

Personal experiences of émigré cardiologist: Karen Sliwa, MD, PhD, FESC, FACC

Working abroad: Professor Karen Sliwa discusses living and working in different environments

From Germany to Japan, return to Germany, then Israel and Scotland, Karen talks about different working environments with the voice of experience from her present position as Director of the Hatter Institute for Cardiovascular Research in Africa, University of Cape Town, South Africa.

Having already lived abroad with her parents as a young child, travelling as an adult to enhance her training and experience came quite naturally to Prof. Karen Sliwa, who is the new Director of the Hatter Institute for Cardiovascular Research in Africa, having succeeded Prof. Lionel Opie in March 2010.



Karen Sliwa

She initially trained as a medical student in Berlin, Germany, with some additional months in the Philippines, India, and Scotland. She interrupted her studies for a 1-year research scholarship to complete a Master of Medicine (MMed) degree at Hadassah University, Jerusalem, Israel. She felt privileged to be able to freely choose an area for her research and selected cutaneous leishmaniasis, a disease her brother had contracted while during his biology Diploma in French Guinea. Subsequently, there were 2 years at the Tropical Disease Research Institute in Berlin, in basic science research involving macrophage activity in malaria.

In 1992, for further clinical training, she applied to South Africa, where she hoped to gain more knowledge in infectious and tropical diseases. With her husband and 1-year-old daughter, she travelled to Johannesburg, South Africa, to work at the Baragwanath University Hospital in Soweto. She maintained her interest in research and enrolled for a part-time PhD at the University of the Witwatersrand. Once again she was able to come up with her own research topic—immune activation in heart failure. This spanned the period 1998–2002. During this time, she specialized as a physician and cardiologist, taking the time required for training in South Africa and, concurrently, sat for her specialist examination in internal medicine and cardiology in Berlin, Germany.

Karen worked at Chris Hani Baragwanath Hospital, Soweto, University of the Witwatersrand, from 1992 to 2009. Starting as a senior houseman, she progressed to become a full professor. In March 2010, she began a joint clinical and research position as a full professor in the Department of Medicine, Faculty of Health Sciences, University of Cape Town and Groote Schuur Hospital. In addition, she holds positions as a Professorial Fellow at the Baker Institute, Melbourne, Australia, and at the Population Health Research Institute, McMaster University, Hamilton, Canada.

Karen and her husband, a spinal orthopaedic surgeon, never intended to immigrate to South Africa, but merely considered the travelling to be a vehicle to further career progression. She certainly recommends travelling early to young medics, as it becomes more complicated later in life, with family commitments, and partner's career path. The German training system is more flexible than most systems as it allows for the interruption of studies for research projects in Germany or any other country. Travelling during training has centuries of tradition in Germany, not only for academics, but also for craftsmen. German medical students, therefore, frequently do their electives in other countries, allowing them to experience different environments early in their career. However, once specialist degrees or professorships have been obtained, it is more complicated.

A stint back in Germany after having specialized was short-lived. Working as a cardiologist, while continuing with research, and having two young children was an impossible project in Germany, but was more manageable in South Africa. Staying at home for a few years was not an option for Karen (or her husband) as they knew that it would be very difficult to return to a consultant post after several years of interruption to their

work. There are far too few flexible options. The German Medical System simply does not cater for anyone deciding to have a family while, at the same time, seeking to continue a professional career. Additionally, German schools finish around lunch time, whereas in South Africa, the school day ends later in the afternoon.

Karen believes that in both South Africa and Germany, gender equality in cardiology remains elusive. In both countries, women have not achieved leadership positions in academia and professional societies, nor have they achieved representation within the medical specialties in numbers that are commensurate with their growing numerical strength. The number of women graduates entering cardiology training remains much lower than that of men, with woman trainees largely gravitating towards the less well-remunerated primary care specialties. Fundamental transformation, in both society and the profession, needs to take place in order for the profession to become gender-neutral.

There were other deciding factors for returning to South Africa, such as, the hospital culture of friendliness, camaraderie, and team spirit for which Baragwanath Hospital in Soweto is especially famous.



Cardiac Maternity Clinic II

The conditions in this 3300-bed hospital are often more than trying, and particularly junior doctors and registrars work extremely hard to cope with the flood of patients suffering from the diseases of poverty, such as tuberculosis, and the large number crime victims. However, the most important factor, says Karen, was her passion for Africa and its people. 'I always thought it was very rewarding to work in a public healthcare system with a large need for well-trained doctors. South African patients have great dignity and are generally very grateful. In addition, I only have to spend a relatively small amount of my time with paperwork and

administrative duties'. She enjoys her new position which allows her to do research as well as clinical work, and also affords her the opportunity to work with larger teams.

South Africa has an excellent reputation for the teaching of clinical skills and for gaining medical knowledge. The training entails a very 'hands on approach' to serve the needs of the country, where there are only a few specialists in rural areas. The downside is that specialist and subspecialist examinations take up a huge amount of time, much more so than in Germany. There is, therefore, very little time left for young South African doctors to undertake research.

Karen feels that by working in different institutions, she has been able to develop her own skills and interests with a freer hand, whereas working in many health-care systems worldwide, she has equipped herself to work under very different and not always ideal circumstances. She is happy to be working with collaborators from many countries. 'One realizes that each country has its own challenges with healthcare and that there is no, one-system that "fits all". There is no purpose to compare different systems, as the requirements for each are totally different, e.g. ageing German population, compared with a population in epidemiological transition with a large infectious disease burden in South Africa.'



Sliwa family in Namib Desert

She feels that South Africa has given her and her husband the opportunity to establish their careers, while at the same time, they are able to lead a full and rewarding life by having children, friends, many interests, and the ongoing opportunity to travel the world. These goals need not be mutually exclusive.

Karen Sliwa and Andros Tofield

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