A Tribute to Dr. John Evans 1929-2015

Special Edition

Founding dean of medical school revolutionized medical education

John Evans – In his words
It was 50 years ago that John Evans moved to Hamilton to set up what many considered to be the most innovative and curious medical school in Canada. Accompanied by a hand-picked team of a few sought after physician educators and colleagues, John created the McMaster School of Medicine. As simple as that.

Seven years later Evans left his success at McMaster to take on the University of Toronto, Allelix, the Rockefeller Foundation, TorStar and all the others.

When I was appointed dean of the McMaster medical school, I knew all about him and his many accomplishments, so it was with some trepidation that I called him seeking advice. This was fifteen years ago. He was the chair of TorStar. We had never met. I told him about the job I was about to start and he chuckled, saying that he didn’t know if congratulations or commiserations were in order. I asked if I could pick his brain. He laughed, as he always did, and said, “That should take about a minute.”

We met a few weeks later. What I thought would be fifteen minutes of hurried advice turned into a couple of hours of wonderful conversation. John would listen carefully, comment, ask questions. But what I remember most about that, and subsequent conversations, was his engaging smile and his rapt attention. Always undivided, always complete. That day was the first of many times I finished a conversation with John feeling better about myself – more prepared, more ambitious, yet also more humble. That was also the day that I learned John Evans had yet another skill… he was a magician, however, and his greatest trick was there was no trick at all. No need for misdirection. Instead, every contribution he made was the product of a profound intellect, an overwhelming curiosity, and a precise and instinctive understanding of the demands and opportunities of a given moment. Like his medical training innovations, he was both revolutionary and comfortable, both groundbreaking and grounded.

Revolutionaries break rules: Why take four years to train a doctor when you can do it in three? Why have formal lectures when the best learning happens by students teaching each other? The list goes on. But John Evans was unlike any revolutionary I have ever read about. Most are best admired from afar, but seldom appreciated up close. Some are best not approached at all. But for all of us who knew him, the better and closer we looked at John, the more we admired him.

He included so many of us in his revolution that his work will continue for generations. His legacy will prove the power of the exception.

– John G. Kelton

**Message from the Dean and Vice-President**

John G. Kelton, MD
Dean and Vice-President
Faculty of Health Sciences

*An edited version of this tribute appeared in the Globe and Mail on March 11, 2015.*
Founding dean of medical school revolutionized medical education

Harry Thode chose him to found the University’s medical school.
In detailing Thode’s search for the first dean in his book, Revitalizing Medical Education — McMaster Medical School The Early Years 1965-1974, author Dr. William Spaulding wrote: “Evans’ personal qualities had already deeply impressed the people who at that time knew him well enough to see a great leader emerging. Dynamic, seemingly tireless, enthusiastic, yet modest and self-effacing, quick witted, and with a rare gift for defusing tense situations with a joke that was often self-deprecatory, he had the uncommon ability to introduce ideas in a way that inspired his associates to take them up with vigour. McMaster needed a super salesman with refreshing ideas; they found one in John Evans.”

Several times Evans said that one of the main reasons he was selected as dean was because he was “someone with an open mind not constrained by the conservatism of the medical establishment nor preconceptions about medical education.”

Evans drew together a team that included Hamilton physician Dr. William Walsh as well as three colleagues from the University of Toronto: Dr. Fraser Mustard, Dr. William Spaulding and Dr. James Anderson. Between them they developed a radically different medical school with a focus on small-group, problem-based learning and early exposure to patients.

Initial concepts included recognition of the importance of primary care, integration between the school and its community, and an emphasis on a full range of research. Students did not require a science background for admission and the program was three years rather than the traditional four.

The success of the program, dubbed the “McMaster Approach,” is illustrated in its use in hundreds of medical and other health professional schools worldwide.

Evans left McMaster to become president of the University of Toronto in 1972, a position he held until 1978. His career spanned many innovations and disciplines. He was the first director of the World Bank’s Population, Health and Nutrition Division (1979-1983); CEO of Allelix, Canada’s first biotechnology company (1983-1988); chair of the Rockefeller Foundation (1987-1995); founding chair of the Institute for Clinical Evaluative Sciences (1992-1998); chair of the media company TorStar (1993-2005); first chair of the Canadian Foundation for Innovation (1997-2007); and the founding chair of MaRS (2000-2009), the research discovery enterprise in Toronto.

