

Martin Fisher

Professor of HIV medicine who revolutionised the care and treatment of people with HIV in the UK

Martin Fisher (b 1964; q Guy's Hospital Medical School 1988), d 21 April 2015.

In 1995, at the age of 30, Martin Fisher was appointed a consultant in HIV and genitourinary medicine in Brighton. He had qualified just seven years earlier, and then trained in genitourinary and HIV medicine, initially under Brian Gazzard at the Westminster Hospital and later at St Mary's Hospital in Paddington.

Developing HIV services in Brighton

Services for HIV positive people in Brighton were underdeveloped before 1995. Martin rapidly set about establishing access to new drugs and viral load testing for his cohort of then around 400 patients. He made the first of many canny appointments by employing Nicky Perry as his research nurse and rapidly established Brighton as a site that could recruit patients to clinical studies of antiretroviral medication. Other clinical research collaborations established in those years have endured. The clinical cohort grew rapidly in size, as patients increasingly recognised the value of local services. The inpatient ward moved from Hove General Hospital to a ward at Brighton General Hospital that was—after vigorous canvassing led by Martin—beautifully decorated and equipped, with generous help from the Elton John AIDS Foundation.

Martin built a strong team dynamic in Brighton. Part of this was because of the appointments that he made and the collaborators that he drew around him. He also carefully chose the consultants who followed him—this was integral to the success of the department and enabled Martin to develop his areas of interest and research. From the early days the team held weekly meetings to discuss and agree on the antiretroviral management of patients with a detectable viral load—this became a key part of the department's ethos. Patients in Brighton would receive consistent care, whoever was their doctor, and decisions were agreed on by the whole team. Trainees from other units quickly learnt that, if you were prepared to argue your case and justify your decisions, you would be treated as an equal and at the same time be exposed to the best form of learning.

Martin encouraged, even fomented, dissent and argument, although differences were resolved at the end of the day. It wasn't ever easy to get him to change his mind or to win an argument against him, though. He had a gift for communicating complex medical information to patients in a way that they could understand; those who worked with him with inpatients all remember him crouching at patients' bedsides so he could physically be at their level. His patients adored him and were happy to accept the often long spells in the clinic waiting room before their appointments, as his clinics were usually overbooked and ran over time.

Martin was a brilliant lecturer, although, strangely for one so accomplished, he suffered terribly with nerves.

Involving general practitioners

One of the key themes of Martin's work was the involvement of general practitioners in the care of patients with HIV. He was instrumental in setting up an annual two day course for GPs. The course always had excellent feedback—particularly for his lectures and workshops—and he would point this out to the rest of us as he pored over the feedback forms in the pub afterwards.

His research was not concentrated in one area. Initially he focused on enrolling patients in antiretroviral studies. Later his interest moved into the area of transmitted drug resistance, and he showed that drug resistant HIV, selected after treatment failure years earlier, persisted in populations for years and could continue to be transmitted even in the absence of treatment.

Primary HIV infection was another key area of study. Martin's work with the relatively closed cohort of people with HIV in Brighton showed

how much the transmission of HIV in a population was driven by those with recent HIV infection. This led to an interest in prevention, particularly using post-exposure and, more recently, pre-exposure prophylaxis. Martin led writing groups for national guidelines in both areas.

Recognising that patients with HIV and hepatitis C coinfection were often poorly managed, he set up and ran a successful clinic that led to consistent care and much improved outcomes for scores of such patients, especially those with recently

acquired hepatitis C. Martin became interested in ageing in people with HIV, which became an issue as a result of the success of antiretroviral therapy, and for several years he jointly ran a clinic with a consultant gerontologist for patients with multiple comorbidities.

He carried out a study assessing opt-out HIV testing of medical admissions, which established that this was feasible and successful, while at the same time highlighting the inadequacy of opt-in testing. This work influenced national policy, not least because he cowrote the national guidelines on HIV testing.

More recently, he was justifiably proud of a large European Commission grant that he won to develop an app for mobile devices to extend this work.

Although he did no clinical work in genitourinary medicine after becoming a consultant, he was unusual in that his research extended into sexually transmitted infections as well as HIV, and he published extensively on syphilis and established various research collaborations into multiple STIs.

When the British HIV Association (BHIVA) was set up in the mid-1990s, Martin was involved from the start. He also chaired the HIV special interest group of the British Association for Sexual Health and HIV (BASHH), organised many key meetings for the group, and was a member of the national clinical reference group for HIV, advising NHS England on the commissioning of HIV services. For several years he was joint editor of the *International Journal of STD and AIDS*. He was an examiner for the well established diploma in genitourinary medicine examination, and a key figure in setting up the similar diploma in HIV medicine examination—becoming the first convener of examiners and seeing through several changes in format of the exam, which has now become essential for trainees in the specialty. He was appointed professor of HIV medicine at Brighton and Sussex Medical School in 2013.

Outside work, he had multiple interests that he pursued with the same degree of zeal as he gave to his work. He was a season ticket holder at Arsenal and only ever left his clinic on time when travelling to a game. He played the piano, was an enthusiastic DJ, loved cooking and eating complicated meals and drinking good wine, and travelled widely for pleasure as well as for work. Recently he had developed a passion for sailing and had passed his day skipper licence.

Martin leaves his partner, Adrian Brown.

Duncan Churchill, Brighton

Cite this as: *BMJ* 2015;350:h3006



Martin Fisher was a brilliant lecturer, although, strangely for one so accomplished, he suffered terribly with nerves

Farhat Amin



Retired general practitioner (b 1934; q Dow Medical College Karachi University 1961), died from diabetic ketoacidosis, type 1 diabetes, and atrial fibrillation on 13 January 2015.

