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PROGRAM NAME: WOMANITY - WOMEN IN UNITY

GUEST NAME: DR. MALINI BHANA – HEPATOPANCREATOBILIARY SURGEON

	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. Malini Bhana, who is a Specialist General Surgeon with a particular focus on Hepatopancreatobiliary Surgery, or HPB, one of the most complex and technically demanding areas of surgery. Dr. Bhana is also passionate about mentoring the next generation of surgeons and creating greater opportunities for women in the field. Welcome to the show!
DR. BHANA	**Hi Amaleya. Thank you so much for having me.**
DR. MALKA	Dr. Bhana, you initially imagined having a career in medical research, but during your clinical training you then discovered that you liked the hands-on approach and problem-solving nature of surgery. What transpired during those early years that made you get your aha moment and realize that surgery was where you belong?
DR. BHANA	**So, I think before you enter medicine, or surgery for that matter, it's hard to really understand what it's like to work in that field. You may have these ideas of what it is like to be a doctor and help people, but the realities are often very different from what you've imagined. So, when I was younger, I honestly wasn't sure that I wanted to do medicine, to start with. I enjoyed the subjects of physiology and biology, and that's sort of what led me down the medicine path. I was quite introverted, not a very social person when I was younger; I couldn't really imagine myself doing clinical work or operating and doing surgery. So, the research side at that time appealed to me. I enjoyed reading and research, and I thought that sounded like something I would enjoy, but when I actually did medicine and went through the practical years, especially the internship years where you get to rotate to every speciality and see what it's really like working in that field. So, there are two years of internship. I did surgery in my second year, and everybody told me before I got there that it's a horrible rotation and it's so demanding, and the surgeons are so horrible, and you're going to hate it, and I prepared myself for this, and when I got there, I loved it. I thought the surgeons were amazing, such great hands-on people, so practical and so smart, and everything just made sense. Surgery is a very practical field where you get this problem, you work up the patient, you figure out how you're going to fix it, and then you practically fix it, and you get to send your patient home, which is, I think, what I love about it. It's very practical, very hands-on, and I enjoy that.**
DR. MALKA	That internship rotation, I think, is one of the most amazing things, because as you say, when you're starting in this field, it is so diverse, and we've had people who specialise in everything on the programme, and it always, always fascinates me. What is the period that you spend with each specialisation when you're doing those rotations?

DR. BHANA	**So, when I did it, it was four months at a time. It was four months on each rotation. I know it has changed now because they've added in a bit more clinic work and other things as well, so now I believe it is two months, or something like that, but at my time it was four months for each main speciality.**
DR. MALKA	Well, that's enough for you to get a feel for whether you like something or not.
DR. BHANA	**Yes, I think that's a great amount of time for you to decide. It really helps you to decide and figure out what you want to do afterwards.**
DR. MALKA	So ultimately, you chose Hepatopancreatobiliary Surgery, which is a field that involves a number of technically demanding operations in abdominal surgery. Can you tell us what it was about this area in subspecialty that drew you away from going into the more trauma route of surgery?
SDR. BHANA	**So, trauma initially appealed to me a lot. I thought I definitely wanted to do trauma surgery, and I think it's because I did trauma at Bara, at Wits, which is probably one of the busiest units, and there's a lot of adrenaline and a lot of speed, and it's very exciting, and you get stab and gunshot patients coming in that you can just fix, and they are generally young, healthy patients, so if you can just fix their immediate problems, they generally tend to do well. So, it is quite rewarding, and I think I really enjoyed that adrenaline when I was younger, but as I then rotated through the surgical subspecialties, because in your general surgery time you also get to do a little bit of everything - colorectal, hepatobiliary, etcetera- I found that the hepatobiliary speciality has a lot more elective planned work. So, you have maybe sickle patients with more complex diseases, so you have to work them up a little bit longer. The surgeries aren't emergencies; they're something that you plan for, but it really involves a lot more intricate surgical technique rather than in trauma where you are trying to stop bleeding and stop the patient from dying, and this you can take your time, plan things out, work on your surgical techniques, etcetera, and I think that's what really appealed to me. It's a little bit more complex, but I like the challenge of it.**
DR. MALKA	Well, the pace is certainly very, very different. And for our audience, can you describe the field of hepatobiliary and also the main parts of the body that it addresses?
DR. BHANA	**Right, so it's in the name. So, hepato is the liver, pancreato is the pancreas, and biliary is the gallbladder and the bile ducts, essentially. So, those are the four areas that it addresses and it spans quite a large range of conditions, from simple things like gallstones to of course tumours and cancers of the pancreas, of the liver, of the gallbladder, and all of these organs are involved in some way or other in your metabolism and digestion, amongst of course, many other things that they do, and I think the reason it's established as a subspecialty rather than just a part of general surgery is, the relationship of these organs to major structures and vessels is really close, and so you'd need really a detailed anatomy knowledge in order to operate in these areas safely, because any entry to the surrounding structures will have catastrophic consequences.**
DR. MALKA	Earlier you spoke about the planning of procedures, and I understand that sometimes the operations and surgeries can involve between six to eight hours of a person being on the table, and you're attending to patients with very

