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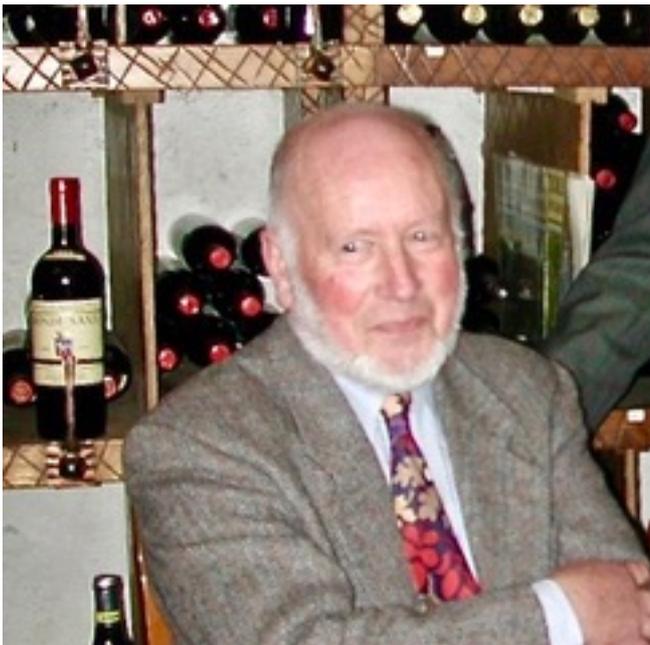
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J T Hart in Verona

Photo by M. Baruchello

Special Number in memory of
JULIAN TUDOR HART



JULIAN TUDOR HART

THE UNIVERSAL GENERAL PRACTITIONER

Francesco Del Zotti
General Practitioner - Verona Italy
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We dedicate this special issue to Julian Tudor Hart, who died on July 1, 2018, our inspirational guide, who for decades has honoured us with his friendship and his participation, together with Prof. Paul Wallace, to the the international scientific committee of this magazine. You can read, in the sitography, his two articles written for our magazine titled and articles-interview written by doctors in collaboration with the epidemiologist Pasquale Falasca, on the occasion of his participation in the Congress of Bertinoro. Mario Baruchello, Gianluigi Passerini and Ferdinando Petrazzuoli are taking part in this celebratory event. A special thanks to the italian GP, dr Giulio Rigon, who edited this newsletter, comes in two versions (Italian, English).

Mario Baruchello, with which few brush strokes , is showing the affective charge of Julian toward our Italian group: we had the pleasure to invite him to some scientific and social events. And Mario, a well-known photography enthusiast and skilled archivist, has rediscovered for us some photos he portrayed and his drawing.

Gianluigi Passerini, well-known cultural
Rivista QQ, August 2018

leader of Italian MG and a profound connoisseur of British medicine, shows with an in-depth and passionate article what he has had on our souls and on our concept of General Practice.

Ferdinando Petrazzuoli, member of the executive board the European EGPRN research network, remembers his figure and his masterly conference at the important 2009 EGPRN European Congress, in the splendid medieval setting of Bertinoro.

I met Julian Tudor Hart at the 3rd SIMG congress in Florence in the autumn of 1985.

He presented the results of his original experience of GP and epidemiologist of a small village in Wales. His transparencies struck me. While others presented color slides from the standardised format, he presented the data with handwritten black and white transparencies. In them, in addition to the great graphic expertise that I would later have known, the rigor of his method and the power of his commitment were highlighted. The histograms showed the before-after intervention in his community: numbers and percentages of measurement among patients of practices such as the measurement of blood pressure or the Pap test. Simple column diagrams showed increments of more than 40-50%, such for which he commented that the data and the graph spoke for themselves, without the need for refined statistical tests, often

useful to mask small "significant" differences only statistically but clinically insignificant. The simplicity and power of those transparencies fascinated me and encouraged me to ask him if I could go and see him as a medical observer. And so I did in March 1986, starting from a town of Puglia where I was working (Modugno). You have a report of mine in the article in the sitography entitled "da Modugno al Galles". I stayed less than 10 days. A short period that however would have marked my entire professional life.

The relief of his scientific and social presence in British General Practice can be deduced from the beautiful necrology appeared on the BMJ (Bmj, 2018).

In these next lines I will give you some snapshots about its versatility: the doctor, the researcher, the person, the friend, the character.

