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Andrew Herxheimer: medicine for the people

A long-time friend and colleague and a source of inspiration for *Prescrire*, Andrew Herxheimer passed away on 21 February 2016 at the age of 90.

As a clinical pharmacologist (he insisted on the word "clinical"), he taught at London University, and Charing Cross and Westminster Medical School. Very early on, he took an interest in the global effects of medicines on patients, their practical advantages and disadvantages, and not only their chemical or physiological properties. His primary focus was adverse drug effects and how to avoid or treat them, but he was also interested in research bias and in how therapeutic information was generated and communicated.



A pioneer of independent healthcare information. In 1962, Andrew created one of the first independent medical and pharmaceutical newsletters, the UK *Drug and Therapeutics Bulletin,* and remained its editor-in-chief until 1992. He also co-founded the International Society of Drug Bulletins (ISDB), and only missed a single general assembly, in June 2015.

Andrew was born in Germany, spoke several languages (including French), and was profoundly convinced of the need for multidisciplinary and international collaboration. Shortly after leaving the *Drug and Therapeutics Bulletin* and taking retirement, he joined the UK Cochrane Centre where he helped create the Cochrane Collaboration in 1993. For several years, he chaired the working group on the methodology of studies of adverse effects. He contributed to a large number of reviews and meta-analyses: as author, editor or reviewer. This is an activity that he pursued until the end of his life.

Andrew was a member of the group that founded *Association Mieux Prescrire* and was, for a time, one of its administrators. He wrote several articles for *Prescrire*, reviewed draft manuscripts, and headed an educational mission for a number of years (1-5).

To give just one example of his many important contributions, Andrew stressed the linguistic imbalance between drug benefits, that seem real, and drug risks, that seem rather hypothetical. As a result, he advocated the use of the word "harm" rather than "risk".

He strove to make healthcare information accessible to non-professionals. He distrusted "data", since simple numbers could not convey individual experiences. Two of his most memorable sayings are "*coherent stories matter*" and "*numbers need words*".

Inspired by patients' individual experiences. When faced with the need for knee replacement surgery, he realised that neither his own medical knowledge, nor the available information, allowed him to envisage the concrete impact such an operation would have on his life. This brought him to the realisation that patients' own experiences, if they could only be collected and published, would be extremely useful. Together with Dr. Ann MacPherson, an Oxford GP, and Sue Ziebland, a professor of medical sociology, he created the Database of Individual Patient Experience of Illness (DIPEx), a not-for-profit organisation that employed methods derived from qualitative sociology. The data were made available to the public in the form of analyses and short video or audio clips, as well as brief transcripts of patient interviews, on the websites of Healthtalk (www.healthtalk.org) and its many partners in DIPEx International (www.dipexinternational.org). Andrew worked with DIPEx until the very end of his life.

He thus reconciled evidence-based medicine (DTB and Cochrane) with patients' structured medical testimonies. He was and will remain an inspiration to us all.

Many achievements. It is impossible to list all of the many and diverse topics that Andrew addressed, or all of the collaborative work in which he participated. *Prescrire*'s editors exchanged ideas with him at numerous meetings and forums, and can testify to his outstanding talent as a leader and debater. He took great care to use clear and simple English when addressing international audiences. And he stressed the need to ensure that all public talks be concise, rigorous and memorable.

Andrew will also be remembered for his generosity and wit, including an immoderate taste for word play. For Andrew, medicine was all about serving the individual patient. He considered each individual to be equally important, which is probably why he perceived the value of patients' individual testimonies, especially regarding their experience of drug treatments, both positive and negative.

Prescrire was greatly enriched by Andrew's ideas, vision, enthusiasm and experience. We were very fortunate to benefit from his advice over the years. Andrew was a solid and faithful friend and colleague.

In summary, Andrew was a prime mover in a European-wide initiative to resist biased information, to expose the hidden harms of drugs, and to provide patients with honest, unvarnished information. He helped plot a course that we vow to pursue.

Andrew, thank you.

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