Book Reviews
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Reconstructing medical practice: Engagement, professionalism and critical relationships in health care

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Reconstructing medical practice discusses the experiences of medical practitioners in the Australian health care system. The author Christine Jorm, had a unique experience of being a doctor, specialist and hospital administrator. The main focus of the publication is patient safety. Problems abound, errors are made, and patients are adversely affected or die. The author paints a picture of dedicated medical professionals working hard but making mistakes as we all do in our everyday jobs. The difference here is that a mistake can cost a life.

The next two chapters delve into what motivates clinicians to continue in their profession. There is also discussion about what, in the author's opinion, makes a 'good' or 'bad' doctor and how each impact on patient care. The discussions about gaining patient trust are very interesting as are the definitions of competency, professionalism and success.

The author posed a number of scenarios to focus groups of medical practitioners relating to real-life scenarios, asking participants what they would do in each circumstance. The object of this exercise is to find a balance between what can be done in the existing system, and what could be done in a 'perfect world'. It provides some interesting insight into what medical practitioners think they should do and what their patients want them to do, whilst still trying to find a balance between work and life outside of work. It also explores professionalism – real and perceived in the context of patient safety, training and culture.

Chapter 5 begins with a transcript from the Commission of Inquiry's Report of the infamous Dr Patel (in Queensland) and clear breaches of protocol and concerns regarding patient safety that were not reported. Issues discussed are harmful practices, fatigue, responsibilities, pressures, heavy workloads, power imbalance in the workplace, respect in the workplace, risk taking and bullying. These are not easy situations to deal with, particularly when addressing a problem that could impact adversely on careers. There are no easy answers, however the author states that these are not reasons or excuses for inaction.

Subsequent chapters summarise results from interviews with clinicians about the dilemmas they face around deciding what is the optimum level of patient involvement in the decision-making process. Patients want to know what is going to happen to them and many want to be informed of all the possible alternatives for treatment to make an informed decision. With medicine changing so fast, it is difficult for busy clinicians to stay abreast of all the latest research. Furthermore, it is not uncommon for studies to contradict each other making it even harder for clinicians to decide what the latest evidence really is.

The final section of the book discusses evidence-based medicine and what this means to clinicians in practice. The results were surprising, ranging from essential for effective practice through to no use at all. Ironically the following topic of discussion is litigation! The nuances of doctors and patient relationships are reviewed and their impact on patient care, followed by an in-depth discussion of the Australian health care system. In the last few chapters, the author presents some examples of how medical practice could be changed to improve patient care and reduce patient adverse outcomes. Topics discussed include corporate history, trust in the workplace, professional satisfaction, corporate government, quality assurance and the influence that clinicians attitudes and beliefs on performance. Reconstruction medical practice concludes with numerous examples from clinicians who are actively trying to affect organisational change within Australia's current health care system. Overall, a very interesting and thought-provoking read.

About the book:
Jorm C. Reconstructing medical practice: Engagement, professionalism and critical relationships in health care. Gower Publishing Company. 2012

Committing to Child Survival: A Promise renewed

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The Child Survival - Call to Action was convened in June 2012 by the Government of Ethiopia, India and the United States, together with UNICEF, to examine ways to spur the progress on child survival. Partners emerged from the convention with a revitalised commitment to child survival under the banner of "A Promise Renewed". In support of this, UNICEF published the annual report on child survival to stimulate public dialogue and help sustain political commitment. The report examines trends in child mortality since 1990, analyses the causes of preventable child death, and outlines strategies to accelerate progress. Child deaths fell from nearly 12 million in 1990 to an estimated 6.9 million in 2011, with reductions in all regions. But reducing that number further will require determined action on the part of governments and partners.

Chapter 1 depicts the level and trends in child mortality. The rate of decline in under-five mortality has drastically accelerated in the last decade from 1.8% per year during the 1990s to 3.2% per year between 2000 and 2011. Under-five deaths are increasingly concentrated in Sub-Saharan Africa and South Asia. In 2011, 82% of under-five deaths occurred in these two regions, up from 68% in 1990. In 2011, about half of global under five-deaths occurred in just five countries; India, Nigeria, the Democratic Republic of the Congo, Pakistan and China. Brief examples of countries with their efforts are included that have made radical reductions in child deaths over the past two decades.

Chapter 2 emphasises that understanding the causes of child mortality provides important public health insights. Of the 6.9 million deaths in under-five children that occurred in 2011, almost two-thirds (64%) were caused by infectious diseases and conditions such as pneumonia, diarrhoea, malaria, meningitis, tetanus, HIV and measles. 40% of all under-five deaths occurring in the neonatal period, the majority were from preterm birth complications and intrapartum related complications. Globally, more than one-third of under-five deaths are attributable to undernutrition.

The report concludes with Chapter 3 introducing the target of "Getting to 20 by 2035" and strategies for accelerating progress on child survival. The unfinished business of child survival remains substantial, but the report demonstrates that extraordinary progress is possible in reducing under-five deaths in all regions and mortality settings. For some very high mortality countries, the challenge involved in reaching a mortality rate of 20 or fewer under-five deaths per 1000 live births is immense, but projections by UNICEF have shown that it is not in surmountable. Eight encouraging examples of countries that have sustained significant reductions in under-five mortality rates over the past two decades have been highlighted. The partners of "A Promise Renewed" have jointly committed to five crucial shifts in planning and action; concentrate resources on countries and regions with the most child deaths, increase efforts among high burden populations, focus on high impact solutions, create a supportive environment for child survival, and sustain mutual accountability.

Committing to "A Promise Renewed" will have striking implications for national policies and programmes in many high burden countries, to refocus on radically reducing child deaths not only to accelerate progress but to contribute to the development of a more equitable world for all children.

About the book:

UNICEF. Committing to Child survival: A Promise Renewed. New York: UNICEF; 2012.
Available online from http://www.unicef.org/publications/files/APR_Progress_Report_2012_11Sept2012.pdf