He returned to McMaster on a regular basis to assist with events ranging from speaking to high school students about careers in science to chairing prestigious medical panel discussions. The John R. Evans Chair in Health Sciences Educational Research and Instructional Development at McMaster was endowed by manufacturer Alcan Inc. in honour of Evans’ time as its chair.

He leaves his wife Gay and his children Derek, Mark, Michael, Gill, Tim and Willa, their spouses and 23 grandchildren.

“Dr. John Evans, the Michael G. DeGroote School of Medicine’s founding dean, died on Feb. 13, 2015 at age 85 after a long struggle with Parkinson’s disease.

“Dr. John Evans’ inquisitive brilliance sparked a revolution in medical education. His founding of the Michael G. DeGroote School of Medicine, with the ‘McMaster Approach’ for developing humanist physicians willing to work as part of interdisciplinary health care teams, has been copied around the world,” said Dr. John Kelton, dean and vice-president of the Faculty of Health Sciences.

“John went on to create many innovations, but his change of medical education is one that will improve the lives of millions of people for many generations.”

A Rhodes Scholar who received his medical training in cardiology at the University of Toronto, Evans was 35 years old in 1965 when then McMaster University President
Charismatic. Imaginative. Innovative.
A true leader. An amazing intellectual.

They are words used over and over by former colleagues, students, and past deans of McMaster’s medical school to describe Dr. John Evans, the founding dean of the Michael G. DeGroote School of Medicine.

“He was one of my heroes,” said Dr. William Walsh, who was appointed as the assistant dean of medicine in 1965 and played a major role in developing the original curriculum. “He was just a very remarkable man, a great physician, a great teacher, a great organizer, good speaker, good everything. He had it all. He was just a terrific human being. And, he was a good athlete in his day, too.”

In speaking to some of those who were a part of the evolution of medical education at McMaster in the 1960’s and 1970’s, it is clear that Evans’ role in the birth of the medical school is nothing short of legendary.

“I think that most everyone at the medical school who knew him, particularly the group of us who were the foundation chairs, considered John Evans the most outstanding person we had ever met,” said Dr. David Sackett, who established the Department of Clinical Epidemiology and Biostatistics in 1967.

“It was not just because he was exceptionally intelligent, but he was so perceptive that we would come away from a meeting with him feeling that he had opened up our skulls and simply poked around in there and sorted out what was going on in our brains. He was just so very, very smart and so perceptive.”

“He was one of my heroes.”
– William Walsh

When the need for a new medical school was identified in the early 1960’s, due in large part to Canada’s physician shortage at the time, McMaster University was selected as the site with the vision to eventually build a university hospital on campus for undergraduate teaching capacity.

The first step towards actually developing a curriculum to teach medical students in Hamilton and ultimately produce doctors, was to choose a dean.
In Dr. William Spaulding’s book, *Revitalizing Medical Education – McMaster Medical School The Early Years 1965-1974*, former McMaster President Harry Thode recalled his first meeting with Evans in 1965 during his search for the medical school’s inaugural dean.

Thode said: “I called him up and he didn’t want to come over to McMaster. Could I meet him in Toronto? I said, ‘Let’s have lunch at the King Edward. How will I know you when I see you?’ And Evans said, ‘Well, I’ll be the tallest man there.’”

He was 6 foot 4. At only 35 and with no real administrative experience, the associate professor from the University of Toronto with radical ideas about education was an unorthodox choice as dean, said those with knowledge of the selection process. But, they also said Thode deserves a great deal of credit for making that decision, and that his support of Evans was key to getting Evans’ innovative, and some said “crazy,” ideas for the school accepted by University administration and accreditation officials.

Dr. Alvin Zipursky, the first chair of pediatrics, said Evans felt that the support and imagination of Thode was extremely important, especially “when the initiatives that were planned for the medical school had to go to the senate and the senate, traditionally, like any senate, tends to be somewhat conservative. To sell that plan, that initiative, Dr. Evans really credited Harry Thode, the great man.”

