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**GUEST NAME: PROFESSOR LIESL ZÜHLKE – PAEDIATRIC CARDIOLOGIST –  
DEPARTMENT OF PAEDIATRIC CARDIOLOGY – RED CROSS CHILDRENS HOSPITAL**

<b>SPEAKER</b>	<b>TRANSCRIPTION</b>
DR. MALKA	Hello, I'm Dr. Amaleya Goneos-Malka, welcome to 'Womanity– Women in Unity'. The show that celebrates prominent and ordinary African Women's milestone achievements in their struggles for liberation, self-emancipation, human rights, democracy, racism, socio-economic class division and gender based violence.
DR. MALKA	Joining us on the line today, from Cape Town, is Professor Liesl Zühlke, who is a paediatric cardiologist in the Department of Paediatric Cardiology at Red Cross Children's Hospital and directs the Children's Heart Disease Research Unit. She is focused on family centred research into children's heart diseases of relevance in Africa; her research projects span congenital and rheumatic heart disease, HIV in adolescence, grown-up congenital heart disease and cardiac disease in women of childbearing age. Welcome to the show Prof Zühlke.
<b>PROFESSOR ZÜHLKE</b>	<b>Thank you very much and thank you very much for having me.</b>
DR. MALKA	Prof Zühlke, in addition to your roles that I've just outlined in the introduction, you've also recently been appointed as Acting Deputy Dean of Research of Health Science at the University of Cape Town; please can you tell us more about the work that you do in the various departments that you operate in?
<b>PROFESSOR ZÜHLKE</b>	<b>Yes, so I have a very interesting and varied work life, there are three components, so you started off by mentioning that I am a clinical paediatric cardiologist and so I work in the Department of Paediatric Cardiology running clinics and doing follow-ups, which is a particularly rewarding and really heart-warming place to be in. What is particularly interesting about our department is that we sometimes make the first diagnosis antenatally, so we meet the patients when they are still In Utero, we then follow them all the way through their birth, their potential first operation, sometimes maybe their follow-up operations and then I have the privilege, because I work in grown-up congenital disease, to see them way into their teens where they are now transferred from the paediatric hospital into the adult hospital and then I've had the particular joy of watching my women patients now deliver and give birth, so I really have been following them up for many decades and that really is a real joy. The other part of my work, as you say, is research and in that we do a lot of clinical research trying to improve quality in our patients across the board, but I also do a lot of implementation and programmatic research where we try and improve the scientific and technical expertise that we give to our rheumatic heart disease colleagues patients and communities and then my recent role is as Acting Deputy Dean for Research at the Faculty of Health Sciences and there my position really is to support, empower, advocate and champion research within the faculty, within the university and then hopefully also beyond that. So every day is very different, every day has its challenges and its interests and I really enjoy every part of it.</b>
DR. MALKA	It's so multi-faceted; it must be really rewarding to see how someone, a patient develops from In Utero when you make a discovery and then being able to do all of those follow-ups and almost a lifelong process.

