Being (past and present) President of the ERS: interview about the role, perspectives on career development, and vision for the Society

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Shareable abstract (@ERSpublications)
This article presents the views of the past and current Presidents of the ERS regarding their role, perspectives on career development and vision for the Society, along with important messages to inspire ECMs to build their own successful career. https://bit.ly/3kAvxIM

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For this article, we invited early career members (ECMs) to interview the past and current Presidents of the European Respiratory Society (ERS), Professor Anita Simonds and Professor Marc Humbert, to share their motivations for becoming ERS President, experiences and goals during their presidency, perspectives on career development, visions for the society, and future challenges and opportunities in the respiratory field in the coming years. During the interviews, they provided important messages to help ECMs build their own successful career. We challenge ECMs to read the interviews and get inspired!

Interview with Professor Anita Simonds, past President of the ERS

Thinking about your career, what advice would you give us as ECMs, at the beginning?

I think it is really important to keep flexible. In fact, what I intended to do at the beginning of my career changed substantially throughout the years. The training courses I undertook started in anaesthetics, I moved to intensive care, and then I came to respiratory medicine. This would be a very difficult pathway to follow nowadays, but I think that sampling different areas of medicine helped, because I could take a lot I had learned from anaesthetics and intensive care to my research on ventilatory support in respiratory medicine, and then to the world of sleep as well.

Another very important thing is to keep changing and reframing your objectives. Every 2 or 3 years you need to reset your goals. At the beginning of my career, I worked with chronic respiratory patients, then I became very interested in the respiratory consequences of neuromuscular disease, so I joined a paediatric neuromuscular clinic. In the last year and a half, I have become the ERS representative in the European Medicines Agency, and from that a member of the European Medicines Agency COVID-19 taskforce working on vaccines and drug regulation, which was something I had no experience in. It has been a huge learning curve, but a very stimulating pathway.

I would strongly suggest, although it may sound boring, to join committees at your place of work or within the ERS if the opportunity arises – participate, watch people you admire at the beginning, see how they interact, understand the dynamics, and then start making the difference. I started in the ERS as a trainee in Assembly 2. There wasn't a noninvasive ventilation group at that time, so when it started, I joined it, then

Past president of the European Respiratory Society, Professor Anita Simonds.

I worked up to be the chair of that group (1993). After that, I took on the editorship of *Breathe* (2006) and I got very involved in education, and I became the ERS Education Council Chair (2011).

I will tell you one anecdote: back in 1990, I was a trainee, and my consultant was Dr Stuart Clarke, who became the first president of the ERS as it merged from the two organisations the European Society of Pneumology (ESP) and the Society of Respiratory Physiology (SEPCR). The first ERS Congress was held in 1990 in London, at the Barbican Centre. There was no ERS office at that time, it started in 1992, so Dr Clarke's secretary did most of the organisation, it almost caused a nervous breakdown! As a trainee, I had to direct delegates around the conference centre, and make sure that coffee was ready on time, which was an extremely important responsibility! So, this was my first Congress experience, and it never crossed my mind in 1990 that the next time ERS came back to London in 2016 I would be lucky enough to be invited to give the Yernault lecture, and then in 2020 I would become ERS President, because it would seem like a fairytale.

What did motivate you to run for, and then to become, president of the ERS?

My motivation for doing it was that I thought it could make a difference. There are some areas you work in that can be very sclerotic, it's hard to make a change, but my experience has been that if you suggest something, people listen: if it is a good idea, they will take it on, if it is a bad idea they will tell you, which is equally helpful.

I had three objectives in my presidential year. The first one was to extend the digital agenda of the ERS. We had a digital summit. Digital care and education is part of what we do now, and my whole aim was to

make sure that it was embedded and that respiratory physicians and all team members could understand what digital pathways and resources offer, how they can help patient care, and the related problems.

The second one was working together in multidisciplinary teams and reinforcing the role of our allied health professional colleagues. Above everything else, in the COVID-19 pandemic we worked as a team, it was never one person saving lives, it was a team doing it.

