Clinical Judgement: Evidence in Practice. By R S Downie and Jane Macnaughton. Oxford University Press, 2000. 201pp. £19.95.

According to Plato, the unexamined life is not worth living, so doctors should be grateful to the authors of this book for providing an analysis of our professional life which is interesting, well-informed and also sympathetic. The combination of a professional philosopher, and a general practitioner with a particular interest in the 'humanities', has blended together well to give an account which avoids the extremes both of detachment and of involvement, rather like the 'aequanimitas' commended to doctors by William Osler.

The first three chapters provide a philosophical account of the nature of the evidence and judgement appropriate to medical research as a subset of scientific research; that appropriate to clinical medical practice; and the further elements required for 'humane judgement', without which all else is vain. For medical research, the hypothetico-deductive model is broadly accepted, without specifically citing Karl Popper (who devised it) or Peter Medawar (who best explained it in a medical context). In clinical practice, the best available evidence not only has in itself a component of interpretation, but also in the case of evidence derived from groups has to be supplemented by interpretation at each stage of its application to the individual patient. Perhaps the most interesting and original discussion comes in the third chapter, which deals with the origin and nature of humane judgement. There is a specially fine account of the way in which the relation between patient and doctor can be radically perverted by consumerist assumptions – while a patient has every right to refuse a given treatment, this cannot be extended to a 'right' to demand a treatment which the doctor believes to be harmful. These three chapters form a sound basis for the generalisation, 'the good doctor has scientific knowledge, communication skills and "humanity"'.

Later chapters deal with judgement in public health, and with how judgement can be fostered during education, with particular help from the 'humanities'. The authors have wisely left the kittle matter of 'judgement and resource management' to Fiona Randall, a consultant in palliative care – a discipline which, like nephrology, brings inescapable choices, to which an element of resource management is relevant.

I can agree enthusiastically with the main contention of this book, that the scientific knowledge and acquired clinical skills of the doctor must be complemented by a humane attitude leading instinctively to a humane judgement. Perhaps questions should be asked about homes and schools which deliver to universities students lacking such humanity. But it happens, and since it is never too late to mend, the new opportunity given by the GMC document Tomorrow's doctors is one to be grasped. The book further contends that training in ethical principles, while necessary, is not sufficient to confer another component of 'humaneness', which they describe as 'educated-ness' (perhaps 'broad education' would be more euphonious).

To that end, the book advocates the provision of modules based on 'the humanities', and gives two examples, one based on literature, and one on philosophy, centred on Plato's Republic (but possibly some attention should also be paid to the first volume of The open society and its enemies). These modules would not be compulsory, bringing the risk that they might be predominantly taken up by those in least need.

The 'diagrammatic summary' of 'clinical judgement' (Figure 1) would be less frightening if it followed, rather than preceded, the three chapters which go far towards explaining it. But I may be biased against taxonomy, having been a toad under the harrow in the old DHSS, trying to make sense of the Rothschild model of pure and applied science (surely no-one 'told' or 'commissioned' Jim Black to devise a β-blocker or an H2 – receptor antagonist; he saw that it could be done – and did it). My rescue by a kind college came none too soon.

Having started with Plato, let me end – perhaps at something of a tangent – with Aristotle's concept of the value attached to the mean between two extremes. This book rescues our calling from the dangers of being 'unexamined', without rushing to the other hypercritical extreme, which can lead to doctors being counter-productively 'overexamined'. Si sic semper omnes.

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