

Personal experiences of émigré cardiologist: Johannes Waltenberger

Working abroad: Professor Johannes Waltenberger, chair of invasive cardiology at Maastricht University Medical Centre, talks to Emma Wilkinson about the career advantages of moving between countries



Johannes Waltenberger

Having worked in Germany, Sweden and the Netherlands, as well as short training stints in Scotland and the USA, Prof. Johannes Waltenberger, who is also principal investigator at the Cardiovascular Research Institute Maastricht, is well placed to advise on the pros and cons of moving between countries to further your career.

He initially trained as a medical student close to his home town in Heidelberg, with some additional months of education at the Universities of Glasgow, Boston and Harvard. The Ruprecht-Karl-University in Heidelberg was also where he did his internship. But then came a move that kick-started a career combining work at the bedside with studies in the laboratory. In 1990, he moved to the Ludwig Institute for Cancer Research in Uppsala, Sweden, to undertake postdoctoral training looking at vascular growth factors. It was then back to Germany, this time at the University of Ulm, to complete his residency while at the same time setting up a research programme on vascular growth factors and angiogenesis. His move in 2003 was to Maastricht in the Netherlands.

It was, he says, never his intention to move abroad — it was his desire to see his career progress in a certain way that led him to make those choices. But it is certainly an option he would recommend to other young medics. 'What I have always wanted to do and this became very clear during my medical studies is to have a good grounding in scientific work. I had several options in the USA but then the Sweden opportunity came up as a very interesting one. I enjoyed the idea of a European way. After that Scandinavian experience my plan was to move back to Germany'.

By the time he was offered the position in Maastricht, Waltenberger had a young family, with children in school, making decisions to move more complicated. But fortunately there was a nice compromise available. He decided to move to Aachen in Germany near the Dutch border. It meant a 30 km commute to work, but it enabled the children to stay in the German education system.

'Moving at a younger age is much easier because there is not so much involved, but if you are 40 or above there are also considerations like pension plans and you have family so things become different. It can be solved but one has to overcome some bureaucratic steps. In the case of Maastricht it involved moving to another city but not another country; but again, it opened another view across European borders'.

Of course, moving to any new country involves a degree of culture shock but the major differences that Waltenberger had to come to grips with were not to be found in the laboratory but in navigating very different health systems.

'The Dutch healthcare system is rather centralized and many decisions are made by national policy makers,' he says. This is very different from his experience in Germany where patients have far more independence over choice of provider and access to specialists and doctors have more independence over procedures—especially newer and experimental treatments.

'For example, if you want to perform high-end procedures like percutaneous aortic valve replacement in the Dutch system your hospital needs permission from the ministry to do that. About three years after the procedure was introduced in the Netherlands, the authorities did a national investigation into all the centres performing this and only five of 12 received permission to continue; including ours in Maastricht. In many other countries, there are much fewer centralised limitations—I don't think it is better or inferior, just different; and requiring different strategies to succeed'.

There are certain skills, or personality traits, which may ensure greater success in fitting in to a new country or culture, he says, but really, you just have to be aware that it takes time to socialise yourself. 'Working successfully in another country requires curiosity and sensitivity for the real differences underneath the surface. Take the centralised Dutch health care system and its progressive reform in 2006. Differences and changes can only be appreciated if one understands the whole picture, not just single aspects at a given moment of time. The medical world is currently undergoing major changes almost everywhere, often budget-driven. It is

therefore extremely valuable to gather empirical experiences oneself to help understand which changes are successful—and why—and, even more importantly, which aspects cannot stand the test of time—and again—why.

Working abroad requires other skills, and learning the language is all part of the game. 'When I got my contract for the Netherlands it said I had to learn the Dutch language and I was sent on a two-week course. One needs to be prepared to go through that. My department was very supportive, especially in the beginning. During my first year they completely refused to speak to me in English or German because they said this was the only way to really help me, otherwise, I would end up with a low school level of the language.'

He adds: 'What is also important is that the most challenging aspect of language is not dealing with the patients, for example older patients who have had a stroke or who have no teeth or a very strong dialect, because you almost always have the chance to ask again. The real challenges are professional discussions and

negotiations with management, because you cannot ask them very often, to repeat what is said'.

All these difficulties can be overcome with time he says. What is needed and what is important, is having an interest and vision in your subject or area of expertise. With that in place, it makes it easier to overcome any hurdles associated with being in a foreign environment. In the case of Waltenberger, his drive to combine basic science with his clinical work has been at the forefront of all his career decisions rather than where he was based.

'I have felt very comfortable in every place I have worked—the education and clinical training in Germany was great, the research environment in Sweden was fantastic, and I was given the chance to set up my own clinical and research programme in the Netherlands. The three stages came with different goals and opportunities and I would not have wanted to miss any of them'.

Emma Wilkinson MA, freelance medical journalist