

Polishing the tarnished image of academic medicine

Peter Tugwell, head of the campaign by the *BMJ* and its partners to promote academic medicine, tells **Jocelyn Clark** how the discipline has come to be seen as more attuned to self interest than to benefiting society

Peter Tugwell had the right cosmopolitan outlook to lead the international campaign by the *BMJ* and partners to promote academic medicine. He was born in Egypt; was raised in India, Germany, and Hong Kong; trained in England and Nigeria; and is now based in Canada, having spent sabbaticals as a visiting professor in the United States and Australia. And if attending 14 schools in 13 years while travelling with his parents (officers in the British army) wasn't enough international exposure, Tugwell has ventured all over the map in his lifelong commitment to health equity (in the last month alone to India, Washington, New Orleans, Italy, and Australia), in his effort to use the "skills of clinical epidemiology to make a difference."

He is now a professor of medicine in Ottawa and holds a Canada research chair in health equity as director of the Centre for Global Health at the University of Ottawa's Institute for Population Health. His career has covered the three activities of academic medicine: clinical care, research, and teaching. David Sackett, father of the evidence based medicine movement and Tugwell's long time mentor, reflected on the choice of Tugwell as leader of the campaign: "He possesses that rarest of combinations found in academic medicine these days: knowledge, wisdom, experience, imagination, and humility."

This humility was evident when I asked Tugwell what inspired his career in medicine. He chose a story about a seminal outward bound course at the age of 16 in England's Lake District. The trials of working as a group of young men, abseiling, mountaineering, and learning the skills of survival were described as "phenomenal, very intense—a life changing experience." You get the impression straight away that Peter Tugwell is a man who likes a good challenge.

These are characteristics that surely guided his academic career. After completing his bachelor of medicine degree at London's Royal Free Hospital, during which time he acquired his first taste of research in



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Professor Sheila Sherlock's laboratory, he pursued an interest in liver disease in Nigeria. Over three years while living in a traditional Hausa mud house with no running water, he and his wife Jane, a nurse, "triaged up to 100 patients a day and cared for a panoply of advanced disease that is rarely seen in industrialised countries—meningococcal and pneumococcal epidemics, tetanus, rabies, and tuberculosis, as well as problems unique to the region." He also completed his MD thesis while in Nigeria, conducting clinical, immunological, and epidemiological studies in pulmonary and hepatic pneumococcal disease.

In 1975 they returned to the United Kingdom to start a family

(David is 29, Laura is 27) but soon went overseas again—to Canada—where Tugwell worked as a chief resident in internal medicine at McMaster University in Hamilton, Ontario. He expected to stay for a year, but his plans were "pleasantly doomed from the start." On his first day in the cafeteria his English accent was recognised by David Sackett, himself fresh from a sabbatical in the United Kingdom. Sackett suggested that Tugwell take a course in clinical epidemiology, which led to enrolment in the master's programme (completed in record time). A year later he became a faculty member, and the year after that the chair of the department.

to his repertoire, leading the merging of departments of medicine across four hospitals in Ottawa (creating the largest hospital in Canada), an experience he describes as "traumatic to many but provided the opportunity to introduce major clinical and academic initiatives."

Alongside the administrative and educational activities, Tugwell continues to see patients in his rheumatology clinic, a job he clearly enjoys, proudly describing how many of his patients he has looked after for more than a decade. He still gets referrals from all over Canada from his work in clinical trials and Cochrane reviews of new agents in arthritis and osteoporosis.

So how does Tugwell manage to accomplish so much? A self described "consensus builder" who concedes he's more "task oriented than time oriented," Tugwell clearly values a team approach that "not only is more fun but nurtures innovative solutions."

These are qualities that will bode well as the academic medicine campaign begins its work of more sharply focusing its mission and scope. One thing Tugwell is adamant about is that the work of the campaign is "not special pleading, but an examination of the roles of academic medicine, and the ways in which doctors might enhance their altruistic responsibilities to patients, the public, and the world's health, in addition to their consideration of vital career opportunities." In doing so, he's keen to develop an argument of both the economic and social benefits of investments in academic medicine.

He is particularly concerned about the tired (some might say tarnished) image of academic medicine, which is the result of a "lack of appreciation of the benefits of academic medicine by elected representatives, and the marginalisation of academic medicine—it's unfortunately being increasingly viewed as vested interests more attuned to self interest than to benefiting society."

Thus Tugwell insists that the work of the campaign will include the "customers" of academic medicine—not only practitioners but also patients, public, and politicians—reflecting the inclusive approach and the focus on equity that have clearly typified his career. (See editorial, p 597) □
Jocelyn Clark *BMJ*