<p><b>PROFESSOR ZÜHLKE</b></p>	<p>Yes, it's indeed a particular joy, I have really good relationships with many of my patients and that really brings the circle back together again. It makes you realise why you do what you do and how blessed we are to have been in that position and I think it's particularly good to see them go on to living whole and fulfilling lives when maybe twenty or thirty years ago a child born with congenital heart disease had a very limited lifespan, so really extremely rewarding.</p>
<p>DR. MALKA</p>	<p>On the other angle, on the research side of things, you're very invested into research; please can you tell us about some of the more significant collaborations or research projects that you work on with counterparts in other countries across the continent?</p>
<p><b>PROFESSOR ZÜHLKE</b></p>	<p>My research career started in a very inauspicious way with me applying for a research position when I had absolutely no research experience whatsoever and was absolutely under-qualified for the job and surprise, surprise, I didn't get it, but, and it just shows sometimes you have to push the boundaries a little bit, but it was because I felt research was important, the reason why we do it is to add to the body of knowledge. I was very fortunate that the person who interviewed me for that position saw something potentially in me and then encouraged and grew my research career and he turned out to be also my PhD supervisor and so for me the projects that I am involved in with rheumatic heart disease, which is a disease of poverty and inequality, congenital heart disease in Africa and my work now, which is on non-communicable diseases which is taking over as the number one cause of death in the world and the rising cause of death in low and middle income countries, is crucially important. I work with a lot of colleagues across the world, which is again another joy of the work that I do and I think if I had to highlight a particular group of people it would be people on the rheumatic heart disease register, it was called the Remedy Study, there were twenty-five centres from fourteen countries, twelve in Africa and then Yemen and India and we were able to not only produce important results which has made changes in terms of guidelines and policy, but we really built a collaborative that stands to this day. The other element of that is of course the students that I have been able to mentor and supervise or co-supervise, which really is part of what we do, is to make sure we build the next generation of researchers.</p>
<p>DR. MALKA</p>	<p>Thinking about all the elements that you've just mentioned, it just shows the research endeavours that are undertaken expand across territories, expand across boundaries and collectively add to this body of knowledge which is utilised, which potentially could be utilised, by any country, so we are advancing all the time.</p>
<p><b>PROFESSOR ZÜHLKE</b></p>	<p>You are absolutely right and I think one of the most important things that we do when we provide new data sets or results is to consider how these can be adapted in other territories. It's very important that our major focus should not be on research that can only be applied in a very specific area and that what we have to think about, certainly as African researchers, is how can this be applied in other countries, in other regions, is this generalisable, if it's not what are the implications thereof, so that these important new knowledge can actually be adapted by the rest of the world as far as possible.</p>
<p>DR. MALKA</p>	<p>When I was going through your CV and looking at aspects of cardiology, it prompted me to do a little bit more digging into cardiology and it seems to be very much a male domain as well as a scarce profession. When I last looked at figures from the Health Professions Council of South Africa, it listed in the</p>

	region of only a hundred and forty registered cardiovascular surgeons; what made you become a cardiologist and secondly, why do so few women specialise in this field?
<b>PROFESSOR ZÜHLKE</b>	<p>I started off in paediatrics, so you have two branches, so adult cardiology and paediatric cardiology and for both of them you need to start with a specialisation first. So I first did my paediatrics specialisation and for me I always used to say when I was very little I wanted to be a doctor and then when I got a bit older I said I wanted to go to medical school so that I could be a paediatrician. So for me paediatrics was always the only speciality that I wanted to be involved in and then when I did my first day of the paediatric cardiology rotation, by the end of the day I went to the head of the department and said I want a job here. So, for me it was just an immediate love for this specialisation, but I think when one thinks about it perhaps more objectively, you do need to work into something in an area that speaks to your strengths and speaks to your loves, so for me it's no question, paediatrics and children, but also I love IT, I like getting involved, I like intensity, I like a follow-through, I like the puzzle of saying well what could this be and then you get these and these and these investigations and the puzzle starts to be clearer and you know where you're going and then you follow it all the way through. So every part of that just resonated with my personality and the things that I enjoyed and I think you know that saying that, you know, if you find something you love to do every day then it's not work, so for me paediatric cardiology really spoke to all of those, but I'm very much aware of the fact that cardiology is vastly male dominated and this is true not just in South Africa, it's true across the world, and there are certain branches of cardiology such as interventional cardiology that has less than 10% of the consultants will be women, I think due to two areas, one is about entering the speciality in the first place