The General Practitioner

In the clinic he was very meticulous, and he carefully treated the data recording. He would append to a notebook data, commitments and ideas continuously, and in any room of the surgery or home; on that notebook where he occasionally relaxed with drawings and portraits.

He had a huge wardrobe in the office filled with clinical records; every clinical record had become big folder after decades. The secretary handed over the file to the patients before the visit; this testifies to its tension towards transparency and

horizontality in the relationship with patients. His faith and rigor in recording data and in medical records are better understood in light of an episode. In Bari (as I said I worked close to Bari, Puglia region, until 1993) as provincial president of Italian Society of General Medicine (SIMG) I organised at the end of the '80s one of the first meetings with the innovative method of continuous training "in small groups." We were proud. Julian, at the end of our meeting told us: "Yes, use a good method, but what you are doing we do not do it anymore." For some years now we have not worked with theoretical cases at a table: we take the clinical records with us to the meeting. " He made numerous daily home visits, bringing with him the groups of folders related to that house and that family. Home visits were not just strictly for clinical problems. At each death he used to go home to the widow or widower for homage to the family and to bring comfort and plan a subsequent visit to the home or in the clinic.

He also impressed his love for the truths also uncomfortable. He went to the bottom of the diagnostic process of his and his colleagues and he gave report on s to the patients. Only from this attitude could grow a extraordinary study, in the General practice of each country: "Be Your Coroner", an audit of 500 consecutive deaths in General Practice (Hart, 1987)

His approach to the entire community of his patients was constant and original. For

example, each year it provided each family with a Bulletin on the management of the clinic, staff composition, activities and workload; with, finally, some statistics on the main diseases and risk factors

The Researcher

He had been a researcher up to 35 years under the leadership of the great Cochrane. Then he decided to embark on a challenge. Perform both the work of MMG and the Epidemiologist together. Cochrane was a pessimist: "you will not be able to perform both tasks well". His fundamental and prestigious publications and the love of his patients testify that he has won the challenge. This was also thanks to the decisive collaboration of his wife Mary who worked in the same group as Cochrane as a research secretary and who always proved to be a decisive figure. His epidemiological research has been possible both thanks to rigorous methodology and thanks to the ability of Julian and Mary to have contact with the entire community. For example, the search for the relationship between salt in the diet, measurement of sodium and hypertension, was possible thanks to civic assemblies in the village of miners and door-to-door to each patient's home.

But there was not only capacity for adherence to the local spirit. There has also been an ability to hold relationships with the highest levels of British epidemiological research and in particular

with the Medical Research Council. The MRC continuously sent young trainees and approved and financed research projects; which has also honored this important body that has shown rare ability: logistically support the MG without overwhelming it. I myself witnessed the respect Julian enjoyed in the high spheres of research; and thanks to him I had the honor of being presented to the famous epidemiologists Jeffrey Rose and James Mc Cormick.

The Friend

Since I was 34, Julian turned out to be an affectionate and sweetly paternal colleague and friend with me and my family. He was happy to visit Italian beauties and cities of art, including the city where I now reside: Verona. But he, of a refined London family, was much more enthusiastic when we visited less sparkling places: for example the small towns of Basilicata, Puglia or Sicily. Or when he knew and became a friend of simple people as in his stay of a few days in Polignano.

The character and his social commitment

Julian has continuously expressed his spirit of independence: his social and political choices have always been counter-current, on the side of the humble. One example of the miners' strike in Wales. He, General

Practitioner of a small country of miners of Wales, during the famous strike of 1984-1985, supported their cause.

As? The miners were on their last legs: for example they were forced to cut many of the trees in their hills to warm up (it was the revelation when I asked him: "why, Julian, in the valley one of the two sides is without trees?"). In those dramatic months Julian worked for an international fundraiser between doctors and epidemiologists (eg by sending magnificent postcards made by him: he was a brilliant designer) while his wife organised in front of his house huge tables to feed the population. In short, in a world where doctors often love to get on the wagon of the winners, Julian Hart, a true doctor, climbed onto the chariot of the humble and the losers.

Moreover, in an age when myopic nationalisms are imposed, we like to remember that Julian was a convinced internationalist. His solid political base fuelled the drive to know the international dynamics of the profession. He was an official consultant for some national health ministries and an informal consultant for many national movements of Gps.

Conclusion

Julian with his life has taught us that you can not be a good doctor and good epidemiologist without an ability to get involved, and to involve the individual and the community. Patients do not offer collaboration to complex research projects without there being not only respect but also a sort of love towards their doctor.

