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GUEST NAME: DR. FRANCISCA VAN DER SCHYFF – ABDOMINAL ORGAN TRANSPLANT SURGEON – WITS UNIVERSITY DONALD GORDON MEDICAL CENTRE

	TRANSCRIPTION
DR. MALKA	Hello, I'm Dr. Amaleya Goneos-Malka, welcome to 'Womanity– Women in Unity'. The show that celebrates women's milestone achievements in their struggle for liberation, self-emancipation, human rights, democracy and much more.
DR. MALKA	Joining us today is Dr. Francisca van der Schyff, who is an abdominal organ transplant surgeon and the Wits University Donald Gordon Medical Centre. She performs life-saving kidney and liver transplants on both children and adults and her work doesn't stop at the operating table, she is also the President Elect of the South African Transplant Society and a Fellow of the European Board of Transplant Surgeons. Welcome to the show!
DR. VAN DER SCHYFF	**Hi Amaleya, thank you so much for having me.**
DR. MALKA	Dr. van der Schyff, you perform life-saving organ transplant surgeries, replacing vital body parts critical to people's survival. Can you tell us what inspired you to specialize in transplant medicine?
DR. VAN DER SCHYFF	**Sure. So, it was quite a long, convoluted road to get where I got to eventually, it kind of started early, I guess. I knew I wanted to relieve suffering in some sort of way and medicine seemed to be kind of an obvious way to do that for people, but whilst I was training undergraduate, I noticed that I really enjoyed intervening or essentially doing some type of surgical invention. So that guided me to specializing in general surgery first and then after that I moved onto paediatric surgery, and it was actually when I worked within the paediatric surgical wards that I came across these children that were born with congenital abnormalities of the liver. Particularly a disease that we now recognize as biliary atresia, and there is no cure for this illness other than a liver transplant and liver transplantation is still poorly developed within our country, but I instantly recognized that if you could offer a liver transplantation to these children they could have a normal life, and what was even more tragic to me at the time was that these children often had a parent sitting next to them, and a parent who would do anything to help their child survive, and within this person was a piece of liver that could do exactly that, if only I knew how to. So that is how I ended up obtaining extra training in transplant surgery and it is a very interesting field to be in for sure.**
DR. MALKA	It's fascinating, really every conversation that I have about medicine is amazingly eye-opening. Can you tell us a little about liver transplant surgery, like how much is taken from a donor, is it a living donor; can you walk us through perhaps a typical process, for instance when you're performing surgery for a young child who has these congenital conditions and that by having a liver transplant, that literally save their lives.
DR. VAN DER SCHYFF	**So, when a child is diagnosed with end-stage liver failure, the only cure would be a liver transplant, and then the search for a donor begins. Right in the beginning of the development of liver transplantation we had access**

	to deceased donors only and the problem was that particularly small children didn't have size-matched organs available to be transplanted with, so we developed cutting livers down to a smaller size, but none of it was completely ideal. Around the early 90s the idea of using a portion of a liver from a living donor came around and its since being developed as the gold standard treatment for end-stage liver failure in children, and this is when a relative or even a person that is not related to a child, then undergoes what we call a partial hepatectomy and we remove a portion of the liver to then transplant into the child, or even an adult, and there you would take as much liver as the child would need, and that is calculated based on body weight. So, you would take enough for the child but obviously leaving enough behind within the donor. So that's the calculation that we make based on CT scans, but not a lot of liver is required for a child that's under the age of two years old, and generally the donor has got very little effects in the long run, for having donated a portion of their liver.
DR. MALKA	It sounds like it's a win/win, but in the space of organ donation, it does seem to be at times a controversial topic. What do you wish that people understood about organ donation and how can we encourage more South Africans to consider becoming donors, and literally not when they're deceased, but potentially as you've just indicated, of being able to give a portion of their liver to help a young person's survival.
DR. VAN DER SCHYFF	**I think the biggest message that I would like to send out there is to say that none of us ever expect to become ill ourselves or for one of our children to become ill and need an organ to survive, and many more of us will need an organ in our lifetime, in other words will become a potential organ recipient than to ever be an organ donor. So, when you are ill or your child is sick or a family member is sick, those people, and you yourself are very happy to receive an organ from wherever they come from, and if you are willing to receive an organ, you should be willing to donate one, should you ever be in that position to donate an organ. There's also a lot of misconceptions around organ donation. Organs are never procured from patients in the deceased donor setting, where there is a chance of meaningful survival, that is just simply a myth. Brain death is death, it is truly death and there's no coming back from that state and organs are not procured from people who have got a terrible prognosis and therefore we might as well switch off the machines, and without consent. It really is procured from people that are declared legally dead. In terms of living donation, I would tell people that it is very safe to donate a portion of your liver or a kidney to another person and your long-term survival in both cases are the same as for another person that's matched for your age, gender and with your comorbidities, and we really are very careful in selecting living donors. So, I would encourage people to come forward to donate, it still is an operation, it's true, to donate an organ, there will be some pain and discomfort involved for a while, but in return you live with the lifetime knowledge of having saved a life.**
DR. MALKA	That's a very powerful statement, 'having saved a life'. You must have seen many, many cases that have been presented to you; can you tell us about one of your most memorable experiences?

