

## **Cataract Service Trip (Surgery) – October 2015 Reflection**

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The tasks that I performed over the three days at the hospital was nothing extraordinary, but it was an eye-opening experience that asked me to reflect on the medical system, on how to be a good doctor, and on medicine itself.

In the afternoon when I first arrived at the hospital, I was being briefed by my colleagues when suddenly, a loud and harsh voice of a woman caught our attention. At the centre of the room was a woman shouting into the ears of her 92-year-old mother who could not see. Her mother's cataract is so severe that she could not even identify the direction of the light source from either eye. The daughter raised her voice again to repeat the instructions in their local dialect and shook the mother's arms vigorously, demanding a response. Yet, the mother, her body so fragilely placed on the wheelchair, said in a weak voice, "cannot see". I wondered why the daughter was so desperate because I thought an operation could solve her mother's problem. The ophthalmologist then told me that the team would not operate on patients with both eyes severely affected as it would place too much pressure on one eye such that the result of the surgery would not be cost-effective. This news bursted my bubble as I thought we would be able to help each patient in need to regain their eyesight. Facing the challenge of allocating limited resources available, I have to reluctantly admit that even with generous donations, financial limitations still haunts the lives and health of the poor, and this similarly applies to public hospitals in Hong Kong too.

After several attempts, the mother was still unable to pass the test, so the doctor told the daughter that they could not operate on her mother. The daughter asked her mother, "Why can't you see the light?" and hit her face. In the mother's teary and unfocused gaze, I see helplessness; In the daughter's eyes, I could feel anger, frustration and hopelessness. The internal struggle between caring for her mother and the burden of the illness could no longer be contained by the daughter. This was the first time I experience such devastating impact of a disease to a family. Amid the tense atmosphere, a colleague broke the heavy silence amongst the crowd of bystanders. She stepped forward and patted gently on the shoulders of the mother. Another also went to comfort the daughter. This reminded me of a saying from Dr. Trudeau, "To cure sometimes, relieve often, comfort always." I should not forget the role of a doctor. Doctors may not always be able to cure the disease but neither should we feel helpless because we can always comfort one's soul.

The episode was a motivating start for my service. It encouraged me to care for every patient that came into the hospital. In fact, a simple greeting of "Good morning, how are you?" lightened the worried faces of the elderlies waiting in line. Chatting with each patient who came to the ECG station also added a sense of warmth to the monotonous work of operating the ECG machine.

The second day spent in the operation theatre was hectic with over 50 patients waiting to be operated. Given the tight schedule, no one in the team slacked off in six hours and I did not dare to cause any delay either. However, I was too hasty when I gave local anesthesia to the patient's eye and it was not enough. Dr Tang asked me to reapply the anesthesia and reminded me, "Despite the tight schedule, our care for the patient always comes first" I was surprised to find out that it was so easy to let time constraint and fatigue make one careless even on an operation table. In future practice, we may face time and resources limitations which force us to place efficiency over care, to focus on the disease

instead of the patient. However, I hope I will not forget to stay humanistic and offer my care to patients whenever possible.

One after another, patients wearing cartoon-printed drawing aprons were directed to lie on the wooden operation table. The operation “theatre” was in fact a recovery room temporarily cleared for the week for us to work in. Autoclaves were humming loudly as they continuously sterilize sets and sets of tools that were to be used again in the next round of patients. Chattering sounds of patients and staff outside the operation room joined in as they came in through the half-open door. “The stool is too high” said Dr Tang, and the rusty stool squeaked as I quickly spun the stool to adjust the height of it. The basic setting and the use of simple equipment in the surgery amazed me. The number of staff in the operation team is also minimized, with two assistant surgeons to prepare the tools required for two tables so Dr Tang could shift from one to another, while two nurses takes care of all other tasks including sterilizing equipment and adjusting the machines. This highly contrasted with the operation theatres and teams in Hong Kong, where the setting and equipment are more modernized. Nonetheless, all surgeries were completed swiftly and successfully. In more developed cities, we sometimes place a lot of emphasis on introducing state-of-the-art technology to the medical system. I realized that even without advanced technology, a pair of skillful hands and a wonderful team can also achieve a lot in medicine. It opened my eyes to the beauty of medicine which lies on impacting lives with knowledge, skills and care.

It was a great pleasure to be a part of the team with Green Action Charity Foundation in this cataract surgery trip to Yangshan. My contribution was insignificant, but collectively the team’s effort made the service meaningful and impactful to the patients and to us volunteers. The delight of witnessing each patient regaining their vision has become a new motivation that propels me to pursue my dream and be a good doctor in the future.



**Photo 1** An ophthalmologist from Hong Kong (Man in black t-shirt) teaching medical students to use the different eye-examination devices.



**Photo 2** *Kristy placing ECG electrodes on the patient's body in preparation for an ECG examination.*





**Photo 3** *Kristy assisting the nurse to wash the eye of the patient in preparation for the surgery.*



**Photo 4** A group photo with volunteers and Dr Tang (fourth from left)



**Photo 5** A group photo with the team of volunteers from Hong Kong and the second batch of patients before being discharged.