Talking to … Prof. Stephan Bodis

‘Worried about being bored? Not at all’

Prof. Stephan Bodis is the senior consultant and head of the Radio-Oncology Centre at the cantonal hospitals of Aarau and Baden – but only for a while longer, as he will retire next year. He has many plans for his ‘retirement’, including the membership in an ethics committee, being on the executive committee of a research foundation, and advising hospital doctors. And perhaps he’ll also have more time for his hobbies: music, ball sports, hiking, photography, and writing short stories set in routine medical practice.

Interview | Dr Eva Ebnöther

OncoMag: Prof. Bodis, you’ll be retiring next year – are you looking forward to it?

Prof. Stephan Bodis: I’ve been the senior consultant in Aarau since 2003: that’s a long time. I’m already starting to hand over many of my professional duties this year, and will take early retirement at the end of February 2021. Then I’ll be 63. I deliberately chose the timing because I want to hand over this function to my successor, whom I’ve known for 20 years, at the best possible moment. It’s important to me that my successor has enough space to develop his own ideas – and I would only be in the way. I’m not at all worried about being bored.

What are you going to do?

Just take time to be myself, replan my timetable, share experiences with my wife and close friends, and keep an inquiring mind. I’m a member of the Canton of Zurich ethics committee, which is a demanding but fulfilling task. And I’m going to be part of a new team advising hospital doctors and institutes on the development of hospital goals. We’ll be placing particular emphasis on practical implementation – something in which I already have some experience. And thirdly I’ll be keeping up to date with hyperthermia. This treatment is controversial for several reasons – some of them good ones. I’d still like to contribute something here, such as furthering the technology or supporting clinical trials. My association with a research foundation, which is, for example, instrumental in promoting the further technical development of hyperthermia, could help. I’m well aware I’ve been able to create a great deal so far. My experience will still be in demand, even though my future role will be smaller and I’ll no longer be an opinion leader.

Why did you become a doctor?

Because I wasn’t good enough to be a professional footballer! I was a keen goalie. Journalism or studying history also interested me. But my father was a paediatrician and my mother a registered nurse. As a boy, I was often in my father’s practice, and medicine has always fascinated me.

And why did you specialise in radio-oncology?

During my studies, I found the lectures by the radio-oncologist particularly interesting. His presentations were completely different from those of the other lecturers. I then got talking to him and he invited me to visit the radio-oncology department for a day; I thoroughly enjoyed it. After I qualified, I first of all became a specialist in general internal medicine, and then the door to radio-oncology opened again. I was a specialist trainee in medical oncology in Paris for two years (at the Gustave Roussy Institute), and then I went to Boston in the USA (Joint Center for Radiotherapy of the Harvard University Hospitals, Longwood Area). I went with the intention of staying one year

Prof. Stephan Bodis (centre) with Prof. Oliver Riesterer, deputy head of the Radio-oncology Centre KSA-KSB, and Dr Kirsten Steinauer, head of Radio-oncology at KSB

doing mainly research, but after a short time I was offered a four-year salaried training post as a radio-oncologist. I'm happy that I gained experience in internal medicine first – that helped me to see the patients entrusted to me primarily as human beings and not just as lung cancer cases or potential trial subjects.

What did you like about the USA?

My training was excellent. Teaching and communication with patients and colleagues were more important and better structured in the Harvard teaching hospitals than in Switzerland at that time. We were systematically trained in communication: how to get a message across in simple words, how to adapt to the target audience, what message should have reached the listeners› heads after 30 seconds, etc. In the USA, the residents weren't shy about asking critical questions if something wasn't clear.

Did you think about staying there?

Oh yes. My wife Mirjam and I became 'Swiss Americans'. We felt comfortable there, had two children, and actually wanted to stay. And I had an attractive offer. But before we made our final decision, we deliberately visited friends and relations in Switzerland once more – and immediately realised that this was our home and that we wanted to return. I got a senior position at the Zurich University Hospital and was able to establish the research lab for molecular radio-oncology together with Martin Pruschy. It was the first one in Switzerland. Coming back to Switzerland was not particularly easy for the two children who had been born in the US. They were real Americans and spoke better English than German. Our five-year-old once went alone to the station with a small rucksack and a soft toy, and when passers-by asked him where he was going, he replied 'Home, to Boston'.

'For a long time we were walking on thin ice by using regional hyperthermia in oncology, but the ice has now become thicker.'

Didn't you want to go abroad again?

