prove its effectiveness. The randomized controlled trial is generally accepted as the gold standard for medical research. However, as the authors explain, there are many reasons why this is really not applicable to health promotion. Provision of information and education cannot be used as an outcome measure for health. Furthermore, change takes time and the time scale rarely fits the funding cycle of many health professionals or managers.

The authors argue that evidence-based health promotion needs to be titrated to individual situations. Initiating change from the ‘bottom up’ requires allies as well as evidence. From outside or ‘top down’ it requires tuning in to the real life of the setting and the likely evidence that will be acceptable there. Effective interventions have been difficult enough to introduce into mainstream biomedical practice. This issue, together with needs assessment, is explored in relation to health promotion needs to be titrated to individual situations.

The Green Paper “Our Healthier Nation”,1 the authors argue for developing alliances and working to strengthen communities as a persuasive way of reducing these inequalities.

So often, health promoters have been in difficulties when debating their worth within hospital and medical settings. This book encourages them not to be daunted when they have to work with imperfect knowledge; to realize that at times there rarely is good evidence which tells them what will work in their precise setting. “Evidence Based Health Promotion” is a shot in the arm for those health promoters feeling isolated and insecure about their interventions.

JOHN NOAKES
GP and Non Executive Director
of the Health Education Authority

Reference


In recent years there has been a bewildering explosion of hormone replacement preparations which allow for much more flexibility in the choice of regime. However, this also leaves the GP struggling to keep up with the patients who may well have read about yet another new preparation in a women’s magazine or newspaper.

This concise and readable book is an excellent guide to primary care management of Hormone Replacement Therapy (HRT). The evidence-based discussion of the current data on the different preparations together with the risks and benefits of HRT, including the latest preparations, selective oestrogen receptor modulators (SERMS), provides the GP with all the information he or she needs. The layout of the book is such that it would be easy to refer to when specific problems arise.

The book is compiled by a practising GP, a specialist nurse and a consultant gynaecologist who runs a menopause clinic in a leading teaching hospital. It opens with chapters on the physiology of the menopause and the risks and benefits of HRT followed by a chapter on treatment options. The management of irregular bleeding, should it arise, is then discussed. Contributions are also provided by a variety of other specialists who have contributed chapters dealing with effects on the breast, non-breast cancers, thrombosis, ischaemic heart disease, dementia and osteoporosis. A chapter on the GP consultation includes a useful protocol for monitoring HRT.

In 150 pages this book is a good overall guide to HRT and the best I have read on the subject. Its easy format makes it an excellent reference book.

PATRICIA PROSSER
GP in Witney, Oxford


Although this is a slim volume, it covers the wide field of ethics related to the use of computers in medicine. It is not for late-night reading in bed! Almost the first sentence states “The future of the health professions is computational”. It then goes on to discuss the problems and challenges that this can cause the health professions.

Despite being a multi-author work, the development of concepts in the book flow logically. It obviously has an American bias, which can cause problems for European readers in some parts by the reference to the American legal system.

All uses of computers in the health professions raise ethical issues. The authors state clearly that “Good doctoring and nursing are human skills” which require augmentation of the sort offered by information storage and processing systems. If computer use by physicians becomes standard, will those doctors who do not use