



My Journey in Medicine and Endocrinology

Prof Ketan Dhatariya MBBS MSc MD MS FRCP PhD

Consultant in Diabetes and Endocrinology
Norfolk and Norwich University Hospitals



Who is This Strange Man?

- I was born in Alwar, Rajasthan, but moved to the UK before the age of 1
- I went to a comprehensive school where my brother and I were some of the very, very few non-white pupils
- Being the child of Indian parents we were pushed hard to succeed academically



Me – Aged About 18



My Academic Journey

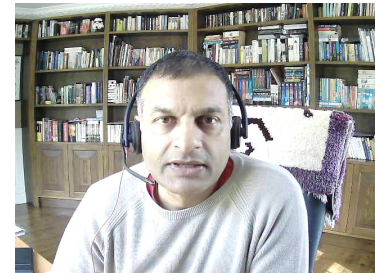
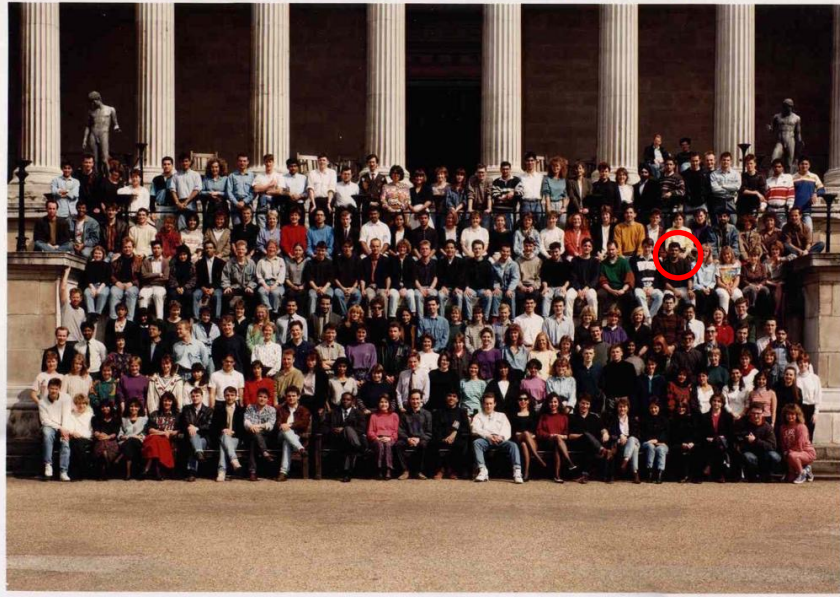
- I didn't do too well at my A levels..... but I still got into medical school – eventually



My Academic Journey

- I didn't do too well at my A levels..... but I still got into medical school – eventually

University College & Middlesex School Of Medicine – Final Year 1991



A Bit of Background

- I trained at the Middlesex and graduated in 1991
- I did not get 'on scheme' house office posts and so did stand alone jobs at Basildon and Brighton
- Then went back to Basildon for 2 years as an SHO
- Then went to the Whittington to do a post in ITU and cardiology – during which time I got married (arranged) and got my MRCP



A Bit of Background

- Came to the end of that post without a job to go to
- I was unemployed for over a year trying to find a job and was a locum in D&E on the Isle of Wight for much of that time

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Personal Views

I don't have prizes or publications

BMJ 1997 ; 314 doi: <https://doi.org/10.1136/bmj.314.7078.449a> (Published 08 February 1997)
Cite this as: *BMJ* 1997;314:449

Article Related content Metrics Responses

I am a British citizen. I have lived in Britain for 30 years. I was educated in south London. I am a graduate of an eminent London medical school. In March 1995 I gained my membership of the Royal College of Physicians at the first attempt ("no mean feat" said one interviewer). I have been unemployed for the past 18 months.

