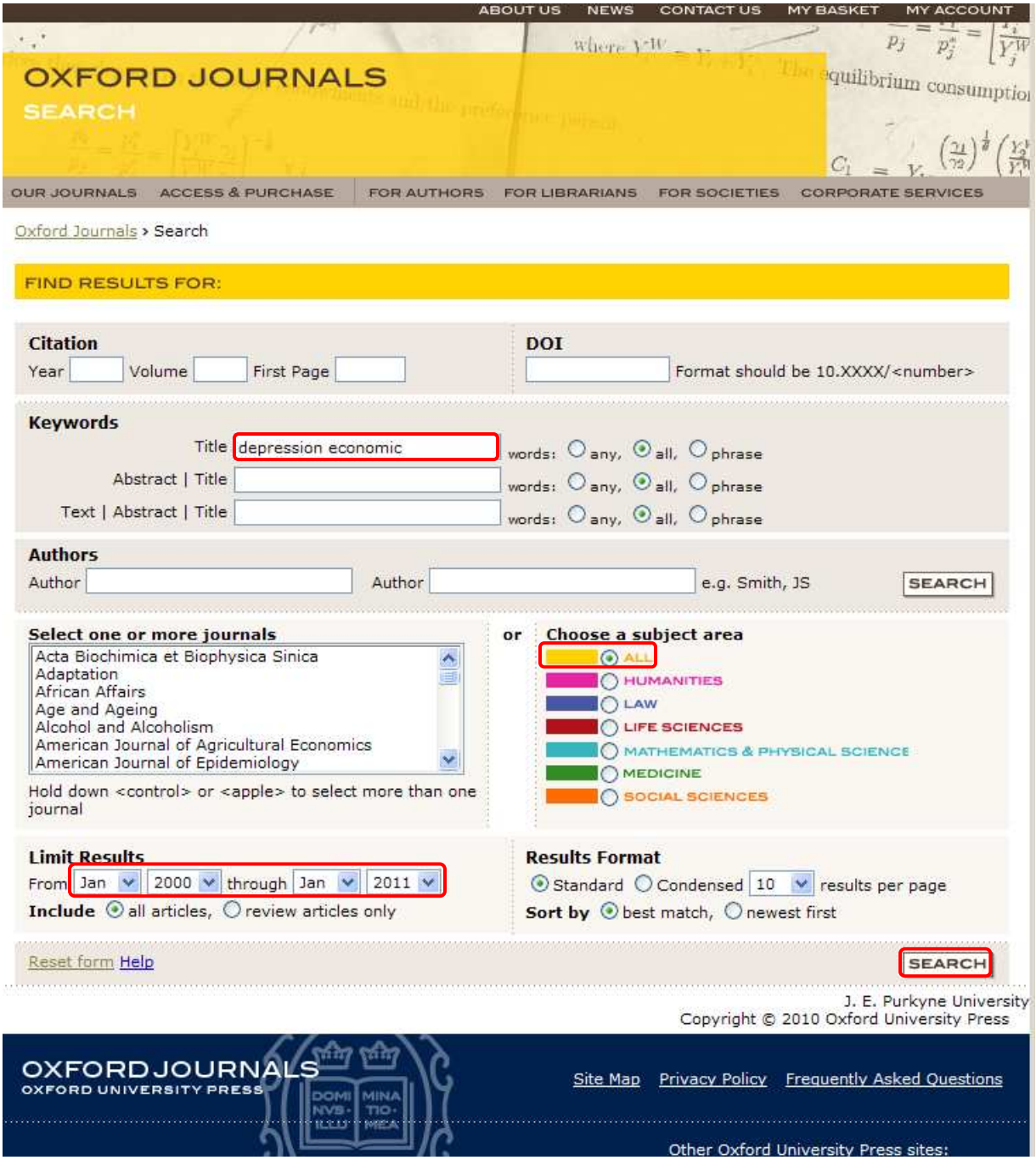
Oxford Journals – rozšířené vyhledávání

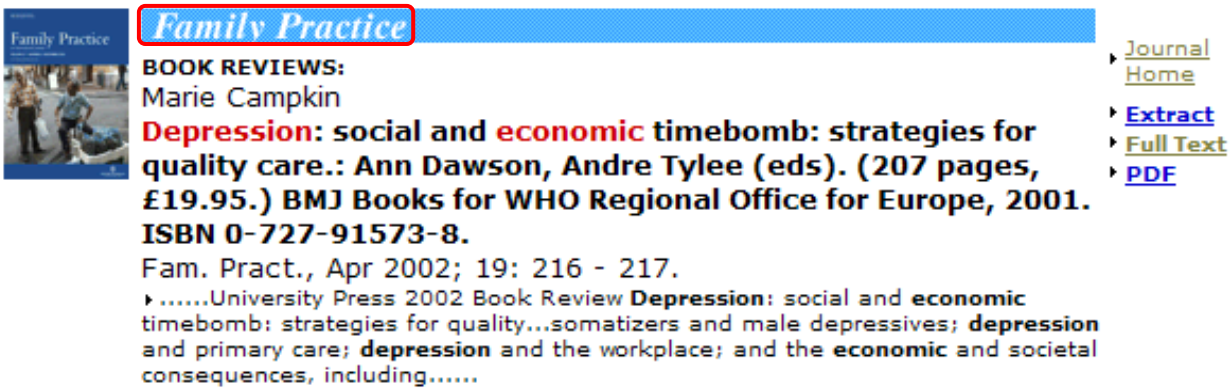
1) Úvodní stránku naleznete na tomto odkaze: http://www.oxfordjournals.org/

2) Klikneme na „Advanced Search“

3) Do vyhledávacího pole vepíšeme „Depression economic“, zúžíme vyhledávání na roky od 2000 do 2010 a necháme vyhledávat ve všech okruzích. Dáme nižší “Search”.

