

The five amigos: Training and practicing under the living titans of Queen's Urology

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INTRODUCTION

There have been six Heads of Queen's Urology since it was established in 1930. I am in the unique position of being the only urologist who has trained and/or practiced under the last five (all still alive and kicking!). This experience, covering 45 years of residency and practice in Kingston, has given me a unique vantage point from which to tell the remarkable story of these men who shaped our academic group into one of the best urology departments/divisions in Canada.

DR. ANDREW BRUCE (1960–1981)

My first impression of Dr. Bruce was that of a tall, demanding, and forceful man whose Scottish brogue became indecipherable when he was angry or upset. He had returned to Kingston, having spent 18 months of his early training at Queen's, to succeed Dr. Nathan Berry, who was the first Head of the Queen's Urology Department (1930–1959). I missed 90% of what he was shouting at me (his Scottish brogue was nothing like the Newfie dialect that I had just learned to interpret the year before).

That frightening day in the operating room in 1979 had me thinking my urology career had ended before it had even begun. I met up with my new chief resident, who bought me a cup of coffee and assured me that Dr. Bruce would quickly forget that he had fired me. Within a half-hour, my beeper went off with the message that I had better get to the OR stat. The chief sent me on my way with a pat on my back and a "Welcome to Queen's Urology." Stepping into the OR with trepidation, Dr. Bruce just looked up and shouted at me, in English this time, "Get scrubbed and give me a hand." My career as a urologist had begun, albeit not particularly auspiciously.

Training under Dr. Bruce was like working under a non-dormant volcano. Although he could be serene and peaceful when things were quiet, eruptions

could occur at any time with no warning. He tried hard to be a good teacher and expected that you knew everything about his patients at any time of the day or night, whether you were on call or not. He demanded perfection, but his teaching style was variations of forced labor, benign neglect, and "gentle" verbal abuse, sprinkled with pearls of knowledge and wisdom. His unique style was best illustrated by him tossing a stone from his rather large urinary stone collection and having the hapless student catch it. If it was caught, the student would be expected to describe its composition, clinical ramifications, prevention strategies, and of course, medical and surgical treatment.

Unfortunately, those teaching traits seemed to have rubbed off on me as I developed my own teaching path. To my knowledge, neither Dr. Bruce nor I ever won any teaching awards in our careers. But I loved working for him, and despite the sometimes-challenging environment, I did learn how to take care of patients. As a superb technical surgeon himself, he appreciated the surgical skills that I had learned by operating day and night in Newfoundland. He allowed me to hone those skills during the R2 year.

At urology meetings, I was impressed with how well respected he was internationally, particularly at the annual meetings of our national and international urology associations, including during his stint as President of the Canadian Urological Association (CUA) (1981–82).

Besides his interest in prostate cancer and acid phosphatase (pre-PSA era), he was also involved in urologic infectious disease research (the latter becoming one of my main research interests). As my first mentor, he tried to convince me to go into general urology practice, since I did not seem to have the interest, affinity, or ability to succeed in the academic arena. But I believe to this day that his influence helped me to want to prove him wrong. Interestingly, Dr. Bruce later conceded that perhaps he was mistaken (the one time in his life) on his guidance regarding my career path.

DR. ALVARO MORALES (1982–1997)

"But I don't want to be an academic urologist," I exclaimed to Dr. Morales. "I don't want to do research



Figure 1. The 5 living heads of the Department of Urology, Queen's University (August 2025): Seated left to right: Alvaro Morales, Andrew Bruce; Standing left to right: James Wilson, Robert Siemens, Michael Leveridge. Photo courtesy of Mel Jaeger.

or write papers. I just want to operate and take care of patients.”

“Well OK, Curtis, but I will not be sending you to any meetings unless you have abstracts to present.”

With that, Dr. Alvaro Morales, who succeeded Dr. Andrew Bruce as head of the department, became my research mentor during my residency. He generously let me use his carefully collected data on novel prostate and bladder cancer treatments, erectile dysfunction studies, and his unusual talent for picking up exotic case series to quickly build up a research resume. That year, with his help, I learned that I liked investigating the unknown, presenting my research findings to audiences, and traveling on someone else's dime. He had me hooked on an academic research career.

Dr. Morales has always been an unassuming and gentle soul despite his great accomplishments. Traveling with him was an exercise in meeting the who's who in international urology. Everyone in the urology world knew him and his work in BCG for bladder cancer, erectile dysfunction, and andrology. He was a unique teacher, promoting learning by telling wonderful anecdotes about urology topics, procedures, and patients.

It was also a memorable experience operating as a senior or chief resident with him on large, complicated cases. He became agitated, nervous, and downright jittery around large blood vessels, and gladly let the resident take over the case at its most critical moments. I believe that it was a technique he used to train his residents to be confident surgeons in an atmosphere where we knew he could always take over the case if we lost control. It was the norm to have him nervously hold a Satinsky clamp while we were getting control of

the renal hilum. I will always be grateful that I operated with Dr. Morales and all his surgical idiosyncrasies.

