

Interview with Dr. Robin Ericson



1. What has brought you to the field of pediatric nephrology?

That's a short question, with a long answer, mainly because I feel like there were so many things that came together to make it the right fit. First of all, my background prior to even going to medical school was in physiology and I always found renal physiology fascinating.

With that said, when I started medical school I would never have said that I was a budding nephrologist. That realization came about in medical school at the University of Alberta where I interacted with pediatric nephrology mentors who really demonstrated how fantastic a discipline it is. I love the breadth of patients that we get to see, developing long term relationships with patients, being able to think through the first principles of the physiology and come to an understanding of the pathology, and having therapies like dialysis and transplant that can save lives. I can't understand why anyone would choose another field!

2. You have recently moved to New Zealand from Canada. Is there anything that surprised you on the other side of the world when it comes to the pediatric kidney care? Have you noticed anything different/new?

I think it has actually been the commonalities that have surprised me the most. New Zealand and Canada are alike in many ways—health care models, political atmosphere, social priorities, and histories rooted in colonization. Maybe I shouldn't be that surprised to have found some of the challenges around indigenous health equity to be very similar. As for the differences, there are definitely different disease rates here than where I practiced in Canada. I've seen more STEC HUS and congenital nephrotic syndrome here in 2 years than in 9 years where I was in Canada. The "where I practiced" part is important as Canada is such a big country that you are bound to have regional variation.

3. Last year you joined IPNA Priorities in Low Resource Countries Committee as a non-council member. Can you tell us a bit more why you choose this committee and about you find so far this experience?

Pediatric nephrologists in any one country are a small group. I suspect that we have much more in common than we appreciate and having an organization like IPNA provides a forum for us to interact and benefit from the ingenuity and experience of our colleagues.

I think there were two main reasons why I volunteered for the Priorities in Low Resource Countries (LRC) Committee. The first is that I have always had an interest in international health and through working with an NGO in Belize I really came to appreciate how even the most basic medical presence in a very low resource area can bring about great change. The second, more specific reason, is that here at Starship Children's Hospital we provide tertiary care for children from the small island nations of the Pacific. There is no pediatric nephrology presence in these countries, many have no adult nephrology, and they don't have the geographic presence of a continent to really be recognized as being there. I hope that my experience interacting with colleagues from these nations will provide additional insight as LRC Committee moves forward with its work. Aside from a little sleep deprivation, the disadvantage of being in a time zone that doesn't fit to well, the committee has been great to work with and I have really benefited from the perspectives that are presented.

4. Is there any specific initiative of ANZPNA towards the Pacific countries/islands that are less developed or where the pediatric nephrology care is limited? Is there anything that you do for this part of the world within the Priorities in Low Resource Countries Committee?

I'm not aware of a specific ANZPNA initiative but I am pretty new to the group and 2020 was hardly the ideal year for meeting up to get to know everyone! I do know that there are ANZPNA member divisions that have relationships with some of the Pacific nations. I think one of my initial tasks is to establish a network of Pacific island physicians who are interested in learning more and enhancing their pediatric nephrology knowledge and skills. My efforts thus far have really been met with enthusiasm and physicians in the islands have helped with contacts!

5. What is the benefit for you of being an IPNA Member? Why people should join this community?

In the big picture, pediatric nephrologists in any one country are a small group. I suspect that we have much more in common than we appreciate and having an organization like IPNA provides a forum for us to interact and benefit from the ingenuity and experience of our colleagues. Furthermore, we really do deal with rare conditions. If we are to do research in pediatric nephrology we will need to have the means of uniting our efforts, I see IPNA as being the catalyst for this. Finally, I am really impressed by the educational opportunities and excited about the guideline development work that is being undertaken. I benefit from the discussion and my patients benefit as I participate and learn from my colleagues.