
LEGENDS IN UROLOGY

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If I was asked to sum up my urological career in three words they would be: “prostate” and “men’s health”. I’ve certainly enjoyed my time in the specialty. I count myself fortunate to have had a happy childhood in Amersham in Buckinghamshire, being brought up by a very loving and empathic mother and an inspirational father, whose sense of humor made him uniformly popular and enormous fun to be around. I was also lucky to be sent to study to Berkhamsted School – founded in 1541 and whose motto was “virtus laudata crescit” (greatness increases with praise) – a sentiment with which I tend to agree! My two brothers, Mike and Jeff, also went to the same school and all of us played rugby and cricket there, Mike (now Professor Mike Kirby) being easily the highest achiever on the sports field! Sadly my father, Professor Ken Kirby, a cell biologist whose work on the isolation and fractionation of DNA led to him being elected as a Fellow of the Royal Society, suffered a myocardial infarction when he was aged only 47, which left him with a ventricular aneurysm and cardiac failure. This eventually resulted in his premature death aged 49. It is the memory of our early bereavement and his lost years that provided me with the impetus to dedicate so many of my endeavors to the promotion of “Men’s Health”, by “helping men to help themselves”.

The loss of my father when I was only 15 definitely spurred me on to work harder at school and I was fortunate enough to win a place at St John’s College, Cambridge in 1969 to read medicine for two years, and then take a break from medicine for a further year to undertake a course on the history of art. For this course I was required to write a 10,000 word thesis on Monet’s Waterlilies (Nymphaeas). This provided me with valuable insights into art history and the opportunity to visit many memorable museums of modern art in Paris and elsewhere, along with my girlfriend Jane, now wife and the mother of my three children.

At this time, there was no clinical medical school in Cambridge, so I relocated to the Middlesex Hospital Medical School (founded in 1746) in Mortimer St, London. Among a number of stellar surgical teachers there was Richard Turner Warwick, a man who was subsequently to become one of the more important influences in my life. Although I did my clinical studies there, I returned to Cambridge for my finals in 1975, where I was awarded a distinction in surgery – an achievement that confirmed my resolve to become a surgeon rather than a cardiologist.

My first job as a junior doctor was in the town of Cheltenham in the beautiful Cotswold hills where I became inspired to become a urologist by Peter Boreham OBE. His intelligence, cool and calm demeanor and his twinkling eyes set me on a career path that I have never had reason to regret. My next post took me back to beloved Cambridge, and after that to St Thomas’s Hospital London, a famous institution just across the River Thames from the Houses of Parliament. Here I met two other of my senior urological influencers: Ken Shuttleworth and Wyndham Lloyd-Davies. It was with Ken’s support that I performed my first, still occasionally quoted, research study which confirmed that patients with chronic prostatitis demonstrably suffer intra-prostatic reflux of urine – I postulated that this might be the underlying cause of their ongoing painful inflammatory process.

A number of other surgical training posts outside London in Oxford, Wolverhampton and Cambridge led me eventually back to my alma mater the Middlesex Hospital – first as a research fellow and then as a Senior Registrar under Richard Turner Warwick and Euan Milroy. Two serendipitous circumstances led me to choose to study the neuro-urology of a rare condition known as the Shy-Drager syndrome (now known as Multiple System Atrophy

- MSA) as the topic for my MD thesis. The first was meeting the neurologist and most famously the very first man in the world to run a four minute mile, Sir Roger Bannister; the second was the good fortune of being able to work with an electrophysiologist named Professor Clare Fowler. Together we defined the pathology of a voiding dysfunction that has subsequently become known as the “Fowler Syndrome”. During my time at the Middlesex I was also awarded a travelling scholarship from the Royal College of Surgeons to spend six weeks at Duke University, Durham, North Carolina, where I stayed and operated with George Webster, and also met my lifelong friend Culley Carson III. I was also seconded from the Middlesex to the Institute of Urology for a year, where I trained under two very famous British urologists: Professor John Blandy and John Wickham, the latter just as he was in the process of developing and perfecting the art of percutaneous nephrolithotomy.

After a disappointing near miss of an appointment as a consultant at St Thomas’s Hospital, in 1986 I was lucky enough to be invited join the staff as John Wickham’s replacement St Bartholomew’s Hospital, London (incredibly, founded in 1123!) to work alongside fellow consultants Bill Hendry and Hugh Whitfield. Just prior to that I had won a second six week travelling scholarship to America, this time with a view to learning how to perform nerve-sparing radical prostatectomy from the master, Dr. Patrick Walsh at Johns Hopkins university. There I met, among others, a number of long-term urological friends, including Herb Lepor and Alan Partin. It was this visit that convinced me that I should subspecialize as a prostate surgeon and attempt to convince my extremely dubious colleagues back in England that surgical removal of the prostate, with careful preservation of the neurovascular bundles, could produce a better outcome for patients than the then widely utilized modality of external beam radiotherapy. During the 10 years I spent at St. Bart’s we not only surgically cured, but also reported in the literature on, very many men with localized prostate cancer, and also established an academic research and clinical trials unit. Here, among other things, we confirmed and reported on the safety and efficacy of finasteride, doxazosin in BPH and sildenafil in erectile dysfunction.

