PostScript

BOOK REVIEWS

Ethnicity, class and health

J Y Nazroo. (Pp 196; £14.95). Policy Studies Institute, 2001. ISBN 0-85374-792-X.

Anyone concerned with the complex interrelations of ethnicity and class to health should peruse this volume. It is one of a series based on the Fourth National Survey of Ethnic Minorities in the UK; descriptions of the main findings of the initial analyses were published in three volumes in 1997. This volume focuses on an explanation of these findings and works through the complex interactions involving ethnicity, "race", socioeconomic status, class, and important health outcomes including mental health.

The Fourth Survey is exceptional in terms of coverage of the ethnic minority groups (nationally representative sampling of the main minority groups along with a comparison sample of the white population), the use of community based interview data rather than hospital based records, the range of health assessments conducted (general health, C-V disease, diabetes, respiratory disease, mental health, and life style factors such as tobacco and alcohol use, its appraisal of socioeconomic status and other life features of the ethnic minority populations. Potential limitations of the survey: (a) cross sectional data so that the direction of possible causal relations cannot be assured and (b) self reported data (with questions not yet cross culturally validated).

The main ethnic groups—overall 5.5% of the UK population—are black (Caribbean, African, and other), South Asian (Indian, Pakistani, and Bangladeshi), and Chinese and others (Chinese, other Asian and other-other). Important differences in health status and in the patterns of disease from one ethnic minority group to another and from that of the white population are delineated and Nazroo carefully examines possible explanations for these health inequalities.

The assembled evidence points to socioeconomic factors as the major determinants of health in all groups and the principal reason underlying inequalities in health status of ethnic minorities. But class factors do not fully explain the differences. Other kinds of disadvantage that ethnic minorities face including life in a racist society with its overt harassment, many forms of exclusion and lifetime accumulations of disadvantages have added burdens of stress contributing to poor health.

The final paragraph states "... (ethnic) inequalities in health ... a component and a consequence of an inequitable capitalist society, ... needs to be directly addressed." I suspect that the highly vulnerable and disadvantaged ethnic minorities in China and the former Soviet Union areas have parallel problems.

This "conclusion" is unrelated to the extensive analyses of the volume and should not distract from the importance of this book.

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Hospitals in a changing Europe

Edited by M McKee, J Healy. Open University Press, Buckingham, 2002. (Pp 288; £65.00 (hbk), £22.50 (pbk)). ISBN 0-335-20929-7 (hbk), 0-335-20928-9 (pbk)

The stated objectives of this anthology are to provide a basis for more effective health policy making and its focus is on hospitals. It reviews the evidence both from eastern and western Europe and combines policy experience with academic research.

The 15 chapters contained in the anthology have been structured in four parts, each of them devoted to a general topic, namely; the context of hospitals, external pressures upon hospitals, internal strategies for change, and conclusions. The first part of the book describes the hospitals different functions and trends in hospital activity throughout history. It also gives an overview of factors driving change in the hospital system. The second part pays attention to the interface between primary and secondary care and between hospital and post-hospital care. The research evidence on economics of scale is reviewed and prerequisites for high quality care identified. The evolving changes in hospital payment mechanisms in eastern Europe are described and analysis of the organisational structure of hospitals in transition economies are made.

The third part examines trends in employment in the hospital workforce and how management can encourage a culture that supports staff and patients. It also highlights some key drivers for change.

This book provides a useful guide for the policy maker. But also everyone else interested in healthcare systems and reforms will surely find this book very interesting and useful.

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Statistics at square one, 10th edn

T D V Swinscow, M J Campbell. (Pp 158; £11.95). BMJ Books, 2002. ISBN 0-7279-1552-5.

This book provides a nice overview of many basic statistical methods. It is clearly focused to be used by, for example, epidemiologists who need some statistical guidance. Topics that are discussed include: descriptive statistics, testing of hypotheses/construction of confidence intervals both for continuous as well as binary data, non-parametric statistics, linear regression, survival analysis.

There is a big change in this 10th edition, compared with the previous editions: because almost everyone has access to a computer nowadays, many details on the calculations for a pocket calculator have been removed. Instead, reference is made to easy software packages, even freeware if available. As a result of this, exact statements on p values are made, instead of, like in the previous editions,

giving boundaries based on the distribution tables. Luckily, these tables are still kept at the end of the book.

In each chapter, an interesting section on reading and reporting statistics in the medical literature has been added. Another nice expansion in this new edition is made in the section on binary data, where summary statistics like relative risk and odds ratio are included.

The book touches many subjects, and describes them very concisely. This is convenient if you want to look up a method and apply it. But if you want to know many details on a technique, you better look into one of the references. It is good that not only formulas and calculations are given, but that also some explanation is given on related issues like trial set up or sample size.

At the end of each chapter, there is a section called "common questions". These are very pleasant to read, and they provide short answers to typical questions. The only drawback is that these answers are in many cases not reflected in the body of the chapter.

It is a short book, covering many statistical techniques. I have very much enjoyed reading it. The book is too concise if you want to study techniques in depth, but ideal to learn how to apply all the statistical theory that is covered.

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Evidence-based public health

R C Brownson, E A Baker, T I Leet, K N Gillespie. (Pp 235; \$C69.95). Oxford University Press, Oxford, 2003. ISBN 0-19-514376-0

Within the recent outburst of "evidence-based" books covering now many medical specialties, this book is another welcome newcomer. Authors have chosen rightly for this first evidence-based public health (EBPH) book a methodological introduction, rather than the evidence-based coverage of particular problems in public health.

