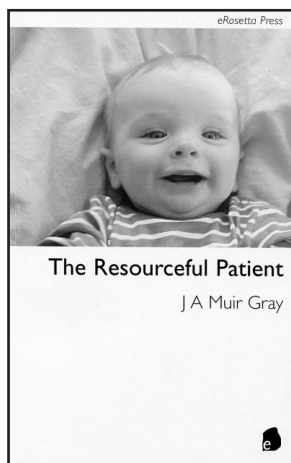


Muir Gray JA, Rutter H. **The Resourceful Patient**. Oxford: eRosetta Press, Alden Group; 2002.



The main point of *The Resourceful Patient* arrives halfway through the book, when the central proposition is laid out: Patients should become resourceful, accept responsibility for their own health care, and form partnerships with their doctors. A new era shimmers on the horizon: Patients are attempting to become expert in their chronic illnesses, getting information from the Web (using many of the same resources that doctors do), and arranging their own care with the help of clinicians and hospital services.

Clinicians are changing the way they offer care. Long dead are the old omnipotent, patronizing ways. Gone also are the fudging of the borders between “I don’t know” and “trust me, I’m a doctor.” Doctors will be quite clear about not knowing—indeed they will expect patients to help find the answers. Patients will have responsibilities (to the extent that they accept them) as well as rights. They will be the custodians of the information required to manage their specific chronic problems, and physicians will be the experts in how to find and use the information, providing background know-how. Decisions will be made with patients agreeing to what extent the doctor “takes over” (the preference of some patients). Other patients will book their own investigations, take care of their own simple illnesses (with examples of success for this from the management of urinary tract infections), and manage their own medical records on the Web. Indeed, they will own the records, allowing access to each doctor they see. Advertising drugs to the public will be encouraged.

What does this vision have to do with evidence-based practice? Readers of *ACP Journal Club* may recognize Muir Gray as a champion of evidence-based practice, demanding that enough health resources are expended on the information needs of clinical practice. The answer may well come from the careful setting up of the logic for this brave, new world.

Initially you might think that this is a book for laypersons—their guide to becoming “resourceful patients.” There are chapters explaining “the rise and fall of the medical empire—the evolution of medical power,” and “what doctors do all day.” Furthermore, the writing is jargon-free, and the text is clear to both clinician and patient readers. The book can be purchased from the Web in HyperText, which provides underlined words that direct the reader to other resources on the Web. Delightful.

However, I don’t think this book *is* aimed at patients. It is probably meant for us: the generators and purveyors of clinical information. This is a serious attempt to change the way we practice at a very fundamental level. We will need to re-marshal health workers considerably to achieve this vision.

Who should read it? Health policymakers and the academics who might influence them. But the book is such a delight to read, so fresh and accessible, and throws the processes of medicine and the delivery of care into such bright relief that many more should read it. This is one of the all-too-few texts in medicine that make one chuckle out loud. I will certainly recommend it to the medical students I teach and anyone else I can influence.

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Ratings:

Clinical usefulness: ★★★★★

The Resourceful Patient can be purchased online at www.resourcefulpatient.org for £14.50. It is available in print, on the Web, and as an eBook.