

HUMANITARIAN SERVICE: A GP'S PERSPECTIVE

Text and photos by Dr Lawrence Soh



"This is the first time I have been seen by a doctor." These were the words of a 40-year-old Nepali man in the far western part of the country. He suffered from filariasis with hydrocele, and was unable to marry due to the stigma of having a large "private part". Through preventive medicine, we were able to transform the life of this man and many others, in a truly meaningful way.

Reaching out

Ever since I started my general practice in 1989, I wanted my clinic to be a platform for charitable and humanitarian work. Over the years, I have taken great pleasure in being able to fulfil this ambition, in many cases through the sacrifices and generosity of patients and co-workers. I have been able to donate monies, drugs, equipment and surgical supplies; provide expertise on medical relief; conduct community health outreaches and supply interactive health education models.

For the last 30 odd years, my greatest fulfilment has come from doing regular overseas humanitarian work. Although these trips caused my periodic absence from my practice, my patients in Singapore often enquired about my humanitarian work and were pleased to be able to support by contributing donations. They have donated money to relief efforts during the tsunami in Sri Lanka, the purchase of an ambulance for an elderly home in Nepal, and water supply engineering works for a village affected by the earthquake in Sichuan, among other projects. My clinic staff and fellow doctors, as well as drug companies, also contributed by providing administrative help, medical supplies and finances when needed.

My life motto has been to go to areas of the greatest need. This means visiting areas that are usually more remote, with little or no medical care and facilities available. Travelling to such places can be

dangerous due to longer travel times and the high risk of landslides and floods. I have been privileged to travel to and administer aid in Sri Lanka (Kirinda, Hambantota and the Tamil Tiger area), Sarawak (Kapit), East Timor (Com), China (Yi minority areas) and Nepal (Surkhet, Kanchanpur, Pahalmanpur and Tikapur).

There have been moments when I feared for my safety too. These include sleeping in an Iban headhunter's longhouse in the malaria-endemic town of Kapit, being stuck in a vehicle in a fast-



flowing river and in landslides on mountainous roads, being caught in a riot and road blockade, and sleeping in an old school quarter that was infested with ants, frogs and snakes.

Serving the needy

"Please come back again to help us," was the parting line from a health station doctor in the remote village of Taliangshan, China. This remote Yi minority village, situated at an altitude of about 3,000 m, is one of the poorest in this mountainous region. Such places are unpopular with local medical staff due to the harsh living conditions, treacherous terrain, frequent landslides, extreme weather and a lack of proper sanitation and water supply.

For seven continuous years, I visited this village of about 300,000 people. Then, I was the Health Fair Program Leader to about 30 healthcare workers of a non-governmental organisation (NGO). We provided health education at the town square, ran the outpatient clinics/health stations and performed surgical procedures alongside our local counterparts, as part of the training programme for the local hospital. With the steady upgrade of the facilities and improvement in standard of

care, it was an incredibly rewarding year when we learnt that the local need had reduced to the point where further health fairs became unnecessary.

Over the last ten years, my relief effort has been focused on Nepal, especially in the needy Terai region. Together with an NGO and the local regional councils in Kathmandu, we conduct medical camps usually in the far western regions. We would bring in a small team from Singapore and enlist more than 20 local staff, including school teachers, nurses, doctors and dentists, to be part of the team to help with crowd control, translation and medical or dental work. Activities include pre-registration, community broadcasting, triaging, consultation, treatment, minor surgical procedures, dispensing, health education and counselling.

It doesn't stop here

It is a privilege to think that I might continue to be able to contribute effectively to bringing relief to those in need, or perhaps inspire others to do so. I find one quote particularly inspiring in this regard.

"Twenty years from now, you will be more disappointed by the things that you didn't do than by the ones you did do. So throw off

the bowlines. Sail away from the safe harbour. Catch the trade winds in your sails." – Mark Twain

Although I am now in "semi-retirement", having sold two of my practices and closed my night clinics, I consider my journey of humanitarian work to have just begun. Life is short and humanitarian work is a large component of my remaining "bucket list" that includes traveling to parts of the world I have never visited.

I believe that Erma Bombeck's quote is one that we should all consider more in every aspect of our lives: "When I stand before God at the end of my life, I would hope that I would not have a single bit of talent left and could say, 'I used everything you gave me.'" ♦

Legend

1. A makeshift consultation room in a rural school classroom
2. The crowd at the medical camp in Tikapur, Nepal

Dr Lawrence Soh is a GP and occupational physician with Shalom Clinic & Surgery. He is also an adjunct lecturer in family medicine at NUS Yong Loo Lin School of Medicine and a fellow of the Academy of Medicine, Singapore, in occupational medicine. He volunteers with MSI Professional Services and other NGOs. His hobbies include travelling and extreme sports, including marathoning, scuba diving, skiing and mountain biking.

