
11 Professor Colin Doherty

Ellen Mayston Bates Professor of Epileptology (2016)

→ “Trinity already punches above its weight in epilepsy research and we have the opportunity now to build on that – to maybe create an interdisciplinary hub within the university and the partner institutes, like the FutureNeuro [the SFI centre for chronic and rare neurological diseases, hosted by RCSI].”

“Currently I collaborate with Prof Matt Campbell in the School of Genetics and Microbiology on brain injury and Mark Cunningham, professor of epilepsy and neurophysiology on epilepsy, and in FutureNeuro I’m developing projects around eHealth, where there is great potential – Ireland has an electronic record of patients with epilepsy which is unique in the world.”

Colin Doherty, inaugural Ellen Mayston Chair in Epileptology, is enthusiastic about the opportunities for his research in Trinity and Ireland. The Ellen Mayston bequest has enabled two new chairs in epilepsy in Trinity in recent years which are accelerating and accentuating epilepsy research across the university.

A graduate of UCD (MD 1991), he says he “always wanted to study medicine.” As a junior undergraduate, he was excited by the idea of surgery but he “quickly went off that idea. For me, surgery seemed like a technical exercise whereas I found neurology very intellectually exciting – we know so little about the brain.”

He did professional training in St Vincent’s Hospital, where leading neurologist Michael Hutchinson “really engaged me with the mystery of the mind” and in Beaumont, where his mentor was Hugh Staunton. In 1998 he left for Boston to do the Harvard training programme in neurology. “I worked in two big

hospitals in Massachusetts. For the first year I hardly saw my wife and newborn son but it was a brilliant training. In the third year, I was appointed chief resident in the programme and I stayed on in Boston for another two years with a fellowship in epilepsy and cognition.”

In 2003 he returned to Ireland and soon took up his consultancy in St James’s Hospital where he balanced a demanding consultancy practice with teaching Trinity students and with family life: “I have four sons and I have a lot of interests outside medicine. I run marathons. My reading is eclectic – currently it’s Hubert Butler’s essays, Neil Jordan’s novel about Edward Fitzgerald and Nose Dive, Harold McGee’s map of the world’s smells which feeds into one of my research projects on anosmia in Covid-19. I also love listening to music and I like to draw.”

In 2010 he was appointed National Clinical Lead for Epilepsy in Ireland – “the role focuses on developing services for patients. We organised a big conference for medics, patients, carers and families, where we mapped out, together, what an excellent service would look like – we’ve spent the past decade trying to deliver on that! The key is asking people not only what they want, but what they are prepared to put up with, because everything you deliver means something else is not done. It’s that mantra of ‘nothing about me, without me.’”



He found the experience really rewarding and it has led to his developing secondary research interests and expertise in the delivery of health services. “Improving services within a complex system like the HSE is challenging. An ongoing project I’m involved in is delivering services to homeless patients. The homeless population suffer more from epilepsy than the housed population but they don’t submit themselves to hospital care in the same way, in terms of turning up for tests or appointments. So we’ve developed a pathway whereby we deliver care through GPs. We give GPs tools to help them recognise epilepsy and give us a full picture of the patient’s condition – we then deliver care via the GP, instead of through hospitals.”

The project was carried out through Sláintecare and he hopes that it will become a funded pathway: “We’ve brought a lot of academic rigour to the project and we’ve shown that it’s replicable.” Health services research is, he believes, as vital and rigorous as clinical translational research “but it’s very much the poor relation. It doesn’t have the prestige or the big grants.” On the plus side, the translation into policy is much quicker: “If Matt [Campbell] and I discover something relating to brain injury, it will take at least 15 years before it’s translated into patient care, whereas if you make a breakthrough in delivery of services to vulnerable patients, you can translate that into policy very quickly.”

One of his ambitions for the next five years, as he develops his role in Trinity, is to help the university be a driver of social change in the city. “Trinity does a lot of great work with access and is involved with local communities through various initiatives. I think there’s scope for the Faculty of Health Sciences to be drivers and advocates of free health clinics and services to local communities.”

His other ambition is around teaching. “I’ve always enjoyed teaching, and was delighted to win a teaching prize from Harvard Medical School in 2000. But I’m coming to the realisation that we need to overhaul and update our whole approach. What I find remarkable is how much medicine has changed over the past 20 years – and how little medical teaching has changed! I don’t think the students are being taught what they need to know. They come out of med school with traditional knowledge and are thrown into a completely novel system. They might know how to search for information but they don’t know about digital medicine, for instance – how AI applies to medicine or how to deliver telehealth. We should be preparing them better. There is talk about a new curriculum being developed in the next few years and I want to be part of that.”