

Speaker: Dr. Akin Chan Kin Wah

Topic: The joys and sadness as a Medicins Sans Frontieres (MSF) doctor

(A) Personal background

Dr. Akin Chan was born in 1980 and graduated from Medicine at the Chinese University. In 2004, he received training at the United Christian Hospital, followed by training at the Caritas Medical Centre. He is a qualified surgeon and went into private practice in 2014.

(B) Medicins Sans Frontieres (MSF) and Hong Kong Red Cross

Both of these are voluntary medical organisations. The Hong Kong Red Cross was founded in 1950. Red Cross is a worldwide voluntary medical organisation and has branched out to the People's Republic of China. It is called "The Red Crescent" in Muslim countries.

MSF was founded in France in 1971 and is now assisting in humanitarian work in more than 60 countries (presently not in the PROC). It is an independent, neutral organisation not involved in politics or religions. It cares for patients who are in need and the MFS mandate is these volunteer medical personnel will attend to these patients without asking any questions about their political or religious beliefs.

Dr. Akin Chan has worked in many countries, including Pakistan (in 2012), Bangladesh, South Sudan and most recently in Syria.

(C) Working conditions with MSF

All of us voluntary doctors receive one week pre-training about the situation of the countries where they will be working in. We travel by air, by car or by boat, depending on the sites where they will work. The on-site "hospitals" or "emergency rooms" are usually very primitive with poor equipment and laboratory facilities. The living conditions are often very bad, depending on the countries where they are working in. These may be simple stone houses (in the Middle East, huts (in South Sudan and tents (in Bangladesh). The living quarters are very hot and often infested with mosquitoes. The toilet facilities are in very appalling condition, e.g. bathing with buckets of water and even more unhygienic are latrines infested by an army of cockroaches.

The dress code is simple and casual. In Pakistan, the local dress code is followed - long, flowing gown; whereas in Syria, we may wear our own simple clothing. There is a variety of food, but usually not delicious. In Pakistan, we eat roast meat and in South Sudan, only beans and simple baked cakes. The working conditions varied. We are often exposed to war-like conditions, where injuries caused by bullets, bombings, explosions by land mines are often heard of. There are also risks of abductions for ransoms in certain areas of Pakistan.

The clinical experience is very different from conditions in civilized places like Hong Kong. Gunshot wounds and injuries caused by exploding mines are almost like a norm (shown with slides by Dr. Akin Chan), Fractures are treated without the benefit of x-rays. Some interesting cases shown with very descriptive sides include:-

- (i) Emergency Caesarean section for premature babies;
- (ii) Child with imperforated anus
- (iii) acute abdomen with ruptured spleen;
- (iv) acute, suppurative appendicitis;
- (v) emergency limb amputations
- (vi) ruptured ectopic (tubal pregnancy)
- (vii) Infected leg wound
- (viii) burns
- (ix) gunshot wounds
- (x) head injuries
- (xi) all kinds of gunshot wounds and disfiguring injuries caused by landmine explosions
- (xii) obstructed bowels due to worm infestations