

Big Hitter in Pulmonology: Prof. Guy Richards



Guy Richards is currently an Emeritus Professor of Pulmonology and Critical Care at the University of the Witwatersrand. He retired from his posts as Academic Head of Critical Care at the University, and as Director of Critical Care at Charlotte Maxeke Johannesburg Academic Hospital, at the age of 65. He remained on as a consultant for an additional year and was subsequently employed by the University to teach and mentor research, in the Faculty of Health Sciences.

At the time of undergraduate graduation in 1978, Prof. Richards had no intention of pursuing an academic career. Having grown up and schooled (Grey High School) in Port Elizabeth, he felt that general practice in that city would be the extent of his ambition. However, circumstances conspired to keep him in the academic sphere.

Prof. Richards completed his internship at Coronation Hospital and subsequently worked there as a senior House Officer for 2 years, first in Medicine and thereafter in Paediatrics. He later broke service and hitch-hiked around South America for 6 months, visiting Brazil, Uruguay, Argentina, Chile, Bolivia and Peru, where he had many adventures.

On his return, owing to financial constraints, he returned to Coronation Hospital seeking employment, and was given a post as a Medical Officer by Dr Joe Veriawa, an important influence and mentor in his early career. Dr Veriawa ensured that Coronation Hospital was

unique during a time of racial segregation – regardless of ethnicity, no patient was turned away. This made the hospital and its staff extremely unpopular with the government at the time. Under Dr Veriawa's influence, Prof. Richards became involved in the political side of medicine and served on the Deans Committee on Apartheid and the political detainees support group with Dr Paul Davis, where he would see political detainees on their release and record instances of torture that they had endured, all the while under observation by the South African security police.

After working as a Medical Officer for 2 years, Dr Veriawa suggested that he write the FCP(SA) as the time spent as a Medical Officer could be recognised as registrar time. As he had no finances available to return to Port Elizabeth, he proceeded to register for and work towards his Fellowship in Internal Medicine, and qualified as a physician in 1985. He was accepted to work as a consultant by Prof. John Milne at Coronation Hospital for a probationary period of one year. If no research was forthcoming however the position would be terminated, given that it was a part of the academic circuit of the University.

There were no Pulmonology or Critical Care exams at this time but Dr Freddy Dateling, having purchased a bronchoscope for the department, instructed him to learn how to use it which he did under the direction of Prof. Alan Conlan at Leratong Hospital. Having learnt how to do these procedures, and because he was then frequently consulted with for pulmonology problems, he was determined to improve his knowledge in the field. Thereafter, in becoming recognised as a respiratory specialist, he started receiving consults for patients on mechanical ventilators in the ICU, and he was determined to enhance his knowledge in this sphere as well. To this end, he learnt a considerable amount from Dr Jeremy Kallenbach who was based at Johannesburg Hospital, which at that time was a hospital reserved for whites only.

In the interim and at the behest of Prof. Milne, he became involved in research activities under the guidance and mentorship of Prof. Ronnie Anderson at the Department of Immunology at the University of Pretoria. He initially began with research into the effects of cigarette-smoking on the lungs,

looking specifically at reactive oxidant species (ROS) and the effects of various antioxidants on the production of ROS. This culminated in a PhD which was conferred in 1995. Prof. Richards has since published numerous papers, 225 at the most recent count, and 12 book chapters with 4 415 citations and an H-index of 38. His research interests have been both in the fields of Pulmonology and Critical Care, where he has focused inter alia on reactive oxidant metabolism, antibiotic use and stewardship, mechanisms of resistance, disaster management, viral haemorrhagic fevers, hospital acquired infections, end of life care, CoVID pneumonia and ventilatory techniques for both CoVID and non CoVID conditions.

Prof. Richards was elected to the SA Academy of Sciences in 2020 and has received numerous research awards including the Bobby Grieve Research Award and the T H Bothwell Research Award. He has also received the recognition for best paper presented at SATS and Critical Care congresses, most recently in 2018. He has also supervised numerous PhDs and Masters theses.

In addition to the above he has received the Philip Tobias and Convocation Distinguished Teachers Award, delivered the Prestigious Research lecture at the University of the Witwatersrand and was awarded the Mandela Medal in Gold by the President for distinguished service related to the passing of Nelson Mandela.

He has given numerous invited lectures internationally in destinations as far as Morocco, Tunisia, Saudi Arabia, Brussels, Germany, Namibia, Botswana, Taiwan, USA, Hong Kong, Mauritius, Denmark, Egypt, Kenya, Dubai, Australia, Israel, Vietnam, Singapore, Czech Republic and others.

After Johannesburg Hospital became multiracial, he transferred there as a principal Medical Officer and took over the Critical Care Department from Prof. Jeremy Kallenbach and later became the Academic Head of Critical Care at the University of the Witwatersrand. He was fortunate at that time to link up with Prof. Charles Feldman and together they created a unified Pulmonology/Critical Care Department which significantly increased the number of Fellows training in Critical Care. He unified the surgical and medical ICU at

Johannesburg Hospital and created a “closed” unit in which the intensivist was the “Captain of the ship”. He also involved Anaesthesiology in Critical Care and to this day numerous high quality Critical Care fellows follow this pathway to qualification.

He has been an integral part of many guideline committees on COPD, asthma, antibiotic stewardship, surgical prophylaxis, community acquired pneumonia, allergic rhinitis and pneumococcal vaccine. He has also provided early guidance on the management of CoVID

pneumonia in SA recommending the use of low dose steroids (based on his publications on low dose steroids in varicella pneumonia) and later, agents such as tocilizumab which have now unequivocally been shown to improve outcome. Guidelines were also created recommending measures to manage outpatients in an attempt to decrease requirement for admission. These guidelines were widely utilised in many regions of SA.

At present he is involved in teaching both undergraduates and Fellows and participates

in ward rounds at numerous private hospitals to assist with patient management and difficult cases.

Letting go and becoming a full time retiree has been a difficult process and he certainly hopes to remain useful in the fields of Critical Care and Pulmonology for many years to come, without however “treading on the toes” of the up and coming generation of doctors, but instead helping them to establish themselves as academics of international renown.