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Losing Terra Firma: The Case for Volunteerism in Surgeons

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Author's contribution

The sole author designed, analyzed and interpreted and prepared the manuscript.

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Opinion Article

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ABSTRACT

Surgery, The field of medicine, that has played a pivotal role in the evolution of healthcare delivery for generations, even centuries. We have moved far from the time when breast surgery was a grotesque scene in a lecture hall to a state where dozens of operations are performed at outpatient (OPD) facilities. This change has brought with it certain limitations to the growth of the psyche of a surgeon. The tsunami of machines and technologies, which brought comfort and ease to the struggling patients, has also brought mindlessness and arrogance to the practitioners of this beautiful art. As we rely more on machines now than ever before, our approach has become, unsurprisingly, more mechanistic, and we may have lost our grip on the ambition we had when we entered our career: to help humanity. One of the most gratifying aspects of surgery is that we can actually heal a patient in real time; heal their wounds, both physical and metaphorical, with our own hands. This notion was consolidated in my mind as I volunteered at the Savar building collapse a while back, but the lessons I have learned are still very fresh. In this article, I have attempted to put my feelings and my hopes in to words, as a token to the global surgeons-in-training so they can take heed. In our classrooms, the focus on humanity has greatly reduced, and this has in turn produced surgeons who rarely follow the path of volunteerism. There is a solution to this disarray: separate the money from the art, not always, but occasionally. Surgeons have always been the beacons of volunteer activities; there is a reason Doctors Without Borders (MSF) constitutes more

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of surgeons than any other disciplines. With volunteerism, surgeons understand the world outside the hospital ward and gain insights into patient's mentality and their fears at a more visceral level. The empathy we gain from such activities will eventually help us become better guardians of health when he re-enters these hospital wards.

Keywords: Volunteerism; surgery; developing countries.

1. INTRODUCTION

The mucosa in my nose was burning; the ground beneath my feet was still shaky. Being a doctor-in-training, I had spent countless hours in morgues around dead and putrefying bodies and almost two years in anatomy labs to develop a certain tolerance for the stench humans exude after the blood in their body stops circulating. A stench so visceral, and repugnant, is hard to forget. But my nose couldn't tolerate the stench that hung over Savar, a sub-district on the outskirts of Dhaka, the capital city of Bangladesh. Maybe it was because I had never been in an area where more than a thousand people were suddenly crushed alive under the concrete blocks of an unstable building. Savar is famous in Bangladesh for its cenotaph, where people often commemorate the struggle for their independence in 1971. Today, however, it was on its way to become famous all over the world for the struggle that poor garment factory workers go through for their financial dependence. A glum irony.

The horrific tragedy that stuck on April 24, marks a stark departure from the preconceived notions people around the globe have about how apparel factories manufacture the couture as well as the mundane garbs. In conditions which cannot be described anything less than "modern sweatshops," more than one thousand poor garment factory workers lost their lives, and livelihood [1]. And although countless volunteers, physicians, surgeons, and nurses from public and private sector contributed, and amazingly enough succeeded, in reviving as many victims as humanly possible, the haunting gap between the supply of surgeons available and the victims injured was glaring [2].

Just ten days before, on 14th April, Bangladeshis celebrated their most joyous and colorful festival of Pohela Boisaikh. It was a myriad of yellows, whites, and reds. Today, there was red. Bloody red. Too much of it, actually. A few hours back, before being jolted out of my routine work, I was attending patients in my ward. My phone rang, the caller's voice was full of grief and urgency; it was a close friend informing me about the building collapse and advised me to stay on the qui-vive for more-than-usual trauma patients. Immediately, I ran to the doctor's room, a dingy cubicle meant for the prohibited slumber for on-call doctors. I switched on the small television, wiped the blanket of dust from the screen and turned the broken volume button up. I stood flabbergasted as I witnessed the deadliest accidental structural failure in modern human history. It was live, and astonishingly grotesque. I was to be a spectator of one of humanity's biggest failures.

As I stayed back to attend the trauma patients, a thought crossed my mind: there was a large team of doctors in the hospital but how many doctors were available to the injured at the site of collapse? Luckily, I had some friends at the local chapter of International Committee of Red Cross (ICRC). Fully aware that ICRC and BDRCS would mobilize their disaster management teams immediately to the site, I called one of my acquaintances and offered to volunteer at the medical camp at Savar. Riots had broken out; mobs of garment factory workers were vandalizing public and private property as a show of protest and solidarity with their brethren as the news of the building collapse spread like wildfire, which housed dozens of small garment factories employing several thousand employees.

Anxiously, and not knowing what to expect, I rode in an uncomfortable auto-rickshaw towards Savar. The driver was reluctant to go into that area so I had to lure him by offering more-than-usual "badha", the local term for fare. Armed with iron rods and bamboo sticks, a large mob had cordoned off the site and wouldn't let me pass till I "proved" I had genuine intentions of helping the injured. My exotic Bengali accent and a card from ICRC helped me get through. The closer I walked to the site, the stronger the stench, the stronger the burning in my nose, the shakier the ground beneath. This time my eyes gave up as well and started pouring copious amounts of tears, eventually requiring a pair of nude goggles and a sturdy facemask to withstand the stench of death. I felt as if I had been deported to a distant land of misery.

