

# Professor Hamish Barber

## MD FRCGP FRCP(Glas) FHKCGP

Hamish Barber, the first professor of general practice at the University of Glasgow, died aged 74 on 26 August 2007, after a long illness. He was born in Dunfermline, and christened James Hill Barber after his maternal grandfather, a GP in Renfrew. He qualified in medicine at Edinburgh University in 1957. After 5 years in the RAF, he obtained an assistant post in general practice in Callendar (where the BBC series 'Dr Finlay's Casebook' was filmed). This could have been a job for life, but at this stage he discovered the thrill of carrying out original research, via an investigation of urinary tract infection, for which he was awarded the degree of MD. This was a very unusual achievement for a young GP, and it was no surprise in 1966 when he became the first GP to be appointed to the Livingston Project — an experiment in which GPs divided their time between a hospital specialty in which they had special expertise, (in Hamish's case, general medicine), and general practice.

In 1972, he was appointed as senior lecturer in the organisation of medical care at the University of Glasgow. The appointment was a huge challenge. Many

colleagues in the University, and in general practice, were sceptical of what a GP could offer in a University setting. Hamish caught the ball running. He had no difficulty in accepting and meeting the unprecedented challenge laid down by the Faculty of Medicine that his course would only be accepted if shown to be effective.

Although medical students had visited general practices as part of their training in Glasgow, the educational content of these visits tended to be haphazard. Hamish developed new courses, whose clinical content was defined, so that tutors could be briefed and teaching could be evaluated. His purpose was not to teach general practice, but to teach those aspects of clinical medicine, including personal and continuing care, which were best taught in a general practice setting. As there was no textbook, he wrote one, 'The Textbook of General Practice Medicine'.

With no resources for teaching, he had to recruit, maintain, and expand a cadre of volunteer GP tutors. His course passed the test and was included in the medical curriculum. Within 2 years, funds had been obtained to establish a separate university

department of general practice and the Norie Miller chair, endowed by the General Accident Insurance Group, for which Hamish, with his ideas, energy and leadership, was the natural choice.

The hectic pace did not stop. Only those who were there can know just what Hamish achieved in Glasgow in a remarkably short space of time. Hamish was a true academic entrepreneur, building a portfolio of clinical trials funded by pharmaceutical companies, enabling him to increase his core staff to the critical level necessary for survival. Hamish also maintained a fruitful relationship with General Accident, as it continued to support and be interested in the activities of the department.

General practice teaching expanded to feature in every year of the course. His department was at the forefront of educational developments, such as problem-based learning, joint teaching of students from medicine and social work, computer-assisted learning, and a module-based MSc course in general practice. Based at Woodside Health Centre, Hamish was at the forefront of service developments in primary care, pioneering the team approach with health visitors leading programmes of prevention for child care, and care of the elderly. At one time, half of the general practices in Scotland were using his Woodside child health record.

Hamish himself had the priceless inborn ability to interest and inspire those he taught. Many doctors remember his contribution to joint teaching sessions with hospital colleagues at the Royal Infirmary, and many careers were influenced as a result. By the time Hamish retired in 1993 after two decades at the helm, he had left a legacy from which new success was assured, and it was a pleasure to him that that has been the case. Five of his team (David Hannay, Stuart Murray, Frank Sullivan, Tim

*Professor Barber presenting his model Aye Hameward, a Moray Firth herring boat from around 1850, to the Museum's Assistant Curator, Jennifer Gordon, in July 2004.*



## ETHICS

In 1988 I took out a subscription to the *Journal of Medical Ethics*. It was not cheap, and not an easy read, but its four issues per year were manageable and interesting. Gradually a bloating set in. I was finding the journal unmanageable and less interesting, and cancelled my subscription.

Sometime in the 1990s, four issues became six. In 2000, it sprung an offshoot, *Medical Humanities*, with its own two issues yearly. The next year, its seven lines per inch were replaced with an eye-straining eight lines per inch. By 2003, its overall size grew from a friendly sub-quarto to a standard but more overbearing A4, although at least it lost its extra line per inch. In 2005, the main journal became monthly. I just couldn't keep up. I was reading less and less, and experiencing a large amount of déjà vu.

The subjects considered by the journal are endlessly fascinating: abortion, euthanasia, confidentiality. But I can't help feeling that there is nothing new, and that it is probably not a good thing (as Michael Rawlins and Anthony Culyer tried to do), to tangle with a philosopher. Articles were followed next issue by 'A response to ...', and so ad infinitum. The full title of one article in the journal was 'Response to a response'. Book reviews, latterly consigned to the electronic edition, dealt with books about reproductive issues, healthcare rationing, fertility, third world issues but rarely did they refer to the many previous books which in their turn had been reviewed in previous issues. There was some experimental ethics, commonly surveys of responses to situations, but I never saw any evidence that the authors of purely philosophical papers did literature searches. Occasionally a new topic would burst forth, with a flurry of philosophical interest, but a sense of ennui set in with the realisation that the wider world would take no notice of the ethical issues anyway.

Nonetheless, I persevered for the increasingly rare pearls, until the dragon tyrant ended it for me. In a long paper, an analogy was drawn between death and a dragon that terrorised a town by eating thousands of people every month. Such a dragon being obviously a bad thing, imposing a moral duty to slay the dragon: thus death also was a bad thing, to be defeated. The author did explain that the intention was not lifespan extension as such, but the human 'healthspan' — but that is stating the obvious, and scarcely needed the dragon. Soon after that, the *Journal of Medical Ethics* and I parted company.

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**Professor Barber's model of the Portessie Scaffie, Gratitude BCK252**

Usherwood, and Jill Morrison), themselves became professors of general practice. Hamish had a wide range of interests outside general practice. Following his early ambitions to be a marine architect, he became an expert model boat builder, his work including a full range of Scottish fishing vessels, 10 of which are now on permanent display, as 'the Barber Collection', at the Scottish Fisheries Museum at Anstruther. He was a fine mountaineer, yachtsman and cook. He married Pat in 1958 and they had four children, Susan, Penny, Nicky, and Colin. Pat died in 1980. He married Marion in 1991, including her two sons Steve and Jonathan in a large family now containing 11 grandchildren.

Hamish Barber pioneered academic general practice in the early days, overcoming numerous sceptics, generating his own resources, and rapidly establishing a platform on which others could build. The lasting memory is of a man with great charisma and a huge range of skills, a natural innovator and someone who really did make a difference to the development of Medical Education and Medical Practice.

**Graham Watt and John Howie**