

# Career Advice for ECGs

from Professor Murad Khan,  
IASP President



**Professor Murad Khan**, IASP President is based in the Dept. of Psychiatry at Aga Khan University in Karachi, Pakistan. Prof Khan kindly took some time out to give us some ECG advice!

## 1. Why did you choose to work in the area of suicide prevention?

‘Any man’s death diminishes me  
Because I am involved in mankind  
Therefore, never send to know for whom the bells  
toll  
It tolls for thee’

I came across John Donne’s immortal words while still in school. Even at the young age of 10 or 11 years these words must have had a profound effect on me that years later, when I was looking for an area to research, their influence drew me to the study of suicide.

I stumbled upon suicidology quite by chance. When I returned to Pakistan after completing my psychiatric training in the UK, I was looking for topics to research. The field of research in Pakistan was wide open. The university hospital where I started working in Karachi (current est. pop. 22 million) was admitting about 7-8 patients with self-harm every month. We were called upon to do their psychiatric assessment by the medical teams. It was about that time that I came across an article of ‘attempted suicides’ in the American-Arab oil company (ARAMCO) in Saudi Arabia that caught my eye. If this is what was happening in Saudi Arabia, what was the picture in Karachi and Pakistan?

I tried to look up previous research on attempted/suicide in Pakistan. All I found were two short articles- one published in 1964 (only the reference was available but not the full one-page article) and another published in 1981. In addition, there were a couple of articles on ‘acute poisonings’ in Karachi, which

concealed some data on 'suicidal poisonings' within them. This was the total sum of suicide research in Pakistan!

Yet newspapers in Pakistan were regularly carrying stories of people dying by suicide. But why was there so little research on suicide in Pakistan and why was no one interested in studying it? Was it that the numbers were so small that it was not worth wasting one's time and energy? Or was it the strongly held belief that as suicide is *Haraam* (a sin), it does not take place in Islamic countries. I decided to research it. The rest, as they say.....

## 2. Can you tell us a little about your career pathway from your medical degree to becoming the IASP President?

I had decided to take up psychiatry in the 3<sup>rd</sup> year of medical school, having being interested in the 'whole' person, rather than the biomedical model & its emphasis on signs & symptoms and investigations and medications. After graduating I proceeded to England (most of my friends went to the US for specialization but they didn't play proper cricket in US, I decided on England. I had a passion for the game!). I received my clinical training in different hospitals in London and Kent, received the Membership of the Royal College of Psychiatrists and returned to Pakistan. I joined the academic department of psychiatry in the newly established Aga Khan University (AKU), Pakistan's first private medical university in Karachi. After working for a few years I went back to England to complete my PhD from the Institute of Psychiatry, Kings College, London. My thesis was on a case-control study of suicides in Karachi, using the psychological autopsy method. I joined IASP in 1996, attending my first IASP Congress in Adelaide. I went on to become the National Representative for Pakistan, then Chair of Council of National Reps, then Vice-President and eventually President.

## 3. What would you say were the most important stepping stones which facilitated the progression of your career?

Other than the decisions to do medicine and psychiatry, the decision to come back to Pakistan was one of the most important stepping stone for me. Joining a progressive institution that allowed me a mixture of clinical work, teaching, research, program development and joining IASP and taking on leadership roles within it are other important stepping stones.

## 4. What were the biggest challenges to you and an early career researcher (ECR) and how did you overcome these?

Suicide is a difficult subject to study in Pakistan and the Islamic world. Not only is it strongly religiously condemned but there is a huge social stigma attached to it. Accessing data on suicide or attempted suicide was not easy. The data was recorded in very poor form. There were very few people studying the subject. Hence, comparing one's findings with those of other researchers was therefore not possible. More often than not it appeared that one was working in a vacuum. However, these challenges made me more determined to keep researching the subject, because I knew it was happening and I felt a strong desire to do something about it.

There is a saying in our part of the world that 'if your intentions are noble, God opens doors for you'. And so it was. In an ironic way, the economy in Pakistan took a dramatic downturn following the country's testing of nuclear devices in the mid-1990s and suddenly suicide incidents seemed to shoot up. The media started highlighting the issue and politicians seized upon this to attack government policies. The publicity that suicide attracted meant there was greater awareness about it. It thus became relatively easier for me to approach the subject.

So if your intentions are noble and the passion and desire is there, you will overcome any challenges that come your way!

### 5. What skills and characteristics do you think are most important for ECRs to nurture?

First and foremost, do not accept anything at face value but to develop the ability to look at others' research critically and test them out. Keep asking questions (who, what, why, where & how). Developing research skills early is an asset. Be open to discuss your ideas with others. Develop the ability to network and to work in teams. One of the great attractions of suicidology is that you can approach it from many different perspectives- philosophy, anthropology, sociology, psychology, theology, ethics, public health etc.- each as important and as interesting as others.

Above all- be passionate about what you do.

### 6. How do you think IASP can help ECRs?

IASP is a truly diverse and an international organisation. It has representation from all continents of the world. The diversity and wealth of knowledge that members bring to IASP is truly remarkable. There is something for everyone- from genetics and biology to epidemiology to socio-cultural and religion, quantitative, qualitative, service users, voluntary organisations, academicians, clinicians and researchers. ECRs can benefit from all of these through SIGs, networking and approaching members directly.

But also to remember that the more you put into something the more you get out of it. Try and be an active member of IASP. Take the lead, take the initiative. Do not be afraid of the 'extra' work. As Rumi said

“Fret not where the road will take you. Instead concentrate on the first step. That is the hardest part. Don't go with the flow. Be the flow.”

Think of yourself as *The flow*!

### 7. What advice would you like to give to ECRs in the area of suicidology?

ECRs starting off in suicidology must always keep in mind the bigger picture of the value of human life and that vast majority of suicides are preventable. They need to keep reminding themselves that behind every suicidal act there is a distressed individual and behind every completed suicide there are shattered lives- not only of the victim but of those loved ones left behind.

Suicide is and will continue to be one of the great challenges of this century. It will require continued efforts on part of researchers to identify, isolate and inform programs and policy that will help prevent it. ECRs have a vital role to play in this; bringing fresh and new ideas and perspectives other more senior people may not have thought of. They are the future leaders of suicidology.