First world eye doctor in a third world country
Some hints on how to prevent common mistakes and how to overcome common difficulties

H. MAUS

Weidenäckerstraße 60, D-7070 Schwäbisch-Gmünd, FRG

There are many kinds of motivations and reasons for spending some time of your life on one of the most challenging problems: the socio-economic gap between the North and the South, with all its consequences for those people who are born in the wrong part of the world. In spite of the urgent need for you as an eye-doctor in a developing country, there is no telling beforehand whether the work you plan to do there will be efficient and helpful or not. Even the best motivation is no guarantee for success. The following considerations deal with the question of what objectives an eye-doctor from the first or second world should set himself in order to achieve a high rate of efficiency in his work in a developing country and to ensure satisfaction both for himself and for his patients.

Help creates obligations

There are many eye-doctors in western countries who at least once in their life would like to lighten the heavy burden of eye diseases in so many developing countries. This widespread willingness contrasts sharply with the very poor contribution actually made by eye-doctors from the industrialised countries. Some try to escape from their attitude of well-meaning ignorance and indolence by personal engagement. They collect useful material (glasses, drugs, instruments). Only very few eye-doctors ever come to work in a developing country. Generally speaking, it can be said that the less knowledge and information exists about the (medical) situation in a developing country, the greater the risk that such help will become inefficient or even harmful. Everybody who decides to become involved in developing aid must be willing to accept the fact that help places him under obligations.

Once help is started, one has to observe all the consequences of one’s aid and cannot neglect its direct and indirect results. I want to mention two critical points:

1) Any help for short periods (that is for less than one year) runs the risk of providing more frustration after it is stopped than benefit during its application.
2) Any help existing over a medium period (i.e. 1–5 years) creates dependency. A sudden break-down must be prevented either by the agency (e.g. by a term of eye-doctors under contract) or by the immediate start in the training of local people. Training is the only way of helping that does not continuously create new dependence. Dependence, the noxious side-effect of aid, must be carefully watched by every eye-doctor who works in a developing country. It should be counteracted by intensive efforts to train local people for eye-work. Facing the fact that most of the developing countries will deteriorate in their economic situation over the next few years, we ought to be frank enough to say it is completely unrealistic to believe that the eye-doctors of the industrial countries will be able to solve their urgent eye-problems before the end of this century. Therefore it is necessary that our help not only shows that we are interested in these problems and are doing something (to be able to say that we did something), but our help also really is as efficient as possible.

Preliminaries and preparations

Before I start to mention some things I found especially helpful for my own work in a developing country, I want to say that not all my experiences are adaptable to each developing country. Some are confined to Africa and some are specific for the present situation in Tansania, where I have been working.

The training

As a matter of fact, the training for an eye-doctor in a developing country can never be too good. It can be wrong or too specialized, but never too good. This includes not only practical surgical abilities but also theoretical knowledge. If you see very many patients you will also meet a lot of rare and strange cases, so it is quite helpful to have some good foundations, and some volumes of ophthalmological literature will certainly not be out of place. Keep in mind that there is usually no possibility of referring a patient somewhere else. The training should include knowledge of tropical eye diseases, which is usually not so difficult as expected.

One’s surgical experience should be at least at a slightly advanced stage for several reasons: (1) The eye-surgeon will be presented right from the beginning a mixture of simple and very difficult cases and he cannot select only the very easy cases for operation; (2) The eye-surgeon has to face a lot of difficulties he is not used to, such as for instance a smaller variety of instruments and less sophisticated equipment, possibly poor or inexperienced assistance (usually performed by a nurse), much longer operating lists with a certain pressure to operate fast, and the necessity not to be worn out after a few operations; (3) Generally the expectations as to his work will be rather high. He is not given the time to experience much in the developing country before he starts to do his good work. (This does not exclude the fact that