I received a few interesting offers and, whenever possible, I went with Mirjam for a preliminary visit to get to know the institute, the country, and the culture. It was always very interesting. But ultimately, we decided to stay in Aargau – our roots are here.

Entering the department, it struck me how attractively furnished it is, with interesting pictures and a huge aquarium. Was this your idea?

I've seen a good many radio-oncology departments in different parts of the world. The department shouldn't try to be something it isn't – namely a place of well-being or joy – the patients' situation is too serious for that. But →

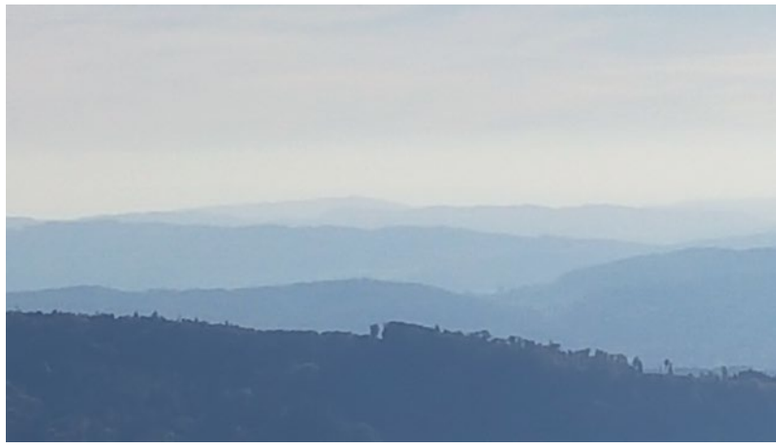
it can offer some distraction, so that the patients' thoughts are not always revolving around their disease and waiting for the day's treatment. That's why I find a pleasant atmosphere very important. After all, patients spend a lot of time here, sometimes they have radiotherapy every day for six or seven weeks.

We are very lucky to have daylight in the department here – that's not always the case. Not only the patients benefit but the staff as well. An artist couple designed the walls in all the rooms – with impressive figures and reliefs, which reflect the patients' exceptional situation. The large aquarium in the reception area has two purposes: it divides the space, thus shielding the waiting patients to some extent, and it serves as an eye-catcher to attract and distract. We also have a magnet wall where patients can read notices and comments but also write their own messages.

Design is one thing, interacting with patients is the other.

I find it very important that all members of staff here are aware that our patients are worried about a lot of things – often also about dying – and they should feel that they are being cared for well and competently when they are with us. That also means we need to listen to the patient first and not simply confront them with radiotherapy and the radiation machines. That's why our first discussion with a patient lasts an hour. It's really worthwhile for all concerned as we can talk about a great many things in this hour, so that treatment does not have to be stopped suddenly at a later date because we've forgotten to explain some aspects properly. By giving our time and attention, we also gain trust, something that's particularly important if we have to make difficult decisions in the course of treatment.

I also learnt a few things about communicating with patients from the writer Urs Faes. He was originally my history teacher and when I later met him by chance on a train, I invited him to visit us in the radio-oncology department and give me his impressions. Valuable tips for the staff ensued from his visit. Urs Faes also wrote the novel Paarbildung, which made it onto the shortlist for the Swiss Book Prize. Key passages very impressively describe the fears, worries, and doubts that cancer patients have to deal with during and after diagnosis. But he also describes how important it is for the patients to experience a positive human touch from professional healthcare workers and trusted persons.



'I find it very important that all members of staff here are aware that our patients are worried about a lot of things – often also about dying'.

Your department is called radio-oncology, but you don't only treat malignant diseases.

True. There are more and more prescriptions for the radiotherapy of benign conditions, so we are seeing a sharp increase in the number of patients.

What are the most common indications?

Inflammatory and degenerative diseases of the joints, such as osteoarthritis of the hip, tennis elbow, polyarthritis of the finger joints, etc. With these conditions, most of the patients are primarily under the care of their general practitioners, rheumatologists or orthopaedic surgeons. Medicinal therapy is often time-consuming, expensive, and complex, which can be a particular problem when the patient is elderly. And surgery isn't the initial treatment of choice for many patients. In contrast, radiotherapy is easy, uncomplicated, and often extremely effective. But it's important that the decision is discussed thoroughly with the patient and all the treating physicians beforehand.

You mentioned regional hyperthermia earlier – what exactly is that?

