Kieran Sweeney applied ideas from philosophy, the arts, mathematics, business, and social science to honour patients above their diseases. He railed at the limitations of straight line thinking in a job defined by the unintended consequence, and he saw the folly of valuing scientific knowledge above all else, when hard evidence so often turned to thin ice in his consulting room. The seductive simplicity of a P value provided no answer to what his patients actually brought in: their complicated lives, their experience of suffering, and their personal styles. “Just go and do it,” the trials demanded. “Do what, exactly, and how?” he wondered. His answer was 15 years of scholarship alongside his clinical practice, of breathtaking scale and variety. He died at home on Christmas Eve 2009, aged 58, from mesothelioma. He was in the engine room of his career.

Scrum half
Sweeney was brought up in Coatbridge, Lanarkshire, where his father was a general practitioner. From St Aloysius Jesuit College in Glasgow, he went on to take a degree in French and History of Fine Art at Glasgow University, with a view to the law. But he changed his mind, and after 10 years at university playing scrum half for the university’s rugby team and piano in his brothers’ pub, he qualified in medicine in 1978. He was a good enough musician to earn his keep on trips to Europe and the United States, and had the French to work freelance as a translator.

Breaking with family tradition, he moved south to Exeter, in England, to train as a general practitioner. For him medicine was a joyful adventure: if he could play in France, why not work there? So he did, as a junior hospital doctor for 18 months in Bordeaux, Paris, and Brittany—the first general practice trainee to have hospital posts in France recognised as part of his UK vocational training programme.

Returning to Devon, he married the love of his life, Barbara; raised their four children; and practised there, with strategic interruptions, until he died.

Sweeney joined an illustrious Exeter practice where, in Denis Pereira Gray, he found a colleague with the vision and influence to nudge him in fruitful directions, this time west. In 1991 he won a Harkness fellowship from the Commonwealth Fund of New York, the first UK general practitioner to do so. In his year at the University of Washington in Seattle, he learnt to research and to write. Blessed with the engaging wit of a Celt abroad, he was already the complete networker.

He returned on fire. From 1993 he worked with a bewildering array of collaborators, inspiring them and making them laugh. He published with philosophers; mathematicians; general practitioners; nurses; physicians; health service researchers; his partners; and most recently with his third son, a medical student. They have a joint paper, to be published posthumously, an essay on Asperger’s syndrome.

Value of complexity
Sweeney wrote for two years as a health correspondent for the *Times* newspaper. He published more than 100 articles and four books, his most recent on understanding the value of complexity in primary care. He was elected fellow of the Royal Society of Arts. He gave invited lectures in France, Spain, New Zealand, and Australia as well as at home, and in 2004, at the age of 53, he wrote his doctoral MD thesis on explanatory models in modern medicine. He was a member of the health complexity group in Exeter, a collection of philosophers, practitioners, and researchers who look for insights from the complexity sciences to explain the processes of change in healthcare organisations.

After a four year sortie into health policy in London with the Health Care Commission, Sweeney returned to Exeter in 2004 to set up from scratch an experimental practice in a tough part of town, in partnership with a nurse. Last year he was appointed professor of general practice at Peninsula Medical School, an honour long due. Most recently he had achieved national influence in his work as director of the Royal College of General Practitioner’s leadership programme for the next generation of movers and shakers.

A few weeks before he died I asked him what was the essence of his work. “It’s in the essay with Domhnall and Denis on personal significance in the *Lancet,*” he replied without hesitation (1998;351:134–6).

They had proposed a third hurdle of significance, to kick in if the first two hurdles of statistical significance (is it real?) and clinical significance (does it matter?) are satisfied. An action would achieve personal significance if it took into account the experience of this particular patient’s suffering, style, circumstances, and beliefs. Then and only then “go and do it.” He later described this approach as metaphysical and in a prescient piece he wrote, “The clearest examples of this transition to the metaphysical level occur when someone starts to die or accepts that death is near. Here both the doctor and the patient are confronted by the question ‘When is enough, enough?’ This,” he wrote, “will be the defining question for the next generation of practitioners.”

Nick Bradley
Kieran Gerard Sweeney, general practitioner (b 1951; q 1978, University of Glasgow), died from mesothelioma on 24 December 2009.

Cite this as: BMJ 2010;340:c733
David William Barkham

Former consultant physician Uganda, Nigeria, and Saudi Arabia (b 1931; q Cambridge/St Thomas’ Hospital, London, 1957; OBE, FRCP), died from motor neurone disease on 1 August 2009. While lecturer in medicine at St Thomas’ Hospital, David William Barkham decided against a career in academic/research medicine. In 1963 he was appointed government physician in newly independent Uganda, moving to Mulago, the government and teaching hospital in Kampala linked to the Medical School of Makerere University. He organised and chaired the successful weekly grand rounds, and was made OBE for services to tropical medicine. He was deported unjustly during the Amin regime and then worked for several years in the health departments of the United Kingdom and Nigeria before working in Yemen and Saudi Arabia. He leaves a wife, Ann; four children; and 11 grandchildren.

