
This second edition expands many of the ideas of the first edition, adds some of the recent research into this approach and gives an account of the application of a patient-centred curriculum. The authors all work in the University of Western Ontario and have published extensively on this subject.

The book is divided into four parts. The first includes an overview of the authors’ view of patient-centred medicine. Evidence-based medicine (EBM) has become a mantra quoted on too many occasions by those with polarised views. The authors draw attention to the original descriptions of EBM that make it clear that it should only comprise part of clinical judgement. Other necessary elements include the characteristics and preferences of this individual patient. The patient-centred clinical method ensures that all elements are integrated in clinical decision-making. The change in thinking encompassed by patient-centred medicine is profound; people cease to be defined by their disease but become individuals suffering from their illness e.g. ‘a woman with diabetes’, not ‘a diabetic woman’.

The second part of the book goes into more detail about the components of patient-centred medicine. The third part contains new information about the use of patient-centred techniques in education. The authors make explicit the parallels between learner-centred education and patient-centred medicine, and include many illustrations that will resonate with readers’ own experiences. The fourth section collects together some of the research material examining the application of patient-centred medicine. This book is highly relevant to contraceptive and reproductive health care where collaboration between patient and doctor are so essential. Although you might flick through the contents and think ‘I know all this’, reading the book will sharpen your perspective and help you to focus in on your own consultation skills. The sections on using learner-centred techniques for and in learning could be read with advantage by those charged with teaching their junior staff or helping their colleagues to learn.

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Statistical innumeracy is common. Even when we think we know what is meant by the statistics presented, we can be misled or manipulated by the way in which they are presented and we need to explain them clearly to others. An example paraphrased from the book may convince you: Many drugs are marketed trumpeting a large relative risk reduction and the example chosen is a cholesterol-lowering drug where people were presented with the information that the relative risk reduction was 22%. The relative risk reduction was the absolute risk divided by the proportion of patients who die without treatment. The absolute risk reduction, however, was 9 in 1000, i.e. 0.9%. Which statistic would make you spend money on this drug?

Using natural frequencies, rather than conditional probabilities, and drawing frequency trees will help you to understand the statistics and will help you to explain them clearly to others. The author takes the reader through understanding breast cancer screening, informed consent, AIDS counselling, wife battering, DNA fingerprinting, and the prediction of the likelihood of someone behaving violently. He explains how our poor grasp of statistics is exploited every day and the consequences of an enjoyable way, to check that you have actually understood the previous chapters. The last chapter is entitled ‘teaching clear thinking’. I hope every medical teacher reads this!

I found this book immensely useful in clarifying my own understanding. I hope, too, that I am better at explaining risk to others – for example, I no longer talk in percentages, but how many people out of 100 (or 10, or 10 000) are affected. Read it yourself and see if you agree.

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This is a workbook and most of the material can be photocopied for use in small group work. It gives the background information about the needs of children and young people who are ‘looked after’ (children in care of people other than their biological parents). It discusses their needs and views on sex, relationships, pregnancy and parenthood. It contains key areas identified from the Teenage Pregnancy Strategy and the Quality Projects proposed by the Government that impinge particularly on the needs of this group of children and young people.

There is a section on the special needs of different groups such as boys and young men, girls and young women, and young people who have been sexually abused either in families or through prostitution. Another section deals with how to make the training happen, who to involve and how to organise the training. It gives examples of what has worked in some areas, so that the reader does not feel (too) overwhelmed by the tasks ahead. The rest of the book is taken up with the training exercises, all clearly laid out and with many practical suggestions.

Appendix 1 contains sample course programmes and evaluation forms. Other resources include useful contacts for those working with young people and information from the Teenage Pregnancy Unit’s Guidance on such subjects as confidentiality and competence in understanding.

This workbook is aimed at those working with looked after children and young people but anyone setting up sexual and relationship training for young people in general would find it an excellently thought out and comprehensive resource.

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CALL FOR PAPERS ON A EUROPEAN THEME

To coincide with the UK hosting the European Society for Contraception Conference in 2004 we plan to give the April 2004 edition of the Journal a more European flavour. We would welcome articles and papers from (or in collaboration with) European authors and/or dealing with aspects of reproductive health that are relevant throughout the continent. The deadline for receipt of submissions for the April 2004 issue is 30 November 2003.

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