

Interview with Prof. Jean-Pierre Guignard

The Ira Greifer Award of the IPNA, awarded every 3 years, recognizes individuals who exemplify IPNA's missions and goals and have demonstrated national/international leadership and have made significant contributions to IPNA.

In 2016, Professor Dr Jean-Pierre Guignard was awarded the Ira Greifer Award.



1. You received your medical degree in 1964 and your Ph.D. in 1966. You then went on to continue your training in pediatrics and pediatric nephrology in London (London Hospital Medical College and St-Thomas Hospital), Vancouver (University of British Columbia), Montreal (Royal Victoria Hospital, McGill University) and Mexico (Hospital Pediatrico del Seguro Social). What were the reasons then for continuing your training in so many centers internationally?

After receiving my medical degree in 1964, I wanted to have the broadest postgraduate formation. I spent the first three years after my MD in the Department of Pharmacology and Toxicology in Lausanne University. The chief of the Department was Prof. Georges Peters, a very brilliant and stimulating man. He taught me renal physiology and pharmacology and the renal aspects of acid-base metabolism. He also taught me philosophy! I went on with a training in different aspects of clinical and experimental renal physiology, pathophysiology and pharmacology. I choose the places of my postgraduate formation following the advice of Georges Peters, and Emile Gautier, chief of the Department of Pediatrics in Lausanne.

2. You set up and headed the pediatric nephrology unit in the University of Lausanne from its inception in 1972 to your retirement in 2004. Can you share with us the successes; and trials and tribulations of your time there.

The renal pediatric unit was created in 1972, with a laboratory where an experimental research project was started. This laboratory was fortunately sponsored during the 32 following years by grants from the hospital and from the Swiss National Science Foundation. A dialysis unit was created in 1974, starting with hemodialysis. A renal transplant programme was organized in 1975 and an ambulatory continuous peritoneal dialysis programme in 1978. Neonates and children with renal problems were followed in an out-patient ambulatory clinic. During all these years, the number of children or young adults developing end-stage renal failure secondary to various uropathies decreased sharply, presumably as a consequences of active prophylactic treatment of associated urinary tract infections.

On my arrival in Lausanne, I had met Dr Antonio Torrado, an outstanding neonatologist and pediatric nephrologist from Portugal. He became my closest friend and convinced me to study renal function in neonates with respiratory distress syndrome, and to the deleterious effects of drugs in high-risks neonates. I maintained close contact with Antonio, a honorary member of IPNA, until his death in Lisboa in 1997. The renal consequences of hypoxia and the nephrotoxicity of drugs has been the subject of my research throughout my career in Lausanne.

3. You devoted most of your life work on developmental nephrology and its related disciplines. What inspired you to take up this field of pediatric nephrology?

I have always been convinced of the necessity to have a pediatric nephrologist working close to the neonatal unit. Survival of premature infants at the limits of viability increases the risk of the occurrence of a large congenital deficit in nephron endowment in these tiny neonates. The long-term consequences of this deficit are a source of worries for the future. Because the kidney remains often silent, all neonatal units are not yet aware of the importance of caring for the kidney of these low birthweight infants.

4. You had mentioned that neonatologists needed to learn more about developmental renal physiology. Do you think that they have taken up this challenge?

Understanding the renal physiology and pathophysiology of the developing kidney is crucial for the management of tiny neonates born with immature kidneys. I am unfortunately not sure that all pediatric nephrologists (and pediatricians !) are aware of this!



Prof. Guignard with Prof. Silvia Iacobelli, a neonatologist and nephrologist, at the Reunion Island, 2018.

5. You had been involved in many teaching missions in emerging countries. What were the most fulfilling moments of these missions.

The Department of Pediatrics in Lausanne has always been concerned by the difficulties of fragile countries to cope with modern medical challenges. Many doctors from southern countries have been trained in Lausanne.

Consequently, I developed close contacts with young doctors from countries such as Algeria, Vietnam, Lebanon, Italy, Hungary, Bulgaria. Our nephrology unit also benefited from a lot of foreign colleagues performing research in our lab: Portugal, Spain, Italy, The Netherlands, France, Belgium, Canada, the USA.

Organising Ipokrates seminars for this non-profit teaching organisation in different foreign countries was also a win-win experience. Successful seminars have thus been held in Germany, France, Italy, Belgium, Vietnam, Mexico, Indonesia, China, India, Slovakia. Organizing these seminars were the most fulfilling experiences, with long lasting measurable benefits.

6. What has kept you busy since your retirement?

After retiring from the hospital, I went on:

a) with the organization of a few Ipokrates clinical seminars.

b) with the organization of congresses of two societies that I had co-founded: The European Society for Developmental Pharmacology (born in Switzerland in 1988) and the Symposium International de Néphrologie périnatale (born in 1987).

c) and from 2008 with medical missions in Cuba to help pediatric nephrology there.

I am presently the president of the scientific committee of the Association for information and research on genetic renal diseases. I also actively participate in an Association of Senior retired people, writing regularly vulgarized medical articles, books reviews, and historical notes.

7. What was the reaction when you were told that you would be awarded the IPNA Ira Greifer Award?

When Prof. Elena Levtchenko asked me to send her my CV because I was a potential candidate for the 2016 Ira Greifer Award, I was really surprised and could not believe it. But she insisted. And then came a word from Prof. Rosanna Coppo and from Prof. Pierre Cochat. I started to realize that it was real. It was like a dream. I was particularly grateful that one of the reasons I was selected for this award was my commitment to help colleagues from less privileged countries. I was also proud to receive the Ira Greifer Award, because I had a great respect for Ira, a man who did so much to help young pediatric nephrologists around the world.



Prof. Guignard with Prof. Lily Rundjian (right) and Prof. Kim Yap (left) at an Ipokrates renal clinical seminar in Jakarta.

Ira Greifer Award

This award recognizes individuals who exemplify IPNA's mission and goals, have demonstrated local and/or national leadership to that end, and have made significant contributions to IPNA.

The following members received Ira Greifer Award:

- 2001 – Ira Greifer (USA)
- 2004 – Renée Habib (France) and Tadasu Saki (Japan)
- 2007 – Michel Broyer (France) and Cyril Chantler (Great Britain)
- 2010 – Russel Chesney (USA) and Roberto Gordillo (Mexico/USA)
- 2013 – Mattias Brandis (Germany)
- 2016 – Patrick Niaudet (France) and Jean-Pierre Guignard (Switzerland)
- 2019 – Otto Mehls (Germany)

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