The body temperature is raised to fever levels in the region around the tumour, which makes the patient more sensi-

Football [short story by Stephan Bodis]

Shit. Locum. Would be today. National anthems on the TV. The Swiss team. Now of all times, the Urech family is waiting outside. Mother is demented, Alzheimer's. Another case of care in the community. Long-term nursing care. Out of hospital. Into hospital. Hospice. A-dieu. An endless discussion instead of the first half. From behind the waiting room door, a cry of 'Goaaaal!' The Urechs? The door opens. Urechs' gaze fixed on an iPad. Pure tension. Ah … Doctor. 1:0 for us. Incredible. Mother will still be fine tomorrow. Do sit down. Yesss … Foul! Free kick! 20 yards! Shaqiri! Football fever in the surgery. Highly contagious. Somewhere, far away, telephones are ringing.

In his leisure time, Stephan Bodis photographs the effects of light in nature.
From left to right:

View from Lägerngrat over Wettingen

Mountain lake in the wind

stepping out at the WEF [World Economic Forum] in Davos

tive to the radiotherapy. The mechanism of action is still not entirely clear. On the one hand, it causes a dilatation of the blood vessels around the tumour – bringing a greater supply of oxygen that increases the sensitivity to radiation. On the other hand, it stimulates the immune system. Hyperthermia and radiotherapy are done in quick succession and the sequence is not important.

How long does the hyperthermia last?

About 1½ hours. The area around the tumour is warmed locally to between 39 and 42 degrees, but that, of course, warms the rest of the body as well. Some patients find it difficult to be lying down for this length of time, others don't like sweating heavily. But that's a very individual thing – some patients are very relaxed and read or doze during the hyperthermia therapy.

What is the scientific evidence?

The history of hyperthermia is full of change – it goes up and down. Sometimes it has been considered mere quackery, then it again becomes very scientific. For a long time, we were walking on thin ice by using regional hyperthermia in oncology, but the ice has now become thicker. One of the most important points for us is caring for the patients in the best possible way and fully informing them, their families, and their trusted healthcare professionals. We tell them what we know and openly admit what we don't know. And we always ask afterwards how the patient has fared. The role of hyperthermia will be determined through quality assurance and establishing treatment standards, but only in certain well-defined indications for the time being. What we urgently need are more good-quality international clinical trials.

Is hyperthermia suitable for both curative and palliative indications?

Yes. About three-quarters of the indications for combined regional hyperthermia and radiotherapy in our centre are curative, and one quarter palliative. It's still being studied whether hyperthermia can contribute to delaying or even preventing major, often disabling, cancer surgery. For example, with locally advanced cancer of the cervix or pancreas, and bladder cancer that has invaded the surrounding muscle, and especially in elderly patients. Combined chemotherapy and radiotherapy or radiotherapy alone is already established for these indications, but is possibly sometimes less efficient and/or more toxic. Analysis of the data from ongoing studies will answer some of these questions. At the moment, the key aspects are good patient care and communication, close interdisciplinary cooperation, and strict quality assurance. Medical technology also has plenty of room for improvement in this area. Every patient treated with hyperthermia and radiotherapy in Switzerland is presented to a tumour board. For this reason, the hyperthermia department of our centre was recently ISO certified.

As senior consultant, do you still take part in the tumour boards?

At the cantonal hospital in Aarau we have about ten tumour board sessions a week with participation by the radio-oncology department, and another five at the cantonal hospital in Baden. Over the years I've personally attended many tumour boards but, in the meantime, we have divided participation amongst the consultants. I only seldom attend now. But that's how it should be, as my colleagues know their own areas of special interest much better than I do. After the first discussion, all of our patients are presented to us again and discussed at an internal meeting. I'm present at that.

What aspect of your work do you like best?

For me, people always come first. The patients take first place, but all members of staff and colleagues at the hospital and the practice are of prime importance. When I retire, I'll miss these interpersonal relationships and the struggle to find solutions.

And what annoys you?

A few things. Over the years I've co-designed various things. Many of them were good, but with hindsight some of them could have been improved on, and some were simply not good enough. Now there is a new era with different accents, some of which annoy me. In a lead →

position in a hospital or medical practice, you now hear only terms such as economic viability, increased efficiency, quality assurance etc. The art of practising medicine, the expertise, and the human touch that the patients should feel are forgotten in the process. I think it's important that we place more emphasis on these aspects again.

Are you a bit frustrated with the Swiss healthcare system?

No. On the contrary, I consider it a great privilege to be able to work here. In Switzerland we can offer all patients the best treatment – not like in other countries where only selected patients receive optimal treatment, either because the resources are limited or because only a few people can actually afford treatment.