and then secondly is about remaining in the speciality. So there are expectations about entering, about assumptions about the knowledge of the speciality that sometimes are not true, that sometimes are not entirely accurate, sometimes they definitely are and we just need to work on changing them. So this is around the length of the training, what that means, how one can cope with that, it's a long time to train, it can take you fifteen years to get to that point, you know, fifteen years immediately may be a put-off for some people, for other people you think about what does that fifteen years actually mean, it means working at the same time that you're training; maybe that isn't so bad, the rigour of the training is immense and the pressure that goes along with that is immense. There's another very important element in cardiology which is that we are exposed to radiation and so there is a sense from some people that that either means that you will not be able to have children or it is not appropriate or that you would have to delay childbearing to a point that it either disrupts your career or therefore you are not able to have children because you've taken too long to get to that point, so that is one area for example which had always been thought to be the case and again, new data and new research has specifically gone into that area to try and see if that truly is the case and how those things can be remedied. So I think some of those things are the things that make people choose cardiology or potentially not choose cardiology, and then when we're in it, it is about the commitment to the career. It is an all-encompassing career many of the times, the balance is difficult, if you're in a cath lab the way...if you're in a theatre you can't answer the phone, you can't you know, plan things, if there's an emergency you have to come in, it's a lot of hours, we typically work you know above eighty hours a week and how one will balance then</p>

	<p><b>all the other parts of your life that you find is important or things that you would like to prioritise is difficult and so we see people entering cardiology, even paediatric cardiology, and then deciding that it's maybe not the specialisation for them or deciding that there are areas within paediatric cardiology or cardiology that is more appropriate, so for example, a non-interventional route or an office route, which you can do in certain countries. I think there's also finally this issue of the institutional culture around cardiology and perhaps even cardiothoracic surgery because they're very closely aligned, that when it comes to an unreceptive and unwelcoming atmosphere for women, bullying of women, you know, the "boys club", that these are realities of the institution, it's realities of the discipline, but it doesn't have to be like that and so people sometimes see or hear of those and say that that's a reason not to go into this space. I would rather say that that is a reason to go to this space if you feel that that space you want to own, but then go there and change that culture or contribute to changing that culture. So, I think these are all of the challenges that people have to deal with and in my case I am still the first and only full-time woman consultant in my department and I know many others in that position, but I also have three trainees that are women and that I believe are treated differently and I hope that they would be able to lead units that will be very different in the future and welcoming to women and showing very clearly the range that we can then offer for women that come into our department.</b></p>
DR. MALKA	<p>If I just recap briefly, so one, the importance of identifying and finding your passion because this is an all-consuming commitment, you mentioned that it already takes fifteen years of training and dedication to that aspect and you are dealing with life and death in cardiology so you cannot afford to not be invested into this wholeheartedly and thinking of aspects and the dynamics that women still face, whether it is within the scope of medicine or indeed in other sectors, that we still have to overcome barriers towards negative cultures, which potentially have excluded women, but as you say in terms of your development and succession interventions with the women in your department of being able to groom, mentor them up for opportunities to take on leadership roles in the future.</p>
<b>AD BREAK</b>	
DR. MALKA	<p>Today we're talking to Professor Liesl Zühlke who is a paediatric cardiologist in the Department of Paediatric Cardiology at the Red Cross Children's Hospital and is also serving as Acting Deputy Dean of Research of Health Science at the University of Cape Town. We would love to receive your comments on Twitter: @WomanityTalk.</p>
DR. MALKA	<p>Prof Zühlke you've achieved the highest leadership positions within cardiology in South Africa, for example, President of the Paediatric Cardiac Society of South Africa; President of the South African Heart Association and currently Chair of both the Paediatric and Rheumatic Heart Disease Task Forces in the Pan African Society of Cardiology. Internationally you serve as the President of RHEACH, which you explained to us earlier, (Rheumatic Heart Disease Evidence Advocacy, Communication and Hope); you're a board member of the World Health Federation and NCDA (Non-Communicable Disease Alliance); the International Scientific Advisory Board of Children's HeartLink and Global Arch and you're also an executive member of SAVAC which is Strep A Vaccine Global Consortium. Your participation in these activities is clearly a reflection of your dedication and commitment to the medical field and society; would you say that taking an integral part of these</p>

	important associations and teaching comes with the territory of pursuing the top post in your field or is it something which has kind of grown organically with you along the years?
