Book Reviews

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**Essential Epidemiology: Principles and Applications.**

As a student currently undertaking a Masters in Public Health, I have found Oleckno’s book ‘Essential Epidemiology’ most helpful for the epidemiology component of the course. This introductory book covers the salient aspects of the study of epidemiology. Chapters 1 to 3 focus on the nature of uses of epidemiology, its historical foundations, and disease-related concepts. Chapters 4 and 10 to 13 cover conduct, analysis, and interpretation of epidemiological study designs. Chapters 5 and 6 review statistical methods used in epidemiology such as comparing rates and measuring associations. Chapters 7 and 8 discuss association, causation, and methods for evaluating the accuracy of epidemiological studies. Chapter 9 covers screening for the detection of disease and chapter 14 focuses on the investigation of disease outbreaks and public health surveillance.

Oleckno remarks that the book is aimed to be user-friendly and I would endorse this. He has a great ability to explain and simplify difficult epidemiological concepts. However, the strength of this book lies in its structure which any student requiring some understanding of epidemiology will find particularly valuable. Each chapter provides an overview, text supported with real-life examples (making the topic areas less abstract), simple diagrams, a box of new epidemiological terms, a summary, and relevant exercises. The overviews provide a useful synopsis of the key issues being pursued in the following chapter. Epidemiological terms are highlighted in bold throughout the text and provide good points of reference. The summaries presented in bullet points are concise. I found these essential for revision purposes. Particularly helpful are the exercises with brief answers at the end of the book, with more clear and lucid explanations provided on the CD ROM which accompanies the book. I found that the chapters build on learnt knowledge.

A less helpful aspect of this book is that it is aimed at students studying in the US. Examples (called exhibits) are solely confined to US experience, history, and current legislation. For example, the exhibit on the registration of deaths is based solely on the US system. Oleckno has also used a rather narrow definition of epidemiology, neglecting that epidemiology also encompasses ‘the application of distribution and determinants of health related states to control health problems’ which is found in Last’s definition. Also helpful would have been a table or a more detailed discussion of the different terms used internationally for incidence, cumulative incidence rate, and person time incidence rate. Other authors use different terms and it was slightly confusing trying to understand which concept fitted which term. In addition, under the list of formulae it would have been helpful to have an index of what the actual symbols and letters meant. These are, however, minor points compared to the true value of the book itself.

Would I recommend this book? Overall, the book reads easily, is fluid and it is a useful adjunct to other textbooks currently on the market that introduce students to epidemiology.

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This book has its origins in a conference held in the US in 1999. It sought to make connections between health policy and bioethics and overcome, ‘a long history of mutual incomprehension between these two groups’, as Ezekiel Emanuel puts it in his foreword (p. viii). He argues that this may stem from a misguided distinction between fact and values: health policy-makers see themselves as dealing with facts, which are open to rational deliberation, whilst bioethicists deal with subjective values. Furthermore, health policy-makers have found the traditional bioethical emphasis on the individual doctor–patient relationship and personal autonomy offers little help with the major dilemmas of collective resource allocation decisions. Policy-makers may regard attempts to elaborate the principle of justice in bioethics as ‘vague, abstract, even vacuous’ (p. viii). Meanwhile, bioethicists may be critical of policy-makers for believing they are engaged in a rational and objective process, when the fact–value distinction has been widely discredited and values are clearly deeply embedded in resource allocation decisions. Bioethicists may find it disingenuous of policymakers not to acknowledge this reality.

Inevitably (and deliberately) this characterization of a stand-off between two separate cultures oversimplifies. Policy-makers might with some justice respond that they are only too aware of the messy, value-laden nature of their work, whilst philosophers such as Norman Daniels might respond that they have for many years been concerned with distributitional justice, not merely the ethics of individual treatment. The aim of the book is precisely to demonstrate the value of bringing the two communities together more closely.

The book contains a stimulating mix of perspectives, and includes chapters by some of the ‘big names’ from the fields of philosophy, political science, and policy studies. Inevitably, given the book’s provenance, the debate is set firmly within the context of American health care, which poses some distinctive ethical considerations, as well as more generalizable concerns. Thus the issue of managed care looms large, and the particular difficulties of trying to improve population access and distribution when, as Daniel Callahan argues, ‘the bias of American health care has been towards individual health’ (p. 15). John Kingdon also explores the unique policy context, in which the ‘prevailing American ideology ... concentrates on limiting the power and reach of government’ (p. 105). This context throws...