Julian Tudor Hart reminds me of one of the founders of modern medicine: Rudolf Wircow. The German scientist, besides being a champion of medical research, was always politically engaged and often an antagonist of dominant power. He dedicated himself to assisting everyone, regardless of their economic possibilities. According to the well-known medical historian Nuland he was "the main exponent of the thesis according to which man is the product of the situation in which he lives. Environmental influences, occupation, inheritance and even social class played a decisive role for Wircow ". Following the same words of Wircow: "scientific knowledge is required of the multiple and varied relationships of the single thinking individual with the world in constant change". Nuland concludes: "According to Wircow, man had to be studied not only under a microscope, but also with a macroscopic vision connected to the universal vision of his humanity".

Replace the word "microscope" and "macroscopic" with the words "general practitioner", "community doctor", "epidemiology": you will be introduced to the world of Julian Tudor Hart

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Julian Tudor Hart :“La ricerca per la medicina generale: dati poveri da numeri significativi o dati consistenti da persone “insignificanti”?”

Del Zotti F “I memorabili workshop di Bertinoro su Netaudit e fragilità, alla presenza di Hart e Dean”

a cura di Livia Lo Presti, Anna Marcone, Agnese Accorsi, e Dr.Pasquale Falasca Unità di Epidemiologia Ricerca & Sviluppo , Ravenna.

“Il concetto di fragilità per favorire l'equità sanitaria: il contributo di Julian Tudor Hart ”

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<https://app.box.com/s/bmkidjuxbfj27jini1bmy8hg6rbgxdfd>

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JULIAN TUDOR HART WAS A FRIEND OF OURS

Mario Baruchello
General Practitioner, Vicenza Italy

We were a lot far January 25, 2003 to welcome him with his face engraved by the winds, framed by a beard to the Solzhenitsyn and the ever-present nostromo bleu cap to the 12 Apostles in the heart of Verona.

Franco Del Zotti had invited him; we wanted to make him feel, with the strength of our affection, the professional esteem and the deep respect for having been a country family doctor who had revolutionized with determination, with constant sacrifice, with the coherence of a lifetime the whole evolution of general practice.

On the one hand the scientific method of research / action that earned the dignity of specialty to a branch of medicine until now neglected. The diaries with the pressure data of all his patients, compiled with the indefatigable and disinterested help of his wife, of which he showed us an original, are the faithful testimony of the careful study of a stable population operated in a longitudinal way. to understand, with the method of careful compilation of the medical records, that prevention was the real anticipatory medicine capable of delaying chronic cardiovascular diseases and saving lives.

On the other, the social commitment preferring the Scottish community of poor and oppressed miners to Glinccorwg to the magnificence of researcher in epidemiology with Archie Cochrane and Richard Doll.

A biopsychosocial vision that combined with the use of initiative medicine extended the routine consultation to the entire patient experience in a population-based approach. This is how he demonstrated in his community a 28% reduction in mortality in treated hypertensive patients, compared to untreated patients. *

While we fed him pasta and beans, cotechino and pearà watered by the best amarone he resisted telling us his life and smiling to his wife nearby. Meanwhile, with a sure stroke of pen, he portrayed us in a drawing in which the assembly of our caricatures had nothing to be envied by the stylistic construction of the anatomic lesson of the dr Tulip realized by Rembrand in 1632.

Only the dead body was missing wich had been replaced by the table set in an epicurean banquet in the most famous restaurant in Verona under the arches of the Roman Arena.

In a picture, which portrays us in a group, I see friends who will open as long as I live the doors of our house and next to my wife that evening stands the serene smile of Claudio Carosino gold medal for civil valor that gave life to real medicine .

* J T Hart The Lancet 1970 Elsevier,
Semicontinuous screening of a whole
community for hypertension

Postilla:

J Tudor Hart wrote, before having the
General Practice Chair in 1976 in
Manchester, "the general family doctor
studies what is not needed at the hospital
at the University, in the hospital he learns a
medicine that is not that of real life and in
the end it must be formed with many
autonomous paths to juggle everyday
family and community medicine " .



You recognize: Mario Baruchello, Franco Del Zotti, Gigi Passerini,
Giuseppe Parisi, Julian Tudor Hart, Giorgio Visentin

**JULIAN TUDOR HART, A MAN AND A
MEDICAL DOCTOR/GENERAL
PRACTITIONER WHO WILL ALWAYS
STAY WITH US**

Gianluigi Passerini
M.D./G.P.
Italian Member EQUIP (European
Society for Quality and Safety in General
Practice/Family Medicine)

He might not be with us anymore but Julian is somebody who will always remain among us and will be remembered in the history of medicine.

