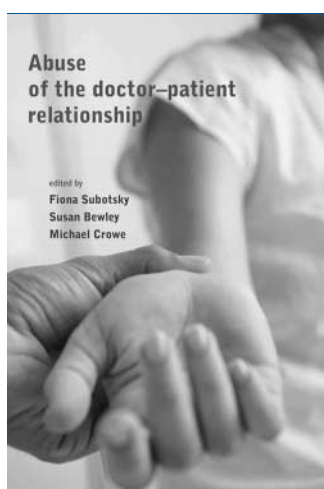


Freedman is interested in ideas and historical context, and the opening chapter gives a scattergun selective history of madness and some philosophical asides. Although rounding out the book, they are not particularly satisfying in themselves. Where the book excels is in revealing the practical application of clinical science. Freedman tells a human story, combining the insights of both clinic and laboratory. Readers seeking a comprehensive overview of the neuropathology of schizophrenia will find this book too parochial, intentionally so. Instead, this is a fascinatingly personal introduction to Freedman's particular corner of the neuropsychiatric world.

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Abuse of the Doctor-Patient Relationship

Edited by Fiona Subotsky, Susan Bewley & Michael Crowe. RCPsych Publications. 2010. £25.00 (pb). 256pp. ISBN: 9781904671374

The Kerr/Haslam Inquiry and its recommendations is the common theme that draws together this complex and important book. It is regrettable that despite the centrality of the Inquiry to the trust between healthcare professionals and patients, the publication of its outcome caused barely a ripple in the wider public domain. I wonder whether this lack of immediacy in the general public was matched by a similar lack of concern in the healthcare professions. And it would be interesting to know how many current practitioners and trainees actually know who Kerr and Haslam are.

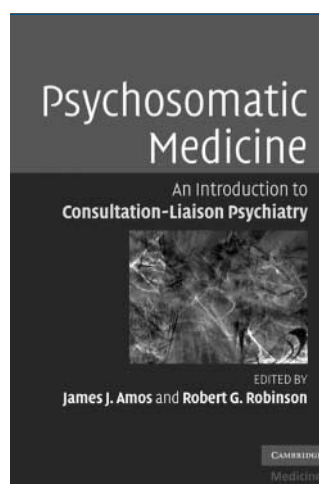
The strength of this book is that it casts its net much wider than the gross misconduct of two psychiatrists. Relating directly to the Inquiry itself, the questions raised are less about what caused these two members of our profession to behave in a criminal and deeply offensive way, but how, despite the repeated complaints of their victims over many years, the health services effectively looked the other way. The Royal College of Psychiatrists, alongside the General Medical Council and other Royal Colleges (medical, nursing and allied professions) have been responding to this and other less sensational cases by developing a host of guidance on boundaries between healthcare professionals and patients and the potential for breaching these. The upside is that the training of students in addressing the ethical boundary dilemmas faced by healthcare professionals has never been stronger. The downside is that, taking Baroness Onora O'Neill's seminal views on trust in public services into account, the resulting 'tick-box' culture perversely encourages what she terms 'gaming the system'.

This book clearly maps the territory in the complex areas of boundaries between patient and professional (all regulated healthcare professions, not just doctors). Experts are drawn in from general practice, psychotherapy, sexual therapies and nursing; obstetrics and gynaecology; as well as teachers, ethicists, medical managers and healthcare regulators.

If my reading of the facts is correct, it would seem that interventions and regulation will have only a limited impact on the (quite rare) wily predator in preventing a serious boundary violation, but should obviate the potential for further violations by that person by bringing the offence quickly (and often painfully) to the attention of managers and regulators. However, the book contains important guidance on the prevention of boundary violations that vulnerable doctors can blunder into, perhaps due to a sometimes toxic combination of overenthusiasm and naiveté. As with any multi-authored publication the styles can vary, and inevitably what is presented is a book that should be dipped into rather than read in a single sitting.

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Psychosomatic Medicine: An Introduction to Consultation-Liaison Psychiatry

Edited by James J. Amos & Robert G. Robinson. Cambridge University Press. 2010. £35.00 (pb). 290pp. ISBN: 9780521106658

There are reasons to believe that aspects of liaison psychiatry will grow in the near future, despite previously predicted false dawns in the UK. These include the continued focus on improved quality in clinical pathways, together with the recent announcement of a major power shift to primary care. Aspects of the liaison model, such as improved treatment of the psychological sequelae of chronic physical conditions through to better management of medically unexplained symptoms, could provide service development opportunities for traditional liaison teams as well as for more holistically oriented community psychiatric colleagues.

This book would sit well on the shelf of anyone thinking of such a move. The authors state that they wanted to create their own 'little book of psychosomatic medicine' and in this I think they succeed. It is an edited collection of 28 chapters and is laid out in a concise, easy-to-read format. Each chapter, no more than a few pages long, gives a brief summary, case examples and an extensive reference list.

The book starts logically, extolling the virtues of good communication before skimming the surface of transference analysis of difficult interactions. It goes on to briefly focus on