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A generalist specialist: the consultant neurologist

Consultant neurologist Harri Jenkins talks to **Helen Jones** about maintaining a generalist approach to a specialism and learning from his patients

Helen Jones

Neurology is such a broad specialty that it can appeal to a range of doctors, says Harri Jenkins, consultant neurologist at Imperial College Healthcare NHS Trust.

“The human brain is the most complex thing we know of and there are opportunities for all sorts of doctors with all sorts of interests in the field, both academically and clinically,” he says.

The specialty has changed enormously since his career began. “It used to be seen as all about making esoteric diagnoses and then not being able to do much for the patient, but that couldn’t be further from the truth now, given all the treatments that are available for things like multiple sclerosis and, in my own area, stroke,” he says.

Jenkins’ interest in medicine stemmed from an early childhood accident. “I was about 3 years old and I was riding a tricycle. I got my ankle caught up in the pedals and was taken to the local emergency department in Portsmouth. I remember thinking, ‘Wow, this is fantastic,’ and I knew then that it was what I wanted to do.”

At medical school Jenkins became fascinated by the complexity of the brain and the nervous system. “By the time I was approaching graduation and applying for jobs, I’d made a conscious decision that if I was going to stay in hospital medicine then neurology was what I wanted to do—otherwise I would have chosen general practice which suited the generalist in me.”

As a neurologist his special interest is in stroke medicine, but it’s an area that requires him to retain some of that generalist thinking. “We know that a lot of patients who present with acute focal neurological symptoms turn out to have a lot of other things, so you have to keep that in mind rather than just think ‘stroke’ as they come through the door. You have to retain an interest in general medicine,” he says.

The biggest challenge in Jenkins’s career has been striking a balance between research and clinical work. “I’d done a lot of research at Hammersmith Hospital and I considered a career in academic neurology. Some people are excellent at compartmentalising the two, but very often one or the other wins out. I found the clinical side more rewarding. I do a bit of clinical research and take part in several trials in the stroke unit, but I haven’t kept any significant research interests going. In some ways I regret that, but I couldn’t combine the two,” he says.

For Jenkins, the best part of his work is his patients. “You learn so much from them. With neurology you always have to listen to the patients. You can’t dismiss things that don’t seem to fit because the

patient might be telling you a key piece of information that is going to be crucial in their diagnosis and management.”

If he has any advice for younger doctors starting out it would be not to be in too much of a rush to get to the consultant stage. “You’ll be a consultant for a long time, so make sure you’ve had well rounded experience. If you feel you need more experience in one area, go and do it.”

Nominated by the Imperial neurology registrar team

“Harri is an excellent general neurologist. In an era of increasing subspecialisation, it’s rare to come across a neurologist who is truly a generalist as well, as proficient in the diagnosis and care of the ‘undifferentiated’ patient as his own subspecialty, which is stroke.

“He is an extremely kind and compassionate leader—he always makes you feel that he has all the time in the world to listen to your problem, whether that’s about a difficult clinical case or a training matter.

“He’s also a fantastic clinical teacher. He makes you enthusiastic about neurology because he takes so much delight in it and is so passionate about neurology, its science and practice.

“Despite his wealth of knowledge and experience he is incredibly humble, always listening to everyone’s opinion and never dismissive. We’re so lucky to have worked under his guidance and could not think of a better role model, both as a physician and a human being.”

The Imperial neurology registrar team are Aravindhan Baheerathan, Lucia Li, Stephen Auger, Matthew Evans, Thomas Coysch, Andrew McHattie, Bhairavi Wijayendran, Emer O’Connor, Mie Rizig, Muhammad Imtiaz, Rober La Cava, Sara Kheir, Rohan Palathinkal, Thomas Parker, Sabrina Kalam, Ashni Khetarpal, and Mohammad Ashraghi.