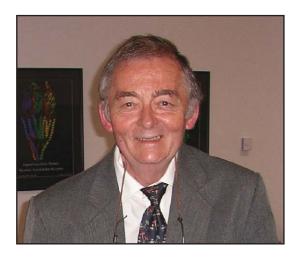
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## Associate Professor David W.J. Clark 1940–2011



As well as being an eminent pharmacologist and a highly respected teacher in pharmacology, together with a background in pharmacy, David was a good man, well respected by colleagues and students. It was his involvement in teaching pharmacology that led to an interest, which became quite a passion, in pharmacoepidemiology and pharmacovigilance. Each year he sought out topics for research theses for his Honours and Masters students in the Departments of Pharmacy and Pharmacology at the University of Otago, and he found a fruitful source of these in the Intensive Medicines Monitoring Programme (IMMP) in New Zealand. The IMMP functions in the New Zealand Pharmacovigilance Centre alongside the Centre for Adverse Reactions Monitoring in the Department of Preventive and Social Medicine. This work in pharmacoepidemiology stimulated his own interest and enthusiasm and he saw great potential there for further research.

Because of his growing interest in pharmacoepidemiology, David sought experience in this field when planning for his sabbatical in 2000–1. He grasped enthusiastically the opportunity offered to work at the Drug Safety Research Unit (DSRU), Southampton, England, where he made a great impression, shared in several papers and developed lasting friendships. On hearing of David's death, Saad Shakir, Head of the DSRU wrote "David was an outstanding pharmacologist and a friend of the DSRU. He had a very fruitful sabbatical at the DSRU a few years ago, which we all enjoyed, and he continued to support us when he went back to New Zealand, even during illness. David will be sorely missed by many."

During that sabbatical, David also visited the Uppsala Monitoring Centre (UMC), the WHO Collaborating Centre for International Drug Monitoring. This extended his interest in pharmacovigilance and he became a reviewer of signals identified by the UMC from their very large database of individual case safety reports and he contributed frequently to their document, *Signal*. David was also an enthusiastic participant in the early ISoP meetings and always believed in the importance of global pharmacovigilance.

After return from his sabbatical, David began full-time work at the IMMP in 2002 and contributed greatly to the research in pharmacoepidemiology, which had become his great love. Unfortunately this could last only a few years (because of lack of funding) and the Department of Pharmacology and Toxicology was very pleased to welcome him back at the end of this alltoo-short period. But in this time he worked on a number of new findings, particularly with the COX-2 inhibitors, and shared in the subsequent papers. David's expertise in pharmacology shone through and he was a master at identifying potential mechanisms for the newly identified adverse reactions. After David's return to the Department of Pharmacology and Toxicology he continued to work with the IMMP, often involving students in whom he always encouraged an interest in pharmacovigilance. One of his specialist interests was in pharmacogenetics, and the IMMP data proved ideal for him to develop a method for investigating potential genetic associations with adverse reactions, using nested case-control studies. This work was conducted in association with 616 In Memory

Professor Martin Kennedy at the Carney Centre for Pharmacogenomics in Christchurch.

David officially joined the *Drug Safety* Editorial Board in April 2005 but was a very enthusiastic contributor even before this, and developed a reputation for being a very thorough and fair peer reviewer. He was a strong advocate for the journal and was always happy to provide support. Particularly since his retirement from the University of Otago, David was a highly valued and regular contributor to the journal, advising on many technical matters on an almost weekly basis, right until the end of his life.

David accomplished a great deal in pharmacovigilance in the latter part of his career. He actively collaborated with many colleagues in the field of drug safety and he also brought in students from various disciplines and from many parts of the world. Many of these students continue his work today. David was always a pleasure to work with. He was enthusiastic and supportive, but unassuming; always willing to put his full energy into the current project; ready to give of his expertise unstintingly; always pleasant and respectful. It was a privilege to have known him.

David Clark died in Dunedin, New Zealand, in June 2011 after a long illness. Pharmacovigilance colleagues around the world send their sincere condolences to his family.

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