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 can justify 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 restrictions on sales will create inconvenience and extra costs which will be born by the vast majority of users who do not abuse the product. Are such measures affecting many warranted with regard to the few who will benefit? I would tend to believe they are, particularly when we consider those affected include not only the people who have overdosed and their friends and families, but also the wider public who help fund services such 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 heed recommended doses."¹

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 as people are aware in general of the potential dangers and their relative ignorance in this area.⁴ In fact, research has found that people do hold inaccurate beliefs regarding paracetamol. For example, it is commonly thought that one side effect of the drug is drowsiness, and most over estimate the fatal dose.⁵ 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.² "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 will increase when paracetamol is harder and more expensive to obtain."⁶

Gunnell's research is extremely useful in highlighting the public health effect of policies regarding drug 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 paradox, 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."⁷

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 skimmed over as a result, I feel it is important.

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- 1 Gunnell D, Hawton K, Murray V *et al.* Use of paracetamol for suicide and non-fatal poisoning in the UK and France: are restrictions on availability justified? *J Epidemiol Community Health* 1997; **51**:175-9.
- 2 Medicines Control Agency. *Analgesic medicines available without prescription: proposed changes to product information and sale or supply of paracetamol*. London: Department of Health, 1996. MLX231
- 3 Fagan E, Wangan G. Reducing paracetamol overdoses. *BMJ* 1996; **313**:1417-8.
- 4 Rainbolt George W. Prescription drug laws: justified hard paternalism. *Bioethics* 1989; **3**:45-58.
- 5 Gilbertson RJ. Paracetamol use, availability, and knowledge of toxicity among British and American adolescents. *Arch Dis Child* 1996; **75**:194-8.
- 6 O'Connell S. Reducing paracetamol overdoses: proposals will have negative effects. Letter. *BMJ* 1997; **314**:751.
- 7 Gunnell D, Frankel S. Prevention of suicide: aspirations and evidence. *BMJ* 1994; **308**:1227-33.

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 Dermatology, C Floor, South Block, Queen's Medical Centre, Nottingham, NG7 2UH. Tel: 0115 924 9924 ext 44539. Fax: 0115 970 9003.

BOOK REVIEWS

Health Promotion: An Anthology. Pan American Health Organization. (Pp359; US\$32) Scientific Publication No557, Washington DC, 1996. ISBN 92-75-11557-5.

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 con-

tributors, 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 other views of public health that stress the social constituents 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 physical activity.

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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Women and the Health Care Industry. Peggy Foster. (Pp 218; £40). Buckingham: Open University Press, 1995. ISBN 0-335-09472-4.

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 dangerous services for profit in doctor-patient relationships based on trust must be the most unethical form of marketing dangerous products, the book contains important information 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 the sceptics. Contradictions in evidence and the validity of research findings are discussed in relation to issues such as the impact on knowledge of not publishing negative findings, 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 essential for assuring sound knowledge, these are major contributions of the book.