only disappointment in *Mad Cows and Mother's Milk* is that the authors did not develop a strategy for risk communication, specifically using one of the issues. Otherwise, it is a well written account of what not to do to inspire public confidence when dealing with highly charged health issues. Those whose job it is to regulate products with possible health implications or whose job it is to deal with public fears over these products, should make it a point to read this book.

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The Cultural Context of Health, Illness, and Medicine

Martha O. Lousaunau, Elisa J. Sobó. 232 pp. Bergin & Garvey, Westport, Conn. 1997. US\$59.95. ISBN 0-89789-487-1

Overall rating:	Good
Strengths:	Excellent introduction to sociological and anthropological concepts as they pertain to medicine; well referenced
Weaknesses:	Outdated portrayal of some aspects of medical practice; failure to address in depth the problem of cultural relativism and conflicting values; not enough examples
Audience:	Medical, nursing and other health sciences students; practising physicians; nurses interested in this topic

Considering the current emphasis on evidence-based medicine, it is refreshing to read about the importance of the art of medicine for a change. “The art of medicine is the art of human relationships and communication and, most of all, caring.” (p. 188) Lousaunau, a medical sociologist, and Sobó, a medical anthropologist, present a brief overview of the history of biomedicine (defined as the dominant medical system, focused on physiological processes) from the vantage point of their respective fields. They make the case for the importance of cultural awareness in developing caring human relationships with our increasingly diverse patient populations, and they introduce methods that can help improve communication with our patients.

This book would be appropriate for an undergraduate course in medical anthropology. Each chapter begins with stated goals and ends with discussion questions. The basic concepts of culture, social structure and life stages are introduced in the first 3 chapters, with discussion about how each of these influences our positions and interactions with regard to our health, illness, care-seeking and delivery of health care.

The concept of cultural relativism — “that we do not judge, but consider actions, beliefs, or traits within their own cultural contexts in order to better understand them” (p. 15) — is given little more than a page of discussion, and focuses solely on the issue of female genital mutilation. For physicians confronted with cultural beliefs and practices that may be harmful to patients, attempts to understand the place of such beliefs and practices in our patient's lives can be at odds with our own deeply held values of right and wrong. This issue deserves more in-depth coverage; for example, practical examples of how to balance cultural sensitivity with prevention and treatment of the harm caused by such practices, and discus-

sion of the legal implications for caregivers.

The chapter on “Health and illness over the life course” only skims the surface of such complex issues as the meaning and course of pregnancy and childbirth, childhood, adolescence, aging and death from a cultural perspective. The discussion of the “American birth ritual” is outdated, at least from the perspective of family medicine in Canada.

The second half of the book gives fascinating insights into biomedicine as a culture in itself. Examples of cultural misunderstandings that cause serious problems in the care of patients nicely illustrate the point that “belief can cure, and belief can kill” (p. 101).

For those hoping for practical information, perhaps the most useful parts of the book are the appendices, which include useful general references, Web sites and a list of journals that address this issue.

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Books and other media received

Livres et autres documents reçus

Anatomy

The Complete Visible Human: The Complete High-Resolution Male and Female Datasets from the National Library of Medicine's Visible Human Project.™ 2 CD-ROM package. H.-O. Peitgen, W. Berghorn, M. Biel. Over 7000 images. Springer-Verlag. 1998. ISBN 0-387-14247-9

Anesthesia

Sickle Cell Pain. S.K. Ballas. 379 pp. Illust. Vol. 11 of *Progress in Pain Research and Management Series*. IASP Press. 1998. US\$87. ISBN 0-931092-22-1