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## David Bennett 1938–2012

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Consultants and professors are often liked, respected and admired but few are loved. The avalanche of tributes and accolades that have flooded in since David's tragic and premature death demonstrate the intense warmth and affection in which he was held.

He qualified from the Middlesex Hospital, London in 1963 and, other than a year spent as a Fulbright Scholar in the pulmonary physiology lab at Johns Hopkins in Baltimore, he worked solely in leading hospitals within the London area. He was a British Heart Foundation Research Fellow at the National Heart Hospital, a Medical Research Council Senior Registrar at Charing Cross Hospital and then Lecturer, Senior Lecturer, Reader and, in 1997, Professor at St George's Hospital Medical School. In 1974 he became the first Director of the Intensive Care Unit at St George's Hospital. After formally retiring in 2007 he maintained research and teaching interests as a Visiting Professor at Guy's and St Thomas' Hospitals. He was one of the founding fathers of British critical care and a leading figure on the international stage.

He had his idiosyncrasies. He hated minutiae, got frustrated by bureaucracy, and despised officialdom's repeated attempts to ruin the

**Fig. 1** David Bennett



National Health Service he so dearly cherished. Coffee should not be instant and food should not be fast. He adored woollen cardigans. His modus operandi was to inspire through passionate example rather than to lead by confrontation or chastisement. You attempted to live up to his standards but he was too polite to show (at least externally) his disapproval if you did not. For him, heaven was an animated discussion surrounding a new concept, a trial design, an exciting research finding or a controversial paper. Hell was the (rare) inability to elicit a response. He was intensely modest; even his close family was unaware of the scale of his achievements. He did not scream or shout; however, when the occasion demanded, clear irritation and the odd expletive would creep into his speech, particularly when poor clinical practice or administrative inertia let the patient down. David exuded humanity and loathed the mundane. Characteristically perhaps, the disease that defeated him, mastocytosis leading to a horribly virulent mast cell leukaemia, was extremely rare. Though certainly not appreciating this nasty and aggressive illness, he was fascinated by its complexities and the therapeutic uncertainties, right up until the day of his death.

A chronological list of his achievements would exceed the

permissible word count. His first paper was published in 1962 and many more followed. His pioneering work in haemodynamic monitoring and physiology began in the 1960s with seminal work on electrocardiography, Doppler ultrasound (both suprasternal and oesophageal) and pulmonary artery catheters, followed by later studies with gastric tonometry, lithium dilution measurement of cardiac output and central venous oxygen saturation. He strongly promoted their incorporation into routine clinical practice, arguing cogently that guided physiological manipulation had to be superior to arbitrary and often misplaced decision-making. He often utilized such techniques to experiment on a wide range of then-novel pharmacological compounds including glyceryl trinitrate, dopexamine, new hydroxyethyl starches, pentoxifylline, esmolol and carvedilol, and the first use in human septic shock of nitric oxide synthase inhibitors. His later research career championed the concept of perioperative circulatory optimization initially proposed by Shoemaker to improve outcomes in high-risk surgical patients. Having confirmed the benefits in a landmark study published in *JAMA* in 1993, and reinforced by subsequent studies, David became an impassioned advocate, travelling the globe to promulgate and proselytize.

More than anyone, he put this concept on the map. A recent endorsement by NICE (the National Institute for Health and Clinical Excellence) gave him enormous satisfaction.

He was also a superb teacher, nurturing successive generations of intensivists who went on to develop successful research, clinical and leadership careers in their own right, yet who all acknowledge an immense debt of gratitude to their motivational guru. He organized events ranging from a European Intensive Care Congress to a decade of highly successful annual summer schools in Brijuni (Croatia). He held important roles within the European Society and in senior editorial positions for a

variety of critical care journals, including *Intensive Care Medicine*. The UK Intensive Care Society and the European Society of Intensive Care Medicine both acknowledged his major contribution to the specialty through the award of Honorary Fellowships. Even well past formal retirement, he continued to teach and mentor. He was particularly touched by a heartfelt 'Get Well Soon' card delivered to his hospital bed by his current group of medical students.

He loved music (perhaps just as well, being married to a concert pianist), the Lake District, and the Apple Macintosh computer from its infancy. He leaves a wife (Kathron), daughter (Gabby), two grandchildren, two

adoring dachshunds, and many other broken hearts.

David Bennett (Fig. 1). Emeritus Professor of Intensive Care Medicine at St George's Hospital, London and Visiting Professor at Guy's and St Thomas' Hospitals. Born 19 August 1938, died 21 February 2012.

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