

# Spotlight on... Professor Sir Neil Douglas

For this edition of the newsletter, we caught up with Sir Neil Douglas, Professor of Respiratory and Sleep Medicine at the University of Edinburgh and Honorary Consultant Physician at the Royal Infirmary of Edinburgh.



Sir Neil Douglas is Professor of Respiratory and Sleep Medicine at the University of Edinburgh and Honorary Consultant Physician at the Royal Infirmary of Edinburgh. He was inaugural President of the British Sleep Society and established the UK's first sleep centre in Edinburgh. He is an international authority on the causation, consequences and treatment of sleep apnoea, publishing over 200 original papers, two books and 300 chapters and reviews on sleep and breathing.

Previous roles include Secretary of the British Thoracic Society and President of the Royal College of Physicians of Edinburgh. He is currently Chairman of the Academy of Medical Royal Colleges, and still runs regular sleep clinics at the Royal Infirmary of Edinburgh.

Sir Neil recently announced his intention to retire from the University and NHS later this year, and so it seems timely to invite him to take a look back over his career in sleep.

Firstly, thank you for taking the time to chat with us. You have been championing sleep for over 30 years. Tell us about your early years - how did your career start, and what drew you to sleep medicine?

In the mid 1970s I embarked on an academic respiratory career in a department strong in respiratory physiology but became sceptical that pure physiology was going anywhere. Then for the first time oximeters became available which could continuously measure oxygenation and we rapidly used them to study breathing during sleep in patients with respiratory disease. It soon became obvious that the accepted dogma of what happened to breathing during sleep, which was largely based on animal data, did not apply to man and I went to the USA to study this on an MRC-funded fellowship. There I was exposed to obstructive sleep apnoea and came back determined to overthrow the UK belief that sleep apnoea did not occur over here.

The British Sleep Society will celebrate its 25th anniversary next year. You were a founding member, and the Society's first president (alongside Dr Colin Shapiro). What are your memories of this time? How did the founding of Society come about?

Many thought we were from the lunatic fringe trying to establish sleep as a branch of medicine in the UK. Colin, from a psychiatric background, and I felt we needed to promote the field and that setting up a society and

inviting some international experts to enthuse the struggling UK workers would help. The initial meeting was a great success and the society, with a few hiccups, has progressively got stronger.

There have been huge advances in sleep medicine over the course of your career. What have been the key moments, and, in your opinion, what have been the three most important publications of the last 25 years?

After the early pioneering work of Guilleminault, Lugaresi and others, there was still much scepticism that OSAHS was common or that it was untreatable except by permanent tracheostomy. This all changed when CPAP was first suggested and used by Colin Sullivan whose paper in the Lancet in 1981 is undoubtedly the most important paper during my professional career (1). The other key ones I would highlight are:

In 1994 Heather Engleman's first RCT showing an evidence base for treatment of OSAHS (2) and in 2001 and 2002 Faccenda and Pepperell showing a clear evidence base that treating OSAHS reduced patients' blood pressure (3;4).

What has been the highlight of your career, the most significant event or the achievement you are most proud of?

On the sleep side, performing the first randomised controlled trials in OSAHS. These ultimately led to the evidence base needed to achieve

## Who would you like to see featured in our Spotlight? What questions would you like to ask?

NHS funding for sleep services through SIGN and then NICE, and their international equivalents, which was precisely my intention. On the College and training side, successfully managing the disaster that was MTAS and leading many training and selection improvements thereafter.

**Conversely, what has been your most embarrassing professional moment?**

I asked a student to leave a lecture on sleep as he was asleep, only to find him soon thereafter as a new patient in my sleep clinic with narcolepsy.

**You were honoured with a knighthood for your services to medicine in 2008. Whose contribution to (sleep) medicine do you most admire, and why?**

Colin Sullivan for making both the major advances in the field through brilliant original thought - namely CPAP therapy for OSAHS and nocturnal nasal ventilation for musculo-skeletal respiratory failure.

**And who is your inspiration outside of sleep? Who would be your dream dinner party guest(s)?**

My family and Nelson Mandela.

**What do you think the next 25 years in sleep medicine holds? What will be the key areas/discoveries? Where**

**would you hope the field/the society will be by its 50th anniversary?**

Clearly an unanswerable question as if I knew I would have done it already. My wishes are that obesity becomes as unacceptable as smoking and that effective medications are developed for OSAHS and narcolepsy. I expect sleep medicine to be a major medical specialty and the society to develop a major fund raising arm.

**What one piece of advice would you give to anyone - medics, researchers, technologists or nurses - starting out in sleep?**

Listen closely to the patients and find solutions to their problems. If the answer to their problems is unknown, design and carry out the study. This has to be combined with never taking no for an answer if anyone is trying to prevent you helping patients.

**What would be your "Desert Island Discs" - two pieces of music, a book and a luxury item?**

Paul Simon Songbook; Sibelius' Sixth Symphony; The complete works of Dickens and a case of Highland Park malt whisky.

**Tell us something we don't know about Professor Sir Neil Douglas...**

Although it may not always have



looked that way, he has really enjoyed his medical career.

**Finally, you're retiring later this year - what will you do with all that free time?**

Fish, sail, ski, garden, complete climbing the Munros (half way there) and enjoy good food, good company and good wine.

**Thank you very much for taking the time to share your thoughts with us, and the very best wishes for the future from all at the BSS.**

### References

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2. Engleman HM, Martin SE, Deary IJ, Douglas NJ. Effect of continuous positive airway pressure treatment on daytime function in sleep apnoea/hypopnoea syndrome. *Lancet* 1994;343(8897):572-5.
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