The third objective was to understand the role of advocacy, making our voice heard. Whatever good work you do, you won't get very far unless people hear about it and understand it. We also need to appreciate that, if we work together for the greater good, we can make even more of a difference. This made the voice of respiratory teams heard during the pandemic, so we're trying to move forward from what happened in COVID-19, exploiting it so that we can work more effectively and be recognised, cross-fertilize our efforts with our intensive care colleagues and with all other teams, and work together for the future of post-pandemic care. The International Respiratory Coalition is very important in this respect. We also need to empathise with and support our colleagues as the last few years have been a long, hard slog.

What do you think are going to be the key developing issues in pulmonology in the coming years? What are the unmet needs today?

What is exciting in a specific sense is all the new developments, such as the biological drugs in asthma, the antifibrotic drugs in interstitial lung diseases, the role of digital resources to look after the patients with COPD and asthma, gene therapy and gene-editing in neuromuscular disorders. These specific areas are really moving forward, and we have to make sure that as healthcare professionals use resources rationally and cooperate on pathways.

Moreover, in general, as I mentioned earlier, is important to look how we have worked with other teams. In my particular interest of noninvasive ventilation, in some of the studies we have done on noninvasive ventilation and acute hypoxaemic respiratory failure in COVID-19 patients (we took part in the Recovery-RS Study, a multicentre study of continuous positive airway pressure *versus* high-flow oxygen therapy *versus* standard oxygen therapy) we worked with critical care colleagues to understand how we could reduce intubation rate and mortality in patients with COVID-19 pneumonia, and the results have been very rewarding.

Third, more general again, it is really exciting to understand genomics and predisposition to different respiratory conditions. We also need to appreciate the impact of social deprivation in so many situations, not just COVID-19. As I am sure you have noticed COVID-19 affected deprived populations disproportionally, and these factors also impacted the uptake of vaccines.

A further huge and obvious challenge is climate change. We have a massive opportunity to fully understand the impact of climate change on respiratory health and disease.

So, I think that it is a very exciting time to be in respiratory medicine. I really hope as ECMs you feel that – I still feel enthusiastic. Sometimes as clinicians get older, they get cynical and tired, thinking problems are just too big and nothing can be done. It is dispiriting if you are working with that kind of mental framework. There are always things you can do, just reflect and think what you and your research team can add, and so by keeping agile and reorientating your focus, you can still retain some of that excitement. You can do things at an individual level, and you can then pull that together in your hospital, and finally ERS is your home. I should add that I have always had brilliant colleagues at every level both in my workplace and at the ERS, as many plans and initiatives work better with a team approach.

How did you manage to balance the ERS activity with other professional duties and with your private life?

I don't have small children. I did actually decide, after I was voted ERS President, to step down from part of my clinical work, because I did not think it would be possible for me to do that during the ERS commitment. It would have been unfair; I would always be asking my colleagues to cover the clinics and wards in my absence. As I didn't have the balance right, I had to make some deliberate changes, because otherwise you end up feeling stressed as you are not doing anything to the best of your ability.

I recognise these pressures are an issue now I have become the chair of the ERS Nominations Committee, and one of my suggestions is to look carefully at the workload of leadership, because if you make it too difficult, too time consuming, then people who are really involved and have experience don't have the time

to do it. We do need to carefully think of responsibilities and not progressively load these on – like the circus hack, when they have to keep plates spinning, and if you are always doing that, it becomes very pressurised. ERS should allow people to say that they can't take on extra responsibilities. If you can't say that, then that is not fair. I imagine you sometimes feel a lot of pressure as ECMs?

For us it is a great honour to be part of an Assembly and to get involved in the activities. Sometimes we feel that we have too many clinical and research duties we just can't say no to. How can we manage this issue in the beginning of our career?

Maybe a better way is not just say the word "no". Try instead: "because I'm focusing on X, and I need to do X so well, I will not be able to spend the time on Y that it really needs. Maybe there is another way of doing it". You haven't actually used the word "no", but you have justified what you are saying, and you have provided an option. I know it is difficult, and it is easy for me to say it from my position, but I can remember not knowing what to do, being offered tasks I didn't even think I could do, or thought were really boring, but felt I had to say yes. So, it is good for you to know that you are not alone in this dilemma, because whatever level you are at, someone wants you to do something more – it's a kind of life-long trauma!

