An Interview with Professor Alicia Jenkins – Endocrinologist, Researcher and President of Insulin for Life

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Prof. Alicia Jenkins

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Director of Diabetes and Vascular Medicine at NHMRC Clinical Trials Centre Prof. Jenkins is a clinician-scientist with interests in diabetes and vascular medicine working at NHMRC Clinical Trials Centre and St Vincent's Hospital Melbourne. She is also the President of Insulin for Life.

In this issue of the Australian Medical Student Journal, we are fortunate to interview Professor Alicia Jenkins, a Clinical Endocrinologist at St Vincent's Hospital Melbourne, Director of Diabetes and Vascular Medicine at NHMRC Clinical Trials Centre and President of Insulin for Life. She was also recently awarded the prestigious ADS Kellion Award, which acknowledges an outstanding contribution to diabetes research, clinical or service areas. Prof. Jenkins provides us with an insight into the field of diabetes and endocrinology, the benefits of undertaking research, as well as her charity work for Insulin for Life.



Prof. Alicia Jenkins

Q: Why did you become a doctor?

A: "To help people". This is the answer I gave as a 17 year old, who grew up in a farming community when asked after having been offered a place in medicine at the University of Melbourne. It's still the same reason I continue long hours as a clinician, medical researcher, educator and advocate. It's a diverse, challenging, rewarding, achievable and incredibly important goal.

Q: Why did you choose a career in endocrinology?

A: My mother was diagnosed with Type 1 diabetes in 1939 (and lived until age 92), so I knew the challenges that people with diabetes face, and the importance of excellent and accessible care and of research. I was interested in all aspects of medicine during medical school and residency, and as diabetes is common and impacts every system in the body endocrinology was a great fit for me. An added bonus was the strong laboratory and research options that can improve patient outcomes.

Q: How would you describe the typical day of an endocrinologist?

A: The typical day for most endocrinologists is providing specialist care to people with diabetes, or other conditions affecting other hormone systems, such as the thyroid, pituitary, adrenal, bone or reproductive organs. Most of this is done on an outpatient basis, with some inpatient work for some. The endocrinologist will interact with patients and often with their family, other general and specialist clinicians and allied healthcare providers. Some time should be spent in ongoing education, such as reading medical journals, as treatment options for endocrine conditions are advancing rapidly and it's important to be up to date so as to provide the best care.

An endocrinologist involved in research and teaching will also need to spend time writing research grants, conducting funded research, which may be people and/or laboratory based, and in training activities.

Q: What do you find most rewarding about your work?

A: Making a positive impact in the lives of many people, including patients and their families, other healthcare professionals, trainees and researchers. The diverse range of skillsets and work-place options (clinic, university, research laboratory, national and international work places) add to it.

- **Q:** What advice would you give to medical students and doctors interested in a career in endocrinology?
- *A:* Endocrinology has so many career options within: subspecialties, a mixture of clinical, research and teaching; part-time or full-time and diverse (urban, rural, remote or overseas) work locations. And with the diabetes epidemic there is certainly job security! It's great if you like caring for individuals long-term, being part of a multi-disciplinary team, and are interested in evidence-based medicine with new drugs and devices.
- Q: How did you become interested in research and what is the current focus of your research?
 A: As a registrar I was exposed to a research active endocrinology unit at the University of Melbourne (St. Vincent's Hospital) and realised that existent treatments and care delivery could be expanded so as to improve health outcomes for people with or at risk of diabetes.

My research focus is the prediction and prevention of diabetes complications via the optimal use of technology (e.g. pumps, sensors, telemedicine), and (clinical, biochemical and molecular) biomarkers. This involves conducting clinical trials of new and repurposed drugs and devices.

Q: What are the benefits of being exposed to research as a medical student?

A: There are many benefits, and of course some challenges. Research trains one in analytical thinking, in accessing and assessing evidence and in communicating 'science' and the gaps in medical science and care to others (including medical, scientific and lay groups). Every good doctor, even if they don't do any research or continue in research, will utilise research results in their daily clinical practice.

Q: Could you tell us about your charity, Insulin for Life (IFL)?

A: IFL (*www.insulinforlife.org*) collects in-date unopened diabetes supplies in (so far nine) affluent countries and provides them at no cost to clinics for the poor in over 40 disadvantaged countries. We help run (overseas) diabetes camps, community screening days, with advocacy and global health research. Seventy-five percent of the people with diabetes in the world today live in disad vantaged regions, and I believe it is important that those of us who have the capacity to help others should do so. Health is wealth and as medical students and doctors with expertise in health, we have much to share.

Q: How can medical students and doctors contribute to this excellent cause?

A: There are many options. Diverse skill-sets and time commitments are welcome. Volunteers can help raise awareness, fundraise, help with camps, prepare diabetes supply shipments (going from Ballarat), help with social media, website monitoring and research projects. Check out *www.insulinforlife.org* or contact me (*alicia.jenkins@ctc.usyd.edu.au*).

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