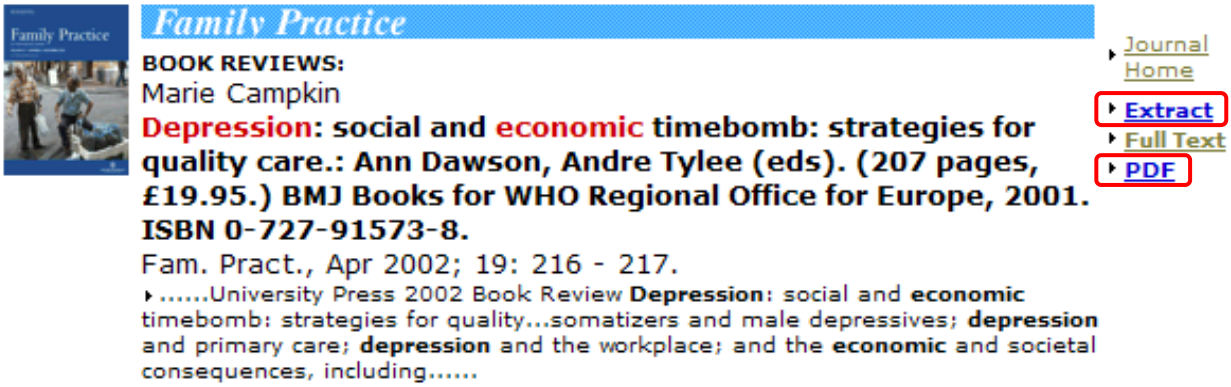


4) Výsledkem nám bude jediný článek s názvem „Depression: social and economic timebomb: strategies for quality care", který si zobrazíme kliknutím na nadpis „Family Practice".

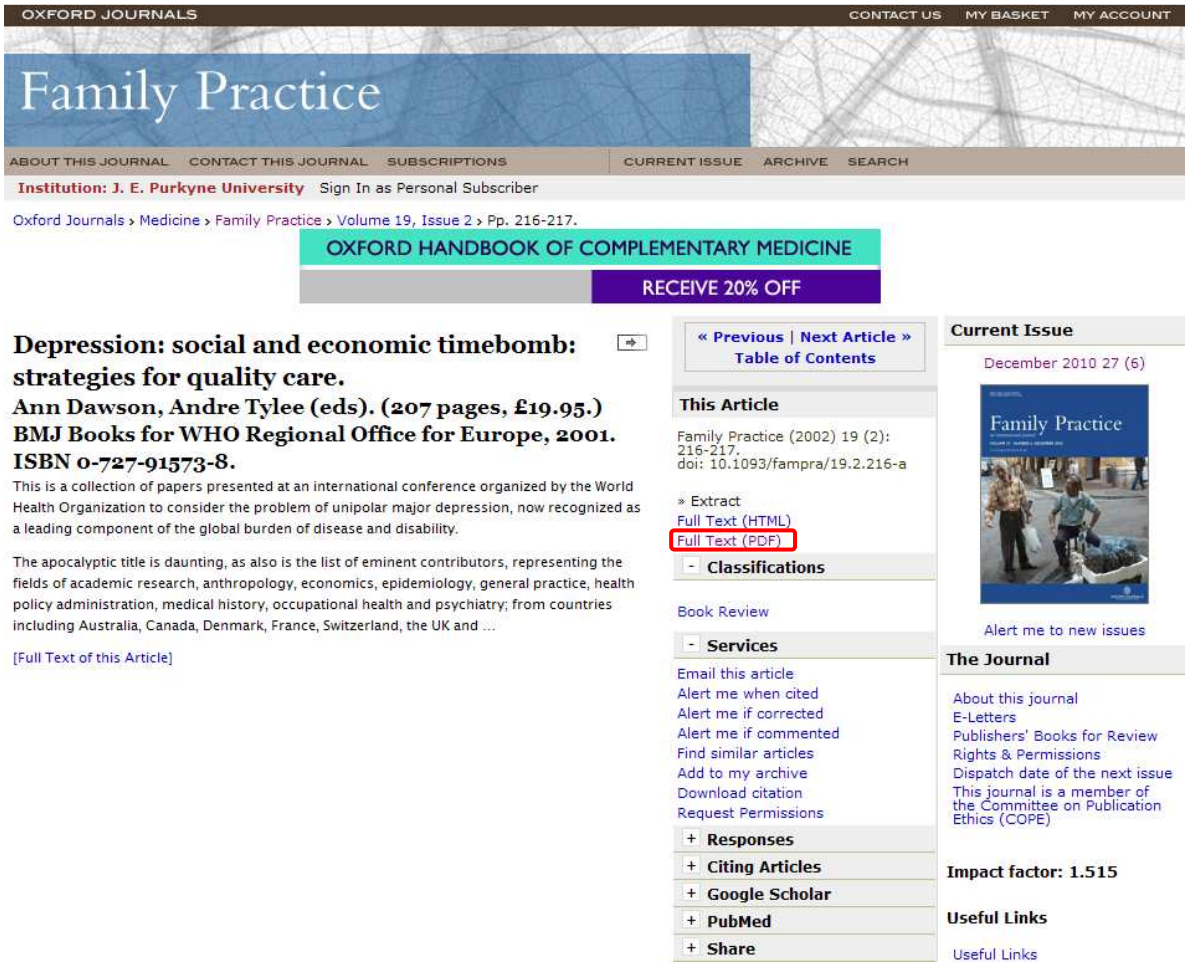


5) Nyní si můžeme přečíst něco o časopisu, ze kterého náš nalezený článek bude a zobrazit si další články, které jsou z časopisu přístupné.

6) Pokud se vrátíme o stránku zpět, můžeme si nechat zobrazit výtah rešerše nebo plný text v pdf.



7) Takto vypadá výtah, ze kterého můžeme přejít na plný text v podobě pdf.



8) A takto vypadá plný text, který naleznete také na tomto odkaze:
http://fampra.oxfordjournals.org/content/19/2/216.2.full.pdf+html

Family Practice
© Oxford University Press 2002

Vol. 19, No. 2
Printed in Great Britain

Book reviews

The ethics of medical research on humans. Claire Foster. (172 pages, paperback £17.95, hardback £50.) Cambridge University Press, 2001. ISBN paperback 0-521-64573-5, hardback 0-521-64196-9.