DR. VAN DER SCHYFF	**You know there are many wonderful stories around transplant, there are actually too many to pick one, but there was one evening where I was on call as the transplant surgeon where I received two children as an emergency transfer, two three-year-olds, a boy and a girl, and they were both in acute liver failure, meaning that their liver had been severely damaged in a very short period of time and they required an emergency liver transplant. Now this was Christmas eve …**
DR. MALKA	Wow!
DR. VAN DER SCHYFF	**… and it was just one of those times in the year when people are away and then this enormous responsibility landed on my lap. We admitted both of those children and we worked throughout the night to prepare living donors for both of them. Both of the fathers came forward as potential living donors, and there are many factors that we take into account to get the best graft for a recipient, but both of these fathers stepped up and both of these children deteriorated very quickly, with raised intercranial pressure and multi-organ failure. The boy was sicker than the girl, so I decided to start with the boy first. Unfortunately, his donor decided to, I guess he was just utterly overwhelmed by the responsibility and the prospect and being fearful of a hospital and a theatre environment that he knew nothing about, and he disappeared for six hours.**
DR. MALKA	Gosh!
DR. VAN DER SCHYFF	**Doing nothing, I'm not sure what, and then whilst waiting for this man to reappear, I decided to elect to start with the girl because she was also getting worse, and I couldn't wait because they could die at any time. So, we did the liver transplant on the girl, that took us about I would say 10 hours, both the donor and then the implant in the child, and by that stage I went back to the intensive care unit and the father had come back for the boy, and he was now calm and he was ready to proceed. However, it was too late for his boy, and the boy child died, and the girl lived, and that was such a profound moment for me. I wouldn't say the girl's father was less afraid, I think he was as afraid and people really are afraid, some people are just overwhelmed by it and it made such a difference to everybody in the unit and I really felt for that dad that needed more time to gather himself, but sometimes our children don't give us that time. You just have to do what you can to help them, and I still see the girl, she is now three/four years older, a beautiful child, and at least we could help one of them, but we had no deceased donor offers. If I had had more deceased donors, I could have helped both with one liver, you can split one liver for two patients, and that would solved the whole problem, but we don't have donors in our country, unfortunately, very few donors.**
DR. MALKA	We absolutely need more education out there, that's for sure, from what you are saying, how lives can be saved, that there are organs available, but people need to sign up as donors.
DR. VAN DER SCHYFF	**Right.**
DR. MALKA	And staying with the theme of donors and obviously this is all in your space, you are President Elect of the South African Transplant Society; can you tell us what some of your goals are for the society?
DR. VAN DER SCHYFF	**So, I actually started serving as president at the beginning of this year and it's a two-year term and I stand on the shoulders of many great transplant**