When my fellowship plans at Stanford University with Thomas Stamey fell through, he was able to arrange a microbiology research fellowship at the University of Calgary with the famous Dr. Bill Costerton. The decision to leave urology for a year of environmental and industrial microbiology training jump-started my academic career, and for that, I will be forever grateful to Dr. Morales for steering me in the right direction.

As Department Head back in Kingston, Dr. Morales was losing his team. Dr. Bruce was now in Toronto, Dr. Said Awad had moved to Halifax to run the Dalhousie program, and Dr. Al Toguri had decided to move to Toronto, leaving only Dr. Ramon Perez. Dr. Morales had just hired Dr. Jim Wilson, who had completed his fellowship at the Mayo Clinic. Although I could have stayed in Calgary, I was enticed to return to my roots in Kingston. Eventually, the team was rebuilt with Drs. Jeremy Heaton, Andrew MacNeily (one of Dr. Morales' proudest achievements was helping Dr. MacNeily start QUEST), and started the process of attracting Dr. Robert Siemens. Drs. Siemens, Wilson, and I stayed in the department for our entire careers.

In our new relationship as colleagues, Dr. Morales was the one I turned to for academic and research advice. As my first Department Head as a practicing urologist, he shepherded me through the intricacies of the academic “game” and allowed me unlimited freedom to travel around the world, making important connections and collaborations with the urology research community.

Dr. Morales was an innovative thinker, always coming up with novel ideas that deserved investigation. He was an early investigator in fields that others would not touch, discovering the benefits of BCG for bladder cancer treatment, evaluating new diagnostic and treatment options for male sexual dysfunction, and almost single-handedly kickstarting the field of male andrology.

I was privileged to be asked to be the Annual Meeting Scientific Program Chair during his tenure as CUA President in 1994. His last task before stepping down was to nominate and see me elected for membership in the American Association of Genito-Urinary Surgeons (GU Surgeons).

Dr. Morales has received more accolades and awards (including the Order of Canada) for his important research work than any other urologist I know. Today, he is retired and living in the same condominium as Dr. Bruce, overlooking the Kingston waterfront.

DR. JAMES WILSON (1997–2012)

"You be head!" Jim said to me.

"No, you be head" I quickly replied.

He retorted that I was the academic one and should be Head of the Queen's Urology Department. I understood, at that time, the "Peter Principle" applied to me, and was fully aware that I would not be as good at running our department as Jim. I won the argument, and Dr. Jim Wilson was chosen to lead Queen's Urology when Dr. Morales stepped down after 15 illustrious years.

Dr. Wilson shepherded Queen's University Medical Faculty from a failing physician remuneration system to a novel alternative funding plan, which has stood the test of time for 30 years. He was appointed Associate Dean for Postgraduate Medical Education. He was chairperson of the Royal College Urology Specialty Committee and the Examination Committee. He was Chair at the time of the introduction of the OSCE format and the standardization of the RCPSC examination. He held so many positions in the Royal College, CPSO, CUA, university, and hospital committees that I lost track of them all. It was really the department that won big when Dr. Wilson accepted the post.

Dr. Wilson was an excellent physician and careful surgeon. Behind his back, the residents called him "Captain Appropriate," as everything he did clinically was thoughtfully and carefully planned for his patients' benefit. Dr. Wilson continued to wholeheartedly support my research activities. He worked tirelessly to adjust call, clinic, and OR schedules so that I could participate in research activities around the globe and still contribute my share to the department's clinical workload. Dr. Wilson fully supported my successful application for a Tier-One Canada Research Chair in Urology (for 15 years in total) despite the difficulties it may have caused the department in both time and finances. I felt so privileged when he asked me to be the Scientific Program Chair for the CUA Annual Meeting in Newfoundland in 2002 when he was CUA President.

Under Dr. Wilson's tenure, the department continued to be highly productive. With expansion and strategic recruiting, ours became the strongest and most productive department in the medical school, both clinically and academically. He completed the process of bringing Dr. Robert Siemens into the department and subsequently hired Drs. Darren Beiko, Jun Kawakami, Steve Steele, Naji Touma, Michael Leveridge, and Jason Izzard. Except for Dr. Kawakami, who left to practice in Calgary, the other hires now make up the backbone of the present-day Department of Urology at Queen's.



Figure 2. Portraits of the 6 visionary men, who led Queen's Urology when they were appointed Head of the Department.

When his 10-year tenure as Head came up, the whole department begged him to stay on for another five years. When he finally stepped down in 2012, he left the department in a legacy position for those leaders who would follow. He is presently retired and lives in a Kingston waterfront condominium within sight of Drs. Bruce and Morales.