I have applied for over a hundred jobs all over Britain—as a specialist medical registrar, as research registrar in the speciality that I have chosen to do, as a senior house officer in a related field with the hope of gaining a little more

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Background

- I trained in D&E in South Thames, and was a part time GP for 2 years in the evenings
 - All the while wanting to be an intensivist
- 1991 – 1998 I only worked in DGHs
- I took time out to do ITU and anaesthetics
- I did an MSc in diabetes

The prophylactic use of low dose dopamine for the prevention of radio opaque contrast media induced acute renal failure in diabetic patients with pre-existing renal impairment undergoing trans femoral angiography.

A comparison between the currently used dose with a lower dose of dopamine.

An MSc Thesis



Dr K

My Initial Research Idea.....

- Was thought of by someone else

The New England Journal of Medicine

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VOLUME 345

NOVEMBER 8, 2001

NUMBER 19



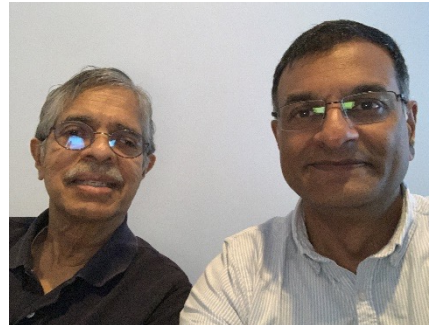
INTENSIVE INSULIN THERAPY IN CRITICALLY ILL PATIENTS

GREET VAN DEN BERGHE, M.D., PH.D., PIETER WOUTERS, M.Sc., FRANK WEEKERS, M.D., CHARLES VERWAEST, M.D.,
FRANS BRUYNINCKX, M.D., MIET SCHETZ, M.D., PH.D., DIRK VLASSELAERS, M.D., PATRICK FERDINANDE, M.D., PH.D.,
PETER LAUWERS, M.D., AND ROGER BOUILLON, M.D., PH.D.



However

- In my reading, one name kept cropping up
- I emailed him for help – and sent him a copy of my CV
- Sree Nair at Mayo Clinic, Rochester, MN, rang me the next day and said he had a job for me



Mayo Clinic – 2001 to 2003

- DHEA research – in adrenalectomized women and elderly men and women

The **NEW ENGLAND**
JOURNAL *of* **MEDICINE**

ESTABLISHED IN 1812

OCTOBER 19, 2006

VOL. 355 NO. 16

DHEA in Elderly Women and DHEA or Testosterone in Elderly Men

K. Sreekumaran Nair, M.D., Ph.D., Robert A. Rizza, M.D., Peter O'Brien, Ph.D., Ketan Dhatariya, M.D., M.R.C.P., Kevin R. Short, Ph.D., Ajay Nehra, M.D., Janet L. Vittone, M.D., George G. Klee, M.D., Ananda Basu, M.D., Rita Basu, M.D., Claudio Cobelli, Ph.D., Gianna Toffolo, Ph.D., Chiara Dalla Man, Ph.D., Donald J. Tindall, Ph.D., L. Joseph Melton, III, M.D., Ph.D., Glenn E. Smith, Ph.D., Sundeep Khosla, M.D., and Michael D. Jensen, M.D.



A Couple of Degrees and a Few Papers

Assessing the Effects of Dehydroepiandrosterone (DHEA) Replacement on the Mood and Well-Being of Hypoadrenal Women

A Thesis Submitted to Mayo Clinic

By

Dr Ketan Kumar Dhataria

In Partial Fulfillment of the Requirement for the Degree of Doctor of Philosophy in Biomedical Sciences - Clinical

May 2004

Assessing the Effects of Dehydroepiandrosterone (DHEA) Replacement on Insulin Sensitivity, Body Composition, and Skeletal Muscle Physiology in Hypoadrenal Women

A Thesis Submitted to Mayo Clinic

Dr Ketan Kumar Dhataria, MBBS, MRCP(UK), MSc, and K. Sreekumaran Nair, MD, PhD

In Partial Fulfillment of the Requirement for the Degree of Doctor of Philosophy in Biomedical Sciences - Clinical

February 2004

Intensive Care Med (2003) 29:1877-1880
DOI 10.1007/s00134-003-1981-y

CLINICAL COMMENTARY

Ketan K. Dhataria

Is there a role for dehydroepiandrosterone replacement in the intensive care population?