	clinicians from the past that has built the society into a group that really aims to just promote transplantation in any form, and to bring all the different units within our country together and communicating effectively with each other, and to work together on projects that would promote transplantation nationally. So, we've got quite a large country geographically and that has resulted in different smaller units being quite isolated and us offering a fragmented transplant service to South Africans. So, the goal of the society is really to bring people from every unit together to sate problems, to work on plans on how to overcome it, and we've got portfolios on education awareness, we've got portfolios on all of the different organ systems that are being transplanted, we've got coordinators involved, psychologists, palliative care specialists. So, we try and make it as wide as possible and then we promote transplantation as a whole, in every different aspect and different unit within the country.
DR. MALKA	Increasingly I think that everything is interconnected, that almost every discipline has got its own ecosystem space. So, we think about what you've just mentioned here and if we think about the story you relayed of the dad and not being able to save his son, because it was the psychology factor that came into play. It's not just about making sure that there's a match of organs, but there are so many complexities and components that come within the work that you do.
DR. VAN DER SCHYFF	**Absolutely. I think transplantation is probably the poster child for a multidisciplinary team. If you could take a picture of what it means, you would probably find it transplantation in the dictionary. It's like you say, it's no good having excellent surgical technique or having a good graft if you neglect things like the psychology of the recipient or donor, the social circumstances, the financial impact that this has on the family. Things like nutrition, things like rehabilitation, there's no good outcome in transplant if you don't take every single adjuvant or allied health sciences into account, and certainly in our meetings, we have one this afternoon when we list patients, there are 40 people from all different disciplines giving their honest input and they are all taken seriously, otherwise you've got very little chance of success.**
DR. MALKA	And how do you think, looking across the multidisciplinary component you've just mentioned, you've got 40 people in a meeting, and they all have their own area of specialization, how does this help you, from a leadership point of view, introduce those dynamics into the way that you lead?
DR. VAN DER SCHYFF	**It keeps you humble. It keeps you in a space where you understand that you do not know everything, that people study many years to become an expert within their field and mutual respect is crucial, to stop and listen to what somebody else is saying. I think certainly in the surgical fraternity there's been a culture of having quite dominant personalities and I think surgeons naturally take the lead within groups, and that's fine, but do allow everybody and all different personalities and opportunity to speak up, to feel heard, and really listen to what is being said, because if you get into a space where you think I've got the answer to everything, it's a very dangerous place for a patient to be in. So, it does teach you to tolerate easy and difficult personalities, because everybody's got their role to play.**
DR. MALKA	So true, and I would imagine that the patient's best interests are foremost in everyone's mind, that that's what they're all striving for.

DR. VAN DER SCHYFF	**Right.**
DR. MALKA	Surgery is a challenging field; can you tell us about any female role models that have been important to you?
DR. VAN DER SCHYFF	**I would have to start with my own mother, who is not a doctor, but came from very disadvantaged circumstances and that worked her way up through sheer will and discipline and achieved many things, but she I think, as a little girl watching her studying at night, raising children and working full-time, and supporting a family, that was normal for us. There was no difference between my parents in role distribution, in who does what, it was simply what work was to be done, and it was done by either of them, but there was room for her to grow and develop as a woman, and that's kind of where it started. Later on, there were certainly, I wasn't an excellent performer at school, I think I had lots of other arenas that I wanted to develop and issues I needed to sort out as a teenager and as a young person. So I wasn't an automatic super performer academically, but there were teachers that recognized potential in me and certainly my science teacher in high school took a keen interest in me and absolutely insisted that I could be excellent in the science field, and I'm not sure where she got this idea, but it definitely came to fruition and I owe a lot to her. In terms of female surgeons within our country, there are very few who do the hard surgical specialities, and by that, I mean trauma surgery, cardiothoracic surgery, vascular surgery, transplant; those are the surgical specialities with a high burden of emergencies and urgency in the work, which is not easily amenable to having a family. So there aren't many women to look up to within those fields, I do think it is changing, but when I was training, I had [Dr. Elmie Muller] as a mentor, she did great work in the field of kidney transplantation in Cape Town and raised a family and then Dr. Elmien Steyn from Stellenbosch, also someone that I looked up to, for sure that it can be done, and that you can play an important role in this field, but it is not easy that is for sure.**
DR. MALKA	It is a challenge looking at life choices and sacrifices and balance, but also at the same time thinking about the environment that you grew up in with your mom, who did serve as a role model to you, that seeing the way that she behaved, of studying, of looking after the family and that there was an equal distribution of workload in the home between your parents, that that I'd say has a strong influencing factor on a young person as they're growing up, that that's what they think life is normal. It is normal for them, so you don't see anything different and that's kind of your expectations of the world.
DR. VAN DER SCHYFF	**Absolutely, I think it starts there, and I myself have got two girls and I've always felt that I wanted to lead by example. I think it's unfair to expect from our children to change the world when you are very happy to not push yourself. I think it's a bit hypocritical that unless you push yourself to your full potential, that we expect these things from our children. So, in that sense I do think it starts in the home and other than the mother playing an important role, my father and my husband at the moment, plays an enormous role in making female development possible. If you are with a partner that's got very strict, narrow ideas of gender roles, you're going to battle. So that's another kind of piece of advice I often give young women who come into in the field, or even just in different specialities, that**