After house jobs at Sheffield Children's Hospital and senior house officer jobs in ear, nose, and throat medicine and ophthalmology at Batley General Hospital, Farhat Amin moved to Barnsley. She did two years in paediatrics and then worked as a general practitioner in Darfield, Barnsley, from 1973 to 1997, until she retired. After this she did locum work in Barnsley for 10 years before finally hanging up her stethoscope. She took up painting and drawing, and she and her husband went on holidays abroad; over the years they visited 91 countries. She leaves her husband of 52 years, three children, and six grandchildren.

Sheikh Amin

Cite this as: *BMJ* 2015;350:h2965

Rory Louis Carson



Former district medical officer of health (b 1924; q Queen's University Belfast 1949; DObst RCOG, DPH, DCH RFPS Glas, MMSA Lond, MFCM, MRCGP, FFOM RCPI, AFOM RCP Lond), d 16 April 2015.

Rory Louis Carson was born in India, but his family moved back to Northern Ireland when he was 6 years old. He was district medical officer of health in the county of Londonderry and also held this post in Belfast, Armagh, and the city of Londonderry. He received national recognition for

rendering exceptional service to the practice of occupational medicine in the UK and beyond. After retiring he continued to work part time in occupational health and disability assessment and received the officer brother medal of the Order of St John for his commitment and work with St John Ambulance. He leaves his wife, Marjorie; three children; three grandchildren; and two great grandchildren.

Kathryn Carson

Cite this as: *BMJ* 2015;350:h2966

Helen S Kennedy



Former general practitioner Glasgow (b 1927; q Glasgow University 1950; MRCGP, DCH), d 7 March 2015.

Helen S Kennedy worked as a general practitioner partner at 1264 Dumbarton Road, Partick, Glasgow, until she retired in 1996. She became senior partner in 1985 and was a trainer in general practice for many years. Her interests included thyroid disease, psychosexual medicine, and genitourinary medicine. However, she always felt her best years were spent in Kenya in the early 1960s. She worked as a GP at the Kenyatta National Hospital in Nairobi and was also a doctor with the east African flying doctor service, then involved in mass immunisation campaigns with the nomadic tribes. In her later years she developed dementia, but she always maintained good spirits and died peacefully. Predeceased in 1998 by her husband, Stewart, she leaves three children and four grandchildren.

Neil Kennedy

Cite this as: *BMJ* 2015;350:h2967

David Gerald Moore

General practitioner Branton, Devon (b 1955; q Birmingham 1979), died from glioblastoma multiforme on 19 August 2014.

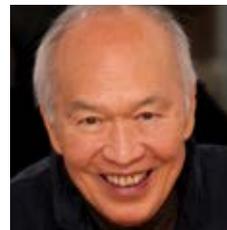


After house jobs, David Moore started training as a general practitioner, spending a year in Droitwich. He then travelled extensively in Australia, where he worked as a GP locum. After returning to the UK he worked in anaesthetics for two years before finally settling into general practice. Drawn to Devon by the surf, he became a partner at Caen Health Centre in Branton in 1988. He remained a full time GP for more than 25 years—indeed, he had no intention of retiring for a few years yet, but he was diagnosed with a brain tumour in August 2013 and died a year later. He leaves a wife, two sons, and a daughter.

Lorraine Loveden

Cite this as: *BMJ* 2015;350:h2680

Richard Htun Nyunt



Former resident medical officer (b 1933; q Rangoon, Burma, 1959), died from tuberculosis on 7 March 2014.

A scholarship brought Richard Htun Nyunt to the London School of Hygiene and Tropical Medicine for specialised study in internal and clinical medicine; he also attended the National Hospital for Neurology and Neurosurgery and was a senior house officer at Belfast's Royal Victoria Hospital. On returning to Burma, Richard worked at Rangoon's General Hospital, the Institute of Medicine, and the military hospital. He was the first to describe the emergence of chloroquine resistant falciparum malaria in Burma. Political unrest brought him back to the UK in 1972, where he spent most of his career as a resident medical officer at

St John of God Hospital, Scorton. He took early retirement in 1995 after a myocardial infarction. He leaves his wife, Pamela; two children; and three grandchildren.

Theela Kinnon

Cite this as: *BMJ* 2015;351:h3911

Charles Roy Thickett



Former general practitioner (b 1926; q Sheffield 1950), d 16 November 2014.

After national service, Charles Roy Thickett joined the oldest practices in Bradford in 1953, where he worked until he retired in 1986. During this time he became chairman of the Family Practitioner Committee and the local medical committee and effectively ran Bradford's entire primary care service on his own. Roy was known throughout the city for his calm demeanour, his intelligence, and his bow tie, which he wore every day. He met his wife to be, Dorothy, while studying medicine at Sheffield University. A leading light in the community, he served as president of Rotary and lodge master, and helped and contributed to many local charities. Predeceased by Dorothy in 2001, he leaves two children.

Brian Karet

Cite this as: *BMJ* 2015;350:h2971

Longer versions are on thebmj.com.

We are pleased to receive obituary notices. In most cases we will be able to publish only about 100 words in the printed journal, but we will run a fuller version on thebmj.com. We will take responsibility for shortening.

We do not send proofs.

Please give a contact telephone number, and email the obituary to obituaries@bmj.com

We do not accept obituaries sent by post.