Review

Dehydroepiandrosterone: Is There a Role for Replacement?

Effect of Dehydroepiandrosterone Replacement on Insulin Sensitivity and Lipids in Hypoadrenal Women

Ketan Dhataria, Maureen L. Bigelow, and K. Sreekumaran Nair

ORIGINAL ARTICLE

Effect of Insulin Deprivation on Muscle Mitochondrial ATP Production and Gene Transcript Levels in Type 1 Diabetic Subjects

Helen Karakelides,¹ Yan W. Asmann,¹ Maureen L. Bigelow,¹ Kevin R. Short,¹ Ketan Dhataria,¹ Jill Coenen-Schimke,¹ Jane Kahl,¹ Debabrata Mukhopadhyay,² and K. Sreekumaran Nair¹

ORIGINAL ARTICLE

Dehydroepiandrosterone Replacement Therapy in Hypoadrenal Women: Protein Anabolism and Skeletal Muscle Function

Ketan K. Dhataria, MSc, MD, FRCP; Laura J. S. Greenlund, MD, PhD; Maureen L. Bigelow, RN; Prabin Thapa, MS; Ann L. Oberg, PhD; G. Charles Ford, MSc; Jill M. Schimke, MSc; and K. Sreekumaran Nair, MD, PhD

The FASEB Journal • Research Communication

Higher muscle protein synthesis in women than men across the lifespan, and failure of androgen administration to amend age-related decrements

Gregory C. Henderson, Ketan Dhataria, G. Charles Ford, Katherine A. Klaus, Rita Basu, Robert A. Rizza, Michael D. Jensen, Sundeep Khosla, Peter O'Brien, and K. Sreekumaran Nair¹

Division of Endocrinology, Mayo Clinic, Rochester, Minnesota, USA

Effect of Dehydroepiandrosterone Replacement on Lipoprotein Profile in Hypoadrenal Women

Manivannan Srinivasan, Brian A. Irving, Ketan Dhataria, Katherine A. Klaus, Stacy J. Hartman, Joseph P. McConnell, and K. Sreekumaran Nair



Norwich

- I arrived in 2004
- My senior colleague who was the research lead told me 'chose 1 small subject area and stick to it'
- I chose to stick to diabetes and endocrinology
 - Adrenal, pituitary, thyroid, gonads, pancreas, eyes
 - General medicine



Feet

- I took over the foot clinic in 2007
- It is now one of the largest in the UK
- So far we have published (on average) 3-4 papers per year
- We are a 'go to' centre for foot research in the UK
- I'm on the International Working Group for the Diabetic Foot Guideline writing group
- Catherine Gooday, the principal podiatrist, has just been awarded her PhD



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Expertise in Diabetic Foot: @ England

Based on 626 eligible articles published since 2013

In each column, black bars show the relative amount of expertise for each place or person. Longer is better. For example, D Armstrong equates to the top-rated expert in Diabetic Foot in England during the years 2013-2023.

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Country	Region	City	Institution	Expert
Worldwide	England	London, EN	Manchester Academic Health Science Centre	Armstrong, D
Europe	Oxfordshire	Manchester, UK	University of London	Lipsky, B A
United Kingdom	Nottinghamshire	Oxford, EN	University of Manchester	Jeffcoate, W
	Hampshire	Nottingham	King's College London	Boulton, A J
	Derbyshire	Southampton, UK	University of Oxford	Hinchliffe, R
	West Yorkshire	Derby	King's College Hospital	Ugkay, I
	Leicestershire	Leicester	Nottingham University Hospitals NHS Trust	Game, F
	Staffordshire	Stoke on Trent	University of Southampton	Edmonds, M
	West Midlands	Bristol	Imperial College London	Vas, P
	Norfolk	Leeds	Imperial College School of Medicine	Jude, E
	Merseyside	Norwich	St. George's Hospital Medical School	Bowling, F L
	North Yorkshire	Birmingham, UK	Derby Hospitals NHS Trust	Chockalingam, N
	South Yorkshire	Basingstoke	Manchester University Hospitals NHS Trust	Ahluwalia, R
	Tyne and Wear	Liverpool	Manchester Metropolitan University	Blair, S
	Devon	Coventry	University of Bristol	Dhatariya, K
	Lancashire	Sheffield	University Hospitals Leicester NHS Trust	Viterykya, Loretta
	Cambridgeshire	Newcastle upon Tyne	Miscellaneous institutions in London, EN	Forsythe, R O
	Suffolk	Preston	Manchester Royal Infirmary	Crawford, F
	East Sussex	Widely, UK	University of Nottingham	Dawson, C