At a time when the actions of medical professionals are under intense scrutiny, when newly marketed drugs prove to have serious adverse effects and in a climate of spiralling litigation, the ethical basis of medical research must be well established and well understood. This really excellent book provides a superb guide to the ethical issues surrounding medical research on humans and provides a framework of moral thinking that is likely to find international applicability.

Drawing on the already extensive literature, and particularly borrowing from Ronald Dworkin's work on political philosophy, Foster delineates three approaches to the ethics of research on humans. The goal-based approach, also known as consequentialism, judges an action's moral worth by its predicted or actual outcome. Goal-based morality is concerned, for example, with the likely impact of the research findings on health. The duty-based deontological approach, which Foster calls duty-based morality, provides rules of conduct related to the nature of actions themselves and concerned with the way the research is conducted, rather than what it is trying to achieve. An example of duty-based morality includes not harming the subjects of research. Finally, right-based deontological moral thinking provides a counterbalance to the paternalistic notions of the doctor's duty, and these rights include that to self-determination and to autonomy. Practical examples include ensuring that research participants' consent is sought and that their confidentiality is respected.

The book provides clear and detailed explanations of the philosophical backgrounds to these three approaches and goes on to examine, in engaging and highly thought-provoking detail, specific, practical examples of research to which these approaches can be applied. These range across an examination of the methodologies of research, the critical issue of equipoise in randomized controlled trials, the difficult question of non-therapeutic research, consent and competence, confidentiality and the timely and taxing issues of transplantation and cloning.

In the concluding sections, Foster proposes a framework for ethical review, in which the three approaches may be combined. There are useful summaries of goal-based, duty-based and right-based questions that need to be asked about research projects, and a fascinating section on resolving conflicts between the three approaches. The relevance of this framework to research ethics committees is discussed.

The book is beautifully written. The language is lucid, unambiguous, direct and affecting. The reader cannot avoid being repeatedly stimulated and made to question assumptions and prejudices. This is the sort of book that, if only students read books these days, should be read early in the undergraduate medical curriculum, and read again by anyone involved in research or research administration.

ROGER JONES
Wolfson Professor of General Practice, Guy's, King's & St Thomas' School of Medicine, London

Practical nursing philosophy: the universal code. David Seedhouse. (233 pages, £16.99.) John Wiley & Sons Ltd, 2000. ISBN 0-471-49012-1.

Having drawn heavily on Seedhouse's work in the past, I was more than a little disappointed with this volume. A major failing is his seeming inability to use primary sources when critically appraising the nursing literature. This is apparent in Chapter 9 when he makes the sweeping generalization that "Most nursing philosophy is conceptually impotent". He then goes on to quote from a secondary source without any reference to the significant earlier primary sources which have been utilized to inform the Ruby Wesley work. This rather careless analysis is compounded by making unsupported assertions, such as the view that nursing relies ". . . on theories from other disciplines such as medicine . . .". Most polemicists would argue that medicine, as well as nursing, is a professional discipline which draws on a variety of epistomologies which are utilized in an integrated way to inform professional practice. Seedhouse asserts that ". . . western philosophy uses logic to analyse words . . . arguments . . . things . . . sensations and processes". He then fails to follow this important principle in this book despite claiming that he had acquired all of these skills after just 6 years training.

There are a number of contradictions in the text; for example, on the one hand, nurse theorists are slated

for not carrying out a meta-analysis of the literature (Seedhouse himself apparently does not engage in this strategy). However, at the beginning of the book, it is noted that some nurse academics ". . . produce theoretically solid, practically relevant papers". It is puzzling that these were not critiqued and utilized in this current text; this produces the double whammy of making the same mistake that nurse theorists are alleged to make (on p. 11) in committing to ideas without thoroughly examining them!

Chapter 2 presents some rather convoluted notions on patient advocacy, which would benefit from being grounded in current policy imperatives such as clinical governance and evidence-based health care. This view from the Antipodes, as conveyed here, is acontextual and as such is less helpful than it might be. Chapter 3 is similarly placed in relation to deconstructing the concept of care, without grounding this in the context of a therapeutic relationship. The resulting conceptual vacuum makes it difficult to get a fix on the nurse–patient relationship in what appears to be a rather incoherent argument.

All in all, this volume might be useful as a demonstration piece in a critical appraisal workshop. It provides a comprehensive portfolio of examples of how not to construct a piece of professional literature, in which over 8% of the citations come from the author's own work.

JOYCE KENKRE
Professor of Primary Care, School of Care Sciences, University of Glamorgan

Making sense of statistics in healthcare. Anna Hart. (170 pages, £19.95.) Radcliffe Medical Press Ltd, 2001. ISBN 1-85775-472-7.

This highly attractive book manages to combine statistical accuracy and clarity with an easy and informal style, while covering a useful and relevant range of material. The author is Principal Lecturer in Statistics at the University of Central Lancashire, and has clearly grappled successfully with the problem of how to teach basic statistical concepts in an interesting and accessible way while demanding no more than everyday numeracy.

In addition to the conventional topics found in introductory statistics texts—charts and graphs, measures of average and variability, confidence intervals and hypothesis testing—this book includes a section on the concepts used in evidence-based medicine, such as odds ratios, relative risks and numbers needed to treat. These are concepts that anyone now working in health care or medical research needs to be familiar with. The copious use of figures as well as the cartoon drawings add to the accessibility of the book, and it is clear that a lot of thought has been put into the layout. It is a pity that some errors in the figures were not spotted before publication, and one figure has been duplicated, which at one point made very confusing reading.

The book is unusual in including a chapter on liaising with a statistician. The chapter starts with a long list of comments *not* to make, from "It's a very simple question—it won't take you long to work it out" to "I don't know what keys to press, but I know that's what you're good at"! This section will cheer up harassed medical statisticians everywhere, but its more serious purpose is to explain that statistics encompasses far more than merely analysing data (a common misconception) and to clarify just how much a statistician can contribute to the success of a research project, if involved right at the start. In fact, the book emphasizes throughout that making sense of statistics does not just mean knowing the definition of statistical terms or how to carry out a hypothesis test. It includes realizing the overwhelming importance of good study design, always having a common-sense approach to problems and understanding that statistical decisions have an important ethical dimension. Also, it demands continuing critical appraisal (including critical self-appraisal) in conducting and evaluating research.

