to the question, "are restrictions on availability justified?" posed in its title. The relationship between the supply of the drug and its use in overdose is relevant to the discussion, but such factual information is insufficient in itself to justify the proposed changes. We also need to consider the values which underpin our provision of health services. The title encourages us to believe that clarification of facts, alone, justifies our actions. Such shorthand is dangerous since it may lead some to miss out other vital considerations altogether.

The authors conclude from an association between availability of paracetamol and the levels of its use in overdose that sales of this drug should be restricted. At least three relevant debates which question this have been identified in the past.

The restriction of sales is intended to reduce the harm caused by overdose. When considering the benefits of the suggested intervention, we need to also look at the associated costs. Such restrictive action sales will create indirect inconvenience and extra costs which will be born by the vast majority of users who do not abuse the product. Are there measures affecting many warrants with regard to the few who will benefit? The proposal does not expect to believe they will, particularly when we consider those affected include not only the people who have overused and their friends and families, but also the health services who have not provided services as liver units which support survivors. Others have argued differently. Fagan and Wangan recently expressed the opinion that "The extra investment costs, if passed to the consumer, would seem an unfair penalty for the millions who had recommended doses."

Secondly, we need to consider the nature of such restrictive interventions. Gunnell notes that most people who take paracetamol in overdose realise its potential to cause serious harm. If we take this fact on face value, the proposals are unashamedly paternalistic, and could be attacked on this basis. It has been argued that all drug prescription laws are paternalistic, yet people are aware in general of the potential dangers and their relative ignorance in this area. In fact, research has found that people do hold inaccurate beliefs regarding the use of paracetamol. For example, it is commonly thought that one side effect of the drug is drowsiness, and most overestimate the fatal dose. This does not, however negate the need to discuss the potential for over-enthusiastic paternalism.

Thirdly, there is a possible hidden cost of reducing the availability of paracetamol. We value self reliance of the general public regarding their own health care. This is an issue of special importance to general practitioners who often see development of these skills as an integral part of their work. This view has been previously expressed, for example by Dr O’Connell who wrote earlier this year regarding the Medicine and Control Agency’s proposals on paracetamol. If implemented, the proposals will have a massive impact on general practice. They will further destroy public confidence in paracetamol as a safe drug for pain and fevers. Patients are consulting their general practitioner before taking medicines for self-limiting complaints, and this practice appears to increase when paracetamol is harder and more expensive to obtain.**

Gunnell’s research is extremely useful in highlighting the public health effect of policies on availability. We need to remain aware of the link between accessibility and choice of method of attempted suicide—and possible links with overall suicide rates. However, as Gunnell has pointed out elsewhere, we also need to remember that "The prevention paradigm, whereby there is disadvantage to the many from interventions that can only benefit the few, is important... where the outcome to be prevented is as rare as suicide."  

The debate regarding the availability of paracetamol needs to be widened beyond the factual issues to include discussion of the values underlying the various options. The authors of the recent article are obviously aware of this necessity. However, their choice of title is potentially misleading. This is a minor point, but in view of the complex issues which are skinned over as a result, I feel it is important.

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BOOK REVIEWS


This book offers a selection of the most important articles and documents on health promotion, its concept, and the different strategies and methodologies. Editors and contributors, grouped around Helena Restrepo and PAHO’s Division of Health Promotion and Protection, have achieved a formula acceptable to all involved that has successfully oriented them to the completion of the 26 articles and 4 appendices which comprise this volume. Somehow, this book is a recapitulation of the history of health promotion.

The book is divided into five parts, plus the appendices. The first part consists of five different documents and is an attempt to provide different points of view on both the conceptual framework and health promotion theory. This part clearly establishes the link between health promotion and public health that stress the social constitu-
ents of health and disease. The second part of the book is made up of four interesting articles that focus on the concept of public health policies, an essential constituent of health promotion strategies. The third and fourth sections of the work deal with the strengthening of community action and the development of personal skills. Together, both sections offer 14 documents with a wide variety of practical examples. The fifth part of the book focuses on three particular projects aimed at specific issues: young people, AIDS, and information about condoms.

There are four appendices at the end of the book which provide interesting documents on the development of health promotion in Latin America and the Caribbean. The book is completed with a glossary of terms.

The PAHO’s Scientific Publications series had already published historical compilations of articles in the fields of epidemiology and health services research. The book reviewed here is a step forward in this sense, including versions in both English and Spanish. I think this will be very useful material, especially for teaching and public health research, as all the documents chosen are of great interest. This is, arguably, one of the best books on health promotion available.

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NOTICE

VIIth Annual BEES Workshop (British Epidermo-Epidemiology Society) was founded in 1990 with the aim of promoting a high standard of epidemiological research into all forms of skin disease, with emphasis on an interdisciplinary approach. The VIIth BEES Workshop will be held on 16 January 1998 at the University of Nottingham. 100 places only. Further information, contact: Dr Hywel Williams, Department of Dermatol-
y, C Floor, South Block, Queen’s Medical Centre, Nottingham, NG7 2UH. Tel: 0115 924 9924 ext 44539. Fax: 0115 970 9003.


This book examines the effectiveness of modern medicine in meeting the health needs of women and the extent to which ineffective or dangerous interventions are perpetuated because of vested interests. To achieve these aims evidence from a wide range of sources is presented. Since providing ineffective or dan-
gerous services for profit in doctor-patient relationships based on trust must be the most unethical form of marketing dangerous products, the book contains, in its appendices and sections for researchers and providers as well as users of health care to consider.

The author points out that any bias in citing research findings is in favour of seven per cent of papers. Contradictions in evidence and the validity of research findings are discussed in relation to issues such as the impact on knowledge of not publishing, the biased allocation of research funds, and the influence of organization and funding mechanisms on how vested interests affect services. As critical scrutiny of available evidence is reassuring for all, however, the subject of knowledge, these are major contributions of the book.