	choose your partner carefully, it's the most important decision you'll every make, is the person that you end up spending your life with and they can be an enormous asset and a cheerleader for your cause, and I have been lucky in that respect.
DR. MALKA	That has been a common theme in the last few shows, which is about the choices that you make of a life partner and how that can either help you or hinder you, in terms of your ambitions. Apart from important life advice, like the choice of a partner, what advice would you give to young women who are pursuing a career in transplant medicine and how could the medical community better support women in the field?
DR. VAN DER SCHYFF	**I think it's important to first of all recognize that it is a, for everyone, male and female alike, it is an extremely challenging field to go into and it will demand virtually everything. It will demand all of your time and people within transplant who excel at it, they don't have hobbies, they don't have friends, not very many, a few select people. The bit of energy you've got outside of work, goes to your children and your partner, so this concept of having a balanced life, I think it's not a reality within certain fields, it is something that you will have to sacrifice to an extent. There will be birthdays that you miss, there will be Christmases that you will be working, but I do believe it is possible to get the important things right, if you don't waste time on things that are not truly important, that there is enough time to make your important relationships work, but to at least admit that to yourself, that you are not failing if you don't have this fantasy balanced existence, I don't think that exists in many of the high performing sectors within society. That being said, I don't think you have to choose between being a family person and having a good career, but other things will have to suffer for it, and that's mostly fine if you've got a dream and you're willing to commit to it. So, in terms of promoting females within the workplace, I've always veered away from this gender distinction kind of instinctively. I've always felt that my decision to have a family was mine and it was never something that I felt I could fall back on to say, you know what, my child is sick I can't come to work, or I'm just exhausted, my newborn cried all night; that was just never a luxury that I felt I could use within the workplace. I felt it was my decision, and I will cope with it in my own way, and maybe that is something we can work on, to have an environment where parents, not only mothers, but parents are more free to express a need for leniency in terms of family responsibilities. Maybe if the dad could take some time off it would alleviate some pressure on the working mother as well, so it spans both genders, but most of all I think it's important to understand that its' not about being better than anybody else or to prove that you are equal to the men that you work with, that is kind of the reflex, how can I show them that I am as competent as the men in the department, and to me I always felt that if you focused on being simply the best, not better than anybody else, but outworking people, out planning people, just offering the best service, the best care for your patients, that you are simply aiming to be the best that you can be, the gender issue falls away. It becomes a non-conversation, what you are. Your goal is to be fully developed and put in everything and then you outperform people purely based on merit and that very often disarmed some of the most difficult characters that I've worked with in the surgical field. So, that's kind of been my approach to the problem and some women**

	have found it more difficult than I have, I may be lucky that maybe I've worked for men that believed in my potential, whether I was male or female was kind of irrelevant, but if you don't worry about who else is there, am I truly doing what I can do to be the best person I can be, then most of these issues go away.
DR. MALKA	Such important insights and I think they're absolutely of value, but also, one of the things that you were saying, which I hope resonates with people, is that if you are choosing a high performance career, that these are the sacrifices that come with the role, that's what the role is, you're not going to have a 50/50 work home life, that's just not what you signed up to. So, I think that sometimes people may be under an illusion of what to expect.
DR. VAN DER SCHYFF	**And then they do blame themselves for somehow failing an ideal that's unrealistic. I think that's the danger. I always say that in a day you've got a set amount of energy, some days your work will come first, and your family won't, and you won't, other days your children needs to come first, and you work will suffer and you may neglect things that you really should have paid attention to. And other days you need to self-care, and you simply need to sleep, whether your children are needing something or work needs something, you can't win at it all, but you can win at something in a day and over time, children are very forgiving and they are very generous in tolerating our failings as parents, provided we love them obviously, and work is the same, your reputation speaks for itself and if you are not on top form one day because your children need you or you are feeling poorly, that equals out over time if you've got a good reputation, but all three of those are important and you will have to pay attention to all of them.**
DR. MALKA	What would you say keeps you grounded and motivated to be able to manage everything?
DR. VAN DER SCHYFF	**To me it always felt important to understand what exactly is the purpose of me being here as a human being, what am I actually doing on the planet. What difference would it make whether I had lived or not, and it's not a matter of being remembered or anybody knowing that you even lived, it's just did you do something that reverberated after you are gone, and to me that purpose was relieving suffering. People suffer in all sorts of forms and ways and if you can go home at the end of a day or even the next morning after a long night and you understand that today I did this and somebody is suffering less than they did before, that explains why I am here on this planet. What service does your life offer to other people, otherwise it becomes a grey blend of futility, that I think a purposeless existence, that is quite depressing to me. So defining what you are here for and that mostly needs to be expressed in a type of service that you offer to something else, whether it's animals or human beings, or whatever it may be, define your life in what problem am I alleviating, and focus all your attention and energy in that direction, then it gives you purpose, and you understand what you're here for. It's not perfect all the time, your efforts, but again, over a lifetime it equals out into something meaningful.**
DR. MALKA	And it's your North Star, that you've got a focus and through the work that you do, through those services, it brings personal fulfilment because you are being in service to others.

