

# Bill Inman

## Drug Safety Physician and Pharmacoepidemiologist

Bill Inman, who died on 20th October 2005, played a major role in pharmacovigilance and pharmacoepidemiology in the UK and internationally during the 20th century.

He was invited in the early 1960s, following the thalidomide disaster, by the late Sir Derek Dunlop to set up the spontaneous system in the UK, for reporting suspected adverse drug reactions (the Yellow Card system). His work at the Department of Health with the Committee on Safety of Drugs (which subsequently became the Committee on Safety of Medicines) was far from that of a conventional medical civil servant: he worked as an inquisitive and very interested medical research scientist. Bill collaborated with external experts and organisations on the drug safety issues of the era and made original contributions on questions, such as the association between the combined oral contraceptive pill and deep vein thrombosis and jaundice with the anaesthetic agent halothane.

Bill's realisation of the limitations of the spontaneous reporting system and the failure of the Yellow Card system to identify the oculomucocutaneous syndrome with practolol led him to consider establishing a complementary monitoring system for adverse reactions. Based on the theoretical concepts proposed by the statistician David Finney (who became Bill's friend and ally) and with initial support from the Chief Scientist at the Department of Health, Bill established the Drug Safety Research Unit (DSRU) in Southampton, UK. The objectives of the DSRU evolved to become:



- To establish a second nationwide drug safety programme called prescription-event monitoring (PEM) in collaboration with the Prescription Pricing Authority
- To conduct epidemiological investigations into specific drug safety problems on a local or national scale
- To develop training and conference facilities
- To study methods for improving the public's perception of the balance of drug risks and benefits.

Bill wrote that the development of PEM, while he was a director between 1981 and 1994, could be divided into three phases. The initial phase (1980-5) was to develop the method and establish good relationships with general practitioners. The second phase (1985-90) was characterised by establishing the technique and greater experience in the analysis of data. The highlights of the third phase (1990-4) under his leadership were the progress of data processing, development of the dictionary and the application of mathematical models for analysis. The latter were developed by the Japanese physician and friend of the DSRU, Dr Kiyoshi Kubota.

Bill considered the establishment of the DSRU as the most important achievement, and the biggest gamble, of his professional career. Internationally, he was involved with others in setting up the WHO adverse reactions monitoring system.

He wrote extensively against postmarketing studies that some pharmaceutical companies conducted with the apparent aim of studying drug safety that were not designed to achieve this aim. He also published work describing the relationships between some pharmaceutical companies and some doctors to persuade them to prescribe medicines without full scientific justification.

Bill Inman is a very difficult man to forget by anyone who met him. His most remarkable personal achievement was overcoming his physical handicap. He was afflicted with poliomyelitis, which rendered him paraplegic, when he was 21 years old while a medical student at Cambridge. At that time, the University of Cambridge did not offer medical degrees; students went to other medical schools to finish their studies. Characteristically, Bill persuaded the University authorities to allow him, alone, to shadow doctors at Addenbrookes hospital and set an examination for him to obtain a medical degree. This impressive positive approach to his physical limitation remained with him all his life. Despite being in a wheelchair, Bill lived an active life, for example he fished and flew gliders. He even accepted a flight in a hot air balloon. He once said after a flight: "I may be unable to walk, but I can bloody fly!"

Bill loved some of the good things in life: many of his colleagues have stories of Bill offering unlimited amounts of good wine during discussions on drug safety issues and strategies. A few still remember the hangovers! During his terminal illness, he asked the nurses to wash his mouth with Claret rather than medicated mouthwash.

His contribution to the medical literature included many articles, review papers, book chapters, meeting reviews and books. He had an impressive

stamina to travel and give lectures in the UK and abroad. Bill had strong views on some matters in drug safety. His determination to stick to and sometimes impose his views infuriated some people from time to time. Some of his scientific work attracted controversy. He had his clashes with some senior officials in government, officers in the pharmaceutical industry and authorities at the University. However, even those people who differed with him, did not fail to respect his qualities of determination and conviction. Bill was sceptical of the British honours system; he considered it to promote conformity.

Bill understood the media and cultivated contacts who helped him to put his views to wider audiences. His communications directly with the public were culminated during his retirement in the publication of his book *Don't tell the patient*, which is a biography with many scientific stories and anecdotes about drug safety. He gave copies of his book to staff who looked after him during his terminal illness.

Bill's funeral was characteristic of the man. It was very positive, more of a celebration of his life than a funeral. It was decidedly secular with a natural burial (without a gravestone) in woodlands in Hampshire, UK. One of his books on drug safety was left with him in the grave. At Bill's request, the mourners were asked, immediately prior to his burial, to raise glasses full of his favourite beer, HSB: "To Bill a remarkable man and remarkable life".

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## Acknowledgements

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