The message addresses a large readership with many recalls to basic notions from epidemiology, biostatistics, and other foundations of EBPH. This is wise, because many partners in public health are not health professionals. However, this coverage does not replace other ad hoc sources. "Boxes" in the text contain rather pinpoint practical examples than more complete case studies of public health programmes or research studies.

Nine chapters of this book follow various steps of health programme formulation—elaboration—implementation—evaluation. Many readers might be interested in the evidence-based coverage of specific public health problems in their entirety. Look elsewhere. Books on evidence-based health promotion and disease prevention are already on the market. Books on evidence-based health protection (environmental and occupational health, mental and social wellbeing, and others) will probably follow. As for disease prevention, only the US Guide to Preventive Services is quoted here. It narrows the international appeal of this writing. By the way, years of work of the Canadian Task Force

on the Periodic Health Examination and the ensuing *Canadian guide to clinical preventive health care* were the first and an impetus to its US equivalent. EBPH is presented here as a unifying concept instead of explaining specific streams of thought just in the English speaking world of Canada, USA, Australia, and Great Britain today.

Weaknesses? Despite rich practical examples and illustrations provided by authors, the typesetter succeeded in producing a visually unattractive book (to put it mildly). Pages are crammed; a good number of valuable information is lost in a rather visually amorphous flood of message, forcing the reader to read very carefully in his or her search for essentials among fillers.

Competing titles? None for the moment. Recommended? Yes, warmly. Especially given the most challenging task to write a première in any domain of interest. The floodgate is open.

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Textbook of cancer epidemiology

Edited by H O Adami, D Hunter, D Trichopoulos. Oxford University Press, 2002. Vol 33 in the Series "Monographs in Epidemiology and Biostatistics". (Pp 599; £50, €75). ISBN 0-19-510969-4.

Multiauthored books often look like an incongruous pastiche and taste like an inappropriately cooked panaché de légumes. Not this one: the editors visibly put a lot of effort to achieve a uniform structure and style. Such coherence is particularly welcome in a textbook; otherwise, the main purpose of such book is defeated when its covers just bind a heterogeneous assortment of reviews. While written by an additional 21 contributors—mostly from Boston, Stockholm, and Athens—the fact that at least one of the editors coauthored each and every chapter shows and pays off.

Part I takes about 110 pages, and it covers: global burden of cancer, biological origins, genetic epidemiology of cancer (including a brief glossary), biomarkers, and essential epidemiological concepts and definitions (also with a glossary). Part II expands some 460 pages, and it deals with the epidemiology of the following sites or types of malignant tumours: oral and pharyngeal cancer, oesophageal, stomach, colorectal, liver and biliary tract, pancreatic, cancer of the lung, larynx and pleura, skin cancer, breast,

cervical, endometrial, ovarian, prostate, testicular, urinary bladder, thyroid cancer, Hodgkin's disease, non-Hodgkin's lymphomas, and the leukaemias. All these chapters open with a brief introduction and a brief clinical synopsis (main clinicopathological features of the cancer at stake). Each chapter then continues with three main sections: descriptive epidemiology, genetic and molecular epidemiology, and the more classic risk factors; the latter are discussed in the same order throughout these chapters. There are plenty of figures and tables.

Perhaps the strongest common success of all chapters is that they enable the reader to understand the causes of each cancer—and, hence, they better equip him or her to undertake or to assess primary prevention efforts. The careful reader will also be in an excellent position to critically appraise the current, fascinating expansion of knowledge on the biological mechanisms of cancer occurrence (such as gene-environment interactions), no matter whether such knowledge stems from classic epidemiological approaches or from the increasingly epidemiology integrated, related disciplines.

While the text is easily comprehensible by someone who knows little about cancer, experienced researchers will also use it: at the very least, to check how other experts summarise the state of the art in specific areas. This true textbook will hence be useful, pleasant, and rewarding to students of epidemiology and public health, medicine, and other health and life sciences. It will similarly work for researchers and health practitioners, clinicians, and public health professionals.

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Regulating entrepreneurial behaviour in European health care systems

Edited by R B Saltman, R Busse, E Mossialos. (Pp 240; £22.50 (pbk), £65.00 (hbk)). Open University Press, Buckingham, 2002. ISBN 0-335-20922-X (pbk); 0-335-20923-8 (hbk)

This is a hugely interesting book on health care systems in Europe

It is fascinating from a clinician's point of view to read a book full of detail about health care that hardly mentions patients, doctors, nurses, or indeed any other healthcare workers. It is not easy to read from cover to cover but is rewarding.

Given the recent history of the UK NHS it is a bit surprising that so many of the examples are based on the UK "reforms". Partially no doubt this is due to the fact that the NHS has experimented extensively in systems change.

The authors present a detailed and clear understanding of the very differing healthcare systems in Europe and help us to understand the consequences of these differences.

The structure of the book seems somewhat unusual in so much as part 1, written by the editors, embodies material that is presented and analysed by invited contributors later in part 2. Part 2 is labelled "conceptual issues" and looks at entrepreneurial activity and regulation in a number of contexts including hospitals, the pharmaceutical industry, general practice, and oral health.

There are extremely valuable chapters on factors that have an impact on entrepreneurial behaviour in the health sector such as regulation, accreditation, and corruption. It aspires to an evidence based approach embracing clinical management and audit and clearly lays out the danger in entrepreneurialism without appropriate regulation in the healthcare setting.

An obvious absence in the book is a significant contribution from patients or healthcare providers with the notable exception of dentists. When doctors are mentioned it is to point out that they are always a problem when efforts at reform are attempted. There is no analysis as to why doctors seem to be negative. Nevertheless, I highly recommend this book to any healthcare professional who wants to begin to understand the healthcare "big picture" even if they will have to endure such beauties as "negative opportunistic behaviour"!

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