

BOOKS

The Telemedicine Tool Kit: A workbook for NHS doctors, nurses and managers



Roy Lilley and John Navein
Radcliffe Medical Press
£30
ISBN 1 85775 480 8

Telemedicine is here to stay and with the falling costs and increasing capabilities of computers, imaging systems and the internet it holds real promise for missionary doctors in remote areas wanting to seek specialist advice, as well as those working in the NHS.¹

The NHS Plan² states that, 'The NHS will have the most up-to-date information technology systems to deliver services faster and more conveniently for patients'. As a result of this NHS Plan there will be, 'electronic booking of appointments', 'access to electronic personal medical records', 'electronic prescribing of medicines' and 'facilities for telemedicine by 2005'. However, Lilley, Navein and Frank Burns (the author of the foreword) are deeply critical of the NHS' attempts to-date in utilising new technology.

Following the authors advice to 'flip through the pages' (all 185), I was both impressed and confused by the scope of the book. Topics, which are poorly indexed, include buying a computer system, NHS Direct, the history of the Internet, electronic patient records, digital x-ray storage and voice recognition software. In its favour, the book takes a relaxed look at telemedicine while enabling the reader to think through the issues raised. It takes a sensible approach in challenging us to ensure telemedicine projects are well planned (twelve strategic steps are included) and to use them as a stimulus for positive changes in practice. The technical section does provide useful information, which should help the reader to become familiar with the technology.

Assuming they can be found, there are a

number of sections which provide an aspiring telemedic with useful discussions of techniques such as Store, Forward and Real Time Data Transmission. Having some experience of running a telemedicine project, however, I was disappointed with the discussion of patient confidentiality and medico-legal issues.

In summary, I would recommend that anyone beginning to think about using telemedicine in clinical practice should browse through a library copy of this book. If you can find the relevant sections, it will inform and challenge your thinking.

1. *British Medical Journal* 2000: 321:465-6 (19 August)

2. The NHS Plan.

<http://www.nhs.uk/nationalplan/contentspdf.htm>

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Caring for Muslim Patients

Ed. Aziz Sheikh and Abdul Rashid Gatrad
Radcliffe Medical Press Limited 2000
£17.95 Pb 135 pp
ISBN 1 85775 372 0



This is a compendium by ten Muslim authors whose aim is to enlighten non-Muslim health care workers about the religion, customs and world view of Islam, so that they may better

understand their Muslim patients and so give more sensitive care. The book contains chapters on the origins of the Muslim communities in Britain, the nature and beliefs of Islam, and a review of the Islamic view of health and disease. There are chapters on the family, birth and death, the fast and the Hajj (the pilgrimage).

The perspective of the writers is that of scholarly Qur'anic Islam tempered by European experience. A Muslim friend

admired it greatly and referred to it as 'pure Islam'. Unfortunately, it is this very purity that is the book's greatest drawback. The great majority of Muslims in England originate from rural communities whose Islamic faith is mixed with pre-Islamic occult beliefs and magic practices. While all Muslims will unhesitatingly endorse the contents of this book as being mainline orthodox Islam, these 'folk Islamic' beliefs are not mentioned. This omission is all the more serious where health is concerned. In Muslim communities originating from the Indian sub-continent belief in the evil eye and its effects is endemic, and many have had recourse to it, but of this there is no mention at all.

Doubtless these omissions reflect cultural and religious tensions; theological 'high' Islam has difficulties in reconciling itself with the religion of the majority, often labeling it 'not Islam'. While indeed it may be un-Islamic, it is what the majority of Muslims in Britain believe and live out today.

The chapters on birth, death and the family are full of fascinating and informative detail, but reflect an ideal rather than the reality of Muslim family life today. The major problems facing the new generation of Muslims are not mentioned: the explosive tensions arising out of many arranged marriages; the struggles and frustrations of women who, after four decades in Britain, are just achieving the kind of opportunities and freedom that women in some other Muslim societies take for granted; the confusion of the elderly whose own rote education in Bangladesh or Pakistan has not enabled them to understand why their children have grown up so differently from themselves. Beside these major upheavals, a discussion on the difficulties of obtaining circumcision for boys seems secondary.

