Andrew Herxheimer: his life's work, to be continued

In the late 1970s, when the *Prescrire* project was just starting to take shape, we were continually seeking reliable information on drugs (**a**). The lack of such information in French, particularly on adverse effects, led us to examine what data were available outside of France, in order to analyse and possibly publish it.

During a study tour in Quebec, we discovered the independent American bulletin *The Medical Letter*, which we translated into French for a time. Then, through our international contacts, we found the *Adverse Drug Reactions Bulletin* and the *Drug and Therapeutics Bulletin*, two UK publications, which we also translated and helped to distribute in France for a while.

An inspiration for Prescrire

In early 1980, we met with the editorial board of the *Drug and Therapeutics Bulletin*, headed since 1962 by its founder Andrew Herxheimer, a hospital-based clinical pharmacologist working in London. It was wonderful to meet with such an exceptional man, whose overriding concern was to make sure patients' interests came first.

At that time, *Prescrire* had just been launched, and its working methods had not yet been standardized. We were greatly inspired by the collective teamwork of the *Drug and Therapeutics Bulletin*, particularly with respect to their diverse and extensive literature search methods, as well as the role of the "editor" (which we translated as "referring editor") working alongside the author ("editor in charge") of the first draft of each article, and the use of a large number of external reviewers specifically selected for each topic. We also adopted the principle that all of our articles should be published anonymously; that is to say, signed collectively by the editorial team.

Prescrire's working methods were thus consolidated, and the journal was able to progress in many areas.

International action

Meanwhile, we made a growing number of international contacts. Under the decisive leadership of Graham Dukes, an Oslo lecturer on drug policy and an expert for WHO Europe, meetings were organized for drug bulletins independent of the pharmaceutical industry, notably in Madrid in 1985. These meetings led to the creation of the International Society of Drug Bulletins (ISDB) in Stockholm in 1986, gathering about fifty established or planned independent bulletins on the five continents (www.isdbweb.org).

Andrew Herxheimer for the *Drug and Therapeutics Bulletin* and Danielle Bardelay for *Prescrire* were the principal architects and managers of ISDB during its early years. Meanwhile, collaboration between the *Prescrire* team and Andrew Herxheimer in other international networks such as Health Action International (HAI) revealed Andrew's talent, openness, and creativity.

His sense of teamwork and mutual support enabled *Prescrire*, like so many other teams that seek to promote independent information on therapeutics, to share with healthcare professionals, patients and the general public certain key messages that now seem self-evident.

Patients first

Among Andrew Herxheimer's many contributions to quality healthcare, the most important is probably his effort to ensure that patients' well being is the main focus of all healthcare professionals, and that patients' interests are uppermost when preparing and communicating therapeutic information.

The *Drug and Therapeutics Bulletin*, a continuing education journal for healthcare professionals, was published and supported by the British Consumers' Association, publisher of *Which?*, and Andrew stressed that its articles needed to be checked for legibility by persons outside of the healthcare professions.

Andrew's constant concern for patients' wellbeing led him to promote regular review of treatments in daily practice. He stressed the need to obtain a thorough medication history for each patient, whether in the community or in hospital. He gradually became interested in collecting patients' testimonies, especially to detect overlooked adverse effects, but also to prevent healthcare system malfunctions. In the latter part of his life, Andrew also played a key role in the development of the DIPEx network (Database of Individual Patient Experience of Illness.

In search of missing data

Andrew Herxheimer made a major contribution to improving clinical trials and dose-finding studies of drugs. Realizing that many studies failed to convincingly determine the optimal drug dosage, he advocated individual dose adjustment according to the patient's age and other characteristics. He argued that reliable post-marketing trials needed to be conducted in the general practice setting, in order to study the effects of new drugs in unselected patient populations. He also defended public funding of clinical research, independent of the pharmaceutical industry, and the publication of all clinical trial protocols and results of these trials, whether "positive" or "negative". He actively participated in the creation and running of the Cochrane Collaboration, which promoted systematic reviews of clinical trials.

In the field of pharmacovigilance, Andrew Herxheimer, like Graham Dukes, focused mainly on adverse effects that were poorly documented at the time of market release, and highlighted the importance of identifying harms that had been overlooked. He strongly supported the efforts of independent bulletins seeking to publish such information, especially in Japan and many other Asian countries.

By thinking and acting on a global scale, Andrew Herxheimer made a unique contribution to quality healthcare. We must make sure his work continues.

Danielle and Gilles Bardelay
Cofounders of Prescrire

a- *In France, in the 1970s, only two small monthly French-language journals, La lettre médicale and Pratiques ou les cahiers de la médecine utopique, were attempting to remedy the lack of information independent of pharmaceutical companies.*

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