DR. VAN DER SCHYFF	**Absolutely and I think that many people out there would think, you know, if I can achieve this or that or attain wealth, or all sorts of things, that somehow I would be complete, and for the vast majority of people that kind of real fulfilment I believe comes in offering some sort of a service to something else or someone else. That is the only real route to fulfilment in my mind.**
DR. MALKA	There's a lovely model, which I can't remember all of the components, but it's a Japanese model called Ikigai, which is how you bring and how you develop and find your purpose through your strengths and through service. There's four dimensions to it, so I will give me a reminder to go and look that up.
DR. VAN DER SCHYFF	**Right, absolutely.**
DR. MALKA	We're coming towards the end of the show and one of the questions that I ask all my guests is about some of the factors that they feel have contributed towards their success. So, some people will speak about discipline, faith, perseverance, a particular person in their life, or values. In your opinion, what would you say have been some of your key drivers?
DR. VAN DER SCHYFF	**I think having a curious mind from childhood really helped me to explore different possibilities and really think out of the box on what is true and what is made up or produced by society on how things should work. In other words, having the mental state of questioning things for yourself, and also that curiosity being expressed in a love for reading, I would ferociously consume anything I could read from before primary school actually, masses of books and learning from other people. Those are definitely factors that played a role, I think I was lucky in that I had a father that absolutely believed that I could do anything, even though I didn't believe it myself for the longest time, and a mother who set an example on how it could be done, but eventually understanding that self-belief and being confident is very different to being arrogant and that having self-confidence and self-belief is the absolute foundation for any success. Now, you may say well, I don't believe in myself, or I don't think I can do any of these things. Self-esteem is not an inborn trait, it's something you develop and grow in yourself over time, and you do that by doing difficult things that make you proud of you. So, if you are constantly challenging yourself with the next step, to say you know what, that is the hard thing to do, I am going to try it, and even if I fail, I will try again, and eventually you win and that builds yourself-esteem. You convince yourself that you are a special persona and that builds yourself belief, and that is a process. You are not born with that necessarily, if you are you are lucky, I wasn't, but over time you believe that you can do special things and you surround yourself with people that believe the same and then you can do those things, anything really, that is within your interests, barring some obviously bizarre beliefs that's not true, but for most of us you can do virtually anything if you're willing to take enough time and build on your self-worth and your self-esteem.**
DR. MALKA	Those are such important words and I think another aspect, if we think about young people and what they're exposed to in society, that it's almost an instant gratification, that whatever they see someone has already made it, but its understanding that the process that went into making it, that there were failures,

	that you don't know everything instantly, you've got to go through a period of learning in order to succeed and become that success.
DR. VAN DER SCHYFF	**Yes, I mean totally, I think we often expect of the world the things that we are not willing to give. I think there's definitely often a culture of entitlement that people believe that they are entitled to things, and the world owes you nothing, absolutely nothing. You are your own saviour and you make things as you go along and once you accept that responsibility for your own life and for yourself, it's actually quite liberating, and when you really pay attention to successful people, you realize how many years of difficulty they went through, of loneliness, of self-doubt, of failure, of being virtually paralysed by life just bringing the worst set of circumstances repeatedly to your doorstep, and people overcoming that over time. What you see in a successful person on social media is not even the tip of the iceberg, I think it's often an illusion, it's just built on so much hard work and often suffering, and that's normal. That's normal, being able to endure pain is something that we should all work on, because that's what actually leads to that success eventually.**
DR. MALKA	Such important words that are truly grounded in reality. And lastly, as we close out today's show, please use this platform to share a few words of inspiration or motivation with women who are listening to us.
DR. VAN DER SCHYFF	**I think that if I could let every female know that being female is not less or more than being male, it is simply different, and being female adds a scope of skills, insight, empathy, emotional insight that is supremely powerful, if you harness it in the right way. I am a much better surgeon because I am a mother and a wife and a female, because I do feel that you can lean on some of those characteristics that makes you uniquely female, but anything is really possible and working on your self-worth and your self-belief is a process and if you do baby steps every day, you will eventually get there and do things that are really gratifying, which will make a difference.**
DR. MALKA	That's such a fantastic message. Thank you for joining us today.
DR. VAN DER SCHYFF	**It's a pleasure, thank you so much for having me.**
	PROGRAMME END