Dr. John Bienvenstock, who was recruited to McMaster in 1968 and later served as dean and vice-president of the Faculty of Health Sciences, agreed. “The fact that Evans managed to maneuver and take this through the people who were against these new approaches, was mainly due to him but it was also due to the fact that Harry Thode, the president, was 150 per cent in support of his ideas and gave him full backing,” he said.

At the centre of this revolution in medical education was Evans’ idea for small-group, self-directed, problem-based learning (PBL), where there was to be less emphasis on the memorization of content and the science of medicine and more focus on teaching the student how to learn and solve problems. There would also be no coursework, no exams, and students would be in touch with patients very early on in their training.

In describing the key difference of this early “McMaster Approach” in an April 1997 *Toronto Star* article, Evans said: “In the first year of medicine, instead of learning anatomy and physiology from books, you started with patient problems. If you had a patient with gangrene of the leg or foot, how would you deal with that, what is the nature of the process, what could you do about it, how might you have prevented it, what would you do to optimize the functioning of the individual following treatment (amputation)?”

This was a drastic change to teaching medical students. “Everybody thought we were crazy,” said Walsh. “You can’t do that. You’ve gotta have lectures and labs and how are they gonna learn?” I said, ‘It’s problem-
based learning and it’s a whole different principle,’ and they said, ‘You’re crazy, it won’t work.’ I said, ‘We’re not crazy, and it will work and John Evans is behind it, and if he’s behind it, it’ll work.’ And that’s what happened.”

Dr. John Cunnington arrived in 1969 as part of the first class of medical students at McMaster. A faculty member since 1991, he went on to found the Physician Assistant Education Program at McMaster in 2008, which is based largely on the principles of PBL.

“I think that what Dr. Evans and his colleagues did was to conceive that the kind of passive learning where you try and sort of pour knowledge down people’s mouths and expect them to learn it, was not a creative or constructive way for them to learn and that what you really needed to do was to get students engaged with medical problems…you get people together to work together to talk about the problem, to analyze the problem, to do self-directed learning,” said Cunnington.

Dr. Norman Jones, a physiologist and clinician scientist who joined the faculty in 1968, said: “His ideas made a huge amount of sense to people and it was subsequently become worldwide problem-based, small-group learning and it was an extraordinary feat,” said Bienenstock.

“I mean, the speed at which he managed to introduce it, with this group of people…he will go down in history as basically initiating and instituting what, at that time, was a revolutionary approach to undergraduate education.”

Evans was also regarded as being ahead of his time in his views on student selection.

A big change to the admission process would see a more liberal approach that would allow applicants who were over the then acceptable age limit, and did not require a background in biological sciences. That is, people from the arts, business, mathematics, philosophy and other disciplines would be considered for entry into the school. In fact, the first group of students entering in 1969 included graduates in anthropology, political science, philosophy, economics and nuclear physics.

“There were people who had come from predominantly non-science backgrounds, so that was atypical at the time,” said Dr. Andrew Padmos, another student from the first class and current CEO of the Royal College of Physicians and Surgeons of Canada. “And, there were people who were older than usual because at least one had a PhD and a few others had graduate degrees.”

Zipursky said there was recognition that the training in medicine yields people who go on to many different things.

“They can be an orthopedic surgeon, a psychiatrist, an administrator, a laboratory research worker and so forth, all coming out of medicine, and therefore it was not too surprising that Evans felt that admissions also should recognize that different people with different backgrounds and different interests may come into medicine.”

Sackett said that the idea that they would not have many prerequisites for admission to medical school, would not have traditional courses, and would organize their research along programmatic rather than departmental lines, “These kinds of innovations were very difficult to sell to folks who weren’t familiar with those approaches, and he was able to convince the people in education and health at the provincial and federal levels that they made sense to proceed.”

Another change was that the new program leading to a medical degree would take three calendar years to complete versus the traditional four. Instruction would be almost continuous the year round, with only a brief break for summer vacation. Most of the other medical schools in North America were still giving students three or four months off every summer to earn enough money to go to medical school.