When did you begin to have interest in respiratory failure and sleep disordered breathing? When did you get involved in medical research?

Looking back, the thing that absolutely changed me was during the period of research. Before that I had never had to do things on my own, I had never had to run an experiment that failed and then work out why it was not working. You write protocols, recruit patients and you have to do the ethics application – these are all new things. I carried out a clinical research project on alveolar hypoventilation in people with chest or neuromuscular disease, and that is why I then moved into the neuromuscular field. It changed the way I understood how research impacts on medicine, I learned how to write, and how to critically review.

The original project I had when I started my research ended up being about a quarter of my final thesis, because new ideas arose as I progressed, they were very interesting, and my supervisor let me evolve the project. Many fellows had to adjust their projects during the pandemic. My own fellow adjusted her project because she was doing a very complex physiological study looking at autonomic responses in young people in noninvasive ventilation with neuromuscular disease. These people couldn't come to the hospital to participate in the study (full polysomnographies and a number of autonomic tests), so we had to monitor them at home. The whole project changed, and we did a big project on shielding and the psychosocial impact of shielding on patients.

Which milestone of your career was the most decisive?

I think becoming the ERS Education Council Chair was decisive because I understood better how to work with a committee, with publications, with the HERMES exams and developing the multiple-choice questions (MCQs). We were working in a whole range of training programmes, so that gave me a good experience of developing educational resources, and leadership.

Which is the next achievement you are aiming at?

I will continue my university role, with research of course. I have become very interested in vaccines and drug regulation; I will continue supervision of research fellows and multicentre trials in noninvasive ventilation and sleep medicine.

From our perspective as ECMs, it is very amazing that, even at your top level, you are still able to diversify your work in several areas. It is challenging for us to think one could reach such results if they were not committed to a single research subfield, to a single disease.

I think you can, definitely, but you have to make it happen. The danger of specificity is that your subfield may not be the right one after 10 years. But I'm glad you want be like that, I can promise you that anyone who is an ECM is viewed as potential leadership material, so never think you can't do it!

You are a Professor at one of the most important lung institutes and hospitals and we are sure that you have several ECMs collaborating with you. What opportunities does your institution offer to ECMs?

There is a lot of immunology work going on, looking at responses to vaccines, and at natural responses to COVID-19 infection. There is also much translational and genomic research, we have a great environmental and occupational respiratory medicine department and there is a lot of basic work on respiratory diseases.

What do you foresee being the next biggest challenges in the respiratory field in the next 5 years?
Working to explore what went right and wrong in COVID-19, catching up on clinical workloads, new vaccines and climate change are the main challenges. But I'll say something about a field which I think we have responsibility for, and that is respiratory medicine palliative care, managing people at the end of life and the consequences of chronic disease in order to provide better care for those patients. We focus the whole time on specific treatments but, concerning end-of-life care, I think we should do much better.

What do you expect from the ERS Congress in 2022?
The ERS Education Council has been really working on improving the quality of Symposia. I'm particularly interested in the practical workshops on respiratory function measurements, ultrasound, noninvasive ventilation, and sleep. They are always very highly attended but I think will be even better this year.

Professor A. Simonds, any free suggestions? Thank you for your kindness and availability.
Keep evolving! Be positive!

Take-home messages from Professor Anita Simonds to ECMs

- Keep flexible.
- Keep reframing your objectives. Every 2 or 3 years you need to reset your goals.
- Join a committee if the opportunity arises, observe people you admire at the beginning, see how they interact, understand the dynamics, and then start making a difference.
- If you contribute something, people listen: if it is a good idea, they will take it on; if it is a bad idea, they will tell you. Both ways you learn.

