
LEGENDS IN UROLOGY

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It has been a (long) while since I received the first invitation to write a contribution to the series LEGENDS in UROLOGY, which is regularly published in *The Canadian Journal of Urology*. Although I read with interest and admiration every previous contribution in this series from the 'real' urological giants, I felt that it was not yet my time to expose, and hence, more or less applaud myself and my still ongoing urological career. For that I had two reasons: firstly, my contributions to urology – although certainly somewhat recognized and appreciated – are not so extraordinary, and secondly, even having achieved some successes in my (urological) life, they have always been accompanied by at least an equal number of failures.

So who or what changed my mind? Well to be frank, it was the perseverance of the section editor of *The Canadian Journal of Urology* and the growing conviction that, now that the last phase of my (urological) life is approaching, at least some readers could be interested in or even see some advantages of the analyses of a lifetime spent in urology by a now quite senior urologist. Indeed, I have some experiences in academic, scientific and clinical urology. Throughout my professional career, I have taken on urological, organizational and structural responsibilities (and opportunities) and yes ..., I know quite a lot about professional and urological politics on a national, international and even global level.

So ... let me start. I was born in Belgium during the second world war in the small but historically (hence touristically) beautiful city of Furnes (www.veurne.be), located close to the westernmost end of the Belgian coast and very close to the French border. The city was completely insignificant, dominated by Catholics – hence conservative – , quite poor and it suffered quite a lot from two world wars. It looked as if it was almost the center of those two wars, which was of course not the case. Life was hard then, certainly in the post-war periods, and the people – all with strong Flemish roots – were stubborn, introverted and isolated, but (very) hard-working. In those days it was one of the forgotten corners of Belgium without any industry and only small-scale farming. My father was a court-magistrate; my mother was one of the (very) first scrub nurses who later turned into a field nurse. I was lucky to have the possibilities to study and I finished secondary school (Gymnasium) at the age of 18 as 'valedictorian'. I started studying medicine at the ancient but prestigious University of Louvain (Belgium), also catholic but less conservative (at least in my initial perception). Studies went well but much time was spent on students' organizations, traditionally almost historical student clubs and associations, sports and student politics. I graduated just before the 1968 student protests which set all university cities in Europe – sometimes literally – on fire. I decided to become a general surgeon and at my first application I was accepted as a resident in the then famous surgical School of Seebrechts – Vandeneynde in the beautiful city of Bruges (Belgium). I accepted the main conditions: no marriage, no days off, permanently on call and (almost) no money. But it worked, at least for some time. Quite soon I realized that only executing what others (mostly internists) told you to surgically remove, rapidly became unsatisfying. On Tuesday and Thursday afternoons, when my boss(-es) were at their private practices, I started to assist the newly arrived (first) urologist with his endoscopic and open urological procedures. My interest grew by the day and finally, after 15 months in general surgery, I switched to urology where I completed a 3 year training program. By then it was time for fellowships. Not really scientific fellowships, but periods of clinical, endourological and additional surgical urologic training. Overseas training was not immediately an option, but London (Wallace Sr., Blandy, Turner Warwick, Innes Williams and Wickham),

Aachen (Lutzeyer), Mainz (Hohenfellner) and Innsbruck (Marberger Sr.) were excellent options for short term visits. All this was followed by a 2 year appointment as 'Chef de Clinique' (something like a super senior resident or junior staff member) at the Department of Urology at the Radboud University Medical Center in Nijmegen, The Netherlands. This was a glorious time. From the very beginning I was my own boss, since the real boss, the superb, erudite, amicable and extremely inventive urological surgeon Professor Moonen (1919-1996) had two practices: one in Nijmegen (1 day/week) and one (more private) in 's-Hertogenbosch (4-5 days/week). Right from the start, I was on my own and responsible for everything: the outpatient clinic, all forms of open and endourological surgery and interventions, kidney transplantations, oncological urology including (primitive) chemotherapy, pediatric urology etc. ... Meanwhile, in September 1973 I obtained my certification as a qualified urologist (both in The Netherlands and in Belgium). By then I was settled in The Netherlands with my young wife and three lovely young kids, with good and independent working circumstances and conditions. I started to experience some recognition as a possible, even likely future academic urologist and... to earn a decent salary! (I think I am the only urologist whose salary multiplied in one day from almost zero (i.e. 150 Euro/month, to 3.000 Euro/month - Belgian versus Dutch wages!).