Julian's spirit, inspiration and knowledge will be forever present in the future of General Practice/Family Medicine, as a corner-stone in medical thinking.

I cry for his departure even though if I know that he doesn't want anybody to do it but just to continue along his way, because he really was a "visionary and unique and exemplary human being and medical thinker".

Julian was (and still is) a doctor, a General Practitioner, a researcher, an artist, a poet, a "specially human" human person devoted to population science and a socialist/communist (Member of the Labour Party). He always had a positivistic approach to life and to people.

I met him at first at the Royal College of General Practitioners in London,

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introduced to him by my friend and teacher Hugh Charles Faulkner.

By the way, on that occasion Julian [and Hugh] introduced me to Arcibald Cochrane (Julian's teacher when Julian worked with him in Epidemiology and Statistics at the Medical Research Council where Cochrane was the Director). This was a special honour for me, a special honour in my life.

Starting from the higher echelons of London society and university he then decided to move to a real and complex/complicated surgery in the coal mining village of Glyncorrog (Wales).

For him, a visionary, it was a particular aim/challenge to be GP in a place where health care was more needed and necessary.

To explain this move I will start with the story of how I engaged with him.

When I went to Glyncorrog for the first time (around 1982-1984), it was with my dearest friends Hugh and Marian Faulkner. Hugh, my Mentor GP who taught me many things in London and then in Italy. Julian then suggested to my young son to go and buy an ice cream at the the local ice cream shop, which was run by Italians.

The shop name was "Gelateria La Veneta (the Veneto Ice Creamery)". The owner asked my son where in Italy he was from to which he replied: "from Sondrio".

He also said: "But we also come from the same town where we run an ice cream shop with exactly the same name". This was quite a coincidence.

Their shop actually was my favourite ice creamery in my youth and then moved to Wales because UK-based relatives in that little coal mining valley told them that there was much more to do than in Sondrio.

At that time miners worked there in their thousands. It was about a decade later that the British government decided to close them all.

In the times that followed, in the battle that the miners' put up against the poverty they faced, Julian's wife Mary became one of the leaders of women against the closure of the mines.

This is just to make you understand where they had moved and why: to offer medical care to one of the poorest population in the UK.

It was a mixture of political and medical reasoning for Julian to leave London's higher social strata to start putting in practice his political (socialist/communist) and medical ideas as the *raison d'être* of his professional life.

He started General Practice carrying out epidemiological approach, studying cardiovascular risk factors in his population, then screening them with the aim of reducing the incidence among them of "a kind of unprivileged" people. This was the so called anticipatory preventive care.

Smoking, drinking, poor and fat diet where typical of that area and of that population of mine workers. There was

nobody there to check their blood pressure, for instance.

Julian and Mary's house looked like an Institute of Epidemiology & Clinical Research: I remember a large room totally filled with books, papers, hand-written pages and files of data. A research fellow in the field, Mary worked in cooperation with Julian who gathered the data in everyday activity in the surgery.

What mostly and at first (among many other things and ideas/practices in that surgery) hit me was the famous method of "Family Clinical Records" settled up and used by Julian: he used to keep [paper]clinical records archived together for each family instead of individually, the father's one containing the ones of wife and siblings.

In this way cardiovascular risk factors could be studied inside each risk factors unit, i.e. each family/household.

Julian and Mary gathered and published previously non-existent epidemiological and clinical data on cardiovascular risk factors in a "really general and unselected" population.

He was the first GP who wrote a book on Hypertension. I still have a copy, which he wrote in for me, as well as of others of his books. This book was considered as a reference textbook and was read also by specialists, who used to take it as reference and accept/appreciate it, even if it had been written by a GP.

In 1960-1970 it was not usual among GPs to check blood pressure preventively

in every adult patient as Julian Tudor Hart did. He also did it to help with the research, demonstrating a lowering in cardiovascular morbidity in his own assisted population.

Among his other contributions, I want to recall two other books, from the period after his retirement:

A new kind of doctor: a book of a realistic visionary, the first written after his retirement, in which he asserted the partnership among doctor and other health operators to create and develop a better forms of health care

The political economy of health care, a clinical perspective: there he wrote about the way finances were used (and could better be) in the N.H.S., dealing with determinants of health outcomes in the British National Health Service and how they could be better achieved in the 21st century.

