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Entrevistas

Dra. Priscilla Kincaid-Smith

Professor Priscilla Kincaid-Smith visited Brazil last June as a foreign speaker to the IV Mineiro Congress of Nephrology, held in Juiz de Fora-MG. During her visit, she was interviewed by ***Med On Line***, a brazilian medical electronic journal. Three nephrologists took part in this interview: Dr. Sebastião Rodrigues Ferreira Filho (Editor), Dr.Marcus Gomes Bastos and Dr. Istênio Fernandes Pascoal.

This is a must check interview!

The Editor

SRF**:** Professor Priscilla Kincaid-Smith, we are both honored and pleased to have you here in Brazil and for the opportunity to interview you for this electronic journal named ***Med On Line***. Thank you very much for accepting this invitation and let's begin by asking you to tell us a little bit about your background: where you were born, where you grew up...

PKS: I grew up in South Africa. I grew up in Johannesburg, a lovely city, that must be about the same number of feet above the sea level as Juiz de Fora (*Brazil*). It is about 6,000 feet above the sea level. It has a beautiful climate, never rains (*smiles*). Never rains in the winter, and a little rain comes in the summer, in short afternoon storms. I went to the government school there. When I was at school I had no interest in academic things at all. I was interested in sports, in teams. That was my only interest. When I went in the university, I was going to become a sports teacher, I was going to be physically educated, but I was too young to do that course and I ended up doing a science course and it

was a medical science course and then I became interested in medicine and became a doctor.

MGB**:** And, after becoming a doctor...

PKS: I completed first the science degree and then the medical degree in Johannesburg. Then I spent two years at Baragwanath Hospital, which is a huge hospital, that you may have heard of. I worked there for two years. It is a two-thousand bed hospital, a very busy hospital. Wonderful hospital, wonderful work, except that we worked too hard, we used to work all day all night, more or less (*smiles*).

We worked seven days a week, and four nights a week, and got very little sleep, but it was so exciting because on the surgical side there were almost all injuries which we could cure surgically, and on the medical side there were almost all infectious diseases that you could also cure. I was there in that very exciting time when penicillin was first being used widely, when you could cure all simple things, like pneumonia, when chloramphenicol became available for typhoid fever, and we had lots of people with typhoid fever, and we could cure almost all of them. When new drugs were available for malaria, we treated a lot of things like cerebral malaria and cured them. Almost all infectious diseases we could treat and cure, so it was very exciting, you got very sick patients into the hospital, and they went home very well again. I just loved my time there, despite the very hard work. I think that my time there convinced me that I really wanted to do practice as a clinician, but in fact I had arranged to go to London to train as a pathologist, which was another of my interests because I did my science degreee in histopathology.

MGB**:** Then, in London...

PKS: So, then I went from Johannesburg to London, where I had arrangements to go to the Post-Graduate Medical School. I spent there the next 2 ½ years training in pathology. I guess all the time I was in pathology I was angrying to get back to the clinical side. At the end, they offered me a permanent position in pathology: a consultant job, but I decided to go back to the clinical side, to the bottom of the tree, and do medicine.

Then I went back to work with Sir John McMichael and Malcon Mulne. It was a joint unit in cardiology and I suppose what you would call nephrology, but there was no signs of nephrology then. I started as a house physician or resident, and I became registrant and stayed in London all together for six years. I was training essentially in cardiology, but my major interest was in hypertension. When I did pathology, my major interest had been the kidney. So, from the link between kidney and pathology and the link between hypertension and cardiology – I suppose I naturally moved into nephrology in the early years, and I was helped by the fact that we had in Malcon Mulne's unit the only artificial kidney in the South of England. So we did a lot of dialysis there in the early days of acute dialysis. I guess it also made me interested in that field.

So, eventually when I got to Australia I guess that was obviously the direction for me to go. I had no intention of leaving London, I had been offered by John McMichael a permanent position as a general consultant, but just at that time I met my husband, Dr. Ken Fairley. We met in May, we engaged in June, we got married in July (*smiles*), then we went to Australia in December of that year.