Evans felt it was possible to speed up the course without sacrificing quality but, as with his other ideas, he had a lot of skeptics, said Dr. Stuart MacLeod, who had been taught by Evans in Toronto before Evans came to McMaster to establish the medical school. MacLeod later went on to serve as dean and vice-president of McMaster’s Faculty of Health Sciences from 1987 to 1992.

“The people who run the accreditation body, you know when they saw the McMaster curriculum they said, ‘Well this is totally impossible, you can’t run a three-year medical program and expect to have your graduates treated the same as everybody else,’” said MacLeod.

“But then after time it became apparent that McMaster graduates were every bit as capable as people coming out of more conventional medical schools.”

Most agree that a major reason for Evans’ success in achieving his early goals for the school and getting his unconventional ideas accepted, was his skill at recruiting and managing talented faculty members.

Recruiting people, especially from outside Canada, to come to Hamilton to help start the new medical school, was a huge challenge for Evans.

“My real impression of John is that he was exceptionally charismatic, a
very warm and engaging person who really could draw almost anybody into a discussion,” said MacLeod. “I don’t think I’ve ever seen anybody who had quite the skill that he had at doing that.

“I mean, he could convince anybody who encountered him that he was intensely interested in what you were interested in and I think that was probably a large part of his secret in attracting such an interesting early group of faculty members at McMaster, and certainly the secret to his continuing influence in the medical world for the next 40 years.”

Zipursky said: “Many students found what was going on to be quite crazy. It was so revolutionary and yet it persisted because he (Evans) was able to bring along people who were excited about new ideas of teaching, a better way of providing better service for patients.”

He added that Evans gave him and other colleagues “great freedom and independence to function. He had great faith in the people who he brought in. That’s one of the elements of greatness, to allow the people under him to really, really develop.”

Dr. Nathan Epstein arrived in Hamilton in 1966 and became the founding chair of psychiatry. He said Evans was “unbelievable, obviously, at his skill of picking people to work for him in the original groups. The first guys were mostly picked by him and he seemed to have a knack.

“He was a great manager, and the biggest part of it, you never even knew he was managing you.”

“I think that most everyone at the medical school who knew him, particularly the group of us who were the foundation chairs, considered John Evans the most outstanding person we had ever met.”

—David Sackett

Epstein and others said it was Evans’ interpersonal skills and engaging nature that set the tone for his team’s success.

“I never felt on any committee that the other people were there for any other reason but for the good of the Faculty, and that is rare,” said Epstein. “I haven’t seen that since anywhere, unbelievably so, and that was all due to his skill at picking people and putting them in the right spots, and giving them support and encouraging everybody to work towards the goals he set, which I think is amazing.”

Jones agreed.

“Committees basically are always dysfunctional, but he managed committee meetings better than anyone I’ve ever known,” he said. “They always went well, there was always a lot of humour, there was always a lot of support and basically nobody really felt uncomfortable at them.”

It was also under the leadership of Evans and his team that the Health Sciences Centre was designed and constructed, despite widespread community opposition to the planned location. There were also problems in getting the architects on the same page, which necessitated the difficult switch to a second group of designers.

In the end, the building fulfilled Evans’ and Thode’s vision for a state-of-the-art university hospital on campus.

Years from now, when looking at Evans’ overall impact on medical education at McMaster, and indeed, the world, perhaps most people will regard him the way MacLeod does.

“He was the right person in the right place at the right time to really bring about a rethinking of medical education.”
Reflection

John Evans has had a remarkable impact on medical education as a whole, and on the culture of McMaster University. Dr. Evans and the founders of McMaster’s medical school were bold enough to call into question many of the routine assumptions and teaching methods employed by others.

They questioned the orthodoxy at the time: Why so many lectures? Lessons were frequently boring and didn’t necessarily contribute to improving patient care. Embracing innovation, he was never afraid to take risks; problem-based learning, involving the authentic contexts of realistic patient scenarios, was born.

Why wait before interacting with patients? Wouldn’t it be better to learn by watching and doing in the clinical setting? McMaster med students would start working with patients early in their training.

Why restrict admissions solely to those with narrow, science-only educational backgrounds? They opened the school up to bright, mature, well-rounded med students with liberal arts educations, strong on the interpersonal and communication skills so valued by patients.