	serious conditions, including cancers; is there a particular patient story that has stood out for you?
DR. BHANA	**Right, so there are many patient stories that stand out for me, but I think the one that I will always remember is the first Whipple procedure that I did. So, a Whipple procedure is essentially an operation for pancreatic cancer, and it involves removing the head of the pancreas, some of the small intestine, part of the bile duct, and then quite a complex reconstruction. So, it is one of those, as you mentioned, that can take six to eight hours to do, and in my surgical training I used to spend time outside of my surgical registrar training, just to assist people in private who did these procedures, or who did hepatobiliary. So, I assisted on quite a number of these before I subspecialised, and I was always enthralled by it, and thought, you know what, if I can do this operation, I will have made it in life. So, the first patient that I got to operate on in my fellowship and do this surgery alone was that one defining moment. So, I saw the patient from the beginning, from diagnosis, got them through the surgery, saw them post op and got them home, and I think that is somebody I will never forget.**
DR. MALKA	And stamina-wise, how do you cope and manage mentally and physically, by being literally on top of your game for six to eight hours at a burst?
DR. BHANA	**So, I think physical fitness is important. You do need to have a reasonable level of fitness to do it; otherwise, you're going to have back problems and leg problems and other health issues, but I think I've generally been quite an active person from when I was younger. I used to do dancing earlier in my life, and I did a lot of outdoor things, like hiking; I do running. I love the outdoors, and so that has helped me to stay fit throughout. You can't always fit in a gym session of an hour every day, but you do things that you can and just move a bit. Then, in terms of mentally, I think in surgery you learn that you just always have to be focused on what is important here. The patient in front of you is what is important. There can be other emergencies happening around you, but just deal with one thing at a time and the emergency that you need to, and you'll figure it out as you go.**
DR. MALKA	And what type of techniques have you used to help with your focus?
DR. BHANA	**I don't know that I've used any specific techniques. I think when you're in there and operating, you have somebody's life in your hands, right, you know that if you don't do this properly, you are going to have bleeding here, this leak is going to happen, this complication is going to happen, and the consequences are so catastrophic that you are that focused. I honestly can't say that I even think about things like food; it just doesn't even cross your mind when you're operating at that point. You do what you need to for the patient that is on the table.**
DR. MALKA	Laser focus.
DR. BHANA	**Yes.**
DR. MALKA	You mentioned with your first patient how you ran through the entire process, not just the procedure, but pre-op, post-op, so seeing them running through almost like an end-to-end space. I know that sometimes when you deal with patients it can be particularly challenging; you get emotionally invested; how do you manage to separate the emotions from, well, I guess, how do you manage to separate and deal with the aspect of not bringing your work home with you and accepting patient outcomes/

