proven worth. So they searched the literature, graded the evidence for quality and then refined it by applying an extra filter—the preventive primary care impact factor (PPCIF)—representing the whole panel’s perception of how worthwhile each proposed intervention seems to be.

Inevitably, there are gaps in the supportive evidence and, for these, the panel offers a consensus view, clearly marked as such. We are given a quality graded outline of the evidence for every course of action that they suggest, brought together into a summary document that then needs to be interpreted locally, taking national, cultural and political realities into account. This Occasional Paper provides both the basic document and a version of the planned process—a questionnaire and the recommended follow-ups to be done—suitable for health workers in the UK. This is supplemented with a number of standard health questionnaires that can be valuable in further assessment of patients found to need more tests.

To me, this seems to be a most useful piece of work. There can now be no more equivocation about what preventive health checks for the elderly are worthwhile, for every recommendation made here is clearly graded for value. The problem will always remain to decide exactly who in the primary care team will do what and then finding the time and resources to deliver the goods. Everyone who looks after elderly people must read and will value this short booklet. I hope my own GP will have finished it in time for my next check-up.

OLIVER SAMUEL
Retired GP, London


A quick glance at the subtitle might suggest that this book was another attempt to provide quick practical answers to all those difficult decisions that we face as health service professionals. If so, readers will be disappointed by the end of page 6. I hope they will persist and read on, for the book is far better than that. The key word in the title is rational; Michael Loughlin requires us to think and encourages us to become more capable at reasoning.

The focus is on management rather than clinical decision making, although in these days of supposedly evidence-based clinical decisions, we may benefit from questioning many of the underlying claims using similar rational processes. The book is divided into four parts. The author starts by looking at the nature of morality and the role of a philosopher such as himself. His theme is that we cannot say that something is good (and therefore moral) unless we can give reasons for that statement: reasons that will stand up to hard questioning. He is already preparing us for his onslaught on a considerable amount of management jargon that tries to convince us that something is good simply by shouting louder.

In part two, the battle begins. He encourages us to see that concepts of quality or “organisational principles” are so often illusory because they lack a definition of what the concept or principle means in particular circumstances. If we have ever wondered what other people mean by quality management, then the discussions will help us to see why we have intuitively felt uneasy. The third part discusses the declining role of philosophers and the rise of ethicists. Here he defends his own position as a philosopher training people in “intellectual and moral self-defence” rather than as producers of guidelines. This section may seem more distant from our daily preoccupations and is, perhaps, over-long. We still need to work through it if we are to discover how to behave as free agents rather than knowing that certain principles are conventionally accepted as true. The final part encourages us to think how to seek and apply such behaviour in real contexts but, be warned, do not risk jumping to the final chapter before exploring the rest!

Readers may at times find the writing abrasive. Opponents of his approach are not dealt with lightly, and we can get the flavour of some fairly strong academic disputes. This, however, also makes the book much more readable, even exciting. I am involved in the development of the professional attitudes of the next generation of doctors, and this book certainly encouraged me to pursue the difficult goal of making them critical and reflective thinkers.

CARL WHITEHOUSE
Professor of Teaching Medicine in the Community,
University of Manchester


The world of evaluation is complex and can be confusing. Understanding is often clouded by jargon and the tendency of authors to stake out territory, ‘brand’ their own approach and present it as distinctive or new. Øvretveit’s book is advertised as a guide for the uninitiated and it covers the paradigms, principles and practice of evaluation thoroughly and with admirable clarity. Within this overview, Øvretveit also promotes “action evaluation”, an approach he has pioneered in the field of health care, which emphasizes gaining agreement on the purpose of an evaluation, selecting methods appropriate to the task and giving decision makers rapid feedback on changes in practice or policy.

Others, notably Patton,1 have advocated similar user-focused methods to increase the usefulness of evaluation,