In this issue, we publish a short article based on David Sackett’s plenary address at the International Society for Pharmacoeconomics and Outcomes Research (ISPOR) 19th Annual Meeting, held in Montreal, QC, Canada, from May 31 to June 4, 2014 [1]. David submitted the article recently for publication in our journal, but tragically, he passed away on May 13, 2015. Therefore, out of respect, we are publishing his piece verbatim as submitted and have produced this short editorial to complement the publication of what might be one of David’s last articles.

The article explains why randomized controlled trials are necessary and how David’s passion for these studies developed. For the most significant part of his outstanding career, David was a founding member and chair of the Department of Clinical Epidemiology and Biostatistics (CE&B) at McMaster University in Hamilton, Ontario, Canada. CE&B was the first clinical epidemiology department in North America, an innovative department in an innovative medical school and a hotbed of evidence-based medicine.

David was always supportive of health economics and encouraged the economists at McMaster to develop a critical appraisal checklist on economic evaluation for a series of critical appraisal guides being produced by CE&B to assist physicians and other health professionals in judging the quality of published studies. This 10-point checklist subsequently became the basis for a textbook—coauthored by one of the authors of this editorial, Mike Drummond—titled *Methods for the Economic Evaluation of Health Care Programmes*, first published in 1987 and now entering its fourth edition [2].

Months before the plenary presentation, the other author of this editorial, Don Husereau, accompanied the author of an upcoming book [3] to interview David at his home in Irish Lake, Ontario, to understand more about the man and his philosophy. Beyond David’s already impressive list of academic achievements, several interesting learnings emerged, that provided more insight into his extraordinary way of thinking. His thoughts about the role of research and mentorship 40 years ago are reflected in many activities of ISPOR and its members today and also the important role of our Society.

The first and foremost learning was David’s concern that health research should address the needs of the patient. Patient-centeredness has received increased attention only recently, despite its early beginnings in evidence-based medicine. David showed a deep concern for patient experiences, communicating with patients, and research that reflects outcomes that are important to patients [4].

The second learning was David’s deep emphasis on educating the next generation to create and use evidence to improve patient health. He spoke at length on the notion that experts must eventually step aside to allow new ideas to flourish [5]. David believed his legacy was his influence on the next generation of researchers and care providers, allowing them to develop new methods and approaches.

The last was the importance of networks and multidisciplinary collaboration, another important part of the mission of ISPOR. North America’s increasing focus on efficiency and evidence in health care grew in parallel in the United Kingdom (influenced by Archie Cochrane and others), although no formal networks existed through which to exchange ideas and develop consensus methods. David and other pioneers in Canada, the United States, and the United Kingdom created their own linkages, as a means of sharing ideas and perspectives.

Knowing David and his work greatly enriched our lives. Our main reflection on his passing is that, although many individuals develop new methodologies, very few develop a whole new field of study and application with a strong underlying vision.

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