DR. BHANA	**So, I think that comes with experience, because definitely initially you are going to take a lot home with you, but I don't think it's necessarily a bad thing to be emotionally invested in your patients. I mean, you're dealing with a person's life. You have to care about it, and there has to be some emotion involved, I think. So, I think what's important is to not let that emotion overwhelm you or cripple you at times when you need to make decisions, because that's the problem. If you are overly emotional now and it comes to a point where you can no longer think straight and make decisions for your patient, that's the problem. So, I think for me managing that stress is generally about perspective, and I try to focus on the patient that is in front of me and the decision that needs to be made then, and that is what is important. Of course, it's also great to have friends and colleagues who you can talk to about things and debrief when things go badly after a situation; that all helps to deal with stress. Then also to just have things in your life outside of work that you enjoy doing, travelling or whatever it is, having interests outside of medicine.**
DR. MALKA	Besides the Whipple procedure, what is one of the things that you love most about your job?
DR. BHANA	**Gosh, there are so many things I love about my job.**
DR. MALKA	Well, you can tell us more than one.
DR. BHANA	**So, I love operating, and theatre days are probably my favourite days, but having said that, I actually think my favourite part of the job is my patients. As I said, I didn't go into medicine thinking I was going to save lives or help people necessarily; it was for academic purposes, but I found that I actually love getting to know patients, hearing their story, and being sick and being admitted to hospital with these conditions is such a difficult time in anybody's life. From personal experience, I have been admitted, and it's a time that is difficult; it's frightening, and it's so hard if you don't have somebody to help you through that, and I actually think it's such a special job, or such a wonderful job that I have, that I get to help people every day. I have a of gratitude for that, and just that journey of helping patients get home to their families and in a healthier place, getting back to their loved ones is my favourite part of the job. Discharging a patient who is well.**
DR. MALKA	It's so true, everything you're saying, and I think, as the patient's side, you're in an incredibly vulnerable moment where you literally sometimes can't do anything and your independence is taken away and you become dependent on people around you to help you.
DR. BHANA	**Yes.**
DR. MALKA	Now, because we're a gender-based show, one of the questions that I always ask is about how various disciplines impact on women's health. So, from your experience with biliary disease, pancreatic conditions, as well as other complex abdominal problems, are there any issues or conditions that women are perhaps more prone to than men?
DR. BHANA	**So yes, there are. For HPB specifically, one of the issues is gallstones. So, women in particular are prone to getting gallstone disease, and that's for a number of reasons, one of which would be hormones. So, we have higher levels of oestrogen, and that makes us prone to forming stones, and then pregnancies on top of that also increase our risk of gallstone formation. So, in terms of how that would present, it's usually something like upper**

	abdominal pain, right-sided abdominal pain; you may have some nausea and vomiting with that, and I think patients often present to GPs and this pain gets dismissed as being ulcer pain, and that's the most commonly thrown out, even though there is not necessarily any evidence for it, and it just sort of persists, and it's until it complicates later that they actually end up in hospital. So, I think that's something that should be looked out for. Then the other thing would be liver tumours. So, there is something called an adenoma of the liver, and women in particular are prone to getting this, especially if they're using oral contraceptives. So, it's not necessarily a cancer, but it is something that is at risk of rupturing; it can bleed, and some of them can become cancers later on as well, so it's that needs to be looked at. Similarly, it would present with something like upper abdominal pain, right-sided abdominal pain, and a simple ultrasound would pick this up. So, I think if you have symptoms, don't ignore them and just see somebody about it.
DR. MALKA	Yes, very, very important. Surgery has historically been seen as a male-dominated, demanding speciality; we've spoken about the long hours piece, the high-pressure environment, and also a culture, because of the consequences of those hours that are not always accommodated for women's lives, especially when it comes to family responsibilities. In your experience, has the surgical profession become more female-friendly, or are women still having to adapt themselves around a system that was originally designed for men?
DR. BHANA	**Yes, that's a good question. I think the landscape is changing. When I went to medical school, I think more than half of my class were females who graduated; of course, not all of them went into surgery, but even within the surgical speciality, I've seen that there are definitely an increasing number of females who are joining surgical specialities. In my personal experience in my surgical training, I don't think I ever felt like I was treated unfairly or had opportunities taken away or not given to me because of my gender, but I know that that is, of course, not the experience of everyone, and I have heard many stories from colleagues about difficulties that they have had, and I think the problem is that, as you said, surgery is a very demanding subspecialty. It requires really long hours of work; there is, of course, no cutoff at four o'clock where you go home. You go home when the work is finished. If a surgery is continuing to late and there are complications, you can be in theatre until late hours of the evening; there is nothing you can do about it. You can't just say I'm going to un-scrub and leave, goodbye. It's almost like there's no choice in it. When you're there, and you've chosen to do surgical training, you're basically committing yourself to crazy hours of work. On top of that, you still have calls; you still need to be studying as a registrar. I don't know how it's possible to accommodate a balanced family life within that schedule, honestly, and they have tried to make provisions for this. So, I know that there is a programme at the Wits or Johannesburg circuit where you can choose to do a longer registrar time, so your months are increased, and I think it's something like seven instead of five years of training, but they cap the times that you go to work. So, you maybe stop work at 14:00 PM or 15:00 PM every day, and you do maybe one or two calls instead of the regular amount, but I'm not sure that the system is necessarily the best system, and it's just because there are hours in the day where you do certain procedures. So maybe on a Wednesday afternoon**