Interview with Professor Marc Humbert, current President of the ERS

Prof. Humbert, you have extensive experience in the fields of clinical medicine, research, education, and advocacy. Can you tell us what attracted you to the role of president of the ERS?
I've been around for quite a long time now and I was a young member of the ERS 30 years ago. As a junior medical doctor and scientist, I felt that the ERS was an outstanding place to have my voice heard and it's been a wonderful journey to see the Society grow and flourish. It has a very good image and a strong focus on diversity and equity. I think that it is a unique instrument to serve the European community of patients, healthcare providers, students, and scientists. So, it is part of my European dream: I am a strong European as my family comes from every corner of Europe and beyond, and I like to say that my home is Europe.

Could you tell us what a typical day looks like for you in this role?
I am busy, but I am lucky because I am never alone. First in my personal life, I have a strong support system with my family, friends, and kids and that's super important. And then professionally, I receive a lot of support from a very friendly and professional team of colleagues working with me at the Université Paris-Saclay and Assistance Publique Hôpitaux de Paris. I admit that I have a lot of commitments, so sometimes I have to delegate duties to colleagues in order to prioritise others, like today's meeting with you. I like to work hard and to be strongly committed to my goals.

A typical day starts early, and I always try to start in the hospital. In my department we have an intensive care unit, a rare respiratory diseases service, a dedicated service for pulmonary hypertension and there are also lots of beds for local respiratory patients from our community in the South suburb of Paris. We get a lot of requests to take new patients and give advice, so we have to organize that, and troubleshoot any problems early in the day. And then, I always try and find some time to touch base with the scientists. We are passionate about medical research, and it is my opinion that we cannot spend a day without sharing ideas with our colleagues working in the laboratory. So, every day I link in with the team in the lab to see what the main developments, challenges and opportunities are. We also have a lot of educational activities in our department. I am the Vice Dean of the Faculty of Medicine and in charge of research, so I always try and find some time to interact with the Faculty. The education of junior colleagues, including very young students and those with an interest in respiratory medicine is really important. And, of course, as President of the ERS I dedicate a few hours every day to ERS matters, such as meetings, working on documents, and preparing future events. I try to have a balanced life but it's very difficult, I must say. I am lucky that the ERS has a very strong office: they are very friendly, knowledgeable, and available. Every time I have a question or there is something that needs to be addressed, there are always people to help and offer advice.

Current president of the European Respiratory Society, Professor Marc Humbert.

A few weeks into your role as president of the ERS you shared with us in your welcoming message some of the priority areas for your presidency. A key component of this was the launch of the International Respiratory Coalition, of which the ERS is a founding member. Could you tell us more about this coalition and any recent developments in this important initiative?

First, let me describe the genesis of the coalition. The COVID-19 pandemic has had a devastating impact on human health, and it has revealed disappointing gaps in respiratory care that require urgent attention and action. We realised that it was time to safeguard respiratory care and that we could support our community of respiratory healthcare professionals and patients by offering tools and instruments to facilitate interactions with key decision makers. The tools would help our community to communicate with governments and decision makers in order to persuade them to prioritise respiratory health and to develop national respiratory strategies and healthcare system recovery plans.

The aim of the coalition is to promote lung health and to improve respiratory care. Our vision is for every country to have the tools available to implement a national respiratory strategy based on best practice. One size does not fit all, so there will be a variety of information and tools available including lung facts, morbidity, mortality and health economics statistics, action plans and instruments, which will facilitate informed discussions with central decision makers and politicians. Of course, this requires a lot of work, so we have put together a core group at the ERS level. I contribute to most events and each meeting is chaired by Prof. Guy Joos, a former president of the ERS with a great commitment to advocacy. Patient representation and industry partnership are also really important. We need to have a united coalition, able to deliver a message, and this message should be very strong and loud and clearly communicate that respiratory health needs to become a priority for all countries. The founding members include the ERS, patient associations such as the Global Allergy and Airways Patient Platform (GAPP) and the European Lung Foundation (ELF), and industry partners. We will launch the coalition this year with a major event in June, corresponding to an ERS Presidential Summit devoted to the International Respiratory Coalition. We will have resources available online at that time.

As a strong advocate for individuals with rare diseases, including your work as vice coordinator of the European Reference Network for rare respiratory diseases (ERN-Lung), can you tell us how this has influenced your vision and goals as President of the ERS?

