In Memoriam

A tribute to Dr. David Sackett – A Giant of Evidence-Based Medicine

Authors:
Lazar Milovanovic BASc

Author for Correspondence:
Lazar Milovanovic

Email: lazar.milovanovic@medportal.ca

On May 13, 2015, Dr. David Sackett – physician, founder of the McMaster department of clinical epidemiology and biostatistics, and pioneer of evidence-based medicine passed away at the age of 80. Although he had retired from clinical teaching and undergraduate medical education for several years, his presence and impact continues to be felt throughout the medical school curriculum, the work of faculty and staff and the research being conducted.

“What does the evidence say?” is a common refrain I’ve heard from preceptors. Although I diligently read my medical textbooks and studied the physiologic mechanisms of diagnostic tests and curative interventions, I didn’t know how to answer this question. Like all medical students, I had been exposed to the systematic process of evaluating tests and treatments in highly-controlled experiments, but I had not yet immersed myself in the evidence-based culture that permeates McMaster. I had heard names and trials mentioned in reverence: “Dr. David Sackett”, “Dr. Gordon Guyatt”, “evidence-based medicine”, and “aspirin to prevent stroke recurrence”[1], but I did not fully comprehend their meaning. In true McMaster fashion, the onus was on us as students to find resources and learn about the legacy that preceded us.

Dr. Sackett came to McMaster in 1967 as the founding chair of the department of clinical epidemiology and biostatistics (CE&B), presiding over the department during its early growth and rapid development period. During this time, through the collaborative work of Dr. Sackett, Dr. John Evans, Dr. Fraser Mustard, and many other notable clinicians and scientists, McMaster emerged as a major research and education centre for clinical epidemiology.

In addition to his role with CE&B, Dr. Sackett became intimately involved in the education of McMaster undergraduate medical students and our “risky” self-directed, clinical problem-based curriculum. In the first year of the medical school, Dr. Sackett helped develop the pre-clerkship curriculum by designing the first “biomedical problems”: the precursors to the cases comprising our pre-clerkship medical foundations today. Several years later, he transitioned to director of all clerkships, focusing on the active clinical component of our training. In these roles, he helped oversee and guide students as well as preceptors in the implementation of these novel teaching methods.

In our pre-clerkship and clerkship rotations, we are challenged to go beyond the basic tenets of treatment and understand the evidence behind our decisions. Most importantly, we are challenged to ask why. Decisions for the management of both theoretical cases and real patients are justified and analyzed through the lens of clinical trials. These studies must then be critically appraised: it is not sufficient that a randomized study was conducted, rather, we need information regarding the study demographics, design, intervention, randomization process and much more to be able to assess its quality, and more importantly, its relevance in the context of our current patient.

Throughout our education, we are encouraged to go beyond the mandatory teaching sessions and clinical encounters: to form journal clubs, volunteer abroad, conduct research, complete quality improvement projects, and further develop our critical appraisal skills. Many clinicians and researchers volunteer their time and expertise to mentor and educate students. They go above and beyond their clinical, research and educational duties to create a supportive atmosphere where students can not only survive, but thrive.

In 2014 and 2015, Dr. Sackett compiled an autobiographical interview document, edited by his frequent collaborator and mentee Dr. Brian Haynes, encompassing Dr. Sackett’s life and common questions he had been asked [2]. In this document (a must read for those unfamiliar with Dr. Sackett’s life and work), several themes become apparent: the free exchange of ideas Dr. Sackett encouraged and developed between colleagues, a passion for teaching and improving the quality of educational resources, a tenacious desire to ask why and pursue answers and the unending quest for personal growth. This desire for personal growth led Dr. Sackett to retrain, at age 49, in a two-year “retreading” residency program because he felt “out of date clinically” [2].
Today, the clinicians, researchers, faculty and staff that comprise the McMaster medical community continue to expound the ideas and initiatives launched by Dr. Sackett and the founders of the medical school. As a medical student, I have been fortunate to not only learn medicine, but to become part of a community passionate about lifelong learning, evidence-based medicine and the growth of the medical field. Though our methods are not orthodox, they are founded in the passion and vision set forth by visionaries like Dr. Sackett, and he will be missed greatly.

References:


2. The complete text of this interview document can be found here: http://fhs.mcmaster.ca/ceb/docs/David_L_Sackett_Interview_in_2014_2015.pdf