<b>PROFESSOR ZÜHLKE</b>	<b>So, I think if you pursue any of these positions in order to achieve the top post, then you're doing them for completely the wrong reasons. A lot of these are vehicles as an opportunity to serve and to contribute; it's a chance to be part of the change, to make a difference. It is something that in our family, we always tease about it a little bit and we say when somebody is starting to ask for a volunteer for something and you know, raise your right hand, that one looks and one see's one's right hand is already up and you didn't even notice it go up and it's a little bit that concept that if you hear of something that really needs to be done, then your opportunity is to do it and to say I am willing to help get this thing done and so the point of all of these things is to help get the things done rather than to use those positions to pursue a post or a career or a CV. But you're quite right, they become sort of self-generating in a way and you suddenly realise you're involved in a whole lot of things, but each of them is a vehicle to make that change that we want to see happening. When I worked, for example, in the Non-Communicable Disease Alliance it gives me an opportunity to advocate for congenital heart disease, which is often not seen as non-communicable disease, we think about heart attacks, we think about stroke, but what about the children, which is where it sometimes all starts, so it gives you that opportunity to advocate or lobby for your stakeholders, for contributing and changing. When I was in the position of President of the South African Heart Association, I was able to secure funding for having quite a lot of international and mostly African fellows come to our meeting. I worked as a board member on the Scientific Committee of the World Paediatric Cardiology Meeting in 2013, which is an international meeting where we had over four thousand people in South Africa, but part of it was creating a stream where we could have patients, families and communities speak, which we'd never had before and those positions gives you the opportunity to be able to do that and I think in there lies a real chance to make a difference and so I would encourage people to put up their right hands and volunteer for these kind of associations. It takes a lot of work and a lot of commitment but it gives you the chance to be at the table to help make the decisions that change the menu.</b>
<b>DR. MALKA</b>	You have a very selfless approach to all of these different important vectors, which are all about being able to channel and make change and I also appreciate the fact that when you have these types of platforms you're able to give voice to issues which perhaps haven't necessarily been heard or afforded the right amount of time to make interventions move forwards. Listening to what you've just said now, I have to ask you a question; where do you find the time to manage all of these components, because apart from all of the work that you do and the activities you're involved in, you also have your family?
<b>PROFESSOR ZÜHLKE</b>	<b>You're quite right and that's always a challenge and I think if you had to ask what's the biggest challenge to any of these women that you've spoken to, I am sure they will all say that time and how they manage their time is probably one of our biggest challenges. It's not about work-life-balance, because you can't balance everything, if you're in a cath lab and you can't answer the phone, you can't answer the phone, so it's about flow, it's about what is the priority at the time, it's about building time in for important things and making sure you stick to those in the same way you</b>

	<p>stick to your other commitments and for me I think it's also about communication and transparency. So, my children know exactly what I'm doing, they know where I am, they know which presentations I'm giving, they know which radio interview I'm involved in and they're part of all of that. So that when my young son, I remember many years ago when I was involved in a long cath procedure and he had to wait outside his crèche because my husband was living overseas at the time and I was late; when I picked him up the crèche leader said, you know, she was really worried because I didn't even contact them, but he said there's no reason to panic, mommy's busy and she's probably in theatre and she will come when she's done, because he knew that's what my life is like. So I think those are the important things to do, I have tried to prioritise well-being and looking after oneself and you know I like to hike and to spend time outdoors and so those things are very important to build in, because this is a tough life, it's a tough commitment and if you don't build those things in, you also can't replenish yourself to be able to help others, but <b>it's always a challenge and I drop balls on a very regular basis.</b></p>
DR. MALKA	<p>These are all so necessary pillars though of your life and what you demonstrate and as countless women have, there isn't a cookie cutter approach, everybody is different and what works for one won't necessarily work for somebody else.</p>