This is a good question because I think we can learn a lot from rare respiratory diseases. The rare lung disorders are uncommon by definition, but healthcare support to these patients is also an example of effective organisation. Rare lung disease networks have achieved a lot in close partnership with expert centres, scientists, industry and societies, and the patient voice is prominent. Pulmonary hypertension is a good example of this: basic science has delivered, and we now understand more of the genetic basis, pathophysiology and pathobiology. Patient organisations have delivered, and they have a strong voice. The pharmaceutical companies have also delivered as some of them have prioritised research and development in this field. Finally, the European Commission has delivered, as it prioritised rare diseases at a European level and created European Reference Networks (ERN). Among the 24 ERNs, there is the ERN-Lung and, within ERN-Lung, there are several core networks dealing with pulmonary hypertension, cystic fibrosis, primary ciliary dyskinesia, interstitial lung diseases and others. So, I think it's a great example of a strong organisation and how to coordinate an efficient network of people with a common goal. The benefits for the patients, their families and communities are countless. I think if we had the same level of energy and organisation for common diseases, it would be incredibly powerful. You have to think outside of the box sometimes and use what has been effective in other fields.

In addition to advocacy, the ERS has a strong role in education and research and the International ERS Congress is an important forum for this. Can you tell us more about the plans for the Congress this year and any aspects that you are particularly looking forward to?

It's fantastic to have this question as we have decided to organise the conference face-to-face with a hybrid component this year and we have strongly committed to it. The 2022 International ERS Congress will be the major congress of the post-COVID-19 recovery. One must remember that, in 2019, we organised the largest face-to-face respiratory congress in the world, with more than 20 000 attendees in Madrid. Then in 2020 and 2021 we provided strong virtual congresses and our ECMs were very involved and demonstrated an impressive ability to communicate in the virtual world. And now in 2022, we are planning for a hybrid event, to cater for those who might not be able to travel due to distance, restrictions, or personal circumstances. We will have a beautiful 3-day face-to-face meeting in Barcelona from the 4th to the 6th of September. There will be a number of delegates present and plenty of space for our ECMs who are a priority. We will continue to provide a strong online offer for those who cannot travel. The postgraduate courses were moved to a postgraduate week in November during the pandemic and we intend to maintain this for now. Of course, there are many things to look forward to this year, including the pulmonary hypertension guidelines in conjunction with the European Society of Cardiology. We have maintained ERS as the strongest respiratory society in the world and I have no doubt that Barcelona will be vibrant!

The preceding 2 years have presented many challenges and opportunities. In your opinion, what are the key challenges and opportunities that the ERS community faces going forward?

I am a positive thinker, so in my opinion all challenges are opportunities. When I was starting out in my career this was helpful as I viewed every challenging situation as a chance to learn. I think that the International Respiratory Coalition is an important opportunity for our community – we need to place respiratory medicine prevention and management as a top priority for our decision makers. We have faced many challenges in recent years that have threatened our social and economic life, including COVID-19, but also climate change, air pollution, and conditions like cancer, airways diseases and respiratory failure that we encounter every day in our professional lives. If politicians and decision makers do not realise that they have to build strong respiratory infrastructure, then we will have missed a really important opportunity to strengthen respiratory care. So, the coalition is a major opportunity for all of us.

We have overcome many obstacles to get where we are today. When my grandparents were young, tuberculosis was a major challenge and a lot of people died from it. While it has not been eradicated, we have been able to make decisive improvements. Since then, respiratory medicine has been somewhat neglected by politicians and governments, but the COVID-19 pandemic has been an eye-opener. So, it's time to fight for lung health!

What aspects of your role as President of the ERS have you have enjoyed so far?

It's a wonderful society and the ERS office and community are fantastic. It is filled with people who are entirely devoted to our mission. I am always impressed by the ability of the Society to promptly reply, in a very articulate way, to any question that I might ask, and I have plenty! The ERS Office responses are very

personal and there is always time for discussion. There is never a question left unanswered and, honestly, you don't have many societies like that.

