

Elmi Muller

Transplant surgeon · Dean · Keynote speaker

Almost everything that hurts in a boardroom hurts in an operating theatre first, and faster.

Speaker pack | September 2026

SHORT BIO

Elmi Muller is a transplant surgeon, clinician-scientist and Dean of the Faculty of Medicine and Health Sciences at Stellenbosch University, the first woman to hold that role. She has led transplant teams for about twenty years and still runs an active kidney transplant practice alongside the deanship. She is a past President of The Transplantation Society and chairs the Lancet Commission on Transplantation. She is probably best known for the work that established kidney transplantation between HIV-positive donors and recipients, which changed practice and policy well beyond South Africa.

When she speaks, she teaches the audience a real operation, step by step, and lets them slowly realise they are hearing a description of their own working lives: who to take on, the team you did not fully choose, the invisible work before the visible work, and closing carefully so that things do not come back to bite you later.

Two-line version

Elmi Muller is a transplant surgeon and the Dean of Medicine and Health Sciences at Stellenbosch University. She speaks about leadership and management using twenty years of running transplant teams, where the stakes are high and the margin for error is small.

WHAT I SPEAK ABOUT, IN MY OWN WORDS

> For about twenty years I have been running transplant teams and making clinical decisions in an environment where the stakes are quite high and the margins for error are small. What I have realised over time is that almost everything that hurts in a boardroom hurts in an operating theatre first, and faster. Choosing which patients to take on, building a team you did not fully choose, doing the difficult and invisible work before the visible work, closing carefully so that things do not come back to bite you months later. These are the same decisions managers make every day, just with different words.
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> So when I speak, I draw from that world to create discussion points that are relevant to people in leadership and management roles, and I try to do it honestly, because the surgery is real and so are the lessons.

FLAGSHIP KEYNOTE

How to Do a Liver Transplant

The promise

I will teach you how to do a liver transplant, all of it, and by the end it will feel quite familiar. It is your business. It always was.

The problem it addresses

Most leaders are running a transformation while the old system still has to keep working, with a team they did not fully choose, and with customers who only ever see the last twenty minutes of the work. The operating theatre is a small business with impossible stakes, and every step of a twelve-hour transplant is a decision managers make every day, just with different words.

What the audience experiences

A complete liver transplant, told accurately and in true surgical order, with one management lesson carried by each step. Picking the correct patient (not too sick, not too healthy). Choosing the team: the anaesthetist who quietly corrects everything you disturb, the assistant who stays calm in a crisis, the scrub nurse whose expertise keeps the language simple. The incision, which is scope. The self-retaining retractor, which is the invisible system that holds everything open. The five hours nobody budgets for, taking out the old liver. Two teams in one room, because transformation is not a handover. The three connections, the hardest and least visible done first, the one that must not kink, and the fine artery that feeds everything. Then the pink moment when the clamps come off, and after it the unglamorous plumbing, the closure that comes back as a hernia if it is neglected, and the skin, the only part the patient will ever see.

What people take away

- A shared vocabulary for their own organisation: the right patient, the anaesthetist, the retractor, the old liver, the kink, the pink moment.
- A sequence: pick the right patient, build a team you trust, do the hard invisible connections first, close as carefully as you opened.
- A more honest view of go-live. The pink moment is bought by everything before it, and by people who are never in the photograph.
- Questions they can take into their next meeting: is this my patient, who is my anaesthetist, what is my old liver, where is my kink, and what have I closed badly.

Ideal audiences

Executive teams and management conferences in any sector, founders and business owners, healthcare and university leadership, and leadership development programmes. The surgery is the same for everyone; the lessons land differently in each room, and I adapt the examples to the audience.

Formats

- Keynote, 20 to 45 minutes, with slides that support the story rather than decorate it.
- Short form: a 6 minute 40 second PechaKucha version (20 slides, 20 seconds each), being performed at PechaKucha Night on 22 October 2026.
- Working session, about two hours, for leadership teams and departments: the same operation with six short exercises in which participants name their own patient, their team, their retractor, their old liver, their kink and their unfinished closure. Developed for a faculty leadership course in 2026.

OTHER TALKS

1. **The Losses No One Records.** What achievement asks of us, and how to build a meaningful life without disappearing from it. First delivered as a conference keynote in August 2026. Suited to professional bodies, healthcare and academic audiences, and women's leadership events.
2. **Bearing the Unbearable.** How leaders act with courage when the evidence is incomplete, resources are constrained and every choice carries risk.
3. **Healthcare-specific lectures and special addresses** are also available on request.

CREDENTIALS AT A GLANCE

- Dean, Faculty of Medicine and Health Sciences, Stellenbosch University (since January 2022, now in a second term); the faculty's first female Dean.
- Transplant surgeon and clinician-scientist; active private kidney transplant practice (Netcare Transplant Cape).
- Immediate Past President, The Transplantation Society.
- Chair, Lancet Commission on Transplantation (co-chaired with Gabriel Oniscu); Chair, Declaration of Istanbul Custodian Group.
- Pioneered HIV-positive-to-HIV-positive kidney transplantation, influencing international practice and policy.
- MBChB (Pretoria), FCS(SA), FACS, PhD (UCT), MBA (Stellenbosch); NRF A1-rated researcher.

PRACTICAL DETAILS

Based in Cape Town, South Africa, and available for engagements in South Africa and internationally. Because of the Dean and clinical roles, I take on a selective number of engagements rather than a high-volume calendar, so early notice helps. Recent recordings, photographs and organiser feedback are available on request. Fees and travel are agreed per engagement.

CONTACT

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