short and deceptively simple, packing in much useful information. The book is easy to read as a result of the judicious use of case histories and summaries. No chapters feel redundant and issues such as disability and mental health are well covered.

The great merit of this book is to have condensed so much material so effectively. It seems churlish to point to gaps but there is no consideration of new initiatives to regulate and quality-assure health care. Health services probably contribute proportionately more to lengthening life expectancy in developed countries. The role of information transfer in improving health may be underplayed. The pace of organisational change in the UK makes for one or two trivial inaccuracies. (Community Health Councils are dead—at least south of the border.)

One of a series of Oxford Core Texts, the format and feel of the book are aesthetically pleasing—right down to the tasteful cover illustration. It all helps! Though marketed for medical students, a decent core text will find its place as an introduction and revision aid beyond the original target audience. This is a very decent core text and deserves to find its place on the shelves of many students and practitioners of health care, young and old.

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Reference


Doi: 10.1093/fampra/cmg623

“Wanted, 4500 students with an A and two Bs at A-level to work long hours per week for approximately £5.76 per hour. Ability to make life and death decisions essential. Experience not necessary—full training given (6 years compulsory). Successful candidates will be at high risk of suicide, alcoholism and divorce, but those who persevere may reach top positions after 18–20 years.” This mock job description which appeared in the BMA News last year is quoted in this stimulating and challenging book. The co-authors—two experienced GPs and the 16-year-old daughter of one of them—write from the experience of being a doctor, being married to a doctor, being a child of a doctor or a combination of these. As they had many doctors as friends, they asked them and their families for their insights and advice gained over many years of family life. Extensive use is made of the questionnaires, which they completed, with some interesting quotes. And there are some amusing, yet poignant, cartoons.

The book deals with the career-marriage conflict where on-call rotas and six-month contracts are not conducive to a stable family life. The chapter on illness deserves special mention. There are worryingly high numbers of doctors without a GP, who self-medicate with prescription drugs, including antidepressants and who work while sick. This is put down to a sense of failure about being ill and feeling guilty because of overburdening colleagues at work.

The final chapter gives in detail practical suggestions for making a survival plan using a logical framework matrix, based on the concept of cause and effect which has been used in project planning for decades. At first glance this appears complex, but do not be put off. We are encouraged to make personal and practice development plans for our work so why not apply this to what most of us feel is even more important—our home and family life.

This interesting and readable book could be useful for every family with one or more parent in a busy profession. However the co-authors believe that the peculiarities of being a doctor, and the type of person this profession attracts, have particular burdens which are unique to them and their families. Any doctor or a member of their family reading this book could not fail to find it beneficial.

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Doi: 10.1093/fampra/cmg624


Has it ever occurred to you that you might be suffering from too much stress? Try this simple test. Is your heart pounding, is your breathing rapid and shallow? Are your fists clenched, your jaws compressed, your palms sweating and your eyelids twitching? Yes, I’m afraid the diagnosis is all too clear. But help is at hand in the shape of a handy self-management guide by two psychologists. To start with (their book tells us) we must identify the causes of our stress by carrying out a Stress Audit. This will show that stress is mainly caused by being a doctor. It’s interesting to learn that in a 1990 survey, GPs nominated night visits as their number one cause of stress. By 1998 this had dropped to number 12 in the listings. Had night calls become more fun or had we simply stopped doing them? I think you know the answer.