“Dr. Evans hired and inspired a group of early medical educators at McMaster and, together, they revolutionized medical education.”

– Anthony Levinson

Dr. Evans hired and inspired a group of early medical educators at McMaster and, together, they revolutionized medical education.

His legacy at McMaster goes beyond the innovations of the problem-based learning curriculum. I had the pleasure of meeting John Evans on a couple of occasions and he exemplified so many of the best things about the culture he helped create at McMaster: unafraid to take risks; flexible but intellectually rigorous; innovative but gifted with intuition and common sense; visionary and collaborative.

It is an honour to hold the John R. Evans Chair in Health Sciences Educational Research and Instructional Development – although the length of the title is a bit problematic for my business card!

And, it is humbling to reflect on his contributions to medical education. Many of the educational research questions we study today were anticipated by him years ago with the founding of the medical school. By restructuring the medical education curriculum, John Evans challenged us to investigate what elements constitute the “active ingredients” in training a health care professional.

Many of the innovations that we research now are examples of using new technologies applied to previous pedagogical insights. These include using some of the principles of problem-based learning through “virtual” patients or e-learning.

On being the John R. Evans Chair in Health Sciences Educational Research and Instructional Development
Dr. John Evans was instrumental in planning for the Health Sciences Centre, and for having the University's largest building built on its west Hamilton campus.

But the building of a unique collaboration of a medical school within a large tertiary hospital wasn't without its challenges.

There was land controversy over the centre's construction as many did not want it located on campus, in large part because it would need to be on land previously belonging to the Royal Botanical Gardens that contained the much-adored Sunken Gardens. The construction also required the closure of King Street; and the expropriation of three blocks of homes in the area.

Some opponents thought that the unused and available space on the grounds of the Hamilton Health Association (the old Mountain Sanatorium) on the Hamilton Mountain would be a more suitable location.

In Dr. William Spaulding's book, Revitalizing Medical Education – McMaster Medical School The Early Years 1965-1974, Evans recalled being surprised by the public uproar.

"In retrospect it is hard to imagine a greater naïveté than that which I displayed in terms of being associated with a program that aimed to close the main street of the city," he said.

There was also a problem with the first group of architects not grasping the new types of functionality and features the medical school team was looking for in the new facility. Evans and his colleagues wanted a building that fostered interdisciplinary interaction. They saw research and clinical work being interrelated and did not want those two aspects physically separate from one another.

On top of all this, there were construction delays, and pressure to get the building finished to give the existing students a permanent home to learn and integrate with students from other disciplines.

Up until the Health Sciences Centre's official opening in 1972, "We were not in anything that could be described as a typical medical school environment," said Dr. Andrew Padmos, a student from the first graduating class of 1972. "We were in the basement at the Chedoke-McMaster complex which was, at the time, a pretty quiet little rehabilitation hospital and didn't really provide any of the buzz or the feeling of being in a typical teaching hospital environment."

In the end, much credit was given to Evans for getting the job done.

Mike Hedden, McMaster's vice-president of administration at the time, was impressed with how Evans handled the public controversy in particular.

In Spaulding's book, he said: "John Evans was tremendous as a public figure. He is very articulate and can make his point. So, through most of the hot, heavy stuff, when we were trying to placate feelings, John was available and he was very good at committee meetings and very good on his feet – fast to react. He had facts right at his fingertips."

In a November 1971 story appearing in the Hamilton Spectator, Harry Thode said about Evans: "He has been the master planner and the inspiration to his associates in conceiving the McMaster Health Sciences Centre for health care and medical education and seeing it through to its approaching official opening."
Impact

“I think his impact was enormous. I’m 71 so I’ve lived through this complete revolution in medical education, which is now coming to fruition in all parts of the world. There’s no doubt that a large part of the momentum was generated by Dr. Evans and some of his early colleagues at McMaster when they were just starting the program in the 1960’s.”

– Dr. Stuart MacLeod, dean and vice-president, Faculty of Health Sciences, 1987-1992

“I think his contribution was really to pick the people who would be innovative and would be willing to take risks.”

