

Thomas Derisley (Derry) Stuart Seddon

There is always an easy solution to every human problem—neat, plausible, and wrong (The Divine Afflatus, H L Mencken 1917)

Derry Seddon spent his life trying to influence and implement solutions that were neat, plausible and right.



He was born on 2 May 1932 in Wellington. He was a visionary leader who wanted to see the medical profession with a clearer understanding about both the ‘art of medicine’, that is, being patient centred, having empathy for patients and the vagaries of the human condition. He also wanted us to understand and use the power of ‘science in Medicine’ so that we might measure and reflect on the way we practice medicine and evaluate what we do. He saw medical practice as an ever-changing current of knowledge that is constantly being re-evaluated and re-written.

He wanted medicine’s journey to occur within a framework of self-development, using experience and measures of our practice to form the foundation of continuous improvement to the services we offer our patients.

He had an original mind that was uncluttered by the lesser goods of fame, fortune and other people’s assumptions. He was a free thinker, who felt passionately that the task of medicine was to serve the individuals and our practice populations. He questioned the assumptions of our medical profession and did not tolerate the shallow or the self-seeking.

He did not seek recognition but was driven to use his vision to argue, cajole, influence and create a momentum for change.

He was clear and outspoken in his constructive criticism of the *status quo* and always had useful, pragmatic suggestions for the way forward.

In his professional life, he led by example and confronted and implemented change at both local and national levels. He was highly regarded by his peers in New Zealand, United Kingdom, Canada and the USA.

He graduated MB ChB from Otago University in 1956 and entered solo general practice in Tauranga in 1960. In those first 10 years, he developed his practice, was a GP anaesthetist, and a GP obstetrician.

In 1970, he took on a partner, Dr Pat Hertnon, and between them they set up the Otumoetai Health Centre in 1975, eventually growing to a practice with seven partners.

This was a most unusual practice. Its architecture was determined by two significant pieces of evidence, the 1972 paper by Spitzer and Kergin on the randomised trial of nurse practitioners in Southern Ontario, and Lawrence Weed's seminal book, *Medical Records, Medical Education and Patient Care* 1969. The evidence created the core functionality of the Centre and the architecture housed and facilitated this new functionality by giving it form.

The practice nurses worked as nurse practitioners and the whole practice used type written problem-orientated notes with flow sheets to manage the long-term conditions.

Drs Seddon and Hertnon went on to establish Medical Data Processing, a company that sent in computerised GMS claims from practices. It also developed the capacity to act as a disease register and was used for the introduction of capitation funding at the Otumoetai Health Centre.

It was typical that Derry Seddon not only introduced capitation but also insisted that the new model of funding be evaluated. He obtained funding and evaluated the change over a 3-year period, 1979–1982. The evaluation was published in 1985 as an occasional paper (25) by the Department of Health. (*Capitation Funding in a New Zealand General Practice*—It was co-authored by his daughter, Bridget Daldy and Judy Reinken.)

Twenty years later, capitation became the new funding mechanism for general practice. In combination with enrolment it delivered the denominator for measuring, activity, disease burden, outcomes, referral rates, understanding of population medicine.

In short, having a denominator in the primary sector was the pre-condition required for quality and performance measures and from there to accountability.

From 1986 to 1989, Derry was the Chairperson the Royal New Zealand College of General Practitioners. During his time in office, working with Dr Tessa Turnbull, they set in motion the College's move towards quality and re-accreditation.

He understood the link between, measurement, information, quality and accountability and started the journey towards bringing these together.

Derry Seddon's legacy to the New Zealand health system should not be underestimated. He developed an integrated health centre long before the term itself was thought up; facilitated nurse practitioners in general practice, understood the limitations of a fee-for-service funding structure and introduced a capitation funding mechanism 20 years before the rest of the profession. He was patient-focussed and patient-centred, and importantly he understood the power of measurement for improvement.

He was frustrated, after he retired, by the continuing resistance to change and by the failure to deliver the health system supported by evidence that would support the people of New Zealand.

He wrote to the *New Zealand Herald* in response to an editorial that asked: "Why we are not doing better with our health system?"

He responded based on his life's experience of trying to address this question. His observations remain cogent and relevant now.

...The medical professional organisations, including the medical schools, can be described as sclerotic. Other commentators are pointing out the need for them to change, not to another steady state but to become flexible, relevant and fitting the rapidly changing knowledge and technology of today's health sector.

Several of the blocks to change continue to exist because there has been no consistent and continuing effort to collect information on what is happening, what are the needs and what are the effects of changes to the system. Beliefs can be stated, firmly held and introduced; simple solutions are suggested for complex issues; and new services push aside those existing with no realisation of the consequences.

It is essential that the health service has a widespread public information system that allows for continuing evaluation of services and needs.

In addition, he suggests an Academy of Medicine:

...In 1988, an effort was made to establish an academy of medicine, an organisation that would be an open forum for all, suppliers and consumers, where options were debated and hence could supply broad-based advice to its members, the Government and the ministry.

It would be an organisation that could insist on, and commission, data-gathering and its analysis and encourage and measure new methods of healthcare delivery.

Such an organisation would provide the political parties and the Minister of Health with non-partisan advice and information.

There was no interest in the concept. The reaction was defensive and dismissive, typical of the response to any suggestion for changes. The lessons of the 1990s may now be sinking in, and this idea should be revisited.

It would go a considerable way to relieving all the puzzlement, while making the health service one that serves us better.

Derry Seddon's legacy is encapsulated by his actions and influence and maybe by our addressing the issues embedded in these last paragraphs.

He married Jenny in 1953 and they had 7 children, 15 grandchildren, and 6 great grandchildren. His daughter, Mary, is a doctor at Middlemore Hospital and her daughter, Kate, is going to read health sciences and medicine in Dunedin.

Derry Seddon purchased a farm outside Katikati in his retirement from practice. It was managed by his son-in-law, Rick Burke, and became an award-winning farm that excelled in its innovation in the area of land use and conservation.

He planted several thousand kauri and rimu trees, fenced off the waterways and retired established bush into the QEII National Trust.

He was a man with many facets, many talents and many frustrations and will be sadly missed.

Jonathan Simon (GP in West Auckland who worked with Derry in Tauranga from 1982 to 1998) wrote this obituary.