If you are already comfortable with the central ideas of statistics and want to know more about the detail of various methods, then this is not the book for you. But as an introductory text, or a friendly reference if your grasp of statistical concepts is rusty, then go out and buy it.

PATRICIA YUDKIN
Applied medical statistician who has collaborated extensively with clinicians. University Lecturer in Medical Statistics in the Department of Primary Health Care, University of Oxford

Health and ethnicity. Helen Macbeth, Prakash Shetty (eds). (269 pages, £19.99.) Taylor & Francis, 2001. ISBN 0-415-24167-7.

In the middle of the last century, Max Gluckman asserted that the culture of subgroups in any given society could only be understood in the context of relations between that group and other subgroups within society as a whole. He illustrated this by his description of the opening of a bridge in what was then modern Zululand.[1] He also proposed that the template for all social relations within a given society was based on a dominant cleavage, and it was oscillation across this cleavage that created change within societies. Gluckman described how elements of culture and patterns of belief within different groups become more or less prominent in response to wider social relations.

Unfortunately, Gluckman's legacy is not always reflected in the research methodologies adopted by those who seek to explore links between, say, ethnicity and health today. As R Bhopal points out in his chapter,

"most research proceeds largely unaffected by the blistering critiques of those sensitive to the failure of race as a biological concept". This book explores both anthropological and epidemiological perspectives in ethnicity and health research and provides a useful summary of the main issues for researchers working in this area.

Macbeth and Shetty have included clinically focused chapters on cardiovascular disease, mental health, haemoglobinopathies and diabetes, and biological perspectives on genetic variation and consanguinity. In addition, there is ethnographically informed discussion of ethnicity and health as concepts, complemented by a chapter on how to operationalize ethnicity as a variable in epidemiological research. Perhaps most interesting are the commentaries on the merits and potential pitfalls of 'racialized' research: the dangers inherent in unquestioningly adopting ethnicity or indeed social position as exclusive components of an individual or group's identity and correspondingly the sole determinant of inequalities in health, and the history of research into the relationship between socio-economic position and health differentials within and between ethnic groups. As JY Nazroo and G Davey Smith argue in their chapter, "a more nuanced approach to the factors underlying ethnic differences in health is required than simply considering them to be socio-economic, or cultural/behavioural or racial/genetic". Hopefully this book will help galvanize that process.

RHIAN LOUDON

Clinical Research Fellow in the Department of Primary Care and General Practice, University of Birmingham.

[1] Gluckman M. *Analysis of a Social Situation in Modern Zululand*. Manchester: Manchester University Press, 1958.

Errors, medicine and the law. Alan Merry, Alexander McCall Smith. (260 pages, paperback £17.95, hardback £47.50.) Cambridge University Press, 2001. ISBN paperback 0-521-00088-2, hardback 0-521-80631-3.

This is a timely book. The term 'medical error' appears in the media virtually every day. In this book, the authors gently tease out the layers of that simple term 'error' to reveal the complex nature of what lies beneath the surface.

As humans extend the boundaries of possibility and medical technology advances, this leads to public expectation of near infallibility. In a consumer society, people are less willing to accept that an accident does not necessarily mean that it is someone's fault, whereas a more comprehensive approach would begin to identify other failures in a complex system.

In the airline industry, a pilot who reports an error is immune from disciplinary action. At present, in most western medical systems, the reverse would happen and the reporter would become a victim—as illustrated in the UK by the anaesthetist who first raised concerns over the mortality rates of two cardiac surgeons working at the Bristol Royal Infirmary.

All doctors make slips or errors at some time in their working lives. Even the most conscientious doctors can make mistakes. The background to a medical mishap frequently is more complex than at first assumed and attempting to lay blame often fails both the doctor and the patient. The authors point out that allegations of medical 'fault' frequently are misplaced; there is often a failure to identify important lessons and a more inclusive approach would elicit problems in a complex system. The term 'medical error' covers a wide spectrum from matters of chance to deliberate/intentional errors implying culpability. There is a world of difference between an understandable mistake (prescribing β-blockers in asthma) and a deliberate violation (falsifying clinical records). The authors discuss the ways errors have been broken down into categories to enable a fuller understanding of the way they arise, how they can be understood in terms of cognitive psychology and how the study of complex systems can be used to minimize error potential and identify important lessons. Is working while fatigued or sleep-deprived an example of a violation in the system or the individual?

Finally, they discuss assessing standards of care and responding to the needs of the injured, both patient and doctor—the latter frequently being overlooked. A thought-provoking book for anyone who is seeking a fuller understanding of the complexities of medical errors.

CHRIS ROSE

GP in Northamptonshire, LMC medical secretary and clinical teacher at University of Leicester Medical School

Violence in healthcare: understanding, preventing and surviving violence; a practical guide for health professionals. Second edition. Jonathan Shepherd (ed.). (241 pages, £27.50.) Oxford University Press, 2001. ISBN 0-19-263143-8.

Writing this review just 3 weeks after the terrorist attacks in New York, I feel that recently the world has become a much more violent place. Assaults on GPs and other health care professionals, particularly those working in Accident and Emergency departments, are reported frequently in the press. Women in the media describe their experiences of having being abused as children or during marriage. This book is therefore a timely reminder of the causes and nature of violence, what might and should happen following a physical or verbal attack, and ways in which the risk of violence may be lessened.

It is also an engrossing and readable book. Chapter authors come from an eclectic range of professions, including a professor of oral surgery, a criminologist, a

forensic psychiatrist and a GP, among others. In the first chapter on 'The causes and prevention of violence', a worrying array of statistics do little to dispel my feelings of the violent nature of this world. Over the last 10 years in the UK, the number of homicides, serious assaults and rapes have all risen. The author suggests reasons for and explores the factors that lead some people to be violent.