– Dr. Vic Neufeld, faculty member, 1971-1997

“When I went to medical school it was lectures and labs, and lectures and labs, and all that stuff. But he changed it to problem-based learning so that students would be given a problem and then they’d have to solve it and they would have resources such as the library, the lab, experts or whatever and they’d get whatever information they had to solve the problem. And that’s what good doctors really do. They’re problem solvers. So, it was a fundamental change from the old didactic stuff I had to go through to this problem-based learning, which is still going strong and is very popular and very effective. So, he had a major impact on his patients, students, everybody.”

– Dr. William Walsh, first assistant dean of medicine

“He himself, plus people he chose to join him, had a profound effect on medical education in the sense that problem-based learning was the issue and that form of teaching has been widespread since they started it at McMaster.”

– Dr. Jack Laidlaw, dean, Faculty of Health Sciences, 1981-1985

“What John Evans brought subsequently became, in an extraordinarily short time… it became viral, in terms of medical education, and we just had weekly groups of people, multiple, sometimes there were planeloads of people, literally 20 people arriving from Holland and Israel, Australia and so on, all wanting to find out what the hell was going on and how it was being done and so on. That was all a result of his intent.”

– Dr. John Bienenstock, dean and vice-president, Faculty of Health Sciences, 1992-1996

“John Evans will remain inspirational and current because the essence of his legacy is to remind us that nothing in academia is sacred. Our assumptions and ways of doing things need to be continually challenged, and novel ideas that resonate should be explored. It is fitting that the endowed research chair that is named in his honour – the John R. Evans Chair in Health Sciences Educational Research and Instructional Development – and which is currently held by Anthony Levinson, is intended to continually push the boundaries of medical education.”

– Susan Denburg, associate vice-president, academic, Faculty of Health Sciences

“I think what’s important is that PBL has spread into the other health sciences initiated here, such as nursing, rehab, midwifery and so on, but it has also now spread into education in general, certainly at the professional level, in all sorts of other areas outside health sciences.”

– Dr. John Bienenstock, dean and vice-president, Faculty of Health Sciences, 1992-1996
“I came from Winnipeg, where I was an established academic pediatrician, hematologist, oncologist and things were going well, and I came to this place where there was no building, there was no department, there was nothing. There were no patients, no students, there was nothing. But there was an idea or a group of ideas and of course a great man expounding these ideas. That’s what was really important, that this was a movement that was led by committed people with great ideas.”

“The admitting process was very, very important. I think that has had an impact in many, many medical schools. The educational process itself has been adopted by many schools. I think small-group, problem-based learning is everywhere. That came out of John’s imagination and other people around him who were very supportive.”

– Dr. Alvin Zipursky, first chair of pediatrics

“He attempted to create a school in which students were trained to deal with patients and so he tried to have a connection between the student and the patient from the very beginning of the teaching. We worked together at a time when it (the plans for the Health Sciences Centre) was against the normal ways in which things were taught, and it was interesting to work with it and to see all the different arguments against it and then realize that what he was doing really was the right thing.”

– Eberhard Zeidler, architect, McMaster Health Sciences Centre (pictured at right, with John Evans)

“What John Evans led a number of years ago was really quite a significant burst of innovation in thinking and in practice in medical education. Some of it drew on small innovations and ideas from other forward-thinking places, but the difference was that he was able to put it all together in a package and implement a new and different approach. I think the way he was able to do that was just the force of his personality, which was really quite remarkable.”

– Dr. Andrew Padmos, inaugural Class of ’72

“The reason that I’ve always really thought that problem-based learning was so terrific is you start out with the patient problem, you don’t just start out with a cadaver and say ‘Well, look at this body part,’ you start out with a problem, a person who’s got a problem. What is your problem? How can we understand this problem? So, that the whole problem-based learning I think makes enormous sense in medical education. It allowed you to unpack all the elements that were needed to understand that problem, not from a departmental level of anatomy, physiology, biochemistry, but from really focusing on the human problem and human biology. So, I think it was an immense step forward and it’s been incredibly successful.”

