“most research proceeds largely unaffected by the blistering critiques of those sensitive to the failure of race as a biological concept”. This book explores both anthropological and epidemiological perspectives in ethnicity and health research and provides a useful summary of the main issues for researchers working in this area.

Macbeth and Shetty have included clinically focused chapters on cardiovascular disease, mental health, haemoglobinopathies and diabetes, and biological perspectives on genetic variation and consanguinity. In addition, there is ethnographically informed discussion of ethnicity and health as concepts, complemented by a chapter on how to operationalize ethnicity as a variable in epidemiological research. Perhaps most interesting are the commentaries on the merits and potential pitfalls of ‘racialized’ research: the dangers inherent in unquestioningly adopting ethnicity or indeed social position as exclusive components of an individual or group’s identity and correspondingly the sole determinant of inequalities in health, and the history of research into the relationship between socio-economic position and health differentials within and between ethnic groups. As JY Nazroo and G Davey Smith argue in their chapter, “a more nuanced approach to the factors underlying ethnic differences in health is required than simply considering them to be socio-economic, or cultural/behavioural or racial/genetic”. Hopefully this book will help galvanize that process.

RHIAN LOUDON
Clinical Research Fellow in the Department of Primary Care and General Practice, University of Birmingham.


This is a timely book. The term ‘medical error’ appears in the media virtually every day. In this book, the authors gently tease out the layers of that simple term ‘error’ to reveal the complex nature of what lies beneath the surface.

As humans extend the boundaries of possibility and medical technology advances, this leads to public expectation of near infallibility. In a consumer society, people are less willing to accept that an accident does not necessarily mean that it is someone’s ‘fault’, whereas a more comprehensive approach would begin to identify other failures in a complex system.

In the airline industry, a pilot who reports an error is immune from disciplinary action. At present, in most western medical systems, the reverse would happen and the reporter would become a victim—as illustrated in the UK by the anaesthetist who first raised concerns over the mortality rates of two cardiac surgeons working at the Bristol Royal Infirmary.

All doctors make slips or errors at some time in their working lives. Even the most conscientious doctors can make mistakes. The background to a medical mishap frequently is more complex than at first assumed and attempting to lay blame often fails both the doctor and the patient. The authors point out that allegations of medical ‘fault’ frequently are misplaced; there is often a failure to identify important lessons and a more inclusive approach would elicit problems in a complex system. The term ‘medical error’ covers a wide spectrum from matters of chance to deliberate/intentional errors implying culpability. There is a world of difference between an understandable mistake (prescribing β-blockers in asthma) and a deliberate violation (falsifying clinical records). The authors discuss the ways errors have been broken down into categories to enable a fuller understanding of the way they arise, how they can be understood in terms of cognitive psychology and how the study of complex systems can be used to minimize error potential and identify important lessons. Is working while fatigued or sleep-deprived an example of a violation in the system or the individual?

Finally, they discuss assessing standards of care and responding to the needs of the injured, both patient and doctor—the latter frequently being overlooked. A thought-provoking book for anyone who is seeking a fuller understanding of the complexities of medical errors.

CHRIS ROSE
GP in Northamptonshire, LMC medical secretary and clinical teacher at University of Leicester Medical School


Writing this review just 3 weeks after the terrorist attacks in New York, I feel that recently the world has become a much more violent place. Assaults on GPs and other health care professionals, particularly those working in Accident and Emergency departments, are reported frequently in the press. Women in the media describe their experiences of having being abused as children or during marriage. This book is therefore a timely reminder of the causes and nature of violence, what might and should happen following a physical or verbal attack, and ways in which the risk of violence may be lessened.

It is also an engrossing and readable book. Chapter authors come from an eclectic range of professions, including a professor of oral surgery, a criminologist, a

Three sullen adolescent faces stare out at the reader from the cover of this book, triggering for this reviewer the common reactions of GPs to adolescent emotional problems: “Help!” or else, “Go away!”

The troubled adolescent is an icon of Western society. Previous generations largely avoided these specific problems by minimizing or ignoring any transitional stage between childhood and adult status. But we must work within the society we have and adolescence, with its problems, is definitely part of our society. It is increasingly clear from studies on attachment theory that the way transitions are negotiated reflects prior experiences in the family and society, and determines eventual mental health.

The foreword asserts that, “Clinicians are likely to enjoy reading this book from cover to cover”. I must demur, for here are the usual overlaps to be found in a multi-author work. Certainly the opening chapters, covering both normal development in adolescence and development of psychopathology, are a good read, useful, dispassionate and enlightening, without sensationalism. We learn that adolescent depression differs from the adult version in its higher rate of co-morbid disorders and that numerous studies have failed to demonstrate effectiveness of tricyclics in adolescence. But some later chapters are dry. One seeks in vain for more about specific consultation skills useful with adolescents. We know that the shortest consultations in general practice are with teenagers, and suspect that this is as much a function of the doctor’s discomfort as of the patient’s unwillingness to engage.

This book takes a more dynamic approach than many psychiatric texts, but more case presentations would have brought it to life. The chapter on Ethical and Legal Issues, exceptionally, is rich in cases and is a practical and thought-provoking gem, deserving wider circulation than will be gained by a textbook.

For family doctors, whose consultations bring a greater frequency of psychiatric disorders than in the general population, the management options discussed are sobering. After the GP has connected with the teenage patient and made an accurate diagnosis, he is faced with the frustration of inadequate access to family therapy, cognitive–behaviour therapy, group work or emergency beds, all of which are recommended in this text. Adolescent psychiatry is a neglected speciality and thus one where the family doctor will find himself bearing inappropriate responsibility and uncertainty. This book will be useful.

PAT TATE
GP and psychotherapist in Cambridge


Nothing brings home the alienation of ageing better than finding a subject of considerable medical interest about which you know nothing. I mean not a thing! So let it be confessed that I found much to learn in this volume in which the research of a dedicated team of clubbers from the University of Manchester exposed themselves to the risk—though it was probably not quite like that as the