

ROLE MODEL

Ian Nesbitt

The consultant in anaesthesia and critical care at Freeman Hospital, Newcastle, tells **Anne Gulland** about mixing medicine and the military

"I'm the lead for major incident planning, which I wouldn't have been able to do without my military training"

NOMINATED BY CHRIS YATES

"Ian has been deployed on operations to Kosovo, Iraq, and Afghanistan. Using the experiences gained from these conflicts he helped develop major incident planning within the region and recently returned to Afghanistan in a civilian role to help improve and deliver anaesthetic services."

Chris Yates is a year two foundation trainee in emergency medicine at Northumbria Specialist Emergency Care Hospital

NOMINATE A ROLE MODEL

To nominate someone who has been a role model during your medical career, send their name, job title, and the reason for your nomination to arimmer@bmj.com



LODNE CAMPBELL/GUZELIAN

When the World Trade Center was destroyed on 11 September 2001 Ian Nesbitt knew life was about to change. As an army reservist, Nesbitt was about to go on a military training exercise to Oman. When he arrived in the Gulf state, the Americans were using the British army camp as a base to bomb Afghanistan.

"There was a feeling that we could have got on a plane to go to Afghanistan at any time," he says.

His next tour of duty was to Kosovo on what was essentially a peacekeeping mission. It brought with it, however, a new level of responsibility. "Someone got shot in the head in Pristina and we had quite a discussion about the flight and transfer. That wouldn't have happened on an exercise," he says.

In 2003 Nesbitt was deployed to the Middle East—first to Kuwait and ending up in Basra, Iraq. He then did two tours of duty in Afghanistan in 2007 and 2010, stationed at Camp Bastion, the large allied base. In 2007 the camp was a collection of tents but by his second tour it was home to up to 10 000 British military personnel and its hospital was as well equipped as any in the UK. Nesbitt's job was a mixture of anaesthetics, intensive care, and working as a member of the helicopter based medical emergency response team.

"You get in the helicopter and you don't know who you are picking up. It could be one patient, five patients—it could be civilians, it could be children. There would be extra bullet holes in the helicopter when you got back to camp. It was quite exciting," he says.

Nesbitt's wife, a GP, and three children were at home and he says that they probably had the toughest job. "One of the things that is not understood about the military is how hard it is for the people left behind. When I went to Kosovo we had

just had our third baby who was only a few weeks old. My wife was at home on her own with three children under five," he says.

Nesbitt was born in Northern Ireland to English parents, which meant he was slightly removed from some of the sectarian politics. However, the Troubles were a constant presence—helicopters were often overhead and buildings were barricaded to prevent car bombs.

He studied at Newcastle University and was set on a career in ophthalmology until he did a rotation in anaesthetics. "Within three weeks I thought this was absolutely the right thing for me. I loved the immediacy of doing something and seeing a result straight away. You can save a life with a relatively straightforward intervention," he says.

Apart from a stint in Australia and New Zealand, Nesbitt has spent most of his career in Newcastle. His employers have always been supportive of his military responsibilities and his current trust has benefited from his experience.

"I'm the lead for major incident planning, which I wouldn't have been able to do without my military training," he says.

The difference between civilian and battlefield medicine is stark, says Nesbitt, who found it hard to adjust to the slow pace of work back in the UK.

"I work with a very good team here in Newcastle but it's not up to the tempo of Bastion. Things don't happen instantly so it was clinically frustrating," he says.

Nesbitt was medically retired from the army in 2013 and is mulling over his future. "Government policy means that for people like me our next move will probably be retirement. The NHS has changed a lot in recent years. In 2017 I went to Afghanistan with a charity so I may do something like that, or work with a group like Médecins Sans Frontières," he says.

Anne Gulland, London



Madhukar Pai, 47, has a Canada research chair in epidemiology and global health at McGill University in Montreal, where he is also director of global health programmes. He is a member of the Royal Society of Canada and a fellow of the Canadian Academy of Health Sciences. He trained as a doctor in Vellore, India, and got his PhD at the University of California, Berkeley. He is passionate about eliminating tuberculosis, especially in India, where a quarter of the world's 1.7 million TB deaths occur each year. His work on using "mystery" (simulated) patients is exposing major gaps in how TB patients are managed in many countries. TB cannot be eliminated globally without serious investments and quality improvement, he argues.

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Madhukar Pai TB and global health expert

What was your earliest ambition?

To be a doctor. For a brief while I flirted with the idea of becoming an astrophysicist, but maths freaked me out.

What was your best career move?

To train in the US, live in Canada, and do global health work in India. I have the best of three worlds.

What was the worst mistake in your career?

Oh, I've made a ton of mistakes in my research career. But I don't regret them—they made me a better researcher and teacher.

How is your work-life balance?

I get asked all the time whether I ever sleep. Need I say more?

How do you keep fit and healthy?

Shovelling snow in Canada. I also use my Apple watch to hit daily targets.

To whom would you most like to apologise?

My wife, Nitika; my daughter, Annika; and my dog, Dora, for my globe trotting.

What do you usually wear to work?

"Tacky" stuff, says my daughter. Shorts and T shirts in summer; blue jeans and mock turtlenecks in winter.

What living doctor do you most admire, and why?

Gita and Arjun Rajagopalan in Chennai, India. This couple show it's possible to offer quality healthcare without resorting to irrational or unethical practices.

Who is the person you would most like to thank, and why?

Six amazing teachers: Ramanathan Sivanantham (who helped me get into medical school); Arjun Rajagopalan (who taught me evidence based medicine); Jayaprakash Muliyil (who inspired me to do epidemiology); Jack Colford (who mentored me during my PhD); Art Reingold (who funded my training at Berkeley); and Phil Hopewell (who inspired me to do global TB policy work).

What single change has made the most difference in your field?

The explosion of interest in, and funding for, global health.

What new technology or development are you most looking forward to?

In my field of TB I desperately want to see a simple, point-of-care diagnostic test.

What is your guiltiest pleasure?

Binge watching the *Harry Potter* films (for the 100th time).

What personal ambition do you still have?

To witness a substantial decline in the TB epidemic in my lifetime.

If you were given £1m what would you spend it on?

On giving back to India, my homeland.

Summarise your personality in three words

Ambitious, persistent (my wife prefers "stubborn"), hardworking.

Is the thought of retirement a dream or a nightmare?

At this stage in my career I have a lot to accomplish. So, a nightmare.

If you weren't in your present position what would you be doing instead?

I think that I'd be teaching science to school kids.

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