



Andreas Pierratos Tribute: Personal Reflections

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Abstract

Since the passing of Andreas Pierratos on November 15, 2022, we have had many occasions to reflect on what our relationship with a friend and colleague has meant. We have done this in solitude, with colleagues while at work and more recently, in a tribute organized at Humber River Hospital on March 26, 2023. We also had the opportunity to expand, in the February 2023 issue of the *Nephrology News & Issues*, on his many contributions to nephrology and to the betterment of patients' lives. For this collaboration, we thought we would share our personal reflections of this unique individual, with the hope that this effort would provide a deeper appreciation of his unique humanity.

Keywords

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Gavril Hercz

I first met Andreas in 1986, 37 years ago. He had a tenacious energy and intellect for solving clinical problems, for the simple purpose of making a patient's life better. No matter how complex the problem or the solution, he was able to painstakingly make his way to that solution, inspiring, along the way, other clinicians in our program or, in fact, far corners of the world.

It was not always easy with Andreas. For those of us who had hospital administrative roles, there were occasions when his approach to reaching the goal outraced local hospital mandates or standards. When I had to meet with Andreas in that capacity, I started with the premise that the contentious issue will only take a few minutes to be settled. However, as our conversation continued, I eventually realized that the

situation was hopeless for me. His gently persuasive and logical manner would invariably win out, focused on placing the patients' needs first, without any self-interest. His infectious passion for better care, his disarming stubbornness made all of us ultimately converts to his ideals, some of us holding out longer than others.

I valued that I could come to him with any topic or question and know that I would receive a carefully considered answer, perhaps not necessarily what I wanted to hear, but honest and objective as possible. With his passing, I have come to appreciate more and more what our relationship represented in the past and how it continues till today, seemingly unbroken.

David Mendelssohn

I was still a nephrology trainee at the University of Toronto when I met Andreas after he took up his first academic faculty position at the Wellesley Hospital in the mid 1980s.

Many years later, I was at a personal career crossroad. I was contemplating leaving full-time university-based practice to go to Humber River Regional Hospital. I was well

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aware that when the Wellesley closed a couple of years earlier, Andreas had chosen a move to Humber rather than to a university-based position. I did not want to end my academic endeavors and spoke with Andreas about his career shift at length. He convinced me that he was equally academically productive in advancing innovation in home nocturnal dialysis from Humber as he was while at the Wellesley. He gave me the confidence to join him and asserted that I could and would continue to be academically successful. I took the leap of faith, followed him, and never looked back.

For most of the next 20 plus years, I was honored to be Andreas' Chief and his partner. It was especially gratifying to see him earn national and international academic honors, and to gain full professor status at the University of Toronto, something that rarely gets bestowed upon community-based clinician scientists.

Andreas certainly did not follow the established road well-traveled. Instead, he challenged conventional thinking at every turn. But he did this with a humble, gentle manner, clear and razor-sharp intellect, and relentless energy and determination. He will be greatly missed by his patients and colleagues.

Gihad Nesrallah

Initially as a fellow, and later as an associate, working with Andreas I never lost that amazement in caring for a growing nocturnal home hemodialysis population that seemed surprisingly healthy. This reaffirmed that Andreas was onto something beneficial that drew international attention, leading to an endless stream of visiting colleagues who would scale the method internationally. In his pursuit of individualized care, Andreas expanded the boundaries of our definition of an "ideal" home dialysis candidate, finding creative ways to provide hemodialysis to patients receiving palliative care at home. He developed and piloted an innovative model of personal-support-worker-assisted dialysis and the provision of hemodialysis in long-term care facilities.

Andreas was a warm and kind person with a generally positive world-view, which is why it came as a surprise to eventually learn of his aversion to "rules," which he viewed only as impediments to individualized patient care and innovation. He argued that qualified experts acting in good faith, would always make better decisions when not constrained by regulations. I came to regard his libertarian tendencies differently over the years. As a mentee, I was inspired. As a peer—amused. As Chief, there was the occasional angst and insomnia, but eventually, it all finally made sense.

Andreas believed it was better to apologize than to ask permission, and where rules defied reason or hampered progress, he deftly navigated the gray areas to create "mutual wins"—always for the greater good. He was a benevolent anarchist who touched countless lives and inspired countless

others. He was adored by patients and peers alike; he is missed and fondly remembered.

Christopher T. Chan

I met Andreas by chance in a Canadian Society of Nephrology Toronto dinner in the late 1990s. I was a trainee and thought that I would become a clinician investigator with a focus in cardiorenal syndrome. Unknown to me at that time, our chance encounter changed my career to the path of home hemodialysis. Our dinner conversations led to my first thought experiment in the effect of nocturnal hemodialysis on left ventricular hypertrophy. We subsequently collaborated on numerous projects and traveled to multiple international meetings together for years. I was fortunate to contribute to the renaissance of home kidney replacement therapy and will forever be grateful to Andreas' mentorship, guidance, and philosophical discussions.

During our many conversations, not necessarily always focused, nor highly academic, I came to appreciate that Andreas genuinely cared about my personal development both in medicine and in my personal life. Indeed, I have used his approach as a model to guide trainees and aspiring academicians.

It is difficult to articulate my sense of loss with words; however, I hope I can honor my teacher through emulating his practice.

In conclusion, we hope that these contributions by his colleagues, friends, and mentees provide a more profound understanding of this unique individual, beyond his professional contributions. His focused intellect, passion for the betterment of patients' lives and a certain stubborn commitment to his cause were all traits which contributed to his lasting legacy.

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