In Memoriam

In Memoriam, Dr. Peter Fisher
Robbert van Haselen

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With shock and sadness, I heard about Peter Fisher’s untimely death.

I came to know Peter personally as someone with an unfaltering dedication to homeopathy. He had the rare gift of mixing this dedication with the mind of a critical thinker who is always prepared to test, and question, his assumptions.

My first contact with Peter was more than 30 years ago in 1986 when I was a student of epidemiology. At that point in time, research in homeopathy was still little known, and when stating that we need more research, a common answer was, "Why do we need research? I see in my practice that it works." This was, however, not the answer I got from Peter Fisher; instead he received me with open arms at (what was then named) the Royal London Homeopathic Hospital and, over a beer at Queen Square, we quickly agreed that we were going to work together on research projects in homeopathy. It heralded the beginning of a lifelong collaboration with him, both as a colleague and as a friend.

We first worked on the topic of electronic data collection in homeopathy in the late 1980s, but our most intense collaboration took place during my period as Deputy Director of Research at the Royal London Homeopathic Hospital from 1995 to 2004. At that time, our joint dedication to advancing research in homeopathy came to full fruition. We conducted many research projects, not only in the area of homeopathy, but also in the domain of complementary medicine in general.

We also launched the international and highly successful conferences series, “Improving the Success of Homeopathy,” which could be considered the predecessor of the current biennial conference organized by the Homeopathy Research Institute.

Our most-cited joint publication (cited 635 times to date) is one that investigated the so-called Hawthorne effect in a trial of ginkgo biloba for the treatment of early dementia.1 It was one of the first articles which conclusively demonstrated that the attention received, and being observed, as part of the conduct of a clinical trial has clinically significant effects. The fact that this article continues to be widely cited more than 10 years after its publication, by both conventional and complementary medicine scientific journals alike, illustrates the wide-ranging and lasting effect of Peter’s work as a scientist.

As a colleague and friend, Peter was always open for new ideas and suggestions, and he welcomed criticism as a means of improving homeopathy and complementary medicine.

As the Editor-in-Chief of the journal Homeopathy for more than 30 years, he was not only a worthy successor of great British homeopaths of the turn of the 19th/20th century: he modernized and advanced the journal to be the leading, international peer-reviewed medical journal dedicated to homeopathy. In the true spirit of critical thinking, he always felt strongly about publishing not only the successes, but also the failures, of homeopathy so that we can learn from the latter.

Peter Fisher was one of the most important critical thinkers of homeopathy in the 20th and early 21st centuries. He was, and is, a beacon for the homeopathic community and he will be sorely missed. While it will be impossible for anybody to step into his shoes, I am consoled by the thought that he has inspired many, including myself, to continue investigating and improving homeopathy with unrelenting fervor.

Reference