

David Sackett

Physician, trialist, and teacher

Professor of clinical epidemiology, McMaster University, Hamilton, Ontario, 1967 to 1994; physician, John Radcliffe Hospital, Oxford; and director, Centre for Evidence-Based Medicine 1994-99 (b 1934; q University of Illinois 1960; Officer of the Order of Canada 2001), died from cholangiocarcinoma on 13 May 2015.

David Lawrence Sackett is widely regarded as “the father of evidence based medicine,” which is arguably the most important movement in medicine in the past 25 years. But he is perhaps most appreciated by doctors for repeating his residency in medicine some 20 years after first training because, although a professor in the medical school, he “wasn’t a good enough doctor.” This was an act of great courage and shows how Sackett, although at one time a professor in Oxford, had no pomposity whatsoever. Of Oxford he said, “They have 20 ways of saying ‘interesting,’ all of them negative.”

After completing his medical training at the University of Illinois, he was in 1962 drafted into the US Public Health Service as a result of the Cuban missile crisis. In Buffalo, New York, he met epidemiologists, was diverted from his career in bench science, and became interested in how the methods of epidemiology could be applied to his “first love,” clinical medicine. He called this combination “clinical epidemiology,” a term that had been used in the 1930s, only then it aimed to pull physicians away from individual patients while Sackett wanted them to go in the opposite direction. In 1963 he read a paper by Alvan Feinstein, a clinician and researcher at Yale, on boolean algebra and clinical taxonomy and wrote him a “fan letter.” Feinstein then became a mentor for Sackett.

Another mentor for Sackett was Walter Holland, professor of clinical epidemiology at St Thomas’s Hospital Medical School in London. Sackett did a sabbatical with him later in his career, but in 1966 it was Holland who suggested Sackett to John Evans, who was starting a new medical school at McMaster University in Hamilton, Canada.

After getting a letter from Evans “out of the blue” Sackett went to visit him, but he didn’t want to leave the US, was 32 years old, and had, he told me in an interview, “never done anything.” Evans contacted him because he wanted “a different kind of medical school” and wasn’t taken with the traditional public health people in Canada. Sackett didn’t want the job and so could be very frank.

As Sackett put it, Evans mistook “a novice for a sage” and asked him to come back for a second interview. Eventually Sackett was appointed



Sackett recognised that being scared was not compatible with being a new chair in a new medical school

and started in 1967, with the first students arriving in 1969. “I was scared,” Sackett said, “I was a kid, I’d never really had a research grant, my previous publications were on basic science, so who would want to come and work with me or give me money for research?”

After some years of the McMaster programme Sackett and his colleagues decided that they wanted to share what they were doing and wrote a series of articles on what they called “critical appraisal” The articles appeared in the *Canadian Medical Association Journal* in 1981, and at that time, while on sabbatical in Dublin, Sackett began to write *Clinical Epidemiology: a Basic Science for Clinical Medicine*, which started in 1985 as a book about critical appraisal and, with research methods added in the third edition, evolved into the “the bible of evidence based medicine.”

Sackett, together with Drummond Rennie, deputy editor of *JAMA*, and others published *Users’ Guides to the Medical Literature*, some 40 or so articles in *JAMA* that were collected together. Then came *The Rational Clinical Examination*, which aimed “to make a science out of taking a history and doing an examination,” enterprises fundamental to medicine that had not been scientifically studied.

In 1994 Sackett arrived in Oxford, where he became a clinician at the John Radcliffe Hospital as well as director of the Centre for Evidence-Based Medicine. He was interested in spreading evidence based medicine not just to Oxford but to the rest of the UK, Europe, and beyond. He

visited most of the district general hospitals in the UK and many in Europe, and he would begin his visit by doing a “post-take ward round” with young doctors, showing evidence based medicine in action. In 1998 he made 100 visits. The young doctors realised that they could challenge their seniors in a way that wasn’t possible with expert or authority based medicine. It was liberating and democratising.

Evidence based medicine took off like wildfire, Sackett believed, for two main reasons: it was supported by senior clinicians who were secure in their practice and happy to be challenged, and it empowered young doctors—and subsequently nurses and other clinicians. It did, however, produce a backlash, particularly, said Sackett, “among middle level guys who were used to making pronouncements.” One response was an editorial in *The BMJ* by Sackett and others, entitled “Evidence based medicine: what it is and what it isn’t.” That editorial, said Sackett, “turned the whole thing around.” It carefully refuted all the complaints made against evidence based medicine: it wasn’t old hat, impossible to practice, cookbook medicine, the creature of managers and purchasers, or concerned only with randomised trials.

Subsequently Sackett became founding coeditor of the journal *Evidence Based Medicine* and the first chair of the Cochrane Collaboration, a body that perhaps more than any other has been responsible for spreading evidence based medicine across the globe.

Sackett was well known for arguing that after 10 years of being an expert you should stop. In 1999 he gave his last lecture on evidence based medicine, in Krakow, Poland.

His work done at Oxford completed, Sackett retired from clinical practice in 1999 and began what he described as his eighth career, by returning to Canada and setting up the Trout Research and Education Centre, where he read, researched, wrote, and taught about randomised clinical trials. Altogether he published 12 books, chapters for about 60 others, and about 300 papers in medical and scientific journals. One of his most popular pieces was a three part essay on the importance of saying “No.”

