



# Osler Luther Peterson



Osler Luther Peterson died on January 17, 1988, in his country home in Chocorua, New Hampshire. He is survived by his wife, Dee, his sons, Thomas and Osler, and two grandchildren. We remember and celebrate the life and work of this remarkable man, who in many ways was far ahead of his time and his contemporaries in perception and innovation.

Osler Peterson's deep analytical understanding and critique of the health care system of our own and many other countries, earned him not only admiration but also a great deal of hostility, which he accepted with admirable magnanimity and good humor. A believer in the concept of health as not only the absence of disease but optimal physical, mental and social well-being, he was a great

advocate of social medicine, concerned with the impact of social conditions on health, and of health on society. Osler was, throughout his life, able to attract many to work with him on his innovative ideas who would become friends, too many for all of them to be cited in this memorial minute.

Osler Peterson was born on May 28, 1912, in Cokato, Minnesota. His father, Olaus Louis Peterson, a general practitioner, was a staunch admirer of Sir William Osler, thus naming his son after him.

Proud of his Swedish ancestry, like his father, young Osler attended the Gustavus Adolphus College in St. Peter, Minnesota and received the A.B. degree with highest honors. After acquiring an M.D. degree from the University of Minnesota Medical School in 1939, he joined Max Finland at the Thorndike Laboratory at the Boston City Hospital. There, three years of work with Finland dealt principally with fundamental laboratory and clinical aspects of the newly developed sulfa drugs. Numerous papers were published, ten of them with the young scientist Osler Peterson as senior author.

In the interim, Osler married Dee in 1940, also a graduate of the University of Minnesota, and their mutual interest in health and medical issues continued throughout Osler's life.

In 1942, Osler decided to continue his investigations on infectious diseases with Max Tyler, joining the team of medical scientists at the Rockefeller Foundation working on infectious diseases that were causing havoc among World War II troops. In 1944, he undertook, for the National Research Council and the U. S. Army, clinical trials in Peru, testing new treatments for malaria. This experience had a profound influence on him. In conversations with Dieter Koch-Weser of the Harvard School of Public Health, he said that while in Peru, he was disturbed by the poverty and low quality of life, and shared his concern about the widening gap between the rich and the poor countries, and between the wealthy and the underprivileged within all countries, all resulting in inadequate health care.

Stationed in London for the Rockefeller Foundation, Osler was among the first to recognize the importance of the British National Health Service. He described this new health care system as a model of universal health services coverage within a defined budget. This approach addressed a problem which still remains unsolved in our country. But, as Bernard Bloom emphasizes, Osler never suggested that we should adopt the British system since the social, political, and economic forces of each country differ requiring different strategies and tactics of planning, implementation, organization, financing, and evaluation. But Osler even then, more than forty years ago, thought that for the badly needed health care reform in this country, we could and should learn from the successes and failures in other countries and perhaps adopt or adapt others' specific solutions.

During his 20 years at the Rockefeller Foundation, Osler worked closely with John Grant, who was the most powerful influence on Osler's career. Osler felt that Grant was the father of social medicine, and after World War II, Grant convinced him to secure a Master of Public Health degree at Johns Hopkins University.

In 1950, Osler joined the first population research-oriented department at the University of North Carolina. There he could study the quality of care given by general practitioners. His excellent survey methodology and highly reliable data earned him great admiration and was an initial claim to nationwide recognition. Rashi Fein of Harvard believes that this study was the first major investigation of the quality of medical care as actually practiced in physicians' offices. To undertake this study required a deep analytical understanding of medicine and the skills of a diplomat to convince physicians that they should consent to be scrutinized. At the same time, his findings of the poor quality of education, training, and practice of these practitioners generated the enmity of many of these people for years to come. This astounded Osler, and for a period of time, made him reticent in publicly expressing his views. Contributing to this were the attacks on academic freedom during the McCarthy era, which disturbed Osler deeply, as Rashi Fein recalls.