	you will have endoscopies, and that's the day you do endoscopies. So, if you're not going to be there for those hours, you are going to miss out on that part of training, and similarly with calls, the things that come in that you deal with on call are not the same as the elective patients you see. You can't sort of replace that training that you have. So, I don't know that there's a good system in place yet to accommodate for females and for a balanced work-family environment, but I'm not sure what the solution is.
DR. MALKA	Well, it's opening opportunities for people to revamp and rethink the way that things are orchestrated, but something that you've spoken about today that's always struck me, and even watching TV programmes, that are Chicago Med or on ER, is that you work incredibly long hours and sometimes I just wonder how you manage to do that, and thinking about for instance, pilots, they will say okay you can't fly now, you need to have X hours sleep or X hours rest, but yet doctors, as you say, you're holding someone's life in your hands, that you guys are pushed to continue seeing patients and there aren't sufficient sleep hours in-between.
DR. BHANA	**Yes, I think it's crazy, honestly. There's been times in my surgical training where you've just sort of had enough, to be honest. I will never forget; there was one day where I was on call on a weekend, and I was on call for trauma, but I was also expected to cover vascular surgery. So, here I was, doing a Friday/Saturday night call at Bara, which is the busiest call you can get there; there happened to be some massive shootout in a shebeen, and all the patients came to us. So, I probably didn't sit down once that entire call. I was just operating in theatre, resuscitating patients, back in theatre, out. Then I hand over the next morning at 08:00-09:00 AM, and now straight from there, now I have to see my elective vascular patients. So, I do ward rounds on them, and then an unstable ruptured aorta came in, as I would have it, on that call. So, then I had to scrub for a vascular case, which then continued well into that evening, and I was such a broken person by the time that surgery was over that I don't know how I even made it home. Like, it's not sustainable sometimes, and it's not workable, but I think that's part of the issues that we have with shortages of staff in our workplace. There just often isn't someone else to cover the roster, and what are you going to do? You have to provide a service for the patients, you're there to learn, you're put on the roster, you're just expected to cover it and get on with it. It is just what it is.**
DR. MALKA	Really challenging, but it's the world over; I mean, I don't think South Africa is unique in that stance.
DR. BHANA	**Yes.**
DR. MALKA	So, now you're in your specialisation, and you're part of, I would almost say, a new generation of women who are entering highly specialised areas of surgery, and you are not just doing your work, but you're contributing to mentorship and professional development. You are also part of the European African HPB Association. When you think about gender equality in surgery, what do you think that looks like for you?
DR. BHANA	**So, I think it's definitely more fundamental just in having equal numbers of men and women in the profession. I think gender equality for me means that you have a work environment where your gender is not a barrier to any opportunities that are available, or there's no difference in the way your contributions are valued. You are seen as an equal person, and as**