After the 2021 ERS digital Congress last year, we confirmed that we would organise the 2022 conference in Barcelona where we travelled to prepare the next steps carefully despite COVID-19 and I really enjoyed being back in a convention centre!

We had a beautiful meeting, and we all came back determined to have the next conference face-to-face. We have not changed our minds despite the recent Omicron surge, which has been very disturbing during the winter months.

Do you have any career advice for ECMs, including suggestions on how they can get involved in the ERS?

When you are an ECM, I think it is very important to focus on opportunities and solutions. Of course, one should appreciate the problems, but it is important to stay focused and concentrate on your goals. The ERS can provide solutions and answers to many of the questions that you might ask. I've had many positions during my career including Chief Editor of the *European Respiratory Journal*, Chair of the pulmonary hypertension group and now in the leadership of the ERS, and every time our ECMs present a question, we have always done our best to find answers and solutions. ECMs are key members of our community, and some contribute already as junior editors in our journals, in guidelines development and in chairing sessions at the annual Congress. We also have many dedicated events for the ECMs. So, the ERS provides solutions to most questions from ECMs. This is important as we know that they are the future!

I think the modern world can be very challenging, so it is important to have solid foundations and to believe in what you do. We are not in a virtual world, despite COVID-19 and virtual meetings, and the reality is your day-to-day life, which includes your family, friends, patients, colleagues and the place where you work. My strong advice to ECMs is to have a strong base and to define what you want. It's not mandatory to become ERS President of course, but you can be influential in many aspects of your personal life. I grew up in a very small place in the South-West of France and I still know many of my friends from that time, a few of them are also physicians. Some have stayed local, and they are very happy and committed to their community. One of my friends has been able to set up a local asthma registry, unite his community and inspire people to follow him.

It is important to have a sense of where you want to go, while remaining open to opportunities and flexible. You must be proud of what you do and never compromise, and that can be difficult as there are many distractions and influences in the modern world. I also think that it is important to recognise mistakes, as we all make mistakes, and to try to fix them. I truly believe that one must not work in isolation or make decisions on their own. It's best to work as part of a team, with your colleagues, patients, nurses and the local community. It is easy to become isolated as you progress in your career and that is something that you have to fight against.

What do you plan to do after your term as President of the ERS?

After my presidency, I would like to remain available for the ERS, especially the Coalition or for the care of rare respiratory diseases. In my personal life, I would like to return to what I was doing before – very active and available for my department, laboratory, colleagues, family and friends. To serve people rather than lead. I want to build something stronger and stronger for my patients and colleagues in Paris and I would like to develop a pulmonary institute at the Université Paris-Saclay, for research, education, clinical care and to serve the community.

Of course, I would also like to find a cure for pulmonary arterial hypertension, and I think that is achievable. I am crazy enough to think that it is, and I think that this craziness is a gift. Many people thought that what we have achieved so far was impossible. When I was 25 and a resident where I work now, most patients with pulmonary arterial hypertension were dying within 2 years of diagnosis. And then we started a lung transplantation programme, then continuous intravenous epoprostenol (which was difficult to organise in the 1990s) and then oral therapies. Now we understand the genetic basis of the disease and much more of the pathobiology. We see what other subspecialities have done, such as cystic fibrosis and asthma, with identification and focus on treatable traits. Everything that we take for granted today would have been unimaginable 30 years ago. So, I think that it is possible. But even if I only do my local work in 20 years, I think that I will be satisfied.

Take-home messages from Professor Marc Humbert to ECMs

- Focus on opportunities and solutions. Of course, one should appreciate the problems, but it is important to stay focused and concentrate on your goals.
- The modern world can be very challenging, so it is important to have solid foundations and to believe in what you do.
- Have a sense of where you want to go, while remaining open to opportunities.
- It is important to recognise mistakes, as we all make mistakes, and to try to fix them.

Final remarks

This article presents the experiences and perspectives of the past and current ERS Presidents, with valuable take-home messages to help ECMs develop a successful career in the respiratory field. We hope their testimonials inspire you to build a career of success and participate actively in the Society!

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