

Alessandro Liberati

Campaigned for high quality evidence relevant to patients

Alessandro Liberati, health services researcher and founder of the Italian Cochrane Centre (b 1954; q 1978, University of Milan) died on 1 January 2012 from multiple myeloma.

With his splendid name, fiery red hair, utter disdain for Silvio Berlusconi, and passion for Internazionale (the left wing team for those who don't know soccer), Alessandro Liberati had the look and feel of an Italian revolutionary. But he was a gentle and convivial revolutionary, regularly hosting the "libertrophy," a weekend party of fun and games at his family home in Tuscany. At his funeral in the packed Romanesque Basilica of Santo Stefano in Bologna, his daughter Valeria read his last letter, in which he hoped that there would be a special libertrophy "characterised by high spirits and by the desire to be together."

Butterfly behaviour

Alessandro's revolutionary fervour had clear aims: improving the quality of evidence available to patients and their clinicians; ensuring, as he wrote in the *BMJ* in 2004, that "research results should be easily accessible to people who need to make decisions about their own health" (*BMJ* 2004;328:531); and trying to encourage researchers to concentrate on research that mattered to patients not to their careers or to drug companies. "How far can we tolerate," he wrote, "the butterfly behaviour of researchers, moving onto the next flower well before the previous one has been fully exploited."

These were concerns of Alessandro's early in his career after graduating in medicine from the University of Milan in 1978, but they were given a poignant intensity when in 1997 he was diagnosed as having "monoclonal gammopathy of uncertain significance (MGUS)." Modern medicine, he wrote, seems to be "good at creating 'new diseases' without necessarily knowing how to cure them."

After working for four years as a clinician and at the Istituto Mario Negri he won a scholarship to the Harvard School of Public Health and worked with Tom Chalmers, one of the first to promote systematic reviews of medical evidence. Alessandro learnt his trade working on important systematic reviews of treatment of early breast cancer and the effectiveness of antibiotic prophylaxis in patients in intensive care.

When the call came from Iain Chalmers, and others at the *BMJ*, in 1992 to start the Cochrane Collaboration, the international effort to synthe-

size medical evidence, he was one of the first to respond, and he contributed to the initial meeting of the collaboration in Oxford in 1993. Some have observed that the highly rational processes of evidence based medicine have been embraced more enthusiastically in northern, protestant countries than in southern, catholic ones, but Alessandro ensured that the Italian Cochrane Centre, which he led, was one of the first to be active. When he organised one of the early Cochrane Colloquium in 1999 in the beautiful building in Rome "where the pope went to school," the Italian minister of health emphasised the importance of evidence based medicine. Alessandro had influence: "He was a precursor of social networks in public health," says Maurizio Bonati, professor of paediatrics in Milan, "making researchers work and stay together."

The most relevant evidence

But he was not a fanatic for evidence based medicine, says his colleague Marina Davoli. He rejected "the simplistic dichotomy . . . between experimental and observational studies . . . and the concept of the 'evidence hierarchy' [which puts systematic reviews at the top and case studies at the bottom]." Instead of asking "What is the best type of evidence?" she continues, he suggested asking, "What is the most relevant evidence [for this decision to be taken], and what is its quality?"

Perhaps stimulated by his observations of Berlusconi, "one of history's most conflicted characters," Alessandro was also in recent years concerned about fraud in medical research and the malignant influence of conflicts of interest. He feared that the well of research might be poisoned and worried that newspapers like the *New York Times* might be better than medical journals at exposing and exploring conflicts of interest.

When he developed MGUS, he looked for the best evidence available and found that published reports didn't help much. Small studies suggested

that the risk of malignant transformation was between 7% and 19%. Should he be monitored? Should he be treated? There was little evidence, but he had fought the "excesses of medicalisation in oncology" and



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and so opted for no treatment. In 2002 his condition progressed to myeloma, and he was treated with a bone marrow transplant in May 2003. Should he have a second transplant? There had been four trials, but much to his irritation they weren't yet published. He went on to a second one in September 2003, moving into territory where evidence had little to say, but early trials may have overstated the benefits of a double transplant.

Just a few weeks before he died Alessan-

dro published a letter in the *Lancet* in which he looked at the 1384 studies of multiple myeloma available in July 2011 and discovered that only 10 had overall survival as a primary endpoint and that there were no head to head trials of different treatments (*Lancet* 2011;378:1777-8). In other words, few of the studies were answering the questions that matter most to patients. He concluded, "If we want more relevant information to become available, a new research governance strategy is needed."

In his final years he had the chance to put his philosophy of improving clinical research governance into practice as the manager of research in the Regional Agency for Health and Social Care in Emilia-Romagna. Roberto Grilli, head of the agency, describes how he developed a process for selecting research studies to be funded, "focused on assessing not only their methodological robustness but also their potential relevance to patients and health care delivery." Grilli observes that what made Alessandro a "special person" was that his considerable scientific skills were "always backed by good beliefs and values mixed up with civil passion." Alessandro leaves a wife, Mariangela, and two daughters.

Nicola Magrini, Richard Smith

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Arthur Gruffydd Jones



General practitioner, Merthyr Tydfil (b 1925; q Kings College Hospital 1950), d 24 November 2011.

