

Broad-brush approach to urology

20 common problems in urology. Joel M H Teichman (editor). New York: McGraw-Hill, 2001 (xv + 335 pp, \$114.95). ISBN 0 07 063413 0.

PROBLEM-ORIENTED TEXTS in specialist fields are not abundant and this approach is especially rare in urology. The reason for this is that all of urology can be reduced to about eight clinical presentations. This book succeeds by including diagnosis as part of the definition of the problems and herein lies its success. The authors arrived at their list of problems by surveying primary care physicians. There are chapters on common childhood issues such as circumcision and nocturnal enuresis; and adult problems including urethritis, geriatric urology, genital skin rash and prostate cancer screening. There is also a chapter on imaging studies.

The authors and contributors are not well known, but the text is informative, clear, well laid out and succinct. The data are up to date and well presented. There are numerous tables, algorithms for management and *aides-mémoire* that make this a useful text for urology registrars, students and general practitioners.

The chapter on prostate cancer presents balanced arguments for and against screening and provides a nice summary of the current results of treatment. Controversial issues are not dodged and emphasis is placed on patient education and concise presentation of data.

The section on genital skin lesions is thorough and well presented. Unfortunately, because of printing requirements, colour plates of genital lesions appear halfway through the section on urinary stones — this is somewhat confusing at first glance.

Urology is a specialty that is poorly understood, even by urologists. Texts aimed at the non-specialist urologist have tended to be summaries of the major texts. John Blandy's *Lecture notes in urology* has, up until now, been the exception. *20 common problems in urology* is a text which provides a viable alternative. I enjoyed (and gained from) reading it.

Mohamed H Khadra

Professor of Surgery
University of New South Wales, Wagga Wagga, NSW

Engaging ethics

Cambridge medical ethics workbook. Michael Parker and Donna Dickenson. Cambridge: Cambridge University Press, 2001 (359 pp, \$85). ISBN 0 521 78863 3.

THE CAMBRIDGE MEDICAL ETHICS WORKBOOK may well be the first text to make ethics educationally accessible, clinically relevant and interesting while still maintaining academic rigour.

Over the past decade ethics has come to be regarded as an essential element of undergraduate medical curricula, but it continues to receive limited curricula time or educational resources, and many clinicians, academics and students see it as a peripheral aspect of the “real” task of learning medicine. While, in part, this reflects curricular overcrowding and a historical emphasis on science, it is also a reflection of the failure of ethics and ethicists to convey the message that ethics is a substantive, integral feature of modern medical practice. This failure has been reflected in ethics textbooks, which frequently lack clinical relevance, overemphasise moral philosophy at the expense of other academic perspectives and are generally written in a dense and inaccessible manner.

This book, which is written by two well-respected British clinical ethicists, is intended as a practical, case-based introduction to medical ethics and aims to encourage the skills of critical reflection and independent learning. It is based around a selection of clinical cases, case commentaries reflecting the perspectives of healthcare professionals, ethicists and lawyers, and a series of relevant papers. Part I explores the ethics of technological advances, including decisions at the end of life and genetics. Part II examines the themes of vulnerability, truth telling,

competence and confidentiality, and Part III explores the issues of resource allocation and autonomy.

The style is clear and uncluttered and there is little doubt that the workbook would be a valuable text for undergraduates. It is unlikely to appeal to clinicians in Australasia or North America, however, because of its rigorous and didactic structure and its European focus.

While the authors acknowledge that the text cannot provide a comprehensive account of contemporary bioethics there are nonetheless some puzzling omissions. There is a limited exploration of culture and no real attempt to address non-Western or non-medical approaches to bioethics. There is also a relatively impoverished account of “alternate approaches to bioethics”, with no consideration of the value of Continental philosophy or discourse ethics to clinical practice. Most surprisingly, the social and political construction of the “profession”, the ethical basis of professional practice and the ethical significance of audit, clinical governance, guidelines, pathways and evidence-based medicine are not really addressed. In light of the Alder Hey and Bristol scandals, these omissions appear unjustifiable.

At \$85.00 (paperback) and \$250.00 (hardcover), the workbook may be priced out of the reach of many students, but it should be a required part of the libraries of medical schools and teachers of medical ethics.

Ian Kerridge

Director, Clinical Unit in Ethics and Health Law
University of Newcastle, NSW