	you said, surgery has traditionally been a very male-dominated profession, especially in specialised areas like HPB surgery. There are not a lot of female surgeons there, and I think the culture is definitely changing, and representation is important. If you see somebody else who is a female in a leadership position doing complex surgeries, speaking at international conferences, sitting on boards of societies, it changes other women's perceptions of what they might believe is possible, and I think it's important to try and create equal opportunities for men and women, but having said that, I think it should also not be done at the expense of merit. People should be given the opportunity to demonstrate what they can do, and gender just shouldn't determine whether you are given the opportunity or not. You should be given the opportunity, and then earn it based on your merit and skill.
DR. MALKA	Yes, it's like someone who has a 30% matric working on me.
DR. BHANA	**Yes. No, exactly, you want somebody who is well qualified and capable to do it. That cannot be sacrificed.**
DR. MALKA	So, we're all for merit here. From a mentorship perspective, can you tell us how important mentorship has been to you in your career, both as a mentee and also as a mentor?
DR. BHANA	**So, mentorship in my career, I think, played a very critical role in me becoming an HPB surgeon. I don't know that I would even have been in the subspecialty without some of the mentors that I've had. You meet people along the way who just really inspire you and make you think you can do anything, and this is where you should be going with something. So, I think good mentorship is beyond just teaching you skills or how to operate - that anybody can do. It's having somebody you can call when you have difficult decisions to make, having somebody who believes in you, who encourages you to take opportunities that you by yourself may not have seen or recognised even. That is why I am still involved in teaching and education, because I think it's so important. It was such an important thing in my career; I would like to pass that on to other people.**
DR. MALKA	So far, we've spoken about the good, we've spoken about some of the challenges, we've spoken about the rewarding dynamics of the work that you do. For a young woman who is listening to us today who may be considering a career in medicine, what would you say to encourage her?
DR. BHANA	**So, I think you should take any opportunities that you get. Never allow yourself to be limited by someone else's opinion of you or what they think you should do, and I think there are always opportunities around us; you can create opportunities for yourself if you really want something. Don't let anyone stop you.**
DR. MALKA	Yes, I think you are very proactive about developing yourself. You serve in the Early Career Group Steering Committee of the European African Hepatopancreatobiliary Association; you also co-host the HPB Insights Podcast, along with all of your academic and research work. Can you tell us what belonging to a professional organisation gives you as a specialist that you can't get from qualifications or clinical experience alone?
DR. BHANA	**Yes, so I think I first recognised the value of professional organisations like the EAHPBA when I first attended my first international congress. So, suddenly you are in a room with people who wrote the guidelines that you use every day, researchers whose work you've been reading and have**

	been inspired by, people who have been doing groundbreaking surgeries, and there's something so inspiring about being surrounded by that level of knowledge and experience. I think that's really what the value of these organisations offers beyond your qualifications. They give you this community and this environment where you can grow, where you can meet people, and there are opportunities for mentorship. So, the EAHPBA, for example, has a formal mentorship programme, so you can apply to get somebody to be your mentor, because you may not know people necessarily, and you may not be sure who the right person is for you. So, there's that, I mean, you can informally just meet people along the way who become mentors or who give you advice and you can learn from. You can connect with surgeons from other countries, learn how people are doing things differently, just have a broader view of things, collaborate on research, maybe even go train and do a fellowship internationally. So, I think that the importance of these organisations is the access that they give you just to expand your work. You may think that you're a big fish in a small pond, but actually there is such a bigger ocean out there, and you would have missed all of that.
DR. MALKA	It sounds like an amazing community to be part of and to encourage everyone, irrespective of what discipline you're in, to join your respective industry associations.
DR. BHANA	**Yes, I think so.**
DR. MALKA	Now, the next part I want to chat to you about is, besides being a specialist where you hone into your particular area, you've also recently established your own practice at Mediclinic Limpopo. What does it mean to you personally to have your own rooms and to build a practice under your personal brand, where you're literally shaping the care that you provide and the type of patient experience you offer?
DR. BHANA	**Yes, so I think it's very exciting, but also quite humbling and stressful. I have worked in government all my life, and this is the first sort of venture out into private practice, but I think the way I see it is really as an opportunity to take everything I've learned over the years and create an environment that will reflect the kind of doctor and surgeon I want to be, because this is really the opportunity where your patients are your patients. In government, there's always a team of people making decisions. You handle the patients. There is continuity, of course, but it's not quite you and your patient; there are always other people involved. And this, for the first time, is just you focusing on that. So, I think I've tried to keep my practice, from the start, established as a subspecialty practice and focus on my HPB work, rather than doing general surgery, rather than doing volume, because I really want to focus on individual cases. So, for example, all my major surgeries, every surgery that I do, I draw out; I plan each step of the way: what am I going to do, what's plan A, if this does not work, what am I going to do here, and it involves a lot of planning before it. So even though I may not have volumes of patients, I focus on every patient and provide the best possible care that I can provide for them. So, I think that's what's really exciting for me, and so far, it's been very rewarding.**

