

Sherif Sultan

Born, raised and educated in Egypt, Dr. Sherif Sultan has made a name for himself as world leader in endovascular medicine from his new home in Ireland

By Marwa Helal

IT JUST GOES TO SHOW how hard it is to become a doctor. In October, the State Council Administrative Court issued a ruling that effectively slashes the number of students accepted into medical schools to just 3,000, causing quite a commotion in the medical field. After all, until just this year, faculties had been accepting up to 12,000 applicants annually and, in a profession seen as the most prestigious in the nation, competition is already cutthroat.

The decree was a matter of quality not quantity: It would be impossible, reasoned the judges, to turn out qualified graduates given the current facilities, which cannot begin to meet the demand for such a large number of students.

Dr. Sherif Sultan couldn't agree more with the ruling. "Quantity means nothing," says the surgeon who was recently honored with the International Society of Vascular Specialists (ISVS) Award. Sultan remembers how, after graduating with honors from Ain Shams University's medical school in 1987 and completing his obligatory army training at Kobri El-Kobba Hospital, he felt let down by the system.

"I left Egypt in 1990. At that time, I decided to take another angle because I was fed up with the entire system in Egypt for training and qualification — [it] was disappointing. At the time they were appointing more doctors than they could chew. Doctors were graduating without a clue as to what they were going to do. Some were looking for jobs as reps for pharmaceutical companies,

and of course [the pharmaceutical companies] can get somebody else to do that. There were just too many people in the system, and it was not even working right."

Sultan moved to Ireland and founded the Western Vascular Institute (WVI), affiliated with the National University of Ireland, Galway, and part of one of the fastest-growing endovascular networks worldwide.

It is not only the medical field in Egypt that needs an overhaul, the doctor says, "It's everything: We don't need all of these lawyers; we don't need all of these people coming out of the arts or commercial faculties. They get university degrees and then end up working as butlers, waiters or electricians. We have to take a long, hard look at the system, and the conclusion is that we need education reform."

The first issue that needs to be addressed is the nation's obsession with university degrees. "Egypt is trying to give everyone a university degree, but we don't have the infrastructure to do it," Sultan says. "That free university degree needs to go. We don't need it anymore. We need another kind of education, one that will improve the infrastructure. We need electricians, plumbers and technicians who can do the work that no one else can do — the kinds of jobs that will improve the infrastructure itself. What we don't need is all of these accountants when there aren't enough firms to hire them.

"That's the first thing. We need to improve the situation for younger generations, but it's not going to start without education. Everybody has to know how to read and write. Everyone needs to complete the

first level of education, and after that they need to divert. Only the people who will achieve should be going on to university and competing for a free university education. We're at a point now where we're privatizing banks and hospitals. Why not education? That's the only way it will improve.

"Egypt is a great place, it has the potential and the resources to be the most powerful country in the region. But it needs to reform the whole system. I won't say anything about politics — I just want to say that the entire education system needs reform. It's ridiculous! No other country gives kindergartners homework. It needs to be gutted, destroyed and then rebuilt in a proper way. What's happening is a disaster. If we carry on this way, there will be no future for Egypt. We have the oldest civilization on earth, but we killed it with our stupidity."

After education, Sultan identifies the next most worrying concern: healthcare. He has a long list: "In Egypt, there are epidemics of obesity and diabetes; together, there is an imminent risk for cardiovascular disease. The mortality rate from trauma in Egypt is among the highest in the world because our roads are the most dangerous."

One thing he is not worried about is cancer, "because our population does not live to an age where they can develop cancer. Instead, they die from strokes and heart attacks. They're dropping like flies, and it is because of the cardiovascular problems that they're suffering from."

Sultan offers a solution. "If the Minister of Health wants to make one good decision in his life, one that's going to change any-



thing in Egypt, it will be to ban smoking in any public place. In fact, it would be best if he could prevent smoking completely, banning it like hash and cocaine.