I was interested in the chapter about alcohol and other intoxicants, which introduced me to the idea of plasticity of effect. All the usual suspects are described, their effects and the way in which these may be enhanced or lowered depending on the situation and the personality of the recipient. We all know that recreational drug use is increasing amongst the young in spite of the government's hard line on dealers and abusers. Duncan Raistrick from the Leeds Addiction User does not get involved in political arguments or suggest ways in which the problem may be tackled at national level. Instead, he sticks to the medical and social effects of the problem in a clear and concise piece of writing.

There are chapters on designing a safe surgery, complete with photographs (some of poor quality) and floor plans, the issue of compensation and the care of victims. The chapter on 'Attacks on doctors and nurses' should be a compulsory read for all those in the front line of health care. Ways of de-escalating the threat of violence are described, including the importance of communication skills and how to manage aggressive pets on home visits. (I was bitten by a border collie once while examining a patient with a threatened miscarriage.) There is a useful list of 'where to find help'. All the chapters are well referenced. The messages are simple; we can minimize dangerous situations by being aware of potential problems; on a service delivery note, we should also be aware of the possibility that our patients are being abused and that we have a role to play in the detection of violence.

JILL THISTLETHWAITE
Senior lecturer in community-based teaching at the University of Leeds School of Medicine, and a GP in West Yorkshire

Adolescent psychiatry in clinical practice. Simon G Gowers (ed.). (575 pages, £45.) Arnold, 2001. ISBN 0-340-76384.

Three sullen adolescent faces stare out at the reader from the cover of this book, triggering for this reviewer the common reactions of GPs to adolescent emotional problems: "Help!" or else, "Go away!"

The troubled adolescent is an icon of Western society. Previous generations largely avoided these specific problems by minimizing or ignoring any transitional stage between childhood and adult status. But we must work within the society we have and adolescence, with its problems, is definitely part of our society. It is increasingly clear from studies on attachment theory that the way transitions are negotiated reflects prior experiences in the family and society, and determines eventual mental health.

The foreword asserts that, "Clinicians are likely to enjoy reading this book from cover to cover". I must demur, for here are the usual overlaps to be found in a multi-author work. Certainly the opening chapters, covering both normal development in adolescence and development of psychopathology, are a good read, useful, dispassionate and enlightening, without sensationalism. We learn that adolescent depression differs from the adult version in its higher rate of co-morbid disorders and that numerous studies have failed to demonstrate effectiveness of tricyclics in adolescence. But some later chapters are dry. One seeks in vain for more about specific consultation skills useful with adolescents. We know that the shortest consultations in general practice are with teenagers, and suspect that this is as much a function of the doctor's discomfort as of the patient's unwillingness to engage.

This book takes a more dynamic approach than many psychiatric texts, but more case presentations would have brought it to life. The chapter on Ethical and Legal Issues, exceptionally, is rich in cases and is a practical and thought-provoking gem, deserving wider circulation than will be gained by a textbook.

For family doctors, whose consultations bring a greater frequency of psychiatric disorders than in the general population, the management options discussed are sobering. After the GP has connected with the teenage patient and made an accurate diagnosis, he is faced with the frustration of inadequate access to family therapy, cognitive–behaviour therapy, group work or emergency beds, all of which are recommended in this text. Adolescent psychiatry is a neglected speciality and thus one where the family doctor will find himself bearing inappropriate responsibility and uncertainty. This book will be useful.

PAT TATE
GP and psychotherapist in Cambridge

Dancing on drugs: risk, health, and hedonism in the British club scene. Fiona Measham, Judith Aldridge, Howard Parker. (224 pages, £16.95.) Free Association Books Ltd, 2000. ISBN 1-85343-512-0.

Nothing brings home the alienation of ageing better than finding a subject of considerable medical interest about which you know nothing. I mean not a thing! So let it be confessed that I found much to learn in this volume in which the research of a dedicated team of clubbers from the University of Manchester exposed themselves to the risk—though it was probably not quite like that as the

book's dedication is to "all clubbers . . . who have felt that moment when music, dancing, atmosphere and experience have melted into a moment of pure pleasure".

The authors studied three clubs, confirming that the youth of the UK are the most drug experienced of Europe and that many are amphetamine, cocaine and ecstasy users. One of the most striking of their many findings is the significant morbidity in the days following drug exposure; as most of the group are in work and some in positions of seniority, the reduced performance and the well-described midweek depression are matters of concern. As the drugs taken varied from week to week, it is difficult to obtain correlation between cause and effect. This uncontrolled consumption of unidentified, uncalibrated substances remains difficult for the pharmacologically trained to swallow.

The legal aspects of the problem are well ventilated; the dealer, the retail specialist, seems often to be recognized and accepted by both management and client, and the gangsters are often armed. The role of the police appears to be marginal and, even then, not happily accepted by any. Raids appear to have minimal effects on distribution, sale or consumption. The client, also subject to the Misuse of Drugs Act, appears to be in receipt of little in the way of help and there are grounds for the proposition that GPs need better education in the diagnosis of the related problems and to have better resources for treatment. Note that these are not the down and out, sleeping rough group, but often professional groups in full-time employment; the fall-out of this clubbing behaviour, given the size of the problem, must be considerable.

This text, well written, meticulously referenced, is a valuable introduction to an area little researched and far from well known; readers with adolescent youngsters will sleep less easily but lie awake with greater understanding.

GORDON LENNOX
Retired GP in Hampshire

Substance misuse and child care: how to understand, assist and intervene when drugs affect parenting. Fiona Harbin, Michael Murphy (eds). (154 pages, £14.95.) Russell House Publishing Ltd, 2000. ISBN 1-898924-48-1.

The individual issues of substance misuse and child protection have the potential for inappropriate responses in terms of management due to a variety of factors. When attempting to assess the interaction of these two challenges together, the scope increases. It is essential to approach the combination in terms of assessing the possible sequelae and action with objectivity and awareness of the disciplines of the agencies involved.

This publication is the result of a conference that took place in the North West of England in 1999. All the disciplines were represented and the aim was to share and discuss varying perspectives. The book comprises 10 chapters with a preface by Keith Hellawell, and two appendices, one on the facts about drugs and the other on Child Protection Systems in Britain.