Professor Priscilla Kincaid-Smith and Doctors: Ferreira (left) and Bastos (right)

IFP**:** How were your early days in Australia ?

PKS: When I got to Australia, it was a very different story. Suddenly, I discovered that as a married woman I couldn't work. Married women there lost their job when they got married. I had assumed that I would get a job similar to the one I had in London, that I could continue to do academic work and contribute, but suddenly I was in an environment where the society was tightly against married women working. So, for several years there I really struggled to keep doing academic work, doing research. Australia is a very male servility country. Was then and still is a bit. I used to feel really isolated there. Whenever I went out to dinner I used to have arguments with all the men. I used to love playing golf, I used to play a good game of golf, but I couldn't play golf in Australia because women weren't allowed to play on weekends. So, I wasn't allowed to play with my husband and we used to argue all the time about whether women should be allowed to practice medicine, to play golf. It was really a very hostile environment for me.

But, any way, I had three young children: I had twins, and then I had a daughter. I had 3 of them under 3 years-old, so I had a lot of work to do. And I worked all the time half time in the research place – I managed to do studies in net capacity, but I didn't have any money of course. We had no money, we were very poor. Ken was just setting up as a physician and I was earning virtually nothing. But I managed to do research work initially in bacteriuria in pregnancy in the hospital I was appointed to. I couldn't get appointed at any of the teaching hospitals because they never appointed women there. I had to go to a non-teaching hospital which is run for women by women where they only had women in the staff, where I got an honor position. So I had no salary there and I had a research position. But I managed to do the bacteriuria in pregnancy work and gradually get back.

Then in 1967, suddenly, women were allowed to work, so then I got a position in the University of Melbourne, initially what they call as first assistant and I got there on the basis of the work I had done since I arrived in Australia, because I managed to continue to publish. And indeed, during those years we started the transplant program, and because nobody else knew about kidney pathology or transplantation, I had deliberately gone touring around the world to look at transplantation. I was really very much involved in the transplant program, not officially in charge, but essentially running it. And we got that started, we did a little bit of dialysis, very little. We only dialyzed patients that we couldn't transplant them.

So, things seemed to work very well and, in 1975, I was appointed as Professor of the University of Melbourne, the first women ever in the whole University to be a Professor. Then, my career has been very easy since that time (*smiles*).

Professor Priscilla Kincaid-Smith and Doctors: Pascoal (left) and Bastos (right)

MGB**:** As we learned, your scientific life was very difficult when you went to Australia. How would you explain that despite these difficulties you became the first woman President of the International Society of Nephrology (ISN), which means that even outside Australia you were well-recognized. How did this happen ?

PKS: I think that the situation was that during those years (from 1959 to 1967) I didn't have official position of any significance, but I did have the opportunity to do kidney biopsies, to interpret kidney biopsies, to do research in bacteriuria in pregnancy, to do research in hypertension in pregnancy, to be involved in the transplantation program, to study the biopsies in transplant, and to write a lot of papers. It wasn't easy, I guess, I used to write papers at night after the children went to bed. But, It was because I had the opportunity to use my training in England in writing a lot of papers, that people internationally, I guess, got to know me.

I went to the ISN meeting in Prague and presented a couple papers there, and I was then invited to give a talk in Washington at the next International Society meeting. And it was there that I first got elected to the council of the ISN. In 1969 in Stockholm, I got elected as president-elect. But I guess it was through the work that I had done since I had arrived in Australia.

MGB**:** After having your children you worked part time to conciliate your academic life with your family life. What made you go back later to a full time job ?

PKS: It was very easy. I worked part-time until Jackie, my daughter, went to school. In Australia, the children go to school from 8 o'clock in the morning to 3 o'clock in the afternoon, and so when she was at school I was still missing a couple hours in the afternoon , then I went back to a full-time work.

