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Q1 With over 30 years' experience in the nephrology field, what initially inspired you to pursue your career in this discipline? What has motivated you to stay in the field?

During the time that I was carrying out my medical training in internal medicine there was no official nephrology subspecialisation. However, the internal medicine department, that I was working as part of my training, specialised in high blood pressure and nephrology. I quite enjoyed this sector and found it interesting. Following my training in 1991 I joined the department of nephrology and hypertension at the University Medical Center Utrecht, Netherlands. It was more accidental at that time; however, I am perfectly happy with the choice as it is an interesting discipline. Working in a university medical centre setting involves three different aspects: education aspect, patient care, and research, and this combination is very broad. My passion and ideas are involved in the three major fields and that is where I thrive. So to say, I prefer to work in a university setting compared to a large community hospital and this has motivated me to remain this field.

Q2 You are a scientific committee member of ERA-EDTA, what inspired you to join, and what have been your proudest achievements?

I have been an active member of the ERA-EDTA society for 15 years perhaps a bit longer. I have been member of several committees and boards. Over the past couple of years, I have been working on the sustainability. The European Commission has identified the transition to a more sustainable society as one of its main objectives and has defined very ambitious targets. This ambition needs to be translated into the healthcare sector as well, which is quite a big task, because the healthcare sector is particularly polluting to the environment. The sustainability agenda started a couple of years ago and is now becoming increasingly clear that it is an important issue. I am happy that at least I can say that I have been able to increase awareness in the society on this subject. However, we are only at the beginning and still much needs to be done.

Q3 What is one of the biggest challenges for the ERA-EDTA in their goal to promote the highest standard of practices in nephrology in order to benefit patients?

I think the biggest challenge within the nephrology society is to have healthcare professionals ensuring that patients have access to proper care. In most western countries this is not really an issue but in other parts of the world this is a major issue. Therefore, trying to find ways where we, as a society, could play a role in achieving this. The second challenge is highlighting how climate change and pollution have tremendous effects on health, including the kidneys. We, as a society, are learning and adapting to finding ways to handle this crisis. We need to find ways to a more sustainable environment, and this is a real big task for healthcare community in general. The solution is first realising that this is the case and then finding ways to counteract these negative effects. Obviously, we need to try and mitigate our own contribution to climate change

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and pollution. We are only on square one, the mission of the ERA-EDTA in regard to climate is ambitious as we would like to achieve 55% reduction of carbon footprint of the society by 2030, similar to the ambitions of the European Commission. England is ahead of us in this aspect. The sustainable development goals are already on the agenda of the National Health Service (NHS) for quite some years now and is an excellent example on how to deal with this. This is on our agenda for the coming 5–10 years in order to make a real change.

Q4 You are chairing quite a few sessions in ERA-EDTA congress 2021. Which sessions are you most looking forward to at ERA-EDTA 2021? Why?

What I find exciting are the late-breaking trials which included the latest research with expert presenters. This year there are few sessions in the programme dealing with this environmental issue and the health sustainability subject. Last year was the first time we had specific sessions on this subject. However, we decided to cover these topics more extensively in ERA-EDTA 2021. I also have a presentation on introducing the sustainable development goals of the United Nations (UN) into clinical practice. Additionally, I have a presentation on patient-reported outcome, how to incorporate that in everyday clinical practice.

Q5 Early observations of coronavirus disease have shown that the virus can cause kidney injury, albuminuria, and elevated creatinine levels. What have been your personal clinical experiences during the COVID-19 pandemic, and what lasting impacts do you predict the pandemic will have on the field of nephrology?

Interesting question. Well, nephrologists are not typically in the first line of defence. These are mainly doctors working in the emergency and intensive care unit, especially within the infectious disease department. Occasionally nephrologists are involved in severe cases. Kidney damage can occur quite seriously in some patients and in these instances, nephrologists are able to offer their services. The other type of nephrological expertise involvement in COVID-19 is with patients with a kidney transplantation and

those undergoing dialysis. Both groups consist of high-risk patients, and we have seen quite a few cases where COVID-19 is fatal, due to serious pulmonary and renal complications.

Q6 You recently co-authored in a paper titled, "funding kidney research as a public health priority challenges and opportunities".[1] What were the main takeaway points from this paper? What areas of kidney research do you believe merit wider attention?

Prevention should be one of the main approaches, aiming to delay the process of kidney function deterioration. In a way one might say that as a public health system may have failed, because the main task should be to keep patients with kidney failure away from the need of dialysis or kidney transplantation. A big emphasis on this paper was that prevention from a patient perspective should be key. Treatments are expensive, I think we all agree that prevention is basically beneficial for both the patient and the healthcare and societal sector.

Q7 You also co-authored a paper titled, "Nephrology: achieving sustainability".[2] Please share with our readers more information about this article?

This was a short, editorial article accompanying another paper whereby a substantial number of dialysis centres in France, reported on their measurements of environmental impact. This was the first extensive paper reporting on a large number of treatments to give an idea of what the environmental impact of dialysis means. The authors also described how you can modulate or reduce this effect. In the editorial we discussed what the dialysis centre itself, the manufacturer and suppliers of materials can do to reduce environmental impact. It's informative in this respect, as it is setting the stage for further steps to be taken.

Q8 Your research focus has been on chronic kidney disease, hypertension, and haemodialysis. Are there any innovations on the horizon in this research area that you think are particularly noteworthy?

With respect to dialysis, I mentioned earlier that the real emphasis should be on prevention however once patients are on dialysis, we need to deliver the best possible care. My colleagues and I are working alongside in a large European trial comparing two types of therapies, that is standard haemodialysis versus online haemodiafiltration. Our hypothesis is that hemodiafiltration offers advantages over the present-day standard. If that turns out to be case, then it could mean a real improvement and progress in the field. We will also report on the patient reported outcomes. Any improvement in these outcomes, could be very meaningful as well.

Q9 Lastly, what advice would you give to young, aspiring nephrologists?

This really an interesting field whereby a lot of developments are needed. Clear questions are on the table, therefore my advice to young nephrologist is to become active in trying to modulate, or better: take part in making the future. ERA-EDTA society has an active young nephrologist group, this is really encouraging to see. This young generation of nephrologists are curious and eager to learn. They want to share ideas with us and discuss what should be on the agenda for the future generations. They ask the right questions on how to get organised and tackle the current issues in the best possible way. Sharing information and ideas within the field is the best way to achieve success. So my advice would be, to be active in and play a part in making the future developments in the field of nephrology. ■

References

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