Tribute to Barbara Murphy

Steven G. Coca

KIDNEY360 2: 1499–1500, 2021. doi: https://doi.org/10.34067/KID.0005002021

This is a tribute to the late Dr. Barbara T. Murphy, the Murray M. Rosenberg Professor of Medicine and Chair of Medicine at the Icahn School of Medicine at Mount Sinai in New York city, the Dean for Clinical and Population Management, and Councilor and the President-Elect for the American Society of Nephrology (ASN).

Accounts of Dr. Murphy’s many accomplishments have already been detailed in other glowing tributes (1–3). One of her most notable feats was that in 2012, she became the first female chair for a major academic center in New York city and, at the time, was only the second female chair of any department at a top-20 medical school in the United States. During the 9 years with Dr. Murphy at the helm, the prestige and accomplishments of the Mount Sinai Department of Medicine also grew. For example, funding levels per year placed the department of medicine in the top 15th among graduate medical departments in the country (4).

Dr. Murphy’s research focused on genetics and genomics in transplantation. Using high-throughput genomic technologies, she generated data that increased the understanding of the immune mechanisms that lead to kidney graft rejection (5,6), injury, and loss (7). Importantly, she aimed to identify gene expression profiles or genetic variants that would predict patients’ risk for disease and identified genetic drivers of fibrosis (8,9).

More than the leadership and her science, however, was the person, the human being that was Barbara T. Murphy. Most, if not all department chairs, are driven, hard-working, and prolific. However, the President-Elect of the ASN was not an ordinary department chair. One could argue that any immigrant who rose to such ranks must have tales of the fortitude needed to reach such high stature (3). Indeed, the fact that she, as an immigrant woman, no less became the first woman to serve as chair of medicine in New York, evokes visions of breaking down doors and shattering glass ceilings.

How can anyone who had not spent much time with Dr. Murphy, at Mount Sinai or on committees alongside her, have a humanistic glimpse as to what made her tick and led to her vast successes? Those who did know her know that she had an ebullient personality and a silver tongue that could deliver timely quips in all settings, from the highest level of national scientific conferences, with an incisive question or observation, to the postmeeting setting over drinks at a restaurant or bar. No man or woman, regardless of their stature, wealth, or bravado, could intimidate Dr. Murphy. She rose to confront all such challenges continually, placing flags in the ground to indicate that she was ready, willing, and able, regardless of looming or ominous barriers. Her piercing eyes flickered with an electric energy. Her mind was always spinning and thinking. She could not and would not be outwitted, outplayed, or outmaneuvered.

Like a great general on the battlefield, she anticipated where things needed to go. She certainly was not reactionary in nature. Instead, she was the epitome of proactivity. Despite her in-depth knowledge of transplant immunology and gene expression pathways, she was just as comfortable talking about health policy, public health, and epidemiology of kidney disease. Several years ago, she thought “big-data” techniques would be important, before most people even knew how to define big data. She strongly desired “population-scale population health.” Whether it was a personal chip on her shoulder from her memories as a 4-year-old girl in Ireland being told she was not smart enough or good enough (3); or the institutional chip on Mount Sinai’s shoulder from being a “stand-alone” medical school in New York city without a hefty endowment; or fighting for patients with kidney disease who had all too often been ignored by pharmaceutical companies, foundations, and the government for the sexier cardiology or oncology, she was fierce in all her approaches to drive change, and improve health care delivery and outcomes.

It was in these efforts (improving health care delivery and outcomes), in which her ferocity was second to none. She abhorred the fact that so many patients in the early stages of kidney disease were vastly ignored (10) and insufficiently treated (11), and that so many patients started long-term dialysis without sufficient lead time, proper planning, and were initiated in an acute setting (12). She was determined to tackle this problem, and she vociferously organized internal teams at Mount Sinai to address this ongoing issue, and bolstered her efforts for broader paradigm change with her directorship role with Renalytix (13) and, most certainly, her eminent role as ASN President (2).

No one dared stand in the way of her goals. Indeed, my jaw was left agape on more than one occasion as...
she “virtually assassinated” those who dared to question her aspirations for changing the status quo. She delivered precision blows that sent these challengers or naysayers reeling—she was the real-life Arya Stark in background, operating with the grace of Sansa Stark at the podium. She was a true “protector of the realm.” Alas, her sword was not made of Valerian steel, but rather her cunning words were sent through cyberspace via email or text, or launched tersely from her mouth, with her enchanting Irish brogue. Yet, as with all true great leaders, she had the wisdom and humility to listen, adapt, and change her viewpoint, when it was appropriate. That aptitude of hers is what makes me smile the most; this was best exemplified by a story and journey to be told at a future time, that began as her snipping “no way … never … a waste of time” to, within a matter of a months, gleefully exclaiming, “this is incredible … best decision ever … with a delightful group of people.”

The greatest tragedy is that she had to endure her final year in the midst of the pandemic. She was largely apart from those in the Mount Sinai community that yearned to see her again, to get a glimpse into her eyes, to share one last laugh or zinger with her. She was truly considered a real-life hero by her colleagues and trainees—particularly by so many young women in medicine whom she mentored, advised, and inspired locally and from afar. Although Dr. Murphy’s “watch has ended,” her trailblazing legacy and extreme passion to improve kidney and health care will live on in many ways (14), but forever in our hearts and minds. Indeed, Valar dohaeris (15).

Disclosures
The author has nothing to disclose.

Funding
None.

Acknowledgments
The content of this article reflects the personal experience and views of the author and should not be considered medical advice or recommendations. The content does not reflect the views or opinions of the American Society of Nephrology (ASN) or Kidney360. Responsibility for the information and views expressed herein lies entirely with the author.

Author Contributions
S. G. Coca conceptualized the study and wrote the original draft.

References
15. Duolingo: Valar dohaeris. Available at: https://www.duolingo.com/dictionary/High%20Valyrian/valar%20dohaeris/4c03f6b3c0d8f6891ded1d71201dea23691d. Accessed July 30, 2021

Received: July 30, 2021 Accepted: August 5, 2021