Other Things – Collaborations with the University

- Norfolk Diabetes Prevention Study
- Flavinols
- Dementia
- Eyes

Chronic Ingestion of Flavan-3-ols and Isoflavones Improves Insulin Sensitivity and Lipoprotein Status and Attenuates Estimated 10-Year CVD Risk in Medicated Postmenopausal Women With Type 2 Diabetes

A 1-year, double-blind, randomized, controlled trial

PETER J. CURTIS, PHD¹
MIKE SAMPSON, MD²
JOHN POTTER, MD¹

KETAN DHATARIYA, MD²
PAUL A. KROON, PHD³
AÉDIN CASSIDY, PHD¹

The global prevalence of diabetes is increasing, with recent predictions suggesting that complications of diabetes accounts for 7% of all-cause mortality and

JAMA Internal Medicine | [Original Investigation](#)

Lifestyle Intervention With or Without Lay Volunteers to Prevent Type 2 Diabetes in People With Impaired Fasting Glucose and/or Nondiabetic Hyperglycemia A Randomized Clinical Trial

Michael Sampson, MD; Allan Clark, PhD; Max Bachmann, PhD; Nikki Garner, MPhil; Lisa Irvine, PhD; Amanda Howe, MD; Colin Greaves, PhD; Sara Auckland, PhD; Jane Smith, PhD; Jeremy Turner, DPhil; Dave Rea; Gerry Rayman, MD; Ketan Dhatariya, PhD; W. Garry John, PhD; Garry Barton, PhD; Rebecca Usher, MSc; Clare Ferns; Melanie Pascale, PhD; for the Norfolk Diabetes Prevention Study (NDPS) Group

Diabetes Ther
<https://doi.org/10.1007/s13300-022-01241-z>

ORIGINAL RESEARCH

The Association Between Glycaemic Control, Renal Function and Post-operative Ophthalmic Complications in People With Diabetes Undergoing Cataract Surgery—A Single-Centre Retrospective Analysis

... Ian Nunney · Ketan K.

The effects of hypoglycaemia and dementia on cardiovascular events, falls and fractures and all-cause mortality in older individuals: A retrospective cohort study

Katharina Mattshent MRCP¹ | Kathryn Richardson PhD² | Ketan Dhatariya PhD³ | George M. Sava PhD⁴ | Chris Fox MD¹ | Yoon K. Loke MD¹

Diabetes Ther (2021) 12:2755–2766
<https://doi.org/10.1007/s13300-021-01146-3>

ORIGINAL RESEARCH

The Association Between Mean Glycated Haemoglobin or Glycaemic Variability and the Development of Retinopathy in People with Diabetes: A Retrospective Observational Cohort Study

Ketan Dhatariya · Alexander Humberstone · Abul Hasnat · Rebecca Wright · Morgan Lujan · Ian Nunney



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Site Guide Hyperglycemia **HELP**

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Based on 19,799 eligible articles published since 2013