In 1959, Osler joined the rapidly growing Department of Preventive Medicine at the Harvard Medical

School, where he remained for 18 years. At Harvard, Osler demonstrated his versatile and broad expertise and interests. Besides excelling as a teacher and sought-after mentor by students and faculty alike, he investigated with many co-authors a broad array of subjects and topics. As Ted Colton states, one would never know who would be the next bright, young, eager scientist that Osler would attract. It could be a surgeon, an internist, an anesthesiologist, a public health professional, an economist, or an expert in public administration. He analyzed the quality of medical education, the preceptorships, and the methodology of student examinations. He also examined the careers of Harvard medical students after graduation, and the critical factors in their career choices. His descriptions of health care in the United States, with projections into the future and suggestions for improvement, are classical and as relevant today as they were thirty years ago. As Bernard Bloom points out, many of Osler's observations and publications were so far ahead of their time that they were mostly ignored.

During Osler's investigations of health care cost, financing, and resource consumption, he worried about the decline in the number of general practitioners and concluded that this did not bode well for needed reforms. We know today how correct was this observation. All of these studies and observations resulted in *The Training of Good Physicians*, a book co-authored with Fremont Lyden and H. Jack Geiger, published by the Harvard University Press.

Parallel to these studies in the United States, Osler undertook ambitious investigations abroad. With Swedish and British co-investigators, he embarked on what Björn Smedby called the first international comparative study of medical care. They published two widely quoted papers in *Lancet* on the financing of medical care, and a comparison of hospital caseloads in Sweden, England, and the United States. John Wennberg states that Osler's international comparisons of health care remain a landmark example of the use of epidemiology to study health care systems. Osler's major effort for many years was the massive study of surgical manpower in the United States which he performed with Francis Moore and a distinguished group of U.S. academic surgeons.

One of the outcomes of this collaboration with surgeons was Osler's association with Adolfo Velez from Cali, Colombia, who had developed a method of simplified surgery practice management. During Velez' stay at Harvard and Osler's visits to Colombia, this reorganization and payment practice was refined and implemented, resulting in lower costs, shorter hospital stay, simpler and more economically accessible facilities, saving of health manpower, reduced hospitalization and waiting time, and all together greater patient satisfaction. Sanctioned by the World Health Organization, this method has been adopted in several developing countries, and also now, to some degree, in the developed countries.

In the Department of Preventive Medicine at the Harvard Medical School, Osler, together with David Rutstein, Julius Richmond and Dieter Koch-Weser, responded to an increasing interest in preventive medicine by a still small, but growing, number of students. With his teaching and individual mentoring, he supported efforts to incorporate the theory and practice of social and community medicine in the medical curriculum. He also enriched the renamed Department of Preventive and Social Medicine

by building bridges to departments and schools throughout Harvard University. As John Dunlop remembers, in an interfaculty seminar in the early 1960s, Osler was a catalyst to bring together medical students and faculty with economists and political scientists. This seminar and Osler's role were a precursor to Harvard's Division of Health Policy, set up in the late 1970s.

On retiring from Harvard in 1978, Osler gave five more years to teaching and research at the Leonard Davis Institute of Economics and the VA Medical Center at the University of Pennsylvania.

At age seventy, Osler retired to his home in New Hampshire, where he continued his interest in medical care by serving on several town, county, and state health boards. Osler spent his time away from work with his family, his loves for reading, and physical labor on projects around the house or in the yard, especially for woodworking. After the 27 years spent at his Chorocua New Hampshire estate, the trees bear the marks of his pruning, the features and structure of the house and its furnishings show the hand of his craftsmanship, and there is a legacy of stone walls that he reveled in building.

All of his family, friends, and collaborators will remember him as a man whose knowledge and skills were outstanding, who was prescient, wise, and witty, gentle and decisive, and whose equal is sorely needed in today's crisis-filled world. He was both gentleman and a scholar, a truly nice man.

Respectfully submitted,

Dieter Koch-Weser, *Chairperson*

Bernard S. Bloom

Ted Colton

John D. Dunlop

Rashi Fein

H. Jack Geiger

Francis D. Moore

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