In 1951 Arthur Jones was a locum in a general practice in Dowlais, Merthyr Tydfil. After three months, he joined a practice in the mining communities of Aberfan and Merthyr Vale where he worked for 40 years. He was a much loved GP, especially after the Aberfan disaster in 1966, when most of the 144 children and adults who died were his patients. Arthur retired in 1992 and worked in various voluntary organisations, serving as a school governor and team doctor to the Merthyr Football Club. He was an Elder of his Church and a Freemason. Arthur married Jeanne in 1951, and they had a son, who died in 2003, and two daughters.

Jeanne Jones

Cite this as: BMJ 2012;344:e728

Margaret Alice Longstaff

Former general practitioner, Toddington, Bedfordshire (b 1929; q Sheffield 1954), d 11 November 2011.

Born in Port Talbot, south Wales, Margaret Alice Longstaff ("Peggy") studied medicine at Sheffield University, where she met John, her future husband. They married on graduation. During her first five years as a qualified doctor, Peggy lived and worked in various hospitals in England and Wales. In 1960 Peggy and John set up a general practice in Toddington, Bedfordshire, to serve the village and surrounding area. Peggy was dedicated to the NHS; she had a holistic approach to care, tending to the emotional and spiritual needs of her patients as well as their bodily illnesses, before retiring with ill health in 1986. Peggy leaves behind her husband, John; her daughters; and seven grandchildren.

Fiona Richardson

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Frederick Morgan



Former general practitioner, Bristol (b 1912; q Masaryk University 1936; MD), d 11 November 2011.

Frederick Morgan was educated at a German speaking grammar school in Brno, Moravia, now in the Czech Republic. Recognising the dangers from Germany's Third Reich he escaped to England two weeks before the outbreak of the second world war. Initially his medical qualification was not recognised in Britain, but later he was commissioned into the Royal Army Medical Corps. After the war he worked briefly in various hospitals with a special interest in dermatology, before deciding to make a career in general practice in Bristol, from which he retired at the age of 65. He continued to do locums and pursued his interest in occupational health as well as working for the Ministry of Pensions and as medical officer to HMP Gloucester. Predeceased by his wife, he leaves a son, two daughters, and four grandchildren.

Tony Smeeton

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(Philip) Kevin Murphy



Former public health physician, Dublin (b 1922; q Dublin 1947; FFPHM, FFPHMI), died of the complications of multivascular dementia on 26 April 2011.

(Philip) Kevin Murphy entered the Royal College of Surgeons in Ireland, initially studying dentistry simultaneously. He went into general

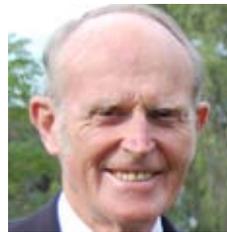
practice in the Liverpool docks, just as the NHS was established, and completed diplomas in public health and tuberculosis. Subsequent posts followed in Waterford and the Channel Islands, until he was appointed county medical officer in Donegal in 1964. Happiest treating infectious diseases, he derived lifelong satisfaction from the investigation and management of a 1962 paratyphoid outbreak. A founding member of the Irish Faculty of Public Health, he became a director of community care in Dublin in 1978. He leaves Joan, his wife of 53 years; three children; and eight grandchildren.

Andrew W Murphy

Peter Wright

Cite this as: BMJ 2012;344:e560

Kenneth Cunningham Rankin



Former professor of orthopaedic surgery (b 1939; q Edinburgh 1963; OBE), died from acute myeloid leukaemia on 3 July 2011.

Born in Egypt, Kenneth Cunningham Rankin ("Ken") divided his life between serving in Africa and Scotland. While in South Africa, he met a journalist and political activist, Joyce Sikakane, whom he married in 1974. The following year the couple returned to Scotland where Ken worked as a lecturer at the University of Edinburgh. They had five children and continued to support the movement against apartheid. In 1995 Ken was appointed professor at Pretoria University. He continued his teaching activities and was appointed the Lipmann Kessel Travelling Professor (of World Orthopaedic Concern UK). He was elected to the court of examiners of the Edinburgh College and continued as an examiner in many African universities. In 2002 he was awarded an OBE for services to orthopaedics in Africa. When his professorship in Pretoria ended he

continued to work in the rural areas of South Africa, always continuing to train surgeons and others. He eventually returned to the UK but when operating at the New Royal Edinburgh Infirmary during 2010 he was taken ill and subsequently died.

Geoffrey Walker

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David Roberts



Former general practitioner Teifi Surgery, Llandysul, Ceredigion (b 1949; q Birmingham 1973), d 15 October 2011.

David Roberts joined the Teifi Medical practice in Llandysul in 1981. He was chairman of Dyfed Powys local medical committee from 1996 until he stood down in March 2011; he had previously been chairman of Dyfed LMC from 1986 to 1996. He continued to be an active member of the committee and was the local health board liaison officer. David represented the best interests of patients and the profession in Ceredigion and throughout mid and west Wales. A member of the Welsh Medical Committee, he chaired the GP national specialty advisory group in Wales. He was a role model to many GPs. His many interests outside medicine included rural pursuits and issues; he loved the local countryside and made a huge contribution to many local and national organisations.

Janet Powell

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