Profile

John Bell: a Canadian at the top of UK academic medicine


Academy of Medical Sciences

What with the knighthood, the Regius Chair of Medicine at Oxford University, and the Presidency of the Academy of Medical Sciences, to ask John Bell if being a Canadian by birth—and still very much by accent—has hindered his UK medical career would be faintly absurd. So, conversely, has it brought any advantages? Yes, he says. For one thing he's sidestepped traditional British pigeonholing based on schooling, parentage, and the like. And for another there's the can-do, entrepreneurial "frontier spirit" that tends to go with Canadian nationality: "This has got to work, so let's be optimistic and make it work." Which is what he's been doing ever since he first arrived in the UK in 1975.

Despite his parents' occupations—haematology and pharmacy—medicine was something of an afterthought for the young Bell. "I didn't thrive on science at school because what you get taught is the textbook." At that stage he didn't see science as a continuing process of discovery. "The best bit is when you get in a lab and start asking questions yourself." Which is what has always driven him. "I'm really interested in innovation and discovery. As a scientist I like to be the first person to have made some observation, even a relatively trivial one. It's one of the things that gives you a buzz in science. And I'm also excited by the idea of making something useful out of discoveries." With a track record not only in research but in helping to set up several biotech companies, Bell has done both. At a time when genetics, his main area of interest, was still focused on rare single gene disorders, he already believed it could play a wider role. He was the Founder of the Wellcome Trust Centre for Human Genetics at Oxford University, and has been among those clinician researchers who are now showing the practical utility of insights into the multiple genetic influences in heart disease, diabetes, and other common disorders.

It was a Rhodes scholarship that brought Bell from Edmonton, his home town, to Oxford University where his intention was to do preclinical sciences before returning to Canada. "All I can remember of my first months in Oxford is that they never turned the heating on in the Bodleian Library despite the frost on the windows. The idea then of staying in this country would probably have horrified me." He was nonetheless persuaded to remain in the UK for his clinical training—following which he was again tempted to stay on, this time by his mentor, the then Nuffield Professor of Medicine David Weatherall.

In 1982, Bell did eventually return to North America, though not to Canada but to California: to immunologist Hugh McDevitt's Stanford University laboratory. He worked on blood, a tissue chosen in part for its eminently practical virtue of accessibility. For using molecular tools to analyse the immune system, Stanford then was the place to be. "I arrived at the beginning of the recombinant DNA revolution in America. They were applying it across a whole variety of things, but in McDevitt's lab it was to the histocompatibility antigens."

California was seductive but, Bell adds, parochial. He stayed 5 years before Oxford, in the form of Weatherall's nascent Institute of Molecular Medicine, drew him back to the UK. He'd reckoned on staying for another 5 years. But things went well, he started to produce good scientific work, so he stayed on—again. (Bell has been proved to be a serial lingerer.) In 1992, aged around 40 years, he was appointed to succeed Weatherall as Nuffield Professor of Clinical Medicine. And in 2002, just when he was again wondering if it was time to be gone, yet another opportunity presented itself: the Regius professorship of medicine, this too vacated by Weatherall.

In a career studded with awards and achievements, what gives him the greatest satisfaction? The success of helping to lead genetics out of its traditional concentration on rare, single gene disorders, he says, and into the arena of common diseases in which many genes may play a part. It was a development he foresaw in a paper published in the late 1990s: a prediction dismissed by a lot of his peers. They simply did not believe that gene testing would have any practical utility in circumstances where genetic influences were many in number and quite possibly complex in their interaction. While personalised medicine is an aspiration that continues to prompt scepticism, to Bell it's merely a question of how soon and how common.

And his biggest mistake? "In the early days of the Nuffield Chair I got myself embroiled in trying to fix the Health Service in the hospital. That was not smart. But in my early 40s, when I'd made a few hits, I was over-confident. Sometimes you just have to let things evolve."

Elected to the Presidency of the Academy of Medical Sciences in 2006, Bell can still bring an outsider's eye to the enterprise. The fact that he likes most of what he sees of UK academic medicine—not least the momentum generated by innovative researchers able to carry it through periods of funding famine—is part of what's kept him in the UK. He also thinks the Academy, currently celebrating its 10th anniversary and planning a move to new premises, is in good shape. As Bell points out, he's now lived longer in the UK than in Canada. Does this mean he's here for good? At least until retirement, he says—but then laughs. "You can never be sure. If the right opportunity came, I'd definitely get on a boat or a bike or whatever it took."

Geoff Watts
geoff@scileg.freeserve.co.uk