PCCM is more detailed (here read smaller font), more thorough and more legislative in approach, while the CARPA manual is more readable and more easily understood. It also provides some cultural context in the assessment and application of management of conditions, such as depression, family domestic violence, and petrol and solvent sniffing. Readers from outside the Northern Territory should take into account their State legislative restrictions and State health clinical guidelines if they use the CARPA manual in their own local facilities.

In short, this is a highly readable and applicable manual which keeps things simple. I would recommend it and its accompanying manuals to remote health service staff and students of all disciplines; medical, nursing and indigenous health workers. It would also be useful for those interested in Aboriginal health, for example remote facility professionals, or people working in Aboriginal Community Controlled Health and Medical Services. Its previous editions have been standard texts in our Yacca Health Services Library in Mount Isa for some years and they have some of the highest borrowing rates. This edition will be no exception.

### Book review

**Aboriginal primary health care: an evidence-based approach.**

Sophia Couzos and Richard Murray, editors (for the Kimberley Aboriginal Medical Services Council). 2nd ed.


Rosemary Aldrich, NHMRC Scholar, Aboriginal and Torres Strait Islander Health, University of New South Wales, and Conjoint Academic, University of Newcastle, NSW

Anybody who read or used the first edition of Couzos and Murray’s book¹ will recall that it represented a vast amount of work by many individuals. People who work in clinical medicine will also know how quickly such a collection of evidence can become dated. The second edition of ‘Aboriginal primary health care: an evidence-based approach’ is therefore welcome and impressive. There are new sections, expanded sections, and all sections have been updated.

The book aims to be a reference for organisations regarding defined Aboriginal health issues. It also serves as a guide to clinical practice through explicit supported statements, while recognising the desirability of local adaptation of advice and essential ‘respectful engagement with the local knowledge and experience of Indigenous people’.

The whole book is a product of the experience of Indigenous people, beginning with the first chapter ‘Aboriginal health and the policy process’. Recognising his wisdom and legacy, each chapter is prefaced by a quote from the late Dr Puggy Hunter, a long-time chairman of the National Aboriginal Community Controlled Health Organisation. The book demonstrates that to be involved in Aboriginal primary health care is to be involved in a struggle for self-determination and community identity, and it successfully presents both the clinical evidence and the imperative to respect, recognise and promote autonomy and self-value among patients as foundations of good health care.

While the book is lengthy – at more than 600 pages it is about half as long again as the 1999 edition, with bigger pages – its structure assists in finding desired information. As with the first edition, each chapter concerned with a specific condition begins with a summary. This is expanded upon in the pages that follow, in a systematic order: goals and targets (published statements of intent relating to that condition), burden of disease, risk factors, case definition, diagnostic procedures, effectiveness of prevention, implementation of programs, data collection and, for most, performance indicators. References and notes are at the end of the chapters. Each chapter has shaded boxes of key points, which I found added to the presentation of the information.

Importantly, the second edition has chapters on substance abuse, custodial health and suicide and self-harm, recognising tragic realities for many Aboriginal people and communities. In these and other chapters the book successfully injects evidence about the mediating effect that socio-economic and other determinants of health (such as history, ethnicity, geography) might have in health outcomes, and provides practical advice about how to practise optimally given those considerations. Notably, a National Health and Medical Research Council review on the use of socio-economic evidence in clinical practice guidelines found that the first edition of this book and other related guidelines were one of only two sets of guidelines worldwide into which evidence about the socio-economic determinants of health had been incorporated.²

The book’s use of evidence, ease of access despite the complexity of information and its courage in grappling with difficult issues make this book a resource which no primary healthcare practitioner should be without.

### References