It is difficult to achieve a cohesive result when producing a book that emanates from a meeting when there are contributors from a number of backgrounds, so this book does have its strengths and weaknesses. Of particular interest is the chapter written by Lilias Alison, consultant in community paediatrics, on the risks to children of parental substance misuse. It tackles the core issue of how drug misuse may seriously impact on the child's well-being and on parenting, and it looks at achieving an appropriate balance in the provision of care with some case illustrations. Another well-written, concise and sensible approach is provided by Marc Gilman, who has worked in the drug field since the early 1980s, on social exclusion and drug-using parents.

On balance, this short book, the proceeds of which go directly to fund therapeutic work with children and parents who live in the Bolton ACPC area, is worth looking at. It does provide a basis for more information and knowledge about this subject, if perhaps in a less than continuous manner.

SIMON M WISEMAN
GP in Islington, London and GP Tutor at the Postgraduate Centre, Whittington Hospital, Highgate, London

Depression: social and economic timebomb: strategies for quality care. Ann Dawson, Andre Tylee (eds). (207 pages, £19.95.) BMJ Books for WHO Regional Office for Europe, 2001. ISBN 0-727-91573-8.

This is a collection of papers presented at an international conference organized by the World Health Organization to consider the problem of unipolar major depression, now recognized as a leading component of the global burden of disease and disability.

The apocalyptic title is daunting, as also is the list of eminent contributors, representing the fields of academic research, anthropology, economics, epidemiology, general practice, health policy administration, medical history, occupational health and psychiatry; from countries including Australia, Canada, Denmark, France, Switzerland, the UK and the USA.

The subject is considered under various headings:

(i) setting the scene both in historical perspective and the present-day situation, with particular regard to some patient subgroups such as the elderly, somatizers and male depressives;
(ii) depression and primary care;
(iii) depression and the workplace; and

(iv) the economic and societal consequences, including estimates of the current costs of depression, treated and untreated, and how these might be mitigated, and the cost-effectiveness of antidepressant medical therapy, including the problems of non-compliance and undertreatment.

The book finishes by reporting a rather inconclusive debate about the relative merits of new versus old generation antidepressant drugs.

The conference was arranged because the WHO has identified depression as a key area for development, and there is little doubt that the importance of the subject justified the concentration of expertise gathered for this event—those whom one speaker called "the players and payers". With so many contributors, there is inevitably some repetition and a 'curate's egg' quality of presentation.

A few sentences particularly caught my attention; for example "Depression has passed from being a rather obscure illness called 'melancholia' mainly seen in asylums, to the number one source of clinical disability in the world." And "Doctors like to diagnose what they are able to treat" (Professor Edward Shorter, medical historian); "The task is not how to fit the family doctor into the mental health services, but how to fit the mental health services into family medicine"[1] (Professor Pereira Grey, general practice, quoting Shepherd *et al.*); "The greatest determinant of compliance is the relationship you have with your prescriber" (Dr David Healy, consultant psychiatrist). Also, this statistical summary, based on an attempt to quantify and compare the global costs—medical and indirect (non-medical)—of disease and injury through a measure of 'DALYs', i.e. disability adjusted life years; the number of years lost to morbidity and mortality.

	DALYs in thousands		
	Males	Females	Total
Unipolar major depression	15 321	27 651	42 972
Tuberculosis	10 937	8736	19 673
Road traffic accidents	15 554	4072	19 626

(The list continues with alcohol, self-inflicted injuries, bipolar disorder, war, etc.)[2]

Whether or not this constitutes a time bomb, it certainly provides food for thought, and a reason for taking seriously the other findings of this conference.

MARIE CAMPKIN
Retired GP North London

[1] Shepherd M, Cooper M, Brown AC, Kalton G. *Psychiatric Illness in General Practice*. London: Oxford University Press, 1966.

[2] Murray CJ, Lopez AD (eds). *The Global Burden of Disease*. Cambridge (MA): Harvard University Press, 1996.

Sleep disorders in children and adolescents. Gregory Stores. (203 pages, £27.95.) Cambridge University Press, 2001. ISBN 0-521-65398-3.

Emotional and behavioural disorders are being identified as the principal paediatric morbidity of this millennium, and sleep problems rank particularly highly, with as many as one in three children having problems considered significant by them or their families.

A clinical guide to sleep disorders in children and adolescents opens with the comment that "there can be few more striking examples of the gap between clinical need and provision of services than sleep disorders medicine, especially concerning children. Sleep problems are endemic and yet their recognition, diagnosis and treatment constitute a blind spot in medical and other health care education."

The book aims to provide the non-specialist with an overview, and a suggested clinical approach to the many conditions covered in children's sleep disorders medicine. It starts with an interesting historical perspective illustrating how sleep difficulties are by no means only a contemporary problem. In the *Boke of Chyldren* (1545), Thomas Phaire included in his list of "the manye grevous and perilous diseases" with which children of his day were afflicted "terrible dreames and feare in the slepe" (caused by "the arysing of stynkyng vapours out of ye stomake in to the fantasye and sences of the brayne") and also "pissing in the bedde".

The reader is then led through the physiology of sleep and its disorders. Probably the most important section for the non-specialist clinician is the chapter on sleeplessness that is divided into difficulties at different ages. It provides a very practical approach to the evaluation and management of bed and night-time difficulties. Surprisingly, a rather longer chapter is devoted to excessive sleepiness.

The book is nicely laid out, clearly written and interspersed with anecdotes, which illustrate the difficulties and their management. At times it all seems so easy to clear up problems, I wonder why I have so often failed to meet families' needs. I see this as an important volume for those who need to develop expertise in helping children with sleep difficulties. The concise 'basic clinical approach' sections at the end of each chapter will be particularly useful for those in primary care and paediatrics who constantly encounter many children in need of help. On the critical front, while the book is clearly laid out, it would be more user friendly if the basic clinical approach sections were better highlighted, and the text was lightened with some flow diagrams or illustrations.

Overall, this book fulfils its aims. After reading it, one is left with the strong feeling that if only parents followed

the rules of 'sleep hygiene' and doctors were better able to identify those with real pathology, the paediatric population would be better off, not only at night but with improved well-being during the day.

