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 consideration 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, along with 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 increased 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? We 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 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 died 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. People are not 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 dangers. For example, it is commonly thought that one side effect of the drug is drowsiness, and most over estimate 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'Connor 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 will increase when paracetamol is harder and more expensive to obtain." 2

Gunnell's research is extremely useful in highlighting the public health effect of possible 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." 3

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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In these times of emphasis on outcomes, success, and results in all walks of life, it is refreshing to read a book where examples of research are shared in a reflective way, so that readers can learn in a very direct way from the experience of others.

The book is for practitioners, researchers, and educators teaching research on health and welfare courses. It is divided into three parts. The first looks at the context, process, and design of research. The second part consists of five case studies, and the third is a toolkit. The reader should gain a good understanding of what action research is, a sense of where it might be useful, and guidance on how to set it up both from the toolkit and the strengths and weaknesses of the case studies.

The case studies examine the political context of action research programmes in a district general hospital, a staff development initiative, interprofessional working, and changes in service provision and practice. The emphasis is on organisational development and professional change, although some of the studies described also draw from community development approaches. The book reminded me of the increasing role of research and development in innovation and change in the health service as practitioners abilities to do this in other ways becomes constrained by the contracting process. Books which have the qualities this one has are very much needed; it is readable and accessible to the range of people who might want to use an action research methodology to initiate change. It will definitely go on my reading list.

JUDITH EMANUEL University of Manchester


This book highlights the growing importance of needs assessment in relation to public services. In some areas it is now a legal requirement, and at a time of scarce resources the demonstration of need can bring extra revenue. The growing influence of market forces and forms of purchaser/provider split in public services has created an environment where needs assessment is recognised as an integral part of the increased focus on outcomes. Finally, widening inequality has led to a concern that resources are targeted on those who are in greatest need.

In the first part, the book addresses theoretical, conceptual, and methodological issues of relevance, using Bradshaw’s classification of normative, expressed, and comparative needs. Public services still address areas of need where the market place is prone to failure in terms of efficiency, outcome, and inequity. The book then reviews issues of quality and reliability in decision-making. The relative advantages of existing data as an indicator of comparative need, and new data specifically gathered for needs assessment are discussed, as are those of quantitative and qualitative approaches such as focus groups, public meetings, and participatory rapid appraisal. The choice of method needs to take into account timescales and resources available, and often these are inadequate for comprehensive health needs assessment.

In the second part, the book considers health, housing, community care, legal aid, and training for the labour market. The book generally covers these areas comprehensively, although there are omissions. The section on community care covers mental health problems, but makes no mention of the care programme approach. Equally, the importance of develops socio-demographic factors in epidemiological approaches to the assessment of health service need is not considered. The limitations of rapid appraisal, life cycle, and community led health needs assessment are only briefly covered.

Generally, the book provides a useful overview of the subject although there could have been more detail on practical aspects of health needs assessment.

STEVE KISELY University of Birmingham


This is a revised and updated edition of the Lecture Notes on Infectious Diseases. It follows a new system-based approach instead of concentrating on infections as such. The first section of this book (general topics) covers the basis of infectious diseases, including immunology and immunisation, chemotherapy, hospital acquired infections, and pyrexia of unknown origin. The second section deals with system-based infections. For each system, the commonest clinical syndromes are discussed in the first part of the chapter, and in the second part the most important ones are considered in more detail. For clinical syndromes, causes, complications, investigations, differential diagnosis, treatment, and prevention are presented. Under specific infections, more information on epidemiology, pathology, treatment and prevention is given.

The third section describes infections of the immunocompromised host, including HIV and specific infections that are linked with immunosuppression. The last section covers parasitic infections.

The information presented in this book is clear, easy to follow, and straight to the point.

In addition, the text is full of self explanatory tables. This book should serve as a quick reference for the medical students, GPs, hospital doctors and any other health professional who is dealing with infections.

ALI HAJEER ARC Unit, University of Manchester


This book deals with the activities of four health professions in the search for clinical audit. The health professions are: clinical psychology, occupational therapy, physiotherapy, and speech and language therapy. The book is based on a research sponsored by the NHS Executive and carried by the Centre for the Evaluation of Public Policy and Practice at Brunel University and the Nursing Research Unit at King’s College, University of London. The purpose of the research was “investigating known examples of good practice, desegregating the principles of components of each model, and then disseminating those models, perhaps reaggregating them on a way”.

The research consisted of interviews with practitioners in nine sites in England that were recognised as places with an “active story of audit, geographical spread, representation of professions, setting (to include audit in hospital and in community settings), organisation client group, and keenness to participate”.

The book is divided into seven chapters, five appendices on the research methodology, and more than 150 references. The first three chapters cover the theoretical aspects of the research. Chapter four details the findings of the research. The last three chapters bring a reflection on the findings: chapter five deals with the benefits and the factors that benefit or constrain clinical audit; chapter six relates clinical audit with the management structure of the health care systems; and chapter seven offers ideas on how to make audit progress. Each chapter has been written by one to three of the members of the research team.

The book is not a practical guide on how to do clinical audit, but a research report on how audit is being applied by the therapy professions. The reader of this book should not be a health professional intending to do audit who expects practical tips on how to do it, but a researcher interested on the development of quality management in the health services.

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