DR. ROBERT SIEMENS (2012–2022)

"Turn around and pay attention," Karen whispered to me, and then prodded me to look up at the screen, where there was a projection of an old photo of me at 10 years old looking into a microscope surrounded by my cherished chemistry set. That night, June 2024 in Victoria, BC, at the CUA Annual Meeting, turned out to be one of my proudest moments, as CUA President, my previous resident, colleague, and boss (as Departmental Head) presented me with the CUA Lifetime Achievement Award.

Since he was a resident, I knew that if the world turned out as it should, Dr. Robert Siemens would become a world-renowned academic urologist. He had the smarts, the drive, and the skill to become not only one of the best urologic surgeons I helped train, but also one of the best urology researchers I would see evolve over the years. When Dr. Wilson stepped down after 15 years of exemplary service to the department, it was Dr. Siemens' turn to step up to the plate.

"Curtis, you are a disruptive innovator," were Dr. Siemens' first words to me as Department Head. "I plan to use your energy, ideas, and approaches to academic urology as a catalyst for the department."

I was not sure whether he was insulting or congratulating me, but I sure knew that there was a new sheriff in town. At this point in my career, it was great to be challenged. And challenge me, he did. He set up goals for me to include junior staff and residents in my research endeavors and told me that before he stepped down, I would need to choose, train, and mentor a successor to take over my research program. Dr. Siemens' vision was a great success, as that person, Dr. Christopher Doiron, became our colleague in 2023, the year before I retired.

Dr. Siemens appeared to run the department in a collegial and collaborative manner, but he controlled the agenda. His approach to departmental matters was always meticulously planned and implemented, but with the consensus of departmental members. One of his great accomplishments was to resurrect our kidney transplant program by attracting Dr. Tom MacGregor to the department.

For me, he continued in the approach of Drs. Morales and Wilson in terms of my research time commitment — benign neglect, as long as I shared the departmental clinical workload. He continued to let me run my academic career in all its “disruptive” glory.

Dr. Siemens' contribution to the international urology community continues to this day. He was President of the International Urology Research Society, the Northeastern Section of the American Urological Association, and the CUA, as well as being Editor Emeritus of the *Canadian Urological Association Journal*. He asked for my advice on whether to throw his hat into the fierce competition for Editor-in-Chief of the *Journal of Urology*. I advised him against the move, as I believed that adding this role to his busy administrative, research, and clinical jobs would be too much for a single person to handle. Well, he ignored my advice and is currently the Editor-in-Chief of the *Journal of Urology*!

Despite all these commitments, he has a full urology oncology practice, a reputation as an excellent teacher, and leads an internationally renowned research program. He has been a truly driven leader. When I helped him get elected as a member of the American Association of Genito-Urinary Surgeons at about the same time as he was stepping down as Department Head, I knew my job was done, and I could think of my own retirement.

DR. MICHAEL LEVERIDGE (2022–PRESENT)

“Stop that drumming and whistling or I will kick you out of my operating room!” I shouted at my chief resident

as his jittery energy was starting to get on my nerves. I never in my wildest dreams would have thought that I would be working for him when he was chosen to be the present Department of Urology Head.

Dr. Michael Leveridge turned out to be the correct choice to lead the department in these difficult years. Finances were shrinking, facilities and equipment were dated, and operating resources were becoming more limited. Dr. Leveridge's management style, his ability to get along with everyone, and his national presence are successfully leading us into the next era of urologic practice. He was one of the better surgeons I have had the privilege of helping train over the years, and his patients adore him. Students and residents praise his teaching skills. He is the man for the hour.

Dr. Leveridge is still in his first term as Department Head, but has been rapidly shaping the department based on his vision. New hires (Dr. Christopher Dorion to take over my research program and Dr. Tom Skinner to replace Dr. MacGregor as transplant team leader), modern lasers, and additional robots are only part of his plans. One only has to read his monthly editorial comments as Editor-in-Chief of the *Canadian Urological Association Journal* to understand his vision, although to be truthful, I personally have trouble deciphering some of his more esoteric writings.

Dr. Leveridge has supported me as I wound down my clinical practice, giving me time and resources to mentor my successor, and has continued to make me feel relevant in my new role as research associate in the department (even to the point of letting me keep my office in the hospital). I see only success for the department under Dr. Leveridge's leadership while his legacy in Canadian urology continues to evolve.

THE PAST HAS SHAPED QUEEN'S UROLOGY'S FUTURE

As I look back at my 45 years of involvement with the Queen's Department of Urology, I feel privileged to have trained or worked under these five living legends, my personal titans of Canadian urology. They have not only shaped my academic, clinical, and research career but have positively influenced medical care in Kingston, urology practice in Canada, and research internationally. Thank you, Andrew, Al, Jim, Rob, and Mike. What a trip!

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