DR. MALKA	And the other thing, as you said earlier, it seems to be that there's a shortage in your specialisation, so being in the area that you are, hopefully there are more opportunities with cases that present to you.
DR. BHANA	**Yes, definitely. So, patients have always had to be referred out of the province, and I think that's really hard with them not having family around. Now they're travelling all the way to Johannesburg or Pretoria, and so I think it's a lot nicer for them as well; they have families who can visit them and support them in the area as well, and they no longer have to travel these far distances.**
DR. MALKA	We're coming towards the end of the show, and one question I ask all my guests is about some of the factors that they feel have contributed to their success. So, if you could share with us what you feel have been some of your success factors?
DR. BHANA	**I think I would attribute all of my success to my family. I think I was really lucky to have grown up with a very supportive family. My mom was a stay-at-home mom; my dad was an artist. They really allowed me to do whatever it was that I loved, and there was no pressure on me to do anything other than what I wanted to do or what I enjoyed doing. My mom in particular is the strongest woman I know. She taught me never to accept defeat and that I can do anything in the world that I want to do. I mean, of course, I've worked hard to get to where I am and put in a lot of work, which takes discipline, but I've always followed my heart; I've always pursued doing something that I loved, not out of financial benefit or whatever, and I think that made it easier to be disciplined, because I know that I chose to be here; this is what I've chosen to do, so I've got to do it.**
DR. MALKA	And as you were growing up, have there been particular moments that impacted you or were fundamental in your life?
DR. BHANA	**Growing up in my household, medicine was not really seen as a viable career, and I say this because my family was very into alternative medicine. So, my mom believed in homeopathy and ayurveda; they were sort of way against Western medicine. So, there were a lot of conversations about this in the household, and everyone was very shocked when I decided to do medicine, but yes, I think that's maybe a part of where my curiosity started with medicine and surgery and what led me to where I am today.**
DR. MALKA	And was there any conflict between sort of Western versus Eastern medicine and philosophies?
DR. BHANA	**Definitely, there was a lot of conflict, but I think the one thing where there is no conflict is surgery, because you can't deny that if somebody needs surgery, they need surgery. So, when I chose surgery as a subspecialty, they were like, okay, fine, that makes sense.**
DR. MALKA	And you mentioned that your mom has been incredibly strong in your life; have there been any other strong women?
DR. BHANA	**Yes, definitely, my sister as well, and then a lot of the friends that I have. So my sister, very different to my mom, but she's an artist, a free spirit; she travels the world, no conventional career path, but somehow always manages to make things work, and I think an important lesson I learned from her is, money has never been the driving force in the way she lives her life, and yet she has this amazing life and is so content and happy, and that's one of the things that has been there in my family, that money is**

	important, but it's not the most important thing in life. Experiences and family and doing something that really gives your life meaning is ultimately worth so much more. And then I've had great friends along the way in medicine, like Melody, who you've mentioned and have interviewed, who have also inspired me.
DR. MALKA	She has these amazing one-liners, and the one that I hope I don't get wrong was, "A winner is just a loser that gave it another shot."
DR. BHANA	**Yes. No, she's great.**
DR. MALKA	And lastly, as we close out today's conversation, please share a few words of inspiration or motivation for girls and young women who are listening to us.
DR. BHANA	**Okay. So, I think you don't have to have your whole life figured out, and you don't have to fit into what someone else's idea of what your life or career should look like. I think you should just surround yourself with people who believe in you, find mentors who you admire and who would support you, and friends and colleagues who are there for you, and I think what's most important is that you should define what success is for yourself. You don't have to choose between being ambitious or having a fulfilled personal life. It depends on what you want out of life, and you can choose what you want it to be, and your version of success can also change as you change throughout your life. It doesn't have to just be this one thing, but I think you should decide that for yourself and never decide something is not for you because you don't see someone else like you doing it. Sometimes you have to be that first person in the room and open the door for others behind you.**
DR. MALKA	Fantastic message. Thank you so much for joining us; it's been an absolute pleasure to host you.
DR. BHANA	**Thank you so much for having me; I've enjoyed it.**
	PROGRAMME END