MARY RUDOLF

Consultant community paediatrician and runs the MMedSc course in Child Health at the University of Leeds. She has a special interest in growth and disability, and the teaching of Evidence Based Child Health.

Clinical knowledge and practice in the information age: a handbook for health professionals. Jeremy C Wyatt. (93 pages, £12.95.) Royal Society of Medicine Press, 2001. ISBN 1-85315-483-0.

Sir Michael Peckham, in the foreword, spelled out the importance of "efficient and imaginative use of knowledge". The health sector, as compared with industry, has not yet realized the potential benefits of a coherent system of knowledge management. The author is an experienced medical informatician and clinician. He reminds us that "three quarters of healthcare costs depend on knowledge-intensive decisions made by clinicians". *Knowledge management* is now a fashionable term that is all too often used to describe *information management*. The author avoids this semantic trap and describes knowledge management as "recognizing the importance of knowledge and mobilizing it in a form that professionals can apply".

If we define knowledge in the digital age as "Information that can be expressed as a set of facts and is known to an agent or program",[1] then knowledge management must be about what is in people's heads or in a knowledge base that is accessible to a logic program. Data and written information are the raw materials. The current problem is an overload of information ('infoglut'). This book describes very concisely the clinician's information needs and the problems of keeping up to date. The spate of guidelines and journal articles may inhibit learning and even have a negative effect on clinical performance. All clinicians have gaps in their knowledge, and mostly are unaware of the missing information. GPs who identify a gap rarely have the time, resources and skill to fill it. As a consequence, GPs rarely use libraries and 'look-up' systems in daily practice.

Making reliable and relevant information quickly available is being actively pursued, and a number of valuable electronic sources are now available on-line. Active, problem-based learning is spreading in undergraduate education, but much postgraduate education is set in the old ways of passive non-learning. The culture of the 'learning organization' is inhibited by concentration on performance and rules.

The author discusses critically the topics of information for patients, practice guidelines, promoting change, and technologies such as intranets and the Internet. The last two chapters contain the real survival guide of using clinical decision support systems. Few such systems are in general use, but positive results are now being reported.[2] Much development and validation of such systems is essential before we can be sure that they are effective, safe and easy to use. Decision support systems may well be the key instruments for overcoming information overload, practising better medicine and avoiding mistakes. This book will help us see the way forward more clearly and dodge the many pitfalls.

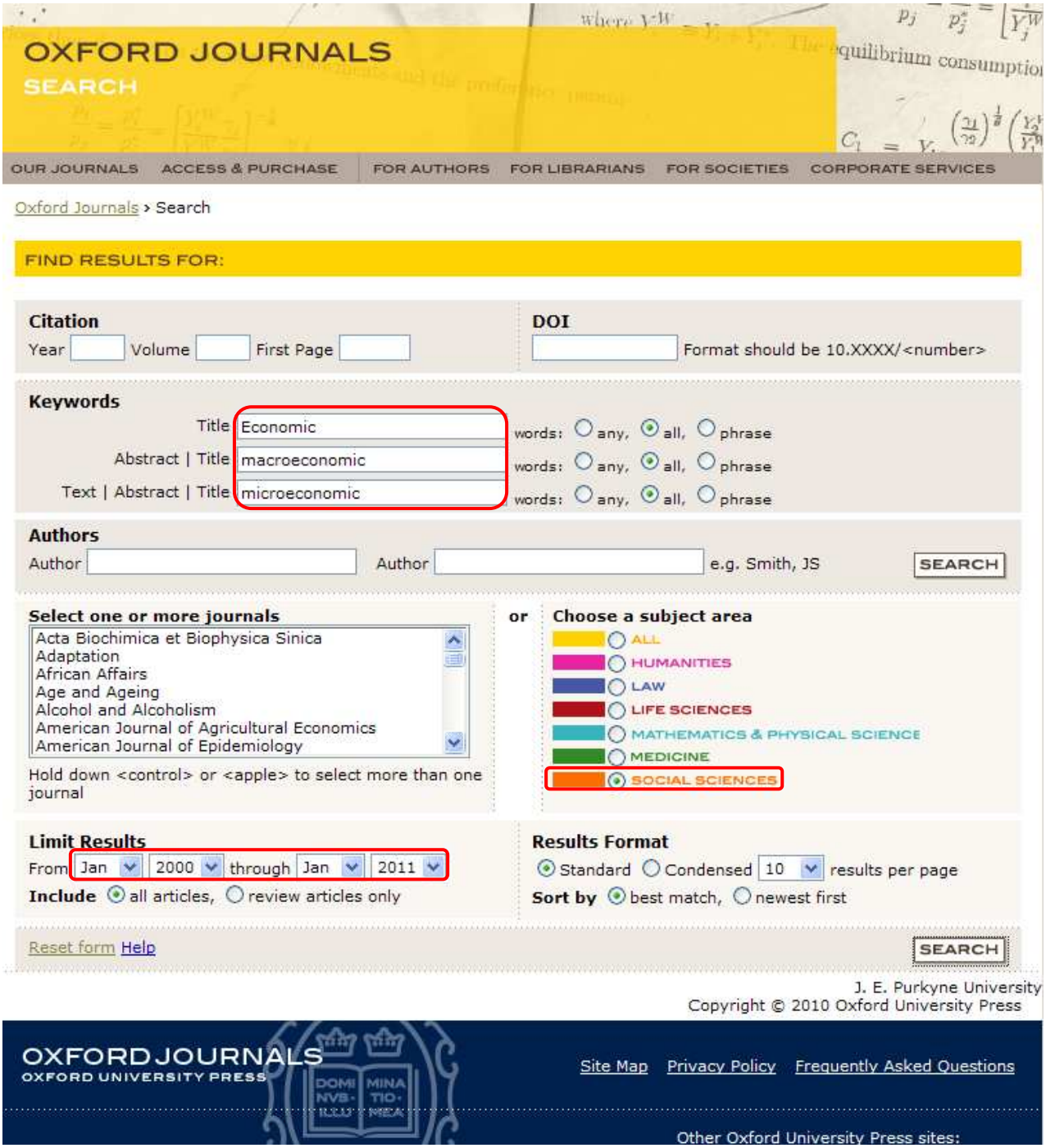
PETER PRITCHARD

Former GP. Medical adviser to Advanced Computation Laboratory, Imperial Cancer Research Fund

[1] *Oxford Dictionary of Computing*, 4th edn. Oxford: Oxford University Press, 1996.