IFP**:** Professor, you've been involved in several, many, maybe all, clinical aspects of nephrology, such as glomerulonephritis, hypertension, pregnancy-related disorders, hematuria, transplantation, and a little of dialysis. My question is: are there any particular contributions that you made during your career that you feel are most satisfying to you personally ?

PKS: Firstly, I've always been fascinated by living pathology in terms of renal biopsy. So, in each field that I worked, pathology has been a important part of investigation. But I guess the reason I worked in all these different fields and being what they call in the USA as "unfocused" is because I always worked in every field where I saw a clinical need.

For example, when I first went to Australia analgesic nephropathy was extremely common there, and I became intrigued with this. The first day

I went into a hospital there, I went to the autopsy room, and on the table there were three sets of kidneys with a condition that I never had seem before, particularly a pigmented papillae. I ask for the pathologist: what is this, I have never seen. He said: it is very common with infections. Then I said: It is funny, because it doesn't occur with infections in London. I've seen every autopsy for six years in London and I have never seen anything like this. So, that led to the story of analgesic nephropathy: now that was a clinical problem that needed to be looked into and solved. And always in my whole career my husband Ken Fairley and I have collaborated very strongly. I saw theses papillae necrosis and they knew nothing about the history of the patients, but I saw that those particular sort of papillae necrosis were pigmented papillae and Ken had several patients who went to renal failure after gastrectomy and one of them passed a pigmented thing in the urine, and we sectioned it and found to be a papillae, and that put the story together. Then he took history from all these patients and they were taking huge quantities of analgesics.

So, it has always been a clinical problem that has led me on to the next step. The same in transplantation. There was in front of us tremendous challenge of transplantation. Right from the beginning we did kidney biopsies looking for signs of rejections. But we didn't have a big program, we transplanted about twenty patients a year, but we had a successful program, we learned a lot, we published a lot of papers in transplantation. Again, It has always been the clinical problems that led me on.

IFP**:** How do you feel with nowaday's scenario in which nephrologists are being trained for many years in several different aspects of renal physiology and pathophysiology, but the majority of them are taking care of patients without (working) kidneys ? Isn't it a nonsense ?

PKS: I think it is one of the great tragedies of nephrology. This is how nephrologists have spent their time. Fortunately, or unfortunately (*smiles*), I had never really had a great interest in dialysis. It seems to me to be a technical procedure. It seems to me that dialysis itself is something that I want to leave to technical things. I devoted my whole career trying to prevent the need for dialysis. And If people get to renal failure trying to treat them by transplantation, that I am sure is the ideal. Unfortunately, as you know, there is a gradual fall in the number of transplants with increasing number of patients coming to dialysis. The reality is that people look after dialysis, but I have never done that. I always spent a very small proportion of my time looking after dialysis patients. I spent most of my time treating patients to try to make sure that they will never need dialysis.

Priscilla Kincaid-Smith

MGB**:** If a young nephrologist comes to you asking for an advice to be a good nephrologist, what would you advice him ?

PKS: I am sure I would advice him to focus on understanding the mechanisms of renal diseases and trying to prevent renal failure. I really think that it is the most important challenge in nephrology.

IFP: Give us a balanced perspective of the American, European and Australian-Japanese contributions to the development of nephrology .

PKS: I guess it is difficult to give a balance to you. I think in my early days in nephrology I was very disappointed that physiology had such strong group on nephrology. Physiology is an interesting subject for physiologists (*smiles*), but it is not a terribly important subject for clinicians. I think that clinicians need to know a little bit about physiology, to understand salt-water balance, how to treat their patients, but they don't need to understand what is going on the tubules, for example. It seems to me that it was a great pity that nephrology was dominated by physiology.

Most of the american nephrologists in my early days trained im physiology, many of those in Europe too. Physiology were very dominant in the ISN. I think that this has changed, has changed across the world. I suppose japanese nephrology has made huge contributions in fields like glomerulonephritis, like immunology, like very careful studying of mechanisms of diseases. I think that Australia has been a very good country for clinical nephrology. We also made basic sciences contributions, immunological contributions, but I think that australian nephrologists are very good clinicians. I think the same is true probably in England. I did not know lots about european nephrology, but I think what has happened across the whole world is that we've gradually moved from physiology to words like immunology and the use of morphological techniques relating to renal pathology. I think that this is the way of the future to understand the mechanisms of diseases by immunological tools and to translate that back into the methods of treatment.