My academic appetite was growing steadily. In 1977, I successfully defended my PhD thesis on kidney transplantations. Two years later, my extraordinary boss, who in the meantime had become a very good friend, decided to step down as chief of the department, putting forward my candidature as his successor in this function. So at the age of 38, I became chief of an independent urological academic department. I was young but the department was not (yet) very important: 1 chief, 1 part-time professor and 1 Chef de Clinique. Two years later, while the department was rapidly growing, the faculty decided to promote me to full professor and my good friend and special colleague Moonen would stay on as extraordinary professor until his retirement in 1986. Through this move, I became Chief of the Department of Urology at the Radboud University Medical Center Nijmegen and full Professor of Urology at the faculty of Medicine while I still had to turn 40. It was an achievement of which many were jealous (and to which some behaved accordingly).

Now it was time for the real academic work. The first and undoubtedly best move was the recruitment of a research director. I discovered and engaged the now internationally widely acclaimed urological scientist Jack Schalken, who became the first Professor in Experimental Urology in Europe. He still is the scientific director in Nijmegen, a position he has now held for almost 30 years (and he is still young!). In 1982, I designed a blueprint for what in my view was an optimal structure for an academic, urological, scientific and clinical institute: a centrally managed department with 5 (later 6) independent superspecialistic urological sections, namely: oncologic urology, pediatric urology, functional urology, andrological urology, endourology and (later) minimal invasive and laparoscopic urology. By 1985 this structure was realized and it was the basis for the future creation of one of the biggest and definitely leading urological institutions in Europe with strong clinical activities in all fields of urology (including kidney transplantation), and all with an effective and productive link to clinical and, more importantly, to fundamental and basic (translational) scientific research.

By the mid-eighties the department was organized and started to acquire some international acclaim. Urology Nijmegen was on the (European) urological map and I had the privilege to be its chief and professor. My urological life was (most of the time) beautiful. It was hard but rewarding work.

Around these days the EAU (European Association of Urology) took an interest in me. In 1986 I became a member of the EAU scientific committee and in 1988 of the EAU management (executive) committee. In 1992 I was finally elected EAU secretary-general. Until then the EAU was not a big deal. It was a small, rather exclusive (by invitation only) club of mostly self-appointed urological leaders who gathered once a year to entertain each other and themselves scientifically and undoubtedly also socially. From the very beginning of my EAU involvement I was a strong advocate of an open clinical and scientific urological association with access for every qualified European urologist. Moreover, I tried to put special focus on young(-er) urologists. In the beginning it was not easy, but remember: I am a native from a remote corner of Flanders, where people are stubborn and even worse So the breakthrough finally came and the EAU was able to develop to what it is now: a large, well-structured, professional pan-European scientific urological organization with a significant global impact. I was allowed to contribute to this development for almost 20 years, a position which I fulfilled with great joy and satisfaction in

spite of the ups and downs that always occur in life. And again, as a stubborn Flemish guy, who from childhood used to struggle for his part and deal, I managed to always overcome the downs, regardless of how fierce some of the personal competitions and even attacks were. I was a strong believer of the creation of one EAU for the whole of Europe including all subspecialties and professional responsibilities. So, I did it and to this day my successors continue to do so.

Which of all the above-mentioned achievements am I most proud of? I am absolutely proud of the fact that I have always tried to be a good urologist for the thousands of patients that I have seen and treated. I believe I was a good doctor when, as a first-year resident, a young man almost died in my arms from metastatic testis cancer, helpless, begging for treatment that did not (yet) exist. I believe I was also a good doctor not even 10 years later in 1977, when I spent days at the bedside of another dying young testicular cancer patient who was the very first I treated with cisplatin and who recovered completely, and who still is a good friend today. I believe I was a good doctor always remembering and putting forward the adagio of 'Primum non nocere', which I learned from my friend and predecessor Professor Moonen, even when in the late seventies of the previous century I performed the (too) aggressive first radical retropubic prostatectomies in The Netherlands. I was probably not the very best of surgeons but I was strict and consequent in surgical indications and systematic, hence focused and targeted when performing interventions.

Evidently, I am somewhat proud of what I have achieved during my more than 45 years of urological endeavors. But in spite of that, I somehow feel that I could have been better and could have done more, certainly better. I have intensely loved urology and still love it. Thanks to urology I could travel the world and have urological friends, real friends, from all corners of the globe. And even my strongest adversaries over the years are individuals that I have always respected, since it is my strong belief that everyone expressing convincing opinions deserves credit because of the sincerity of his intellectual efforts. In this respect my conservative upbringing has moved me toward a humanistic belief that every individual has irreplaceable values of his own.

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