

Reflections and Lessons Learnt from an International Medical Camp in Kazakhstan

Short Report

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Abstract

As a member of a team of 84 medical volunteers from the UK, USA, Canada and Russia, I travelled to Kazakhstan in August 2013 to take part in an international medical camp covering the town of Saran and nearby villages. Based in the Ophthalmology and Optometry clinics, I was able to gain a better understanding not only of the pathology, but also of the attributes needed for a successful medical camp. In this article, I reflect upon the role of the ophthalmologist, medical student and general volunteer in forming a shared collaboration with local doctors and patients, and consider lessons that can be implemented in daily clinical practice.

Keywords: International Medical Camp; Kazakhstan; Patient Education.

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Organisation as the key to success

It was not long after my arrival in Saran that it became apparent how extensive the planning for this medical camp had been. Saran, a town with a population of ~42000 located in the Karganda region of Kazakhstan, has an economy which relies heavily on coal extraction. This, coupled with the consistent lack of government funding towards healthcare, leaves the people of Saran with a high rate of respiratory illness [2] amongst other diseases.

Saran Polyclinic played host to our team of international doctors, with each sub-speciality running their own clinics. I was struck by the instant spirit of collaboration between the local and international doctors, surely a reflection of the firm foundation built through months of prior planning and discussion. The Optometry and Ophthalmology clinics, where I was based, ran with unparalleled efficiency in an effort to accommodate the ever-growing lines of patients spanning the corridors of the polyclinic. Patients would have their visual acuity measured by the international optometrists, and if a refractive error were present, they

would be given prescription glasses free of charge, to take home that day. Something I never tired of was seeing the excitement and gratitude on their faces after leaving the clinic with correctly prescribed lenses, in a set of frames they had chosen themselves!

The Ophthalmology clinic made me realise the necessity for an ophthalmologist to be a true polymath. With no slit lamp or operating theatre (the only things I had considered to be in an ophthalmology armoury!), I was initially sceptical of the clinic's ability to help the local people. These concerns were quickly obliterated as I saw the ophthalmologist masterfully use clinical examination and funduscopy to diagnose conditions ranging from molluscum lesions causing reactive conjunctivitis, to homonymous hemianopia as a result of cortical damage. As you might imagine, cataract, pterygia and glaucoma were common diagnoses, but unfortunately also diagnoses of high severity. Portable applanation tonometers were used to measure intraocular pressure, and where appropriate, pressure-lowering topical drops were started. All those requiring surgery were referred to the nearest hospital, and given detailed advice about what follow-up care they should receive. In this way, patients who would not normally have accessed medical services were provided with free and comprehensive care.

Receptiveness to patients' needs

Crucial to the partnership of the local and international doctors, was the ability of both sides to be alert to the needs of the patient population. This is particularly so for international camps such as this, where a group of foreign doctors come to a place of new language, culture and character. Although I frequently noticed the medical team adapting their practice to better fulfil the needs of their patients in Saran, it was exemplified particularly clearly in the Ophthalmology clinic. Many of the patients diagnosed with cataract, even at an early stage, would react to the news in a startling way, their distress often greatly surpassing the severity of their diagnosis. One of the young translators noted, 'It is like you are giving them a death sentence'!

Figure 1. Patient registration and assessment (A) Patients waiting for the Polyclinic to open; (B) Registration of patients; (C) Intraocular pressure measurement; (D) Prescription of new spectacles.



On further enquiry, it transpired that the people of Saran had been grossly misinformed about cataract and were unaware that it is a highly common condition, and one that could be easily treated at the nearest hospital. Whether the misinformation was coming from the local doctors or elsewhere, it was clear to the ophthalmologist that the situation needed to be rectified. Working with the local translators, a leaflet in Russian and Kazakh was written with the aim of educating the local people about the condition. Contained within the leaflet were statistics about the incidence of cataract in Kazakhstan, causes, symptoms, means of diagnosis, treatment and details about the operation.

Good patient manner: take-home messages for a medical student

The gratitude of patients receiving new glasses showed no bounds, and it fascinated me to think that a set of frames and lenses was tantamount to the removal of barriers to social interaction, and the gift of independence to so many patients. With many of these cases each day, the atmosphere of the clinic was permeated with calmness, compassion and gratitude.

Of course, it is expected for a medical professional to ‘treat patients politely and considerately’ as part of the GMC’s ‘Duties

of a doctor’ [3]. However, I had never grasped quite how powerful the simple act of showing kindness to patients is, before this medical camp. What’s more, medical students, doctors and general volunteers can give this gift alike, irrespective of whether they are working in an international medical camp or at their local hospital. We tend to underestimate its value, yet I firmly believe that it was this spirit of kindness, coupled with dedication and sensitivity to patients’ needs, which led to the astonishing success of this medical camp.

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