EDITORIAL

In Memoriam, Professor Barbara Starfield

Professor Barbara Starfield died unexpectedly at home in the U.S. on June 10 this year, 78 years old, while she was still professionally active. In PubMed we can still find new papers from her published in 2010 and 2011, and as late as in April this year, I received a mail from her asking for Danish input to one of her scientific activities.

Probably no other researcher has given a clearer and better documented scientific voice to the importance of primary health care as part of a comprehensive health-care system, and most primary care researchers have quoted her papers.

Her postgraduate training was in pediatrics, but all her research addressed primary care and primary care health policy. She was from Brooklyn, N.Y. and graduated in 1959 from The State University of New York, but her clinic and scientific career was at John Hopkins in Baltimore U.S. To the very end of her life she enthusiastically interacted with a large professional worldwide network, and she spent more time travelling and giving presentations and workshops than hardly any other primary care professor in the world.

Most of her research addressed health services research or the science of how to deliver good, fair and affordable health care to a total population in a country. She had a strong focus on key elements in a well functioning health care system such as a person and not a disease approach to patients, and a holistic

and not a single disease approach to the meeting between the patient and the doctor in the consultation room. She fought passionately for more equity in health, and to her sudden death she was travelling around the world to promote primary care as a tool to create better health care and better health.

Not all Americans liked her ideas about primary care, but she never gave up the debate about the necessary improvements. For instance, I remember her enthusiasm in an unforgettable and well argued discussion on CNN, where she fought for fairness in health and for the needed Obama reforms.

She liked the Scandinavian approach to health care delivery, and she visited Scandinavian Universities and research centres several times. Many doctors will remember her brilliant and energetic presentation at the Nordic Conference for General Practice in Copenhagen 2009.

In 2008, when she was 75 years old, I spent five days with her and a group of colleagues in Bellagio, Italy, at a seminar entitled 'Improving primary care in Europe and the US'. It was one of my life's best experiences to feel how her passion and energy could fill the room when we discussed the importance of researchers' efforts to promote primary care. At that meeting she was also among the first to see one of the potential problems we face in our single disease-oriented approach to chronic care. The person and all the person's medical problems should be in the centre of our activity – not only one disease. That is what good primary care is about.

She will be remembered for her fight for the good dialogue with the patient and her fight for fairness and equity in health care. For decades ahead her visions and papers will stimulate good primary care-oriented health care planning. They will also stimulate good primary care research and the further development of the core content of good clinical activity in primary care.

*Frede Olesen, Professor
The Research Unit for General Practice
Aarhus University, Denmark
E-mail: Fo@alm.au.dk*