<b>PROFESSOR ZÜHLKE</b>	<p><b>Ya I totally agree and I think that when one says things like oh you must do it in this way, then you're already undermining the fact that people come from so many different contexts, so many different support systems, so many different partnerships. I am very fortunate to be in a marriage of equals; my husband is also a medical professional, he's a surgeon, and we've always approached things in a unified way, but not everybody has that, not everybody has support from an extended family or from other extended approaches and I've been in situations over our years together where I've lived in a country on my own, where I've been a full-time housewife, where I've worked part-time, where I've had my husband living in a different country for a short period of time, so I've also seen different variations of this. I had a time where I thought, you know, I followed my husband's career and I didn't have a job, so everybody has different times, different challenges and so I think we have to be very mindful of where people come from, not make it sound simple and easy and say, you know, of course you can manage everything because it's not true. Things come along, there are difficulties, you know, we've all had such a difficult time in different ways over the last...since the beginning of the Covid pandemic, so I really think that we have to give each other slack, this is a very important part of how we as women support other women, is understanding their particular areas, their priorities, their concerns and considering their shoes rather than only applying what worked for me onto those people. So I think there is no hundred percent plan, there is no cookie cutter approach, I think flexibility, being adaptable and prioritising what you are doing at the time and being as open and honest as you can with all the people around you to make it all work, is the best possible approach.</b></p>
DR. MALKA	<p>Keeping with this vein of identifying what works, what doesn't work and being very much tailored towards an individual; one question that I'd like to ask you now is about your personal journey and factors for success. Many of our guests who've reached tremendous achievements in their lifetimes speak about discipline, focus, faith and values. In your opinion, what have been some of the key drivers for your success?</p>
<b>PROFESSOR</b>	<p><b>I think the first thing is just gratitude, you know, you have to feel a deep</b></p>

<p><b>ZÜHLKE</b></p>	<p>sense of gratitude to your...in my case to my faith, to my Lord for giving me the tools and the opportunities to be able to do what I've been able to do and understand that that doesn't come from me. It is about your own faith and your own strengths and for everybody that is different, but that really has been for me the yardstone. When I graduated as a medical doctor I was what you call the first generation university graduate, my parents didn't finish high school, my grandparents didn't even go to school, so it was a huge achievement for our community to have somebody complete medical school and the way that we celebrated that was with a church service and my dedication on that service comes from the prayer book and it says "To live and work to His praise and glory" and that was my dedication in my PhD thesis and is above my whiteboard in my office, so for me that's always core. I think the other thing is hard work and keeping an eye on the goal and making these goals and then seeing how I want to achieve them and the goals are not necessarily positions but rather outputs and then for me also a sincere commitment to servant leadership; the need to want to make things better, to have a better environment for people who follow me, you know, championing and advocating for various things and for me those are very important. So, that is our job while we are on this earth, is to live a life of, you know, the purpose of life is to live a life of purpose and to do everything I can to live and work to His praise and glory.</p>
<p><b>DR. MALKA</b></p>	<p>Thinking about what you've said and the aspects of gratitude, your journey to becoming a medical doctor, your journey to then go on to pursue paediatrics and then to specialise further into paediatric cardiology. You mentioned that your parent's education was up to high school level but your grandparents hadn't gone to school; tell us about some of the pivotal moments in your life growing up.</p>
<p><b>PROFESSOR ZÜHLKE</b></p>	<p>So I'd like to mention a few, so the one was my grandmother. My grandparents essentially were the sort of, I suppose our bedrock, because my parents were both working and as a young child I, for some reason, the decision was made not to send me to pre-school so I was at home with my grandparents and my grandmother used to work as a domestic worker who was involved in the apartheid forced removals from previously sort of white areas into what we now know as the Cape Flats. She, as I said, I think she went to school for a few months and then she was six or seven when she started working as a domestic worker and she worked actually in the residence halls of the University of Cape Town and she always used to talk about that university and all these young students that were coming there to get their education, you know, and reflecting on the fact that she didn't have an education or the opportunity to get that, but she taught us how to read and write and so the afternoons often used to be spent with my grandparents when they're sort of having their afternoon nap, reading some of their books and so I had learned to read before I went to school because of my grandparents and I remember her incredible pride at all the various things we did over the years and her instruction when I used to go for my exams was always "let it go according to plan" and so she taught us to plan, to make sure that we knew where we were going and how we were going to try and get there and that you used whatever you had to get where you wanted to be, so even if you had to teach yourself to read and write. My mom and my father were also, as you said, people that couldn't finish their high school career because at the time they had to pay for that and we couldn't afford it. My father was a bricklayer who started work on building sites when he was in his teens and my mother was eventually a primary school teacher,</p>