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Country	Region	City	Institution	Expert
Worldwide	US Eastern Zone	Boston	Harvard University Boston	Umplierrez, G
Europe	US Central Zone	New York area	Veterans Health System	Khunti, K
USA	England	Washington area	Copenhagen University Hospital	DeFronzo, R
Asia	US Pacific Zone	London, EN	University of Copenhagen	Horowitz, M
China	US Mid-Atlantic	New York City	University of London	Davies, M J
United Kingdom	New England	Copenhagen	INSERM France	Holst, J J
Italy	California	US Dept of Veterans Affairs	Yale University	Dhatariya, K
Unspecified	Massachusetts	San Francisco Bay area	University of Colorado system	Shulman, Gerald I
Canada	US Federal Service	Beijing	University of Toronto	Buse, J B
Australia	New York	Tokyo area	University of Washington	Ceriello, A
Japan	Texas	Melbourne	University of Colorado Denver-Anschutz	Battellino, T
Germany	Maryland	Miscellaneous cities in India	National Institutes of Health	Mathieu, C
Latin America	US Mountain Zone	Los Angeles area	Emory University	Danne, Thomas
India	Ontario	Chicago	Johns Hopkins University	Caprio, Sonia
France	Pennsylvania	Tokyo	Ministry of Education China	Mingrone, G
Netherlands	Beijing Municipality	Seoul area	Massachusetts General Hospital	Hirsch, I
Sweden	Florida	Shanghai	Brigham and Women's Hospital	Gastaldelli, A
	Ohio	Paris area	Instituto de Salud Carlos III	Plummer, Mark P
	Illinois	Milan area	Mayo Clinic Rochester	Krzyszewski, Tomasz
	Netherlands	Sydney	University of Pennsylvania	
	Sweden	Paris	University of Michigan	



A Few Other Achievements

- From June 2023 I'll be the Chair of the Association of British Clinical Diabetologists (ABCD)
- Since 2016 I've been the Chair of the 'Exit' exam in D&E (and was the chair of the European exam as well)
- I'm the immediate past president of the diabetes and endocrine section of the Royal Society of Medicine



A Few Other Achievements

- I'm an associate editor on Diabetic Medicine and BMJ Diabetes
- I am on the research advisory boards for ABCD and DRWF
- I've guest edited editions of the Journal of Diabetes Science and Technology and also Metabolism and Target Organ Damage



Research Achievements

- Chair of the Data Safety Monitoring Board of 6 studies
- Adjudicator in large multinational studies (got to go to FDA)
- Local PI for dozens of commercial studies, and National lead for a current study (also a member of the global panel)



Inpatient Diabetes

- I chair the Joint British Diabetes Societies for Inpatient Care
- Guidelines downloaded over 1 million times
- Used globally
- <https://abcd.care/joint-british-diabetes-societies-jbds-inpatient-care-group>



What Guidelines are Those Then?

- *The hospital management of hypoglycaemia in adults with diabetes mellitus* JBDS 01
- *The management of diabetic ketoacidosis in adults* JBDS 02
- *Management of adults with diabetes undergoing surgery and elective procedures: improving standards* JBDS 03
- *Self-management of diabetes in hospital* JBDS 04
- *Glycaemic management during the inpatient enteral feeding of stroke patients with diabetes** JBDS 05
- *The management of the hyperosmolar hyperglycaemic state (HHS) in adults with diabetes* JBDS 06
- *Admissions and management of acute hyperglycaemia in hospital* JBDS 07
- *Management of acute hyperglycaemia in hospital* JBDS 08
- *The use of variable rate insulin infusion in hospital* JBDS 09
- *Discharge planning for adult inpatients with diabetes* JBDS 10
- *Management of adults with diabetes on the haemodialysis unit* JBDS 11
- *Management of glycaemic control in pregnant women with diabetes on obstetric wards and delivery units* JBDS 12
- *The management of diabetes in adults and children with psychiatric disorders in inpatient settings** JBDS 13
- *A good inpatient diabetes service* JBDS 14
- *Inpatient care of the frail older adult with diabetes*
- *Diabetes at the front door*
- *Diabetes in people living with cancer*
- *Diabetes related devices in the hospital**

Type “JBDS Guidelines” into Google



PhD

**The Management of Hospital In-patients with
Diabetes Mellitus**

Dr Ketan Dhatariya

A thesis submitted for the degree of
PhD by Publication

Candidate Number 10088546
School of Medicine
University of East Anglia
Norwich, England
October 2017

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Diabetic Ketoacidosis

Diabetic ketoacidosis

Saline should be used for fluid replacement rather than Hartmann's solution



Ketan K Dhatariya consultant in diabetes and endocrinology Norfolk and Norwich University Hospital NHS Trust, Elsie Bertram Diabetes Centre, Norwich NR4 7U ketan.dhatariya@nnuh.nhs.uk

Competing interests: None declared.

