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# Book reviews

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**Kirklees Alcohol Advisory Service:  
Alcohol and You (videotape).**

Huddersfield: St Luke's Hospital. 1996  
28 minutes. £10.00

A brewer or distiller would be proud of this video because it illustrates the pleasures of alcohol for everyone other than the small minority who cannot control their consumption. When 'alcohol problems' reads as 'alcoholism' the industry can freely promote its product to 'us', while showing heartfelt concern for those with alcohol dependence. How simple alcohol problems become if they are restricted to people with alcoholism. Unfortunately, this message does not reflect the fact that most alcohol-related problems arise in the 'normal' majority rather than the alcohol dependent minority. The very large number of people having occasional problems outweighs the small number of people having frequent ones. Most reckless driving, self-harm, domestic violence, etc. associated with alcohol is not committed by alcoholics but by so called 'social' drinkers.

Social drinking, some of it pretty heavy, looks great in the party scenes and the kids interviewed agree. The message broadens with a glimpse of a brewery (substantial industry here), a nod to health ('alcohol is a wholly natural product'), a brief history (we've always enjoyed it) and finally the upper limits of low-risk drinking are presented as 'normal drinking levels'. In the words of one well-lubricated young drinker: 'I don't understand the people who become dependent on the stuff'. Then, with spooky effects, we are among the lonely few for whom alcohol is 'much more than they want it to be; uncontrollable, irresistible. Life seems impossible without it'. We are in the world of alcoholism and ruined lives.

The video takes a puzzling diversion into a pub fight and a road accident. No-one interviewed has any idea why the victim in the first incident was 'glassed', who the perpetrator was or the role of alcohol. Even more perplexing, the drinker in the road accident was the passenger. His injured girlfriend, the driver, was on tonic water. This may be the raw stuff of Huddersfield night life, but what does it mean? A naive audience would assume it is those 'alcoholics' at it again.

The local hospital service offers blood testing and detoxification ('I was never let out again for a fortnight!', 'hallucinations, the DTs, suicidal depression, the process can be a nightmare!'). Thank goodness the ward and the community

psychiatric nurse look calm. There are also some dry houses. Beyond that there is only Kirklees Alcohol Advisory Service (KAAS) which provides regular meetings for patients and relatives who share their problems and give each other advice. Here, at last, the video makes some sense, giving the who, what, when and where of the service.

This video is not suitable for health education, students or professionals, and there is precious little for the patient to whom KAAS offers less than Alcoholics Anonymous or A1-Anon. To be fair, though, a person with alcohol dependence living in Kirklees and looking for help might find it interesting, but watch out – the party scenes at the beginning may make him rather have a drink.

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**The Physician Workforce in the United Kingdom: Issues Prospects and Policies, Nuffield Series No. 2.** By ALAN MAYNARD and ARTHUR

WALKER. London: Nuffield Trust. 1997. 56 pp.  
£12.50 ISBN 1-902089-00-6

This is an important review by two health economists. Despite a baffling diagram the message is clear – we do not have enough physicians to meet identified need. The authors have more questions than answers and are rightly concerned about the lack of data in almost every relevant area.

They take for granted that the future service will be 'consultant only', if not necessarily consultant-led, but do not examine the possible disadvantages of this. The flexibility of the workforce is said to have increased but some would argue that the rigidities of training requirements have had the opposite effect. Substitution or skill sharing appears to be favoured as a less expensive means of service provision and of resolution of the doctor shortage, than an expensive and disruptive increase in medical student intake. A skilled nurse will be preferred to an absent or incompetent doctor so that it is important that evaluation of substitution should happen where good-quality staff are available in all of the relevant professions.

The effects on training also need to be considered. In one centre male catheterisation is always undertaken by nursing staff, who only call upon the junior medical staff if problems arise, even though these doctors have not been allowed to practise the procedure. Similar