

clauses will have to show why they should be exempt. The new Privacy Act came into effect after the publication of *Unfinished Business*, and it carries some hope of better things to come. How far-reaching its impact will be remains to be seen.

Women's Health Action published *Unfinished Business* "in an effort to keep Cartwright issues alive". I have no doubt of the importance of their goal. In recent discussion with a second year medical student, I learned to my horror that the 'Trust me I'm a doctor' view reported in *Unfinished Business* at p 137 lives on. I was told that there is little point in trying to get informed consent, because most patients wouldn't be able to understand. I anticipate this from some older members of the fraternity but I had imagined the current group of trainee doctors would think that gaining informed consent is an essential thing to do. One recommendation of the Cartwright report was that there should be formal teaching in medical courses of ethics and communications skills. *Unfinished Business* does not directly address this point, but that conversation made me wonder if this is happening or having any effect.

Unfinished Business would have been strengthened by the addition of a concluding chapter to focus our minds on what action is needed in the future, and the role various players might have. Nonetheless it provides very important documentation for health professionals - doctors, nurses, and others - to take note of and to acknowledge our own role in the inactivity of the health sector. It is also important for those training as health professionals, who may never have heard of the Cartwright Report, to learn about the valid and valuable perspective on health care it contains.

Unfinished Business is both frightening and inspiring. Frightening as a reminder of what has happened, as an account of what is still happening and as a sketch of the awesome task in front of us. Inspiring because of the strength of these women who carry on the fight so that none of us and none of our children will be subjected again to experimentation without consent. I expected *Unfinished Business* to sound a clarion call to action yet my

overwhelming sense was of disillusionment. After five years of fighting a rearguard action it is not surprising that these women are tired. Bashing your head against a brick wall provokes a fearsome headache, but if you can keep going long enough the mortar will begin to crumble. Perhaps a little has started. Phillida Bunkle acknowledges that awareness has been raised, but she decries this for lack of action. Raising awareness is the beginning - the personal is political (with apologies to Robin Morgan) - and the task for us all, both inside and outside the health professions, is to ensure that we can truly say "Never again".

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1 'The Report of the Committee of Inquiry into Allegations Concerning the Treatment of Cervical Cancer at National Women's Hospital and Other Related Matters' also known as 'The Report of the Cervical Cancer Inquiry'.

The Making of a Doctor

R.S. Durrie and B. Charlton
Oxford University Press,
Oxford, 1992

At a time when medical education is coming under increasingly close scrutiny by the public (ie potential patients), this book provides a timely overview of medical education from both historical and present day perspectives. Some who have been associated with medical practice and medical education for a number of years might question the viewpoint of the authors, a Moral Philosopher and Lecturer in Anatomy, presumably neither of whom are involved in day-to-day clinical practice. While many of their examples focus on the negative aspects of past and present medical education, an attempt is made to place these problems in the context of the overall scientific and humanistic aims of modern medicine and society. Having said that, the problems they often dwell on are very real and need urgent attention by the medical profession as

a whole and medical educators in particular. Although the book is based on the British medical scene, the principles discussed have universal application. Although the authors do not give much recognition to many of the positive changes which have already occurred in many medical schools, it is painfully obvious that much more change is required in a global sense, both in attitudes and in practical application to how our future doctors are educated. Furthermore, the need for preparation towards lifelong critical enquiry and continuing medical education is stressed appropriately. The key issues of human communication skills, due attention to social as well as scientific issues, the public scrutiny of medicine, sensitivity to ethical issues, and also recognition of the overall human personal needs of medical students and doctors are all addressed.

Anyone who has been associated with attempts to make significant and meaningful changes to a medical school's traditional curriculum will appreciate the authors insight into the complex issues involved in such an exercise. Power structures, vested interests, stringencies of finances and physical and human resources, and the intrinsic trauma of change all lead to "institutional inertia". Attitudinal change and consent is required for implementation of effective change. We are reminded that excellence comes at a price, and the authors give a good dissection of the broad front on which this price must be paid. This includes coping with the "medical market", and the very difficult task of balancing medico-social and educational problems in a world where financial and managerial issues appear to dominate above all else.

Although the book raises more queries and problems than answers, it provides an excellent resume of the many topical issues involved in present medical education and medical practice at both a general and personal level. It is recommended to all those who have anything to do with medical education.

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