to a rapidly changing and demanding world. Can we do it with support from patients? The answer is in the book!

STEVE HOLMES
GP on the Lancashire/North Yorkshire border, GP tutor for the North West Region and course organizer for the Yorkshire Region.


This is an unusual book, in that it aims for a “hard-headed multi-disciplinary holism”, and explicitly rejects the adequacy of the reductionist science of neurotransmitters and brain centres. Its target readership is “Primary Care professionals, multidisciplinary students and all persons thoughtful and curious” and this has resulted in a style that is largely conversational and may be irritating to the professional reader. At the same time, there is a density of scientific information that will be beyond the grasp of most educated lay persons, let alone the nausea and vomiting sufferer.

The early chapters helpfully point out that nausea is more disabling than vomiting for most patients; however, they highlight, measurement is usually of vomiting rather than nausea, and most research is limited to iatrogenic vomiting. While critical of much of the clinical trial literature (“much that is published should not be in print”) and aware of the complexity of the processes involved (“much that seems simple about NV is wrong”), the editors have compiled a lengthy book of over 600 pages that lacks cohesion and clarity of message. I fear that the informal conversational style will not appeal to the scientific reader, for whom the 25 pages of references and additional 32 pages of suggested further reading might be a useful resource. I regret that this book is unlikely to appeal to many working in primary care.

STEPHEN BARCLAY
Research Training Fellow, Health Services Research Group, Cambridge University


Discussing health risks with people can be difficult, particularly when talking about prostate cancer, which may offer no threat to your health or constitute a potentially fatal condition. Should anyone be screened for it and, if so, who? What are the options for men with possible evidence of the condition and how might they choose between them? After all, early radical treatment involves major side effects (particularly impotence) as the price for catching a cancer early—but with no guarantee that the cancer was going to cause much harm if left alone.

This little book addresses these questions and others about prostate cancer: the foreword describes it as a “Medical book for non-medicos”. It introduces the prostate, then takes readers through an account of what cancer is generally, the factors of possible relevance to causing prostate cancer and leads into chapters on diagnosis and treatment options. Dilemmas relating to interpretation of prostate-specific antigen levels and the unpredictable natural history of the condition are well explained yet nevertheless with sensible thoughts on ways to decide. This balance of openness about uncertainty with pragmatism makes for a constructive read generally.

Perhaps inevitably, there are some ways in which a non-medical reader might have had more help. The end of Chapter 2 offers an honest statement about the unpleasantness of advanced cancer with no reference to the discussion of possible palliation which appears later on; not the place to happen to dip in if you have just heard news of your own cancer. The glossary at the end of the book is general if not quite full, but could be sign-posted early in the book before readers face chapters about the nature and causes of cancer. Readers without a scientific bent could however omit these chapters without missing the book’s main threads.

Nevertheless, the book’s tone is open yet supportive for readers facing prostate cancer. It describes clearly what might lie before them and is particularly strong in emphasizing the need for individuals to be helped in making choices about treatment for this condition, particularly where the evidence does not have all the answers. Patients who prefer to look their disease in the eye and want a one-stop resource to buttress their thinking would not be let down here.

JOHN BENSON
University Lecturer in General Practice, General Practice and Primary Care Research Unit, Institute of Public Health, Cambridge


Since Donald Schön’s seminal 1983 work on professional thinking in practice, reflection has become a byword in medical education. Helping medical students and doctors at all levels to reflect productively on their performance, learn and improve, has almost become an hypnotic mantra, a piece of the rhetoric. But until now, no-one really seems to have been clear about how to do that. It takes some experience, understanding and skill to