Provenance and peer review: Non-commissioned; externally peer reviewed.

BMJ 2007;334:1284-5
doi: 10.1136/bmj.39237.661111.80

1284

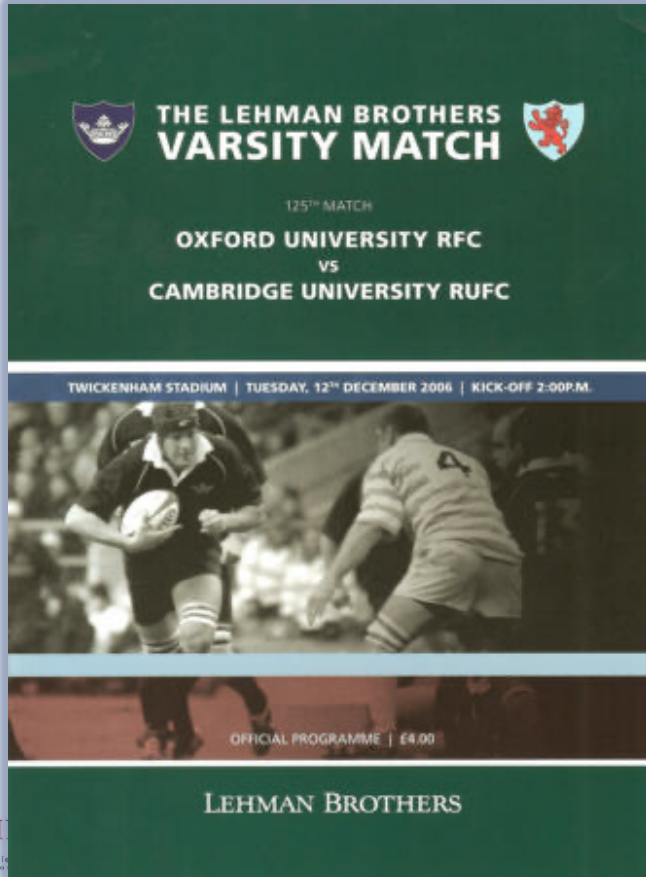
Diabetic ketoacidosis is a life threatening condition caused by insulin deprivation or inadequate use of insulin in people with type 1 (or occasionally type 2) diabetes mellitus. Precipitants include deliberate insulin omission, intercurrent illness, surgery, trauma, alcohol, late presentation of previously undetected type 1 diabetes, and the use of drugs that alter carbohydrate metabolism.¹ People with diabetic ketoacidosis need swift intervention by specialists because of the substantial morbidity and mortality arising from the acid-base imbalance, profound fluid loss, and electrolyte disturbances.

Current guidelines written by diabetes specialists from the United States and the United Kingdom recommend initial replacement of fluids and electrolytes and intravenous insulin.¹⁻² The fluid advocated in these guidelines is 0.9% saline. However, people may be treated by emergency and intensive care doctors as well as diabetes specialists, and the type of fluid used can vary.

During the first few hours of hospital admission many people with diabetic ketoacidosis are treated by emergency or intensive care doctors who com-

monly prefer to use Hartmann's solution (sodium lactate intravenous infusion).³ Subsequent care is usually delivered by the diabetes team, who prefer to use 0.9% saline. The conflict arises because guidelines for fluid replacement in the acute setting are written by diabetes specialists,¹⁻² whereas no widely accepted guidelines have been written by emergency or intensive care doctors for fluid replacement in diabetic ketoacidosis.