The many books he wrote inspired a great deal of social, political and medical debate in the UK and all over the world.

Two fundamental issues in his life and publications have been crucial in his inspiration and proposals:

The inverse care law

Basing medical education on General Practice instead of on hospital care

The first is universally known (who has health problems has no access to resources and vice versa) and since now on I would suggest we name it "Julian Tudor Hart's Law".

The second started from a paper, he published on The Lancet, in which he made the proposal that Medical Students should be trained as General Practitioners and not as specialised Medical Doctors, i.e. they should be clinical doctors and, only afterwards, should they be trained to become specialists. Otherwise they would have lost the clinical vision of medicine, as that usually happens when students are only exposed to hospital-based specialist learning.

His paper was followed by a discussion, also involving American Medical Teachers. The issue is still valid, as the priority need in providing the world with effective care passes through a well structured and clinically approached effective Primary Care, an assertion on which there is more and more worldwide agreement. This is especially the case after the increase of medical care's need in the face of a huge increase of its less and less affordable specialised costs.

Julian was also a real eclectic artist, not only a naturally talented designer and painter.

In Glyncorrog he asked my son his name, took a glass and in a while, using a pyrography method, wrote his name, with a drawing of a couple of sparrows (as our surname means little sparrows), on it.

There is something else which he became well-known to his friends for and which we keep: his famous Christmas Cards.

For decades at every Christmas he used to send friends a drawing with a written comment on the previous and forthcoming year. These were were high quality artworks and a sign of close and continuing friendship and relationship.

At every Christmas we were eager to imagine what would be the topic of that year! The 2017 one (see picture) encloses the whole of his history.

When Julian and Mary come to spend a holiday period at our house by Lake of Como many years ago, they would have come again with pleasure but he was already heavily suffering from chronic low back pain. They left a bottle of whisky and in the fridge a few very tiny little bottles of Martini, which are still there and there will remain.

I feel lucky and deeply honoured to have had the chance to meet Julian Tudor Hart. He will remain a corner-stone in the experience of my medical history and profession.



ONE OF THE GIANTS OF GENERAL PRACTICE OF THE TWENTIETH CENTURY PASSED AWAY LAST JULY

Ferdinando Petrazzuoli
European General Practice Research Network
Executive Board & Educational Committee

Doctor Julian Tudor Hart is known to have highlighted for the first time one of the problems of modern European health systems, the so-called "inverse care law", published in *Lancet* in 1971, according to which "communities most in need of good healthcare are those least likely to receive it".

Born in London, he studied medicine at the University of Cambridge. Working with a Welsh mining community had been Tudor Hart's ambition since he started his medical career in 1952. The opportunity came nine years later when he moved to Glyncoed, a village in the Afan Valley, and he set up a research practice in what was little more than a wooden shed. Mary Thomas, a medical researcher of equally radical convictions, followed him and in 1963 became his second wife.

He also gained research experience working alongside epidemiologists who were to become illustrious figures in the field: first, Richard Doll at the London School of Hygiene and Tropical Medicine; subsequently, in a move that took him to south Wales, Archie Cochrane at the then Welsh National School of Medicine.

This background in epidemiology taught him to investigate the relationship between his patients' lifestyle and their poor health. He pioneered much of what is now accepted as routine preventive care.

The key to the success of his research, which led him to international fame, was the remarkable and sustained cooperation of his 2,000 patients, given in return for his unswerving commitment to them.

He was a keen supporter of the universalism of the United Kingdom National Health Service (NHS). Even after retirement he continued to be a researcher and obtained honorary positions at the universities of Cardiff, Glamorgan and Glasgow.

In an increasingly technological and mechanistic medical world in which we now live, we need people like Julian more and more. We must remember that artificial intelligence and technology are not always the appropriate response and we must strive to maintain compassion, human dignity and give importance to an approach focused on family and patient care.

I was lucky to have met him at the meeting of the EGPRN (European General Practice Research Network) in Bertinoro in May 2009, where we invited him to give a lecture. When I asked him what academic qualifications and affiliations I had to write in the official program next to his name, he simply replied: "doctor of experimental life".

The general Italian medicine that has no heroes, not because there are none, but because it is not able to identify them mainly because of the crumbling of its traditional and genuine values by the public institutions and their substitution

with merely economic values, should pay homage to a shining figure like Julian Tudor Hart.

We will miss him a lot.