He leaves his wife, Barbara; four sons; and grandchildren.

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William H Bain



Cardiac surgeon (d 1927; q Glasgow 1950; FRCS Ed, MD (Commend) Glas, FRCS Glas), d 14 September 2014.

Apart from his tenure of a research scholarship in the USA, William H Bain ("Bill") remained in Glasgow for the whole of his professional career. He worked on developing a heart-lung machine, operated on patients with valvular heart disease, and developed a system for pressure testing artificial valves in the laboratory, which mimicked their function in the human heart. In addition to his clinical workload he taught postgraduate medical students. He encouraged the application of computers for the continuous recording of clinical data and was chosen as president of the Cardiothoracic Society of Great Britain and Ireland in 1988. In his leisure time he enjoyed sailing and crossword puzzles. He leaves his wife, Helen; three children; and 10 grandchildren.

Murdo Turner

[Cite this as: *BMJ* 2015;350:h1959](#)

Ian Charles Fuller



Former general practitioner and clinical assistant (b 1922; q 1953; FRCGP, DObst RCOG), died from heart failure on 9 April 2014.

Ian Charles Fuller became a GP trainee assistant in Cambridge in 1955. After locums he did emergency cover in Sedgfield, County Durham, in 1957, where he took over the singlehanded Connor Lodge practice. His lifelong passion for research

meant that the practice produced morbidity returns for the Royal College of GPs and was an early adopter of the longitudinal study of oral contraception. After 29 years, Ian retired and took up wood turning, photography, and painting. In later years, he experienced gradually failing health, and in 2013 he and his wife, Averil, moved to Hampshire. He leaves Averil, three children, and three grandchildren.

James Larcombe

[Cite this as: *BMJ* 2015 350:h1960](#)

William Graham Pickering

General practitioner, paediatrician, and medicolegal expert (b 1950; q King's College Hospital, London, 1973; DCH Eng, MRCP (UK), DRCOG, FPCert, MRCGP, AFOM RCPLond, MSc), died from lung cancer on 5 February 2015.

William Graham Pickering ("Bill") was the leading national advocate of an independent medical inspectorate and published on the subject in *The BMJ*, the *Lancet*, and elsewhere. He was also a distinguished field botanist and contributed to *Private Eye*. During his training he had worked in paediatrics at the Newcastle General Hospital, and after qualifying he worked as a paediatrician at the Hospital for Sick Children, Great Ormond Street, London. His medical practice included general medicine, medicolegal affairs, paediatrics, and occupational medicine. In his later years he was much in demand as an expert witness in medicolegal matters, and he focused his work also on occupational medicine. Heart troubles later restricted him to part time employment in occupational therapy.

John Spiers

[Cite this as: *BMJ* 2015;350:h1529](#)

Pamela Mary Fox-Russell

Former assistant and deputy medical officer of health (b 1926; q Dublin 1955; DPH, MFCM), d 25 February 2015.

As a medical student, Pamela Mary Fox-Russell had an osteosarcoma of the frontal bone removed, followed by a course of radiotherapy. She did



her junior hospital posts in Bangor, Liverpool, and Chester. In 1965 she became deputy medical officer of health to the district councils of Guildford, Farnham, Haslemere, and Hambledon, and assistant medical officer of health to Surrey County Council. In retirement Pamela joined the University of the Third Age and pursued pottery, painting on porcelain, and calligraphy. She also learnt to fly gliders. In 1995 she returned to the family home on Anglesey to care for her elderly mother. She returned to her home near Farnham after her mother died but never fully recovered from the shock of her only brother's unexpected death. She leaves many friends.

Joan Robinson

[Cite this as: *BMJ* 2015;350:h1962](#)

Jean Alero Thomas



Senior clinical lecturer (b 1945; q St Mary's Hospital Medical School, London, 1970; MSc, FRCPath), died from cancer of the lung on 3 January 2015.

After qualifying Jean Alero Thomas ("Alero") trained in Nigeria before returning to the UK in 1973. After posts in Oxford and London she was appointed to a senior clinical lectureship at the London School of Hygiene and Tropical Medicine in 1992, from which she retired in 2006. Her research centred on applying immunopathological techniques to diseases caused by viruses. She was a key member of the team at the Royal Free Hospital that identified Epstein-Barr virus as a cause of post-transplant lymphoma in 1985. While still working at LSHTM, she undertook a part time degree

in history of art at Birkbeck College, London. Alero leaves her mother and her brother.

Dorothy H Crawford

[Cite this as: *BMJ* 2015;350:h1530](#)

Rita Cecily Walker



Senior consultant in geriatric medicine Oldchurch Hospital, Romford, and St George's Hospital, Hornchurch; voluntary physician St Frances Hospice, Havering (b 1933; q St Mary's Hospital 1958; FRCP), died from sepsis after bowel perforation on 17 December 2014.

Rita Cecily Walker (née Travers) was inspired to pursue a career in medicine while having corrective hand surgery as a child. She did two years as a trainee general practitioner in 1965-6, returned to hospital medicine, and spent the next four years in middle grade posts, gaining experience in geriatric medicine. In 1970 she was appointed consultant physician in geriatric medicine to the Romford Hospital Group. Outside medicine Rita studied law in evening classes and qualified as a barrister at law in 1979, but she never practised professionally. Predeceased by her husband, Eric, in 1982, Rita leaves two children and three granddaughters.

Mark Hallam

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