The book does have redeeming features – take the case histories, for example. These are set in frames and are far more human, honest and down to earth than the text itself. The section that deals with the devotion and love



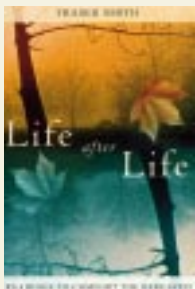
which Muslims have for the Prophet Mohammed is of great importance.

The central weakness of the book is that its historical-theological perspective does not by itself give us an insight into the hearts of people today. Anthropology and sociology are better equipped to do that. There is a real need for literature of this kind but it needs to reflect what is, not what might or ought to be.

Robin Fisher is a General Practitioner in Birmingham

Life after Life: readings to comfort the bereaved

Fraser Smith
SPCK 1993
£6.99 Pb 104pp
ISBN 0 281 04 71 8 9



Fraser Smith is a Methodist minister whose work includes the offer of comfort to those who are dying and bereaved. This anthology of verses and prayers is interspersed with personal comments

and poems which, being based on experience, ring true. The deaths touched on range from abortion to accidents to the loss of an elderly partner.

Most of the book is a helpful source of appropriate messages for dying or bereaved patients or friends. Parts of it (especially the selected passages of scripture) could profitably be read to someone who is dying. Other sections come from those useful little cards that are found in church bookshops and can be slipped in with letters of condolence. They are so much more accessible in one volume.

The desolation and despair accompanying all kinds of death are acknowledged. Outrage and anger are wrapped up in some of the 'why' questions. The section on 'Will they be all right?' unreservedly affirms the lively hope of eternal life and final resurrection, with

an occasional prayer that the lost loved one might find peace. As the collection is for selective use, any parts which express dubious theology can be left aside as there is so much more to choose from. Those appropriate for the death of a child are, like the event itself, very moving. The writer's analogy of death being comparable to birth should remind us that faith sometimes comes alive at times of loss.

It is obvious that the writer's calling has made him very sensitive to his role as comforter. So should our own. This little book contains much that we will want to keep on both our professional and personal bookshelves, ready to hand in times of need.

Janet Goodall, Emeritus Consultant Paediatrician, Staffordshire

Life and Death in Healthcare Ethics

Helen Watt
Routledge 2000
£7.99 Pb 83pp
ISBN 0 415 21574 9



This attractively produced little book has 72 pages of text and a further 25 pages of notes, bibliography and index. It is written with frequent bold subheadings that

help to direct the reader through a rather condensed writing style.

It uses a few classic cases such as Dr Arthur, Tony Bland and Lillian Boyes as a springboard for a discussion of the author's position on the morality of euthanasia, abortion and related issues. In broad terms this perspective would be similar to that which is currently aired in conservative evangelical writings.

The intended readership appears to be various student bodies and others approaching healthcare ethics for the first time, although the brevity of the book and its reliance on philosophical concepts make it heavy going as an introductory text. A student commencing Healthcare Ethics

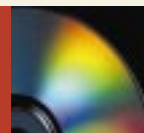
could better use their money purchasing larger and less polemic standard texts. The last chapter was aimed at a different reader, that is, someone needing arguments to justify their non-involvement in immoral clinical procedures, and I believe that they could gain help from the text in this regard.

My main concern about the book was that I gained the impression that the author did not give us her main reasons for holding to her positions. Arguments for the personhood of the foetus revolved around the manifest fact that there is a physical continuity between the conceptus and the adult. Arguments for the importance of not killing innocent human beings arose from the apparently incontrovertible assumption that life was good. Yet throughout, there were hints of a distinctive Roman Catholic doctrine, the importance of life per se, the ethics of virtue, a guardedness towards contraception and some fancy footwork with respect to tubal pregnancies. The real reasons for the positions adopted would therefore appear to be Scripture and Magisterial pronouncements. As the book ignored the presupposition of special revelation the actual arguments given were less than convincing.

Overall, however, this is an interesting book and I will happily look out for the next one the author produces.

Norman Gourlay is a General Practitioner in Argyll.

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