



Kieran was born and brought up to the east of Glasgow in Coatbridge, Lanarkshire, where his father, with his mother in support, became a successful GP - kind, stylish, with high standards, and a loyal devotion to the Catholic Church. Kieran had three brothers, Kevin, Brian –(who so sadly pre-deceased him) - and Benny. Together, the family made a formidable unit, and looked out for each other fiercely. The four boys set out to achieve great things in their chosen fields of law, academe and medicine; and they did just that, each one. Kieran followed his brothers and cousins to St Aloysius Jesuit College, in Glasgow; and from there went up to Glasgow University to read a full on three year degree in French and history of fine art, with a view to becoming a lawyer. But he changed his mind, spent two more years studying undergraduate science – code for rugby as I read it - and then began his medical degree. So in all he spent an astonishing ten years at Glasgow University, playing some serious games at scrum half in the University 15, and the piano in his brothers' pub. He left, a qualified doctor, speaking fluent French, and a good enough pianist to earn his keep in the vacations.

So, when Kieran applied for postgraduate training in Exeter, in England, he stunned his family – partly because none of them knew where Exeter was. But Kieran had by now done electives in Canada and America; he fancied France; and he was getting itchy. He wanted to test himself and see how he measured up. So, he settled – no, wrong word, - he decided to live, –and what a life he forged - in Devon.

Back in Glasgow, his family didn't even break stride. They – all of them, often - flew or drove or trained down in relays, so we met Kieran's parents, brothers, sisters in law, nephews, nieces, everyone. Brian in particular loved to visit during those early days, in his specially adapted Porsche, to explore fine country house hotels of the south west. And it would have been rude of us not to accompany him.

Then Kieran was off again - to work in France as a junior doctor for a year and a half. So now we, too, had to travel several hundred miles south to visit him. He worked in Bordeaux, Paris and Brittany, where he made life long friends who are here today. We thought he was just having a good time, but, like a fledgling eagle strengthening its wings for first flight, he was preparing, testing himself again.

But he was operating on his own still – a matinee idol who couldn't change a light bulb and struggled to refuel his car; sporting those immaculate slip-on shoes, but a waste of space with even the simplest IKEA shelf. He needed serious assistance if he was to make into adulthood. And, jammy as ever, who appeared in the nick of time but the love of his life from thereon in? My goodness, were we pleased to see Barbara coming.

If ever a marriage was made in heaven, this was it. They did not falter for a moment. The next ten years were spent rearing their family in Upton Pyne and, for a crucial year, in

America. First came Patrick, then Mike, young Kieran and Louise. He quite simply adored his children; and they adored him in that warm, unaffected way he showed them.

Kieran was establishing himself in practice in Exeter, first in Pinhoe Road, and then with his illustrious partners at Denmark Road. In Denis Pereira Gray, Kieran found a mentor and colleague who had the vision and influence to nudge him in the most fruitful of directions. And he was to do some of his most enduring work with Phil Evans, Russell Steele and Adrian Freeman.

The crucial year was 1991. Kieran won a Harkness Fellowship from the Commonwealth Fund of New York, the first ever British GP to do so. The family upped sticks, with Becca their nanny, to the University of Washington in Seattle; and there Kieran learnt to research and to write. His natural openness and wit opened doors to a rainbow of thinkers – and he never looked back. He returned on fire. He wrote very little before his Harkness year. From 1993 onwards the scale and variety of his output was breathtaking. He wrote and published with people like the rest of us have folk to dinner, inspiring them and making them laugh. He published with GPs all over the country, with nurses, hospital specialists, philosophers, his partners, health service researchers, and, most recently, with his third son Kieran. They are to have a joint paper published later this year on the subject of Asperger's syndrome – KD Sweeney junior, first named author. Kieran had already added it to his CV before he died. He wrote for two years as a health correspondent for The Times. He wrote over 100 articles, at least one in French, reserving the 50 best crackers for his CV; four books; an MPhil thesis; he gave invited lectures in France, Spain, New Zealand and Australia as well as at home; and in 2004, at the age of 53, he wrote his MD thesis, pulling together his life's academic work up to that point.

And he was a GP.

After a tough four year sortie into health policy in London, the health care commission began to dissolve in front of him. But he had used the time to write his MD. He had resigned as a partner at Denmark Road to go to London, but he had kept in touch with patients by doing sessions as easily the most distinguished assistant in the west. And he had stuff to do. With the courage and resilience he'd brought with him from Lanarkshire, he got stuck in again, and in 2004 Kieran re-invented himself, for what would turn out to be the last time. He went into general practice partnership with a nurse, Gilly Champion. Together they set up a new practice, Foxhayes, in a tough part of town in Exeter, to honour and welcome the disadvantaged.

Throughout this time, he held a post of senior lecturer at the Peninsula Medical School, where he taught, and led the Health Complexity Group. And last year he was appointed a professor of general practice, an honour many of us felt was long due. Professor Sweeney was primarily a scholar, a reflective thinker, bringing ideas from philosophy, literature,

the arts, social science and mathematics to bear on the clinical practice of Dr Sweeney, the GP.

Kieran knew I was going to speak at his funeral mass because, in his typically open, disarming way, he asked me to. So over his last few weeks he, Barbara and I spent some time talking about their life together, and about his work. I wanted to know what he felt was the essence of his work, what he felt most proud of, from the whole eclectic mix of his writings. I was quietly hoping, too, that I might get one of those flash moments of insight that had, if I am honest, once or twice eluded me on reading some of his denser passages. Kieran's output was not always an easy read. A dictionary by your side is a good start.

I had worked with him teaching students, in some research and writing, in clinical governance, and for 22 years we met together in a monthly doctors' Balint group. I knew that Kieran's angle, his theme, had always been to try to honour the patient, not the disease; to attempt to explain statistics for the individual beside him; and when possible to build the patient's suffering, despair, guilt, hopes and uncertainty into his analysis – not just their symptoms, blood tests and x rays - when coming to make decisions with them. He had observed that simplistic, straight line thinking, expecting a predictable effect from a standard input, let him down time after time. Kieran was indignant at the arcane and fashionable dominance of biometrics, that is to say relying on measuring things to describe people as a set of numbers - weight, height, age, blood pressure, cholesterol. The style of medicine he wrote about and tried to practise goes beyond physical measurements and symptoms. It moves on to the metaphysical. By metaphysical, Kieran meant an approach which takes into account the experience of an individual's suffering. Call me an old reductionist, but for my money, what he meant was treating people with love.

I knew what his answer would be really – but I wanted to hear it from him. "I'm most proud of the essay on Personal Significance with Domhnall and Denis" he replied, without hesitating. They had proposed adding a third, final hurdle of significance to the task of judging the importance of any piece of evidence. This personal level of significance would kick in if and when the first two hurdles of statistical significance (is it real?) and clinical significance (does it matter?) had been cleared. If doctor and patient agreed that this treatment was important, then and there, in the unique context of this patient's personal circumstances and beliefs, then they would proceed. It sounds so obvious – like all brilliant ideas. But it was sufficiently new to medical thinking 12 years ago for the essay to make The Lancet.

Kieran was at the height of his powers when he died. An extraordinary networker, he achieved national influence in his work as director of the national RCGP leadership programme over the last five years. He had so much left to do, at work and at home.

In a prescient article, he wrote latterly: “ the clearest examples of the transition to the metaphysical level occur when someone starts to die, or accepts that death is near. Here both the doctor and the patient are confronted by the question ‘When is enough, enough?’. This,” he wrote, “will be the defining question for the next generation of practitioners.”

Nick Bradley

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