As a child, I spent a considerable time in the most violent and volatile regions of the world. As

such, I was a helpless observer to the carnage unleashed on the streets and was no stranger to a scene of scattered dead bodies. And even then, while I explored the rubble that was once an eight-story building, I was horrified. The wreckage resembled-on a very large scale-a loosely arranged stack of cards, which were elaborately decorated like a tapestry; only this time the cards were made of reinforced concrete and the motifs were provided by gnarled and mutilated dead bodies of poor garment workers. When the ceilings from each floor had caved in, the workers were caught off guard and most of them couldn't fathom a route for escape. I imagine the only thought that crossed their mind was to embrace their fate, and each other. TIME magazine had published one such photograph, a husband had held on to his wife right before the concrete immortalized their union [3]. I saw death in its most raw and unforgiving form.

The aftermath of the collapse was not of just the physical nature, severe psychological repercussions were also reported, more so in younger and married groups [4]. This would eventually cause many of them to suffer from such extreme forms of Post-Traumatic Stress Disorders (PTSD) that most were rendered unable to perform their jobs, or seek new ones. A tragedy of such scale usually stirs a person out of their "normal" mental setup, hurling them into an abyss of despair and fear. This depreciation of labor force would have far reaching consequences on the currently-booming apparel business of Bangladesh if it's not monitored, and every possible effort should be made to avoid such mishaps from happening again.

I was part of the team assigned to ascertain which of them were still part of this world and to seal the ones who had moved on to the next one in special plastic bags coated with preservatives on the inside and to provide prompt initial treatment to the ones hanging in the middle. Apart from cardio-pulmonary resuscitations (CPR), my team was also involved in management of lacerated wounds, wound debridement and dressing for minor injuries, and preliminary appraisal of severe injuries before transferring the patients to near-by hospitals. It was the most difficult triage of my life, with such harrowing cases of trauma not even in the surgical textbooks. The lucky ones were missing their limbs only; it was comparatively easy to save them once we stitched the bleeding vessels in their limbs before labeling them amputees. The unlucky ones were languishing in pain; with their bodies besmeared with a cocktail of blood, dust and concrete, most of them were still stuck under the heavy blocks. To retrieve these people was a colossal challenge. We were able to retrieve only a handful victims from the rubble, as most of the rescue operation was manual until the Bangladesh Army was deployed and subsequently crane machines were used. This did not significantly increase the survival rate among victims. The scene represented a ghastly spectrum ranging from mild cases where arms or legs or others parts had to be severed to the bleak cases where water was provided till life took a flight from their bodies. The mortal remains were then transferred to the playing field of a local government school and were spread across the field, like vegetables in a green house, for their relatives to identify. It was a macabre sight, we couldn't always provide whole bodies; sometimes it was limbs only, and other times it was the trunk of the forgotten workers and some just had to wait since hundreds of bodies couldn't be retrieved or accounted for. Eerily, it resembled some form of industrial genocide.

Almost as an afterthought, more than 190 global clothing brands and their retailers have pledged the "Accord on Fire and Building Safety" along with two global unions [5]. This are definitely positive steps that can influence the conduct of labor force in Bangladesh and set precedents for other countries where similar high-volume, low-cost apparel industries thrive [6]. But how much of such recommendations will actually be followed remains a mystery and only time will tell whether it was a grand success or a momentous failure.

The medical point of view and the courageous attempts by anesthesiologists and surgeons has been documented before [7], showing the zeal with which physicians in developing countries handle victims of mass causality. Since the economic impetus by the state in these situations is low-key, alternative methods on how physicians can contribute should be explored. Volunteerism, can be an effective choice, with a dual purpose: younger surgeons can learn how real-life situations unfold and the monetary concern can be alleviated. Many such innovative methods have been tried elsewhere [8], and if implemented properly, would be a great boon to the already struggling heath systems in the developing world.

A week after, while rescue efforts were still going on, I reluctantly left the site to continue work at my hospital. As I walked the corridors of my

wards again, I was a different person, more grateful, more responsible and a more conscious consumer of apparels. Now, I was more forbearing, I listened to my patients more intently, I cared for their every sigh, I gave people more time than before. I cherished every smile; I valued life more. It took a massive industrial disaster to shake me out of my callousness towards the world we inhabit, to bring voice to the people who like the factory workers are buried under poverty, who have no weapons to fight this war of consumerism, whose eyes are filled with as much hope as tears. Maybe in that rubble, I had buried the old me who took life for granted.

2. CONCLUSION

As surgeons, we have the privilege to see people in their rawest form, in a metaphorical and literal sense, but there is also a certain responsibility which we cannot shrug off. We can play an immense role as future guardians of health, and as effective communicators of human suffering and the lessons learnt from such agony. Problems in global health cannot be addressed by clinical medicine alone, and often times, we need to step outside of our comfort zones. Working in low-resource settings is not only fulfilling but an extensive training in how to use resources more judiciously, and more prudently. Its only with empathy that we can understand, and address, the human suffering.

CONSENT

It is not applicable.

ETHICAL APPROVAL

It is not applicable.

COMPETING INTERESTS

Author has declared that no competing interests exist.

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