SRF**:** As a Past President of ISN, in your opinion what would be the major concern of a President of an International Medical Society ?

PKS: I think that the President of ISN should try to make a contribution in a global scale, particularly towards helping the poorer countries to learn nephrology, and I think that the ISN is doing this very well at this time. I think I was the first President to set up international seminars in nephrology, but this is now much more widely available. ISN now has a lot of money and is using this money very well to host meetings in different parts of the world, to fund fellowships from different countries. So, I think it is doing what I think it should do, very well indeed.

SRF**:** Do you have any idea on the percentual of women practicing nephrology around the world ?

PKS: I don't have an accurate idea, but I do know that in countries like Australia, England, probably in America too, some thing like 50% of the medical students are women and, therefore, I guess we are moving to world where 50% of the nephrologists will be women. I know that there is a very strong organization in the United States, called "women in nephrology" to which I belong. I think women are moving more into a position of authority in nephrology. It is a very slow process, as I told you I was the first women to become a professor in the whole University of Melbourne. At that time, there were virtually no women professors in Australia, there were very few in the USA, only men as Chairman of Department, only men as Dean. I know that things are changing, women are moving much more to upper levels of nephrology and having much more ability to contribute. Of course, there will always be for a woman, the conflict between her biological role and her role in medical science or in whatever profession she is involved in, but each individual couple need to solve this by themselves. They're doing it much better now then they did in my days, and both parents are now contributing in taking care of their children.

SRF: What are your views on the role of women, particularly in the medical field, in countries with "closed civilization", for example some islamic countries ?

PKS: I feel very strongly indeed about what is going on, for example in Apheganistan, where they are closing girls out of education. There is a difference across the world, there is some islamic countries where women seems to be perfectly well accepted in medicine. For example, from my personal knowledge, Indonesia that I have visited many times, and Pakistan that I have visited couple times. I was in Pakistan last November and I was amazed that many of the young doctors in nephrology were women. They have a high degree of knowledge, they were academically really good. So I didn't quite understand the attitude in islamic countries: in some, women can do everything very well, in others I think is absolutely dreadful, as is happening in Apheganistan. I really think that the world should intervene, as they have done in Kosovo.

MGB**:** Do you feel partially responsible for the change world wide of accepting women as fellows in Nephrology in a time "dominated" by men?

PKS: Not that I am not responsible for that, but I must say I never really noticed any resentment among men working with me. We seem to be in a perfect world. When I was first appointed, there were several people interested in that job and became very disappointed. I guess, I was one of the people who made apparent that women could do a good job, but is still disappointing how many women are in position of authority in nephrology across the world.

IFP**:** Are there any frustrations that you might have experienced as nephrologist ?

PKS: Well, I was terribly frustrated in the early days of the our dialysis-transplant program. We had nothing, we had no money, no resources. We had to run a program in just a general world without facilities for isolation of the patients. We had a very little dialysis facility, with two machines, that essentially were used to treat acute renal failure. We based that program on dialyzing for short period and to transplant. Those were very frustrating days. The hospital essentially didn't want to develop the dialysis-transplant program. They thought it will be too expensive. I guess it was my major frustration. I guess another one was in relation to getting sufficient funds for research, particularly because research wasn't accepted as part of the activity of the hospital department. We designed a new department of nephrology and designed a model where research would be accepted as part of activity. The hospital kept trying to cancel that, I would have to put it back again, then they would cancel again. In the end we got our laboratories. I think that was probably the most frustrating time my life.

IFP**:** You've been a well known and respected nephrologist for the last 35 or 40 years. You witnessed the sunrise of our specialty and now might be experiencing what some believe is the sunset of nephrology. Could you give us your view on what appears to be a closing cycle ?

