

Professor Harry Keen CBE MD FRCP (1925–2013)



It is with great sadness we report the passing (5 April 2013) of Professor Harry Keen, who rightly can be considered of singular pre-eminence in the Diabetes Hall of Fame. Harry Keen will be remembered by everyone working in the field of diabetes – his life-time contribution has been truly immense

and exceptional. From basic scientific research to clinical innovation; from epidemiological study to defining present day classification of diabetes; from initiating one of the first diabetes centres in the UK to recognising the importance of the multidisciplinary team working together across the spectrum of primary and secondary care: in all these domains Harry has left an unparalleled legacy of achievement that has enriched an understanding of diabetes and hugely benefited many generations of patients and professionals alike. Above all, he was a most caring clinician, an ethos central to his drive and determination to improve the lives of people living with diabetes.

Professor Keen held senior office with the British Diabetic Association, the European Association for the Study of Diabetes and the International Diabetes Federation and he received many international accolades, including two Awards of Distinction from the American Diabetes Association for his outstanding contributions. His passionate commitment to the National Health Service was held with deep conviction. Harry Keen was founder member and President of the NHS Support Federation, with which he worked tirelessly to champion the core principles of the National Health Service.

On a personal basis, I am indebted to Harry for his kindness over many years throughout my own professional career – a mentor in earlier days and always available for advice and wise counsel. Many of us will remember his leadership over the many wonderful educational exchanges we enjoyed at various delightful European locations – the trip to Moscow remains unforgettable, but Harry's tribute to Gracie Fields at the home of Axel Munthe in Capri remains an indelible memory.

We last saw Harry at the 2013 Diabetes UK Annual Professional Conference in Manchester only three weeks before his passing. We will much miss him, but he leaves much by which we will remember him. At the millennium, Harry published an open letter in *Practical Diabetes International*¹ (reproduced below) looking positively to the future of diabetes care, and this would seem a fitting tribute to the passion for diabetes that he so much imbued in all of us who had the privilege to have known him.

Professor Ken Shaw, Emeritus Professor of Medicine, University of Portsmouth, UK; Editor-in-Chief, *Practical Diabetes*

Reference

1. Keen H. An open letter to diabetes specialists. *Pract Diabetes Int* 2000;17(1):2.

An open letter to diabetes specialists

My dear and respected diabetes specialist colleagues,

You have done wonderful things to improve the care of people with diabetes. I was one of you through those awful years of massive diabetic clinics which became the chore of hospital practice. I remember well Robin Lawrence at King's saying in the early 1950s that he looked forward to the time that diabetes became a respectable specialty with a group dedicated to diabetes in every major hospital. Like many of you, I tried for decades to get my GP colleagues involved in care, but with little success. The formation of Diabetes Centres, the emergence of diabetes specialist nurses, advances in science and technology provided answers that revealed for us not just the size of the problems but also the still growing potential for solving them.

This had all been essentially hospital-based. Primary care really didn't want to know, but now all that has changed. The great majority of diabetes care is now delivered in primary care. Increasingly (and incorrectly) diabetes is regarded by health planners and managers as 'a primary care disease'. **For best results, people with diabetes need the skills of both the primary care team and the diabetes centre.** Working in concert, they can make great inroads into the problems of blindness, amputation, renal failure, heart attack and stroke as well as securing a longer life of better quality for people with diabetes. The big question, yet unanswered, is how to get primary care and diabetes specialist teams closer together in a health service seemingly almost designed to keep them apart.

Soon, primary care will exercise major control over funding decisions for hospital services. That great resource, the locality diabetes centre, is a potential casualty. My dear specialist colleagues, for the Centres to survive and prosper they must become, and be much more clearly recognised as, a resource for primary care. Ways should be found to bring the district diabetes centre into true joint ownership. For a start, you must go out to your colleagues in primary care and find out from them what they want you to do for them, how best you can help them to perform their function. You need to think through in personal discussions with them – and involving people with diabetes too – how this joint enterprise is to develop. Only this way can we make our own future rather than have it made for us.

If we retreat into a specialist fortress, diabetes centres may wither or die and much of incalculable value to patients could be lost. If we can forge new patterns of professional relationships, firmly based on patient needs, we can open the way to better structures of health care provision, and, as so often in the past, see diabetes leading the way to a more enlightened future.

With warm good wishes for a truly collaborative future.

By Professor Harry Keen, Emeritus Professor of Medicine, Guy's Hospital, London, UK