“In 2007, when I was given the opportunity to set up the Physician Assistant Education Program at McMaster, I turned to the model of medical education conceived of and created by Dr. Evans and his colleagues. Forty years of experience had shown that Dr. Evans’ brave new experiment in medical education had been a success; something we here at McMaster could be truly proud of. It seemed entirely appropriate, therefore, that with the introduction of the physician assistant profession in Ontario and Canada, another experiment which had proven itself over 40 years in the United States, that we would turn to problem-based, small-group, self-directed learning as the fundamental principles guiding and defining our new education program.”

– Dr. John Cunnington, inaugural Class of ’72 and founding assistant dean, Physician Assistant Education Program

“I hit McMaster in 1967 at the very beginning and it certainly was an enormously exciting place to be because of what John Evans was able to think and do. He was an enormously intelligent man, an intellectual, and he had the ability to pick out like-minded people. The fascinating thing to me is that John only did one term as a dean and then he was gone, but he put in place something that was so sustainable, so inviting, not only locally but to the rest of the world. Often people don’t leave that sort of legacy, but he certainly did.”

– Dr. Raelene Rathbone, acting dean and vice-president, Faculty of Health Sciences, 1997
“John had courage of decision. He had no trouble making big decisions at the dean level and at the president of the university level.”
– Dr. Jack Laidlaw, dean, Faculty of Health Sciences, 1981-1985

“He was a very interesting character because he had the most encyclopedic capacity to remember people, to remember their names and the context in which he’d met them many, many years before. If you’ve got that skill, you get people to be endeared to you. His ability to be so personable and to make people feel that they were important too, is a fabulous attribute to have and he had that in spades.”
– Dr. Raelene Rathbone, acting dean and vice-president, Faculty of Health Sciences, 1997

“He had an outstanding sense of humour, both in terms of the way he would present and discuss things, but also in the fashion in which he would accept the sorts of ribbing and jokerism of his new faculty, so that there was a continuing ambiance of good humour and at times even frivolity when we were discussing even very, very serious things. As a result, he was a role model for all of us in terms of how we might aspire to be if we were going to be effective in our roles.”
– Dr. David Sackett, first chair of clinical epidemiology and biostatistics

“He was a great man, and by that I mean not only was he brilliant and imaginative and a true leader, but through and through he was a very kind and sensitive person. That’s really quite remarkable, I think, in a great leader like that. His humour was always there, his good nature and yes, his great clarity of thought and direction was also there.”
– Dr. Alvin Zipursky, first chair of pediatrics (pictured above right, with Fraser Mustard)

“Any time you talked to him he gave you his full attention. You really felt he had your best interests in mind, and he was a very straightforward sort of guy. He was very easy to talk to.”
– Dr. Norman Jones, faculty member, 1968-1991

“He had lots of very good ideas to get people sort of on his side and to really make the place a happy place. He was a very good football player, so he fixed a football game for the incoming class and the faculty was in it as well, which was good fun and unusual, really.”
– Dr. Norman Jones, faculty member, 1968-1991
“I think the most enduring memory was his extraordinary ease with which he would engage in conversation and give the appearance, if only for a short time, that you were the only other person in the room. So, he had the ability that when he engaged, he really engaged and you felt quite recognized and flattered in a sense by that attention. You certainly always had good conversation, you felt that it was a two-way exchange. He was a tall man, taller than most in the room, but he had a way of giving you his personal space and attention and looked people in the eye, and that was very gratifying.”

– Dr. Andrew Padmos, inaugural Class of ’72

“With us, his students, he was immediately engaging and completely unpretentious. He sparkled with a wit and lively good humor which caused everyone, students and faculty alike, to be immediately charmed. I’m sure that his personal warmth, his enthusiasm, and his confidence in the future was a critical factor in drawing people together to create the new McMaster medical school.”

– Dr. John Cunnington, inaugural Class of ’72

“‘We had sessions with him...very kind of small-group sessions, intimate sessions and so on. There was a very close relationship. Basically, he was God. I know from other times when students kind of are critical of faculty and so on, but of John Evans we were never critical. He cared. He cared for the students, he cared for the medical school, you know, that was his life. And, he also had very good interpersonal skills. He could empathize and connect. He was a gentleman in the best sense of the word.’”