[2] Hunt DL, Haynes RB, Hanna SE, Smith K. Effects of computer-based clinical decision support systems on physician performance and patient outcomes: a systematic review. *J Am Med Assoc* 1988; **280**: 1339–1346.

9) Druhou rešerši si vyhledáme tak, že do vyhledávacích polí vepíšeme „Economic, macroeconomic a microeconomic“, časové hranice nastavíme opět od ledna 2000 do ledna 2011 a vyhledávací okruh nastavíme na „Social science“. Dáme nižší „Search“.



10) Nalezeno jest 7 výsledků, z nichž my si vybereme ten s názvem „The Economic Crisis is a Crisis for Economic Theory“ a rovnou si zobrazíme jeho plný text v pdf.

Results 1-7 (of 7 found)

My search criteria:
Economic (all words in title)
macroeconomic (all words in title or abstract)
microeconomic (all words anywhere in article)
Jan 2000 through Jan 2011

standard / condensed citation format
10 / 25 / 40 / 60 / 80 results per page
best matches / newest / oldest first
Save this search to my Personal Archive
Download all citations on this page to my citation manager

For checked items below: Go — view abstracts in new window — download to citation manager

Please note that articles prior to 1996 are not normally available via a current subscription. In order to view content before this time, access to the Oxford Journals digital archive is required. Alternatively, you may purchase short-term access on a **Pay per Article** basis.

CAMBRIDGE JOURNAL OF ECONOMICS
Nobuhiko Fuwa
Pathways out of rural poverty: a case study in socio-economic mobility in the rural Philippines
Camb. J. Econ., January 2007; 31: 123 - 144.
.....examining socio-**economic** mobility in...Philippines village. **Macroeconomic** growth was...impact of **economic** environments (e.g., **macroeconomic** growth), changes...factors, such as **macroeconomic** environments...determinants of **economic** mobility.....
Journal Home | Abstract | Full Text | PDF

CESifo Economic Studies
WHAT'S WRONG WITH MODERN MACROECONOMICS?*:
Alan Kirman
The Economic Crisis is a Crisis for Economic Theory
CESifo Economic Studies, December 2010; 56: 498 - 535.
.....mechanisms of **macroeconomics** and that...based on **microeconomic** foundations...American **Economic** Association...inertia in the **economics** profession...The CESifo **Economic** Studies Conference...with Modern **Macroeconomics**? Munich.....
Journal Home | Abstract | Full Text | PDF

OXFORD REVIEW OF ECONOMIC POLICY
ORIGINAL ARTICLE:
Alex Bowen and Nicholas Stern
Environmental policy and the economic downturn
Oxf. Rev. Econ. Policy, Summer 2010; 26: 137 - 163.
.....over-consumption view from an **economic** and ethical perspective...International Review of Law and **Economics** (2006) 26:88-103...Allsopp C. , Vines D. The **Macroeconomic** Role of Fiscal Policy. Oxford Review of **Economic** Policy (2005) 21(4):485-508.....
Journal Home | Abstract | Full Text | PDF

11) Plný text naleznete na tomto odkaze:
http://cesifo.oxfordjournals.org/content/56/4/498.full.pdf+html?maxtoshow=&hits=10&RESULTFORMAT=1&title=Economic&andorexacttitle=and&titleabstract=macroeconomic&andorexacttitleabs=and&fulltext=microeconomic&andorexactfulltext=and&searchid=1&FIRSTINDEX=0&sortspec=relevance&fdate=1/1/2000&resourcetype=HWCIT

12) Takto vypadá titulní strana článku:

CESifo Economic Studies, Vol. 56, 4/2010, 498–535 doi:10.1093/cesifo/ifq017

The Economic Crisis is a Crisis for Economic Theory*

Alan Kirman†

†GREQAM, Université Paul Cézanne, EHESS, IUF. e-mail: kirman@univmed.fr

Abstract

This article examines, in the light of recent events, the origins of the difficulties that current macroeconomic models have in encompassing the sort of sudden crisis which we are currently observing. The reasons for this are partly due to fundamental problems with the underlying General Equilibrium theory and partly to the unrealistic assumptions on which most financial models are based. What is common to the two is that systematic warnings over more than a century in the case of finance and over 30 years in the case of equilibrium theory have been ignored and we have persisted with models which are both unsound theoretically and incompatible with the data. It is suggested that we drop the unrealistic individual basis for aggregate behaviour and the even more unreasonable assumption that the aggregate behaves like such a 'rational' individual. We should rather analyse the economy as a complex adaptive system, and take the network structure that governs interaction into account. Models that do this, of which two examples are given, unlike standard macroeconomic models, may at least enable us to envisage major 'phase transitions' in the economy even if we are unlikely to be able to forecast the timing of their onset. (JEL codes: B22, D84, D85, E10, E44)

Keywords: Crisis, general equilibrium, forecasting, networks, complex system.

1 Introduction

The world has recently been shaken by an upheaval in the financial sector comparable to that of 1929. These events in world financial markets have, to say the least, given economists pause for reflection. It is worth giving a schematic account of the unfolding of this crisis to see how it can be reconciled with standard economic theory or whether a serious rethinking of our theory is called for. Various explanations have been given for the origins of the collapse. One argument is that the Fed simply kept interest rates too low and this made it too easy for indebtedness to rise to unprecedented levels. Some argue that deregulation of financial institutions permitted excesses, while some others argue that government policy which encouraged even the poor to aspire to own their own homes was a major factor in the housing bubble. Yet another factor has been the high propensity to save in China (see Warnock and Warnock 2006). Another argument often heard is that banks became heavily overleveraged and they and their clients were very vulnerable to a downturn in underlying asset

* The CESifo Economic Studies Conference on 'What's Wrong with Modern Macroeconomics?' Munich, 6–7 November 2009.