



Goösta Tibblin in Memoriam

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Gösta Tibblin, Professor of Family Medicine in Uppsala, former Swedish Editor of the *Scandinavian Journal of Primary Health Care*, died 15 March 1997 at the age of 66.

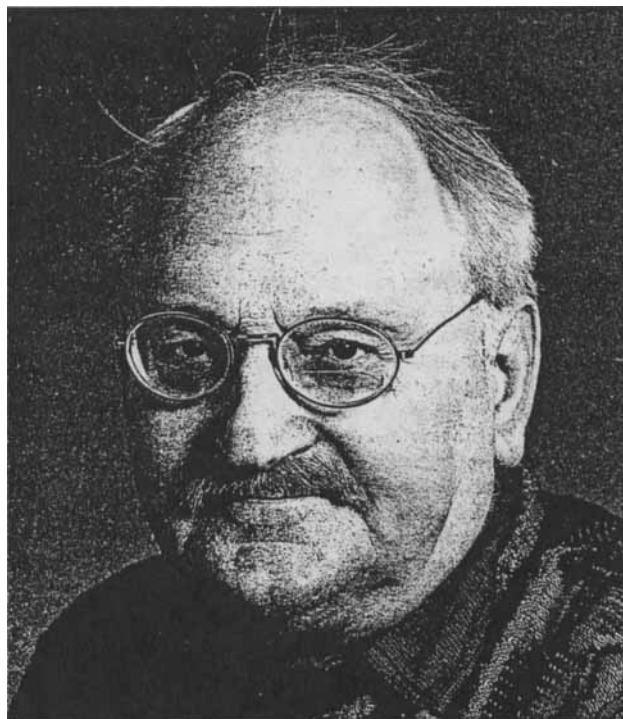
Gösta Tibblin was a pioneer among Swedish scientists in the expanding fields of primary care. As early as 1963 his research was focused on studies of the natural courses of diseases and possible links between overt disease, illness and vulnerability. Thus, epidemiology as a challenging imperative for primary health care was the main gateway to science, long before family medicine was established as a speciality in its own right.

He received his M.D. in 1960 and his Ph.D. in 1967. He held positions as head of preventive cardiology in Gothenburg in 1968, professor of preventive and social medicine in Umeå in 1975, general practitioner at Sol-lentuna Health Center in 1978, and professor of epidemiology in Canada in 1980.

Those positions were all important stages on his way to becoming an outstanding innovator of practice and research in primary care. At a national level, his appointment as professor of family medicine in Uppsala, Sweden, in 1982 marked the end of the beginning of research in primary health care in this country. From this chair he initiated many primary care research projects and supervised a dozen general practitioners for their Ph.D., thus creating a solid basis for future research in family medicine. He introduced primary care as an important academic subject throughout the theoretical and practical training of medical students. At a national level, he brought primary health care into focus as a significant domain of medical and social sciences.

He was a central figure in local, national and worldwide networks in many fields of science and culture. And certainly he was the principal mentor of Swedish primary health care, in close contact with countless practitioners and researchers and other friends, always discussing, supporting and sometimes provoking.

Gösta Tibblin was a successful debater and innovator within and outside Swedish and Nordic primary health care. Questioning ingrained opinions and ways of working in medical organizations in general, and in primary care in particular, Gösta Tibblin had the courage and power to challenge medical and public establishments. He introduced population-based research when studies on hospitalized patients were prevailing, thus opening a new research field that was highly relevant to primary health care. And this original cohort of men aged 50 is still followed up after more than 30 years. He argued for self-care when medicalization of self-limiting ailments was predominant. He initiated social networks and education programmes for colleagues when professional



isolation was predominant and continuing education on general practitioners' own premises was resisted from outside (and to some extent from inside). He challenged omnipotent claims from leading specialists who deprecated general practitioners' competence within gynaecology, paediatrics and so forth. But he also warned against professional isolation in family medicine, emphasizing the mutual dependence between general practitioners and other specialists. Always supporting the development of family medicine, he also warned against deteriorating work conditions within an increasingly overloaded health care organization.

In addition to his broad interests in natural and humanistic sciences, he was a very humanistic person, always taking sides with the most vulnerable persons and suffering patients.

Gösta Tibblin was a man of abounding creativity, inquiring mind and infectious enthusiasm. He had a unique talent to amplify the mental capacity of others to develop their own interests and ideas. His presence was felt also when he was absent. His work will continue and his spirit will live in his many friends and colleagues.

Ingvar Krakau