– Dr. Ralph Bloch, inaugural Class of ’72

“‘I had interactions with him because he tutored us and he just brought this tremendous energy, and vitality, and sense of inquiry and sense of discovery. ‘How can you students learn this, it’s your responsibility to learn, how can we excite you to do it, and how can we help you grasp the material so that you understand what’s going on?’ It was remarkable.’”

– Dr. Nathan Epstein, first chair of psychiatry

The Health Sciences Library in 1981.
Inset: A student uses the slide/tape module.
In his words

“Doctors of the future are going to have to be very, very good at information retrieval, rather than carrying encyclopedic information in their heads. That may be a liability rather than an asset.”

– Toronto Star, April 7, 1997

John Evans –

Evans’ list of concepts basic to a medical school:
1. Orientation towards how students should perform after becoming practising doctors. More emphasis on skills, attitudes, continued learning, and motivation. Less orientation towards content.
2. Recognition of the importance of primary care and the necessity of developing models.
3. Regionalization and rational deployment of expensive clinical facilities.
4. Evaluation of the care provided by the health service facilities.
5. Research conducted over the full spectrum, from basic sciences to applied and operations research in the provision of health care.
6. Integration of the medical school with the university and the community.

“Organizing a medical school requires a man who combines the talents of an administrator, fund raiser, politician, planner, scientist, educator, talent scout, innovator and prophet.”

– Toronto Star article in the Owen Sound Sun-Times, April 1, 1967

John Evans, left, and Ontario Premier Bill Davis prepare to cut the ribbon at the official opening of the Health Sciences Centre in May 1972.

“There must be a balance between the needs of the community and the type of people who come out of this school.”

– Hamilton Spectator, Aug. 7, 1965
“People think physicians are only those people who practise medicine, but in fact, medicine often gives you the vocabulary or entrée to look at a whole range of problems, not just acute physical care.”


“The student should emerge from medical school with a total view of the patient as a human being.”

– Saskatoon Star-Phoenix, May 19, 1967

“We want young doctors to realize that treating acute incidents in hospitals is only a small part of the health care challenge. How do you keep people out of hospitals? How do you provide alternatives to institutional care?”


“It wasn’t all settled when somebody said, ‘this is the design of the educational program.’ It still requires reinforcement and positive commitment. It’s an energy-dependent system and so this means that a lot of people have to keep giving to it, keep it in a positive mode; it means there is a lot of interaction, committee work, and so on in order to make these programs succeed.”

– Revitalizing Medical Education – McMaster Medical School The Early Years 1965-1974

“We want young doctors to realize that treating acute incidents in hospitals is only a small part of the health care challenge. How do you keep people out of hospitals? How do you provide alternatives to institutional care?”


The Hamilton District Hospital Council was born in 1965. Standing from left to right: Hugo Ewart, executive director, Hamilton Health Association (Chedoke Hospitals); Robert Taylor, chairman, McMaster Board of Governors; Thomas Rice, board chairman, Hamilton Health Association; James Osbaldeston, board chairman, St. Joseph’s Hospital; James Galloway, medical director, St. Joseph’s Hospital; James Smith, board chairman, Hamilton Civic Hospitals; and William Noonan, executive director, Hamilton Civic Hospitals. Seated from left to right: Sister Mary Grace, executive director, St. Joseph’s Hospital; Harry Thode, McMaster president; and John Evans, dean of medicine, McMaster University.
A Tribute to John Evans

Evans’ first graduating class of physicians present him with a calf in May 1972 – their way of saying thanks and goodbye as he was set to become president of the University of Toronto. Evans had often joked that he practiced veterinary psychiatry. Photo courtesy Hamilton Spectator.

The first medical graduating class at McMaster in 1972. Pictured from left to right in the top row: Administrators William Spaulding, Fraser Mustard, John Evans, William Walsh and Howard Barrows. Second row, left to right: John Sellors, Stanley Rodier, Arthur Leader and Peter Lapsley. Third row, left to right: Richard Haber, Ralph Bloch, Stephen Foster and Jack Franaszek. Fourth row, left to right: Peter Milder, John Cunnington, David Storey, Philip Maurice and Andrew Padmos. Bottom row, left to right: Werner Meirer, Sheila Golini, Russell Emerson, Silvia Szachiniewicz, Robert Ross and Robert Jones.