For decades, 0.9% saline has been the fluid of choice for diabetic ketoacidosis, and its use continues to be advocated in modern textbooks on diabetes.⁴ Early studies on diabetic ketoacidosis in the 1970s used 0.9% saline,⁵ and this approach was reinforced a decade later.⁶ However, giving patients large amounts of chloride can cause a hyperchloraemic metabolic acidosis,³⁻⁷ so administration of 0.9% saline for diabetic ketoacidosis could potentially worsen the metabolic acidosis. Thus, 0.9% saline may be the fluid of choice simply because evidence for the efficacy of other fluids is lacking. The question of which fluid replacement is optimal in diabetic ketoacidosis is, the



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Country	Region	City	Institution	Expert
Worldwide	US Eastern Zone	Boston	Harvard University Boston	Dhatariya, K
USA	US Central Zone	New York area	University of Colorado system	Sanjay, Thomas
Europe	US Pacific Zone	Washington area	University of Colorado Denver-Anschutz	Glaser, Nicole
Asia	England	New York City	Yale University	Wolfsdorf, Joseph
United Kingdom	US Mid-Atlantic	San Francisco Bay area	University of Colorado Denver-Auraria	Peters, A
Unspecified	New England	Denver	University of Texas Southwestern	D'Agostino, Dominic
Canada	California	Boulder	University of Toronto	Umplierrez, G
Germany	New York	London, EN	University of Washington	Garg, Satish
Australia	Massachusetts	New Haven	Boston Children's Hospital	Kossoff, Eric
China	Texas	Houston	University of California San Diego	Duffield, T
Italy	US Mountain Zone	Dallas	Baylor College of Medicine	Buse, John B
Japan	Ontario	Los Angeles area	Hannover Medical School	Hanas, Ragnar
France	Florida	Research Triangle	INSERM France	Rewers, Arleta
Latin America	Maryland	Los Angeles	University of Pennsylvania	McGuire, Darren K
India	Colorado	Melbourne	Veterans Health System	Balasubramanyam, Ashok
Africa	US Federal Service	Baltimore	Emory University	LeBlanc, S J
Spain	Connecticut	Seattle	University of Southern California	Bode, Bruce W
Austria	Pennsylvania	Toronto	University of California Davis	Akturk, H K
Belgium	North Carolina	Philadelphia	University College London	Banks, Phillip
Switzerland	Illinois	San Diego	University of London	Rosenbauer, J
Denmark	Georgia	Tampa-St. Petersburg	Johns Hopkins University	Fitzsch, M



Hot off the Press

- I'm part of the writing group of the update for the American Diabetes Association consensus document on the management of hyperglycaemic crises

Reviews/Commentaries/ADA Statements
CONSENSUS STATEMENT

Hyperglycemic Crises in Adult Patients With Diabetes

ABBAS E. KITABCHI, PHD, MD¹
GUILLERMO E. UMPIERREZ, MD²

JOHN M. MILES, MD³
JOSEPH N. FISHER, MD¹

glucose utilization by peripheral tissues (12–17). This is magnified by transient insulin resistance due to the hyperosmolar



Guidelines for management of diabetic ketoacidosis:
time to revise?

Barriers and Opportunities

- I have (almost) never had any dedicated research time or funding
- Everything has been done in my own time
- Despite having a full time NHS job, I have added something to PubMed every 5 weeks since 2004, with an H-index of 43, i-10 of 117
- I've been named in the top 2% of scientists worldwide for citations and publications annually since 2019



The Future of Diabetes and Endocrinology

- Is very, very bright – the rise in the numbers of people with diabetes means you'll never be out of a job
- The pharmaceutical products coming in the pipeline are astounding
- It is the science of diabetes and the intellectual aspects of endocrinology (which is applied physiology) that remains so interesting



What Does This Mean For YOU?

- Always remain enthusiastic and committed
- Try and spot gaps in the market in the subjects that you really enjoy and exploit them
- You need a supportive family
- All of this takes time, dedication, commitment and BRAVERY





My Journey in Medicine and Endocrinology

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@ABCDiab

