



David Lawrence Sackett

Clinical epidemiologist and pioneer of evidence-based medicine. Born in Chicago, IL, USA, on Nov 17, 1934, he died from cholangiocarcinoma in Markdale, ONT, Canada, on May 13, 2015, aged 80 years.

In interviews he gave shortly before he died, David Sackett remarked that he was at high school when he first became aware of his "predilection for marching to a different drummer". As a doctor it was in clinical decision making that he proved to be most publicly out of step with his peers. His discomfort emerged in the 1950s when, as a final year medical student, he looked after a teenager with hepatitis A. His patient wanted to disregard the then conventional view that bed rest was essential to avoid permanent liver damage. In searching for evidence to back this view, Sackett stumbled on a paper by a US Army gastroenterologist, Tom Chalmers. Using an experimental method that Sackett describes as "elegant simplicity", Chalmers had tested the value of bed rest and found it wanting. Sackett, persuaded by the evidence, allowed his patient out of bed; the boy recovered uneventfully. Inspired by Chalmers, a man he came to see as his role model, Sackett became a trouble-maker, "constantly offending conventional therapeutic wisdom". The beneficial product of this outlook was evidence-based medicine (EBM).

Sackett decided to study medicine because it allowed him to focus on his interest in physiology and its derangements in disease. This quest led him to the University of Illinois College of Medicine and into a training in nephrology there. In the early 1960s, he was drafted into the US Public Health

Service and spent 2 years at the Chronic Disease Research Institute in Buffalo. During this time his previous interest in laboratory studies was replaced by a fascination with epidemiology and its relevance to individual treatment decisions. In 1967, following a stint at the Harvard School of Public Health to learn more epidemiology, he was invited not only to join a new medical school attached to Canada's McMaster University in Hamilton, but to set up a Department of Clinical Epidemiology and Biostatistics there. Over the next 15 or so years he designed and took part in some 200 clinical trials, showing, among other things, the benefits of aspirin in preventing heart disease, and also developing and teaching the skills of critical appraisal in assessing evidence. It was the application of this mindset to decisions about individual patients that led him and a former graduate student, Gordon Guyatt, to the foundation of EBM.

Guyatt, now a Distinguished Professor in the Department of Clinical Epidemiology and Biostatistics at McMaster University, describes Sackett as a superb methodologist with a gift for original thinking. "He was also a natural educator who had excellent instincts about how to communicate clearly. He had a great sense of humour, so his writing was not only clear, but entertaining. When he was training us he would always talk about the science and the showbiz." In other words, good ideas alone are not enough; how you present them to people is also important if you want to capture their imagination.

As Sackett's ideas blossomed, so did his reputation. In 1994, he was invited to join the Nuffield Department of Medicine at Oxford University, UK, as Professor of Clinical Epidemiology. Through a newly created Centre for Evidence-Based Medicine he brought the new word to the Old World. Klim McPherson, now a Visiting Professor of Public Health Epidemiology at Oxford, was among those who knew him. "He was very sure that he was right, and he went to a lot of trouble to make certain that he knew his stuff. He knew the literature. He was always very determined." But not everyone agreed with EBM. Criticism within Oxford and beyond was fierce. "He ignored the criticism", says McPherson, "partly because he expected it". But EBM prevailed and began to encourage more rational and more consistent clinical decision making.

Sackett returned to Canada in 1999. Conscious of being viewed as an expert on EBM, and believing that experts too often become detrimental to their field, he withdrew to his cottage on Irish Lake in Ontario. Here he organised workshops at which young researchers could iron out potential flaws in their protocols for proposed clinical trials. "Dave had a scepticism and a positive inclination to challenge", says Guyatt. "He enjoyed stirring things up, provoking people to change the way they thought and the way the world works." Sackett succeeded: as a new generation of doctors absorbed the message, so EBM became an established part of clinical practice. He leaves a wife, Barbara, and four sons.

Geoff Watts

For David Sackett's interviews see http://fhs.mcmaster.ca/ceb/docs/David_L_Sackett_Interview_in_2014_2015.pdf