

allocation considered from a lawyer's point of view. It described resource allocation as a problem in the reasonable and legally accountable administration of a set of public bodies, rather than as a problem in clinical medicine, economics or moral philosophy. As such it was a very important contribution to a vexed field, and did much to clarify debates, at least in the academic field.

This second edition is therefore to be warmly welcomed. The NHS has undergone an even more extensive change since the first edition was published, under the banner of modernisation. Of particular importance from the point of view of resource allocation are the arrival of the National Institute for Clinical Excellence, the reorganisation of healthcare commissioning around primary care trusts and, within medical science, the rise of evidence-based medicine and the arrival of new, highly expensive classes of drugs for treating chronic diseases.

The approach taken by the author in the second edition is to consider the nature of resource allocation itself, then to look in detail at how resource allocation can be carried out through clinical judgement, expert guidelines, government regulation and direct democratic decision making. He then goes on to look at how the NHS is managed, considering, rightly, that the most important resource allocation decisions are taken at the mid-range level of primary care and hospital budgeting. He describes the current structure of the NHS in some detail, identifying the scope of the different powers that lie with different tiers or centres of decision making and the role these have in resource allocation. The bulk of the book is then devoted in turn to the analysis of review by the courts of administrative decisions relating to the allocation of resources, medical negligence law (whether rationing can

create a case for action in negligence by causing the care offered to fall below a proper standard of care), the relationship between local decision makers and government policy, and governance and accountability processes. An important final chapter looks at the regulation of care provided under the auspices of the NHS by non-NHS providers at home and overseas.

The analysis and arguments are presented with admirable clarity and should be fully accessible to non-lawyers. However the structure of the NHS changes in the near future, short of outright privatisation, this book will remain a valuable guide to the issues of policy and practice.

Compared with the first edition, this edition is shorter and more focused on the guiding principles of the law and public policy in this area. The first edition was longer by about a quarter, and included chapters on complaints and professional discipline and on access to medical records (considered as means to make NHS decisions accountable to patients) as well as a more detailed treatment of the then effective "internal market". There was also some discussion of the relationship of resource allocation decisions with decisions about the value of life and end-of-life care. Most of this is missing from the second edition. This makes it a more focused book and one with a longer shelf life in view of likely changes in the NHS. However, scholars would be advised to keep their first editions on their shelves, as some of the now omitted material remains of both historical and intellectual interest. The new book has gained in focus and grasp of general principles, but has lost some of the "black letter" lawyer's attention to detail.

Overall, this as an important and fascinating book which deserves a wide readership among students, practitioners, managers, policy

makers and lawyers. No work on resource allocation can overlook it.

R E Ashcroft

## CORRECTIONS

doi: 10.1136/jme.2005.013904corr1

An error has occurred on page 569 in the October issue, in the paper titled Decisions at the end of life: an empirical study on the involvement, legal understanding and ethical views of pre registration house officers (*J Med Ethics* 2006;**32**:567–70). Line 24 in the right hand column should read "of intravenous hydration to be morally appropriate, even...". The journal apologises for this error.

doi: 10.1136/jme.2005.14720corr1

In the paper titled, Distributive justice in screening for hearing in newborns (*J Med Ethics* 2006;**32**:588–91), an error has occurred in line 8 of the second paragraph. The correct sentence is, "These approaches are unlikely to diminish the resources available to other healthcare needs inequitably and they may in fact result in raising the overall standard of healthcare across the communities."

doi: 10.1136/jme.2005.15446corr1

In the paper titled, The objective structured clinical examination and student collusion: marks do not tell the whole truth (*J Med Ethics* 2006;**32**:734–9), the initial for the author Kenneth E Boyd is incorrect. It should be Kenneth M Boyd. The journal apologises for this error.