

## GOING THE EXTRA MILE – INTERVIEW WITH

# DR VIVIEN LIM



**Dr Vivien Lim (VL)** graduated from the National University of Singapore Medical School in 1998 and was accredited as a Specialist in Endocrinology in 2008. After she completed her training, she was awarded the Health Manpower Development Plan Scholarship by the Ministry of Health to gain wider experience in complex cases of endocrinology in the Mayo Clinic, Rochester, Minnesota, US. She is currently the president of the Endocrine and Metabolic Society of Singapore and works in Gleneagles Medical Centre.

Upon Dr Lim's return, she worked as a consultant in Khoo Teck Puat Hospital (KTPH) and the Diabetes Centre, where she ran clinics in general endocrinology as well as diabetes, bone and calcium, and adrenal/pituitary, in addition to providing thyroid and fine needle aspiration cytology services. Dr Lim also held the post of programme director of the endocrine residency programme in KTPH, and was appointed as a senior lecturer in NUS Yong Loo Lin School of Medicine.

Dr Lim has a passion for humanitarian causes and has been involved in several missions in Africa and Asia. For her active participation, she was awarded the Healthcare Humanity Award in 2014.

### What first stirred your desire to participate in humanitarian missions?

**VL:** I have to say that I would have to think back a long time and I can't actually remember a time that I did not dream of going on a humanitarian mission! I think it must have been the documentaries that I

was exposed to as a child – the ones focusing on refugee camps in Africa and the severe deprivation that they faced. There were also scenes of malnourished children and trauma victims. I wanted to help them and play a part in making life better for them. This ultimately prompted my career choice as a doctor and spurred me on through medical school and the subsequent years of training.

### What are some of the duties of a peer coordinator of doctors with the Médecins Sans Frontières (MSF)?

**VL:** My duties include representing Singapore at the Annual General Meetings held yearly in Hong Kong (HK) and to be a voice to be heard there. I also help out with and support activities that the HK office sets out in Singapore, and aid in gathering the various MSF peers in Singapore.

### What does a typical day on the field of a disaster site look like?

**VL:** I have been on a few missions but I'll focus on the six-month mission to Mount Elgon, Kenya in 2008. The

population was caught in-between the rebels and the militia, and the local health system disintegrated. There were many locally displaced people living in tents. Note that as they are displaced within the country and do not cross country borders, the correct term for them is *internally displaced people* instead of refugees. MSF, or Doctors Without Borders as they are known here, went in to provide medical aid to the population. I was the medical doctor in charge of the mission and had four nurses, three medical officers and three psychological officers under my charge. We were based in Kapsokwony and supported a health centre in Kapiro, which was higher up the mountain, as well as supplied medical aid to five different areas, some of which were camps for internally displaced people.

A typical day during a mission would comprise waking up bright and early in the morning, at times literally as the cock crows, for breakfast followed by a morning briefing for the medical team. The team then heads off on the range rover to one of the designated areas of medical aid

and we covered five areas – one for each day of the week. Depending on where the site was and the day's road conditions, it would take us anywhere from 30 minutes to two hours to get on site. You need to understand that this is on a mountain with no paved roads and certainly no street lamps. Hence, on a bad day (eg, rainy days), the vehicle might end up getting stuck and we would all have to get out and push! On Saturdays, we would go to the medical centre in Kopsiro where part of our medical team is stationed with a base.

Once we arrive at the site of medical care, we'll set up clinic. Many a times, there will already be a queue waiting for us. We deal mainly with primary healthcare needs and, occasionally, trauma cases. At the same time, one of the nurses will be vaccinating children, and the psychology officers will have a separate tent/area for their consults. Many of the patients there live through trauma – physical and/or sexual. Emergencies that require hospitalisations or minor surgeries will have