“Egyptians smoke like trains, and that’s a major problem. If [the minister] can do that, he could definitely turn things around in the next 10 years. That’s what he has in his hands to do. He cannot solve the problem of hospitals or the problem of doctors; he cannot solve the problem of unions because they are much stronger than him. The only thing he can do during his term in office is to ban smoking. This would greatly decrease the rate of cardiovascular disease, stroke, myocardial [muscle tissue of the heart] disease and cardiac death.”

Egypt only recently enacted a partial ban on smoking that at press time had gone into effect in public places such as Cairo International Airport, hospitals and schools. It remains to be seen how effectively it will be enforced. Sultan points to Ireland as an example to follow. “Ireland put a ban on smoking in all public places five years ago, and they are starting to see the payback now. If you smoke in public you are looked at as if you have leprosy — no one wants to come near you. [The Irish] have the highest tax on tobacco products worldwide.”

CUTTING EDGE WITHOUT THE CUTTING

It was in his fourth year of medical school that Sultan knew he wanted to be an endovascular surgeon. “I was watching a surgeon struggle with a trauma [case] at Ain Shams University, and I found myself frustrated and asking, ‘Why can’t he just get from point A to point B?’ It seems so simple. That’s when I knew I wanted to be a vascular surgeon.”

With endovascular surgery, the medical team treats diseased blood vessels from inside, accessing the affected area via major arteries. The technique is minimally invasive, compared to other surgical alternatives that involve large incisions.

In Ireland, Sultan was able to conduct research in his chosen field and was eventually appointed chair of Cardiovascular / Endovascular Surgery at the University of Galway. “I decided to create something that would be internationally renowned



Dr. Sherif Sultan (back left) offers residencies at his Ireland-based institute for new Egyptian doctors so they “can go back with these new ideas.” (Courtesy of Western Vascular Institute)

for training young doctors while [balancing] all of the other projects I dreamed of getting through,” Sultan says. “So I created this small company [WVI].”

Sultan is credited with pioneering the “keyhole technique” for endovascular repair of the abdominal aortic aneurysm. “We can treat an aneurysm through the skin without making any major openings, then the patient can go home the same day,” he explains. “We have also pioneered stenting of the carotid artery. Both techniques are cutting edge, and I’m proud that we’re using both of them extensively at the institute.”

The surgeon received the ISVS Award for his achievement in abdominal aortic aneurysm intervention. He has every reason to be proud of his achievements. “In every international meeting, whether it’s in the US or Europe, we present at least three to six papers. To get a paper presented at any meeting, especially in our field, it means that you are not only pioneering something, but that people respect what you do.”

Sultan wants to pass on his pioneering spirit to young Egyptian doctors. “I’ve trained four Egyptian resident medical doctors at the institute over the past few years. We train them for two years, and currently I have one working with me. I love Egypt and I want to have a positive effect on it. The only way to do that is to transfer technol-

ogy and education, to show [the student] a different system. Then he can go back with these new ideas.

“But surely there are obstacles upon his return: He is underpaid, his superiors don’t give him the opportunity to work to his potential or are jealous of him because he has better ideas than they do. And of course being properly trained will cause inner havoc because it changes the way he thinks. He begins to ask the other doctors around him, ‘What are you doing?’ and telling them, ‘It should be done like this.’ They won’t give him a chance, but you have to start somewhere.”

Ultimately, Sultan doesn’t feel his success is measured in the number of awards or certificates hanging on his wall, nor even what he tries to pass on to his students. “When I get a 50-year-old man with stroke-in-evolution [physical and chemical changes occurring during a stroke that causes damage over several days], there is an immediate understanding that he’s the bread and butter of his family — if anything happens to him, his family will suffer. Now can you imagine when he comes in and he can’t move his arm or leg, then we operate on him for three hours and he’s back to talking and functioning? When you see the look in the eyes of his family, the appreciation you feel from them — it’s worth millions.” et