PKS: Really, the nineteenth sixties were terribly exciting. It was the first time when renal biopsies were widely used, when we could accurately diagnose renal diseases. It was also the beginning of dialysis, the beginning of transplantation. Terribly exciting time, a time of great explosion of the field of nephrology. But, I don't really see any sunset at the present time. May be a pity that dialysis absorbs so much of nephrology at this time, but my own view is that they should do much more of the clinical work in comparison to dialysis, much less the technical aspects of dialysis, but I don't see any risk of sunset. I think that the knowledge is expanding, the horizons are expanding, and I think that nephrology will continue to be a challenging and interesting specialty.

IFP**:** Could you mention some names that you consider as major contributors for the expanding knowledge of nephrology in the last three decades ?

PKS: Yes, but it is a difficult question because one doesn't want to leave anyone out. Obviously, there are people who have contributed enormously to dialysis, and I should mention Scriber, perhaps the major figure there. In the field of transplantation, Hamburger was outstanding in the development of transplantation in the early days, but the Boston group, of course, made enormous contribution and I would single out David Hugge who tragically died in his early age, perhaps one of the outstanding people there. In the field of glomerulonephritis, of understanding the pathology of glomerulonephritis, I would say that Renne Habib is perhaps the major contributor. I guess in the field of general nephrology it is more difficult to name people, but I think that Stewart Cameron is one that we should put in the forefront as contributor in the field of clinical nephrology and crossing the board to immunology applied to glomerulonephritis. I am sure that there are many other people that I forgot to name.

SRF: Outside of the scientific world, could you tell us about books and/or movies that might have impressed you ?

PKS: I am a great reader of mistery stories. I probably used to read much more in the way of historical things, but nowadays I am reading mysteries. I guess my favorite mistery writer would be Tim Followf. *The Needless*, perhaps my favorite, is one of his first book. I am not a great movie-girl (*smiles*). I never go to the movies, I have to say. I used to, when I lived in London I went to theater every week, but we don't have a lot of theaters in Melbourne.

MGB**:** What is your favorite sport ?

PKS: Well, I have done a lot of sports in my time. I used to love skying, but I think I am probably getting a little bit older to sky because each time I almost break a bone. I suppose my favorite sport at the present time is horseriding. I have my own horse, and I love riding. I love swimming too, but I think I probably prefer horseriding.

SRF**:** This is your first time in Brazil. What is your impression of the nephrology in latin america and particularly here ?

PKS: I don't know a lot about nephrology in Brazil, but I had two fellows from Brazil: Marcus Bastos, who is here tonight, and Paulo Faraco, who was with me just before I retire. From my experience with these two individuals obviously they were very well trained as nephrologists. My other contact with brazilian nephrology is being during this meeting, and, of course, there are many people here who have made major contributions on the field. Of latin america nephrology I know a little bit about mexican and argentinian nephrology, and I think that latin america nephrology is something that is blossoming at the present time.

IFP**:** We've heard that besides being a great nephrologist and an authority in the scientific world, you are also a well-succeeded farmer. Why don't you tell us something about it ?

PKS: Oh, yes. We have a farm, we have a beef cattle farm. The history of this is: when the children were young, we bought a block of land on the coast, really to have a place to get away from the telephone, from being on call. We bought it in that particular area because we used to go spear fishing a lot there on the coast. It is a very good spear fishing coast, and also there is a little trout stream that runs down through the farm. That was why we selected it. It is certainly not a good farming country, but we did have a very good friend who persuade us in the early seventies to get some cattle and we have running a beef cattle farm since then.

SRF**:** How often do you leave Australia nowadays ?

PKS: I've traveled two or three times a year outside Australia. There was a time when I used to have seventeen to twenty invitations to go overseas every year and I used to go probably five to six times. But, nowadays it is probably two or three. I always try to go to the American

Society of Nephrology meeting. This time, of course, is a special occasion to visit Marcus here in Brazil.

SRF, MGB, IFP**:** Thank you very much.

PKS: You're welcome. Thanks.