	<p>but when I was in fifth year medicine they decided to write their matric exams or their end of school exams and so the three of us used to study together at that stage. So I've had amazing examples of hard work, of dedication, of the importance of education and of very big dreams and going for it since I was very young and very much supported also by the rest of my family. I think the pivotal moments in my education life was 1981 and 1985, so 1981 was the first set of school boycotts and 1985 a really seismic year, as you know, for South African politics and it was in 1985 that I wrote my final matric results, during a very difficult and challenging year, and I believe I was incredibly fortunate to get into medical school, I'd even say lucky, because my marks were not as they should have been and I certainly wouldn't have probably got into medical school now with those marks. So I always felt very much obliged to do the best I possibly could, I was lucky to be there, I was grateful for my place, I had a responsibility to that position and I've worked in that kind of way ever since and I think the two other moments that I'd like to mention along that way, one of them was because you mentioned we're going into Mandela Day, was being on the foreshore in Cape Town when Nelson Mandela came out at the City Hall to give his speech and what an incredible moment it was to be there and then the second was that wonderful moment where I delivered my first baby and knew then, in fourth year, that this was what I had to do and where I would find my joy. So, just a few pivotal moments along the line. I think one of the other things I would like to mention in terms of women mentorship over this time, is that sometimes a pivotal moment is also negative. I had one or two negative interactions when I was at the medical school with very senior, extremely competent, very highly qualified women that made me know for sure that I would never treat people like that, I would never speak to students like that and on the opposite side I also had very positive interactions and so those also made it very clear in my mind how I would treat people with respect and compassion, how I would try and grow younger people, both men and women, by being with kindness and with understanding and that the way to grow people is actually by impacting them positively rather than by trying to be even worse than some of the negative counterparts that we've experienced to date.</p>
DR. MALKA	<p>The experiences that you've just shared have literally given me the goose bumps, from thinking about the hard work, the endeavours, the resourcefulness, the support, which seems to be a whole ideology within your family construct; how did your grandma feel, after working in the residence of the University of Cape Town and for you to then go and be such an important part of that institution?</p>
PROFESSOR ZÜHLKE	<p>It was really a moment, when I graduated, when she went up there for the ceremony my gran was there at the time and my aunt was also in her late eighties and all of the various little things that I did over the years, I mean she would...I don't think she ever actually ever verbalised how it made her feel, but one could see it on her face and I think it was a very important thing always to reflect that this was part of her legacy to have her grandchild actually and now her grandchildren because two of the other grandchildren are also coming through UCT Medical School, that they all were there, I mean I was very grateful and blessed and she was able to see that. She lived late...into her late nineties and she was able to see..</p>
DR. MALKA	<p>...wow...</p>
PROFESSOR ZÜHLKE	<p>...much of that, so ya, no, it was very special.</p>

DR. MALKA	So congratulations to your family and the legacy that it leaves for the next generation. Lastly, as we close out our conversation today and in honour of Mandela Day, please could you share a few words of inspiration that you'd like to pass onto girls and young women in the continent that are listening to the show?
<b>PROFESSOR ZÜHLKE</b>	<b>Ya thank you very much for the opportunity to do that and I gave that a little bit of thought and then I thought actually it's really quite simple. So it's really just about dreaming as big as you want to dream and that doesn't have to be big in terms of huge things, but it has to be practical and it has to be defined and to know that you can do that wherever you are, whoever you are and whatever the background is and then once you've dreamed big, then there are three major things to consider. So the first one I say is to pray and for everybody that means different things, but by that I mean reflect, be sure of it, think on it, ponder, if you're a faith based person then it may mean praying but let there be something deeper and more spiritual into that dream and then the second thing is to plan, so these are the words of my grandmother, but what I also see in my sisters and in my children, so it's to plan to see where you're going to go, who you're going to involve, how you're going to do it, because when you plan for something all of the complexities of life are slightly more simplified and you can cope a little bit better with them and then the last thing and probably the most important thing is to pass it on. So, pass on the lessons, pass on the challenges, pass on the opportunities, if you achieve the dream, pass those on, if you don't, pass that on as well because that is also a learning and so those would be my things; dream big, pray, plan and pass on.</b>
DR. MALKA	The three P recipe of Professor Zühlke; pray, plan, pass it on.
<b>PROFESSOR ZÜHLKE</b>	<b>There you go.</b>
DR. MALKA	Thank you so much for joining us today, it's been a pleasure having you on the air and we wish you all the very best to continue with all of the selfless work that you do in terms of making society a better place, of advancing the field of medicine, particularly paediatric cardiology, thanks for joining us.
<b>PROFESSOR ZÜHLKE</b>	<b>It's been a real pleasure, thank you so much.</b>
DR. MALKA	<b>PROGRAMME END</b>