John Billinghamurst
Cite this as: BMJ 2010;340:c627

John Anthony Calvert

Former general practitioner Stranraer (b 1939; q Edinburgh 1963; BSc, KStJ), d 4 October 2009. As a student, John Anthony Calvert was senior president of the Royal Medical Society. He rejected a career in academic medicine in favour of general practice, coming to Stranraer in 1969 and remaining until his retirement 30 years later. John was chairman of the area medical and hospital staff committees and founder member of the West Galloway Voluntary Accident Service. Before and particularly after retirement he worked for the Order of St John, leading the establishment of palliative and terminal care services in Wigtownshire. For his last 10 years he was Scottish Hospitalier for the order, closely managing the St John Eye Hospital, Jerusalem. He leaves a wife, three children, and four grandchildren.

Tony Slater
Cite this as: BMJ 2010;340:c628

James Herd

Former general practitioner Banchory, Kincardineshire (b 1916; q Aberdeen 1944, DPH), died on 2 April 2009 after surgery for urological cancer. A dispensing chemist before studying medicine, James Herd (“Jimmy”) was a full blue for football, as well as president of the athletic association. After house jobs, national service in the Royal Army Medical Corps in India and Burma, and gaining the DPH, he became general practitioner in Banchory. Active in undergraduate and postgraduate education and the local medical committee, Jimmy was also deputy superintendent at Glen O’Dee Hospital, continuing for several years part time after his retirement in 1977. He was founder member and past president of both Rotary and Probus. He leaves his wife, Edith (who died six weeks after him), and two children.

J M R Herd
F Herd
Cite this as: BMJ 2010;340:c630

Mohammed Siddqur Rahman

Staff grade paediatrician Tameside General Hospital, Greater Manchester (b 1947, q Dhaka, Bangladesh, 1972), died from a pulmonary embolus on 6 October 2009. Mohammed Siddqur Rahman (“Siddqur”) came to the United Kingdom in 1979. After a series of junior posts, he came to Tameside as a registrar and subsequently remained on the permanent staff. He provided a very high standard of care and taught generations of paediatric trainees. A prominent member of the Bangladeshi Medical Association and deeply attached to his country of origin, Siddqur had intended in his retirement to establish a free paediatric clinic for the poor of Bangladesh. He was cultured and widely read, especially in the literature of Bangladesh. He leaves a wife, Mahjabin, and two children.

Jeffrey S Freeman
Cite this as: BMJ 2010;340:c629

Colin Malcolm Douglas Ross

Former consultant pathologist North Devon District General Hospital, Barnstaple (b 1931; q Edinburgh 1955; FRCPath), died from motor neurone disease on 31 July 2009. Born and educated in Bulawayo, Southern Rhodesia, Colin Malcolm Douglas Ross (“Malcolm”) attended Edinburgh University on a Beit scholarship before returning to practise in Africa. He worked mostly in government service in the townships of what was then Salisbury, Rhodesia (Harare, Zimbabwe), regularly contributing to the Central African Journal of Medicine. Because of the deteriorating political situation, he and his family settled in the United Kingdom in 1976. He was appointed senior lecturer, and subsequently sub-dean of admissions, at Sheffield University, where he worked until 1983. He then accepted a single handed pathology post in Barnstaple. He leaves a wife, Kate; four children; and nine grandchildren.

Calum Ross
Cite this as: BMJ 2010;340:c632

Richard Leslie Woodhead

Former consultant physician Bradford (b 1941; q Oxford/University College Hospital, London, 1966; MA, FRCP), died from acute leukaemia on 7 November 2009. After training in London and Leeds, Richard Leslie Woodhead (“Dick”) was consultant physician in Bradford from 1975 to 1997. His specialty was acute poisoning, but he was particularly valued as a general physician for his conscientiousness and wise judgment. When he retired, people regretted the loss of an irreplaceable resource. He enjoyed retirement, devoted to walking and reading good books. He published a well written and well reviewed book, The Strange Case of R L Stevenson, a fictional but fully researched account of Stevenson’s contact with doctors suggesting that he had had bronchiectasis, not tuberculosis. He leaves a wife, Gill; two sons; and one grandchild.

Allen Shaw
Cite this as: BMJ 2010;340:c626

Having enlisted in the Royal Artillery in 1939, Frederick Shelley (“Fred”) was a major in the Royal Signals in India at the end of the second world war. After graduating and a short time in civilian general practice, he was commissioned into the Royal Army Medical Corps, serving in Egypt and Maralinga, Australia, where he studied the medical effects of nuclear explosions. He became specialist anaesthetist in Cyprus and Libya, retiring from the army in 1964. After four years at the Department of Health, Fred was medicolegal adviser at the Medical Defence Union during 1969-84, becoming a barrister at the age of 56. He leaves a wife, Iris; two children; and two grandchildren.