Have you had any personal experience of this?

I've been able to visit many countries on all continents and was once two weeks in Ghana to help establish the local radio-oncology department. The question there arose as to which patients should be treated with this new therapeutic option: those with the most money, the ones who made the most noise, or simply first come, first serve? Patients who could be cured or patients who urgently needed relief from their symptoms? A huge challenge for that country. I saw similar problems in Bolivia and Russia. I'd just like to mention the amazing work by DEZA (the Federal Department of the Foreign Affairs Agency for Development and Cooperation) and the IAEA (International Atomic Energy Agency). Using careful algorithms, these two bodies select healthcare projects in certain emerging and developing countries. These consist not only of emergency aid but also targeted sustained support. Such projects also concern cancer prevention and treatment and establishing radiotherapy, including the necessary quality assurance and international networking. At our centres in Aarau and Baden, we are also engaged in advancing radio-oncology in emerging and developing countries. Together with a friend from Ethiopia, with whom I studied in the USA, I had planned a radio-oncology 'kick-off' workshop in Ethiopia in the spring of 2020 with participants from all over the world (medical specialists, industry, department of health), to promote radio-oncology in Ethiopia and East Africa. Unfortunately, we had to postpone the event because of the corona crisis.

Consultation [short story by Stephan Bodis]

Doctor: fidgeting with his papers. Ah… Mr Kradolfer, I was expecting your wife. She had an appointment for 08:50. But it is almost that time now. So, the last time I saw you was two years ago for a middle ear infection … – tired smile – The ear's OK. You're looking fine … So what's wrong? – smiling absently – Another three patients then that's it for today … then choir practice for Sunday. Bach's cantata Meine Seele in Deinen Händen Oh Gott [My times in your hand, oh God].

Patient: Ah … I wanted to tell you in person that my wife … – his voice slows, falters, chokes – that I couldn't wake my wife yesterday. She was asleep when I came home, but she was so cold, so stiff, so far away. And Martha didn't open her eyes again even though I tried to wake her gently … as I always do. Do you know why Martha couldn't open her eyes anymore? I simply don't understand it, I will never understand …

The team with leader Stephan Bodis (centre) at a joint culinary event

How are you able to relax in your full working day?
It's important that I have a free hour in the middle of the day. I go for a walk in the park, swim, or have lunch with colleagues and talk about things that have nothing to do with medicine. And then music: a song or a melody accompanies me throughout each day. And I make sure that I have a day off at the weekend, when I go hiking, either nearby or in the mountains, enjoy an extensive breakfast around the big family table, an evening meal with Mirjam, and contact with the close friends whom I have known since my youth.

Is there a place where you long to be?
The roots of my tree of life are firmly fixed in Wettingen, although I would love to rediscover the places where I lived for a long time: Boston and Paris.

Is there any piece of wisdom that's particularly important in your life?
I've learnt to plan and organise – but life doesn't always allow you to plan and things often don't turn out as you expect. People from other cultures often deal with this duality better than we Swiss. And it's extremely important to remember that much in my life was and still is only possible thanks to the people around me.

7 Facts about …

Prof. Stephan Bodis

1 He was born in Basel, grew up in in Wettingen, and is now living there with his family again. 'I often go walking on the Lägern, which is close to Wettingen. You need to have a good sense of balance for hiking on these narrow ridges – so I can consolidate both my internal and external equilibrium at the same time.'

2 He is an avid reader of the SonntagsBlick: 'This newspaper often represents the "voice of the people" and it's a good way for me to find out what the current topics of conversation are.'

3 His creative streak manifests in photography and writing. 'I particularly like photographing light and shadow in nature, and occasionally write short diary-like stories – but without any claim to artistic merit.'

4 He has four grown-up children: three sons and a daughter. One of his sons is also a doctor: 'Of course I'm happy about that, but I hope I know when to hold my tongue and not overwhelm him with advice.'

5 He enjoys reading, especially contemporary literature: 'I think that it's valuable to see the present times through the eyes of others and experience things that I have not perceived myself. But I don't have a favourite author.'

6 He plays football for fun: 'The only time that I ever had a football licence was as a student in Bolivia. I played for a football club in the second division of the regional league. The football field was at 2,500 m above sea level so, being Swiss, I was always exhausted pretty soon. That's why my football career didn't last very long.'

7 He is a great fan of Donald Duck: 'I've loved him since I was a child. I have a subscription to the paperback comics and collect Donald Duck memorabilia.'