In the mid 1990’s I created and established two still thriving charities: the Prostate Research Campaign UK, and, with the assistance of my sadly deceased friend Professor John Fitzpatrick, the British Urological Foundation. I’m proud that both of these charitable entities have flourished, the first following a series of mergers to become Prostate Cancer UK (now raising more than £30 million per annum) the second, now called The Urological Foundation (TUF), also makes a substantial contribution by supporting research and training right across UK urology. A spin-off benefit of starting these charities was the various trekking and biking challenges that we organized to raise funds in order to keep them afloat and thriving. After running the London Marathon in the spring for three consecutive years, I decided that we needed a different fund-raising challenge in the form of climbing the 5895 meter Mount Kilimanjaro in Tanzania. Fourteen of us, including John Fitzpatrick and quite a few patients, set off for Uhuru Point, its peak, and all of us managed to get to the summit, despite, in my case, more than a hint of mountain sickness! Subsequent to the Kilimanjaro challenge we trekked in Borneo, walked across England alongside Hadrian’s Wall, the Highland Way, coast-to-coast across the Lake District and Yorkshire as well as in Nepal and Ethiopia. For TUF we have undertaken in total eight cycling challenges: initially to Sicily, including a grueling cycle up Mt Etna, then Malawi, Madagascar, Patagonia, South Africa, India, Vietnam, and Costa Rica. My good friend the urologist Jay Smith has loyally accompanied us on most of these trips and helped us raise many millions of pounds for the cause.

In 1995 I was approached to make a move from historic St Bartholomew’s Hospital to St George’s Hospital – an offer that appealed for two reasons. First, it was much nearer my home in Wimbledon, second, although the NHS salary was similar, there was an offer of a much larger urology research unit in a specially converted space. I accepted this offer and was especially gratified when I was awarded a Professorship, an academic, title which cuts considerably more ice here in the UK than it does in America. Our research work with 5-alpha reductase inhibitors and alpha blockers in BPH, as well as phosphodiesterase inhibitors in erectile dysfunction, accelerated, and we also initiated some fruitful studies into prostate cancer, as well as establishing a radical prostatectomy service at St George’s which attracted very many patient referrals.

Ten years later, after 30 years of service in the NHS I decided, with encouragement from my wife, to establish a fee-for-service Prostate Centre in the Harley Street area, with the aim of providing a higher standard of care than that available in the NHS. We were fortunate that this move coincided with the introduction of the da Vinci

robot into London and, with the invaluable help of Mani Menon and Jim Peabody from Henry Ford, Detroit, we started a program of robotically-assisted radical prostatectomies - achieving shorter patient stays and improved outcomes. Patients seemed to really appreciate our holistic men's health approach, and although I'm retired from surgery now I'm gratified that the care system we created is still active and producing excellent results and great patient satisfaction.

I described earlier that my father's untimely demise inspired me to campaign for better health for men, whose life expectancy is often significantly shorter than that of women. The reasons for this are complicated and include macho risk-taking behavior, reluctance to consult healthcare professionals and generally less interest in staying fit and healthy. Four editions of our popular Textbook of Men's Health may have helped define the problem, but probably more influential is the journal we created, and of which I am still the editor-in-chief, "Trends in Urology and Men's Health", which now attracts a third of a million views per year. I'm also proud of being the launch editor of the Nature Publication: *Prostate Cancer and Prostatic Diseases*, which in 2021 had an impact factor of 5.554. Other publications of mine of which I feel especially proud include the 10 editions of Fast Facts: Prostate Cancer and a two editions of small volume entitled "Succeeding as a Hospital Doctor".

I have been a member of the Royal Society of Medicine (RSM), based at number 1 Wimpole Street London, for at least 45 years, since Richard Turner Warwick first took me there as a trainee. When I was elected President of the Urology Section in 2017-18 we arranged a meeting in California and were treated to a star-studded array of North American speakers including Indy Gill. So it was an even greater privilege to be elected President of the whole organization from 2020-2024. The RSM was first established in 1805 and moved to its present location in 1905. Our mission now is to modernize and redevelop both the property and the organization and make it future proof for future generations of clinicians and other healthcare professionals.

What am I most proud of? I suppose the recognition that I have been a competent clinician, surgeon, communicator and innovator, both in the UK and overseas? And of course my family, including my incredibly supportive wife, Jane, as well as my three children: Jonathan – an educational consultant – Vanessa – an Oscar-nominated actress – and Juliet – an Assistant Director, also in the movie business.

What advice would I give to any aspiring urologist? Be true to yourself, and always try to be honest, caring and trustworthy with colleagues and patients. Work hard, but don't be too obviously ambitious: vaulting ambition is never attractive to others. Support your colleagues and mentor your trainees patiently. Try to communicate honestly and concisely – both verbally and in print – and beware of being lured into unwise posts on social media or elsewhere. Face up to and learn from your failures, remember that everybody makes mistakes, and be proud but humble about your successes. Embrace equality and diversity. Try to enjoy your career: urology is a brilliant and fulfilling specialty, full of wonderful clinicians, all of whom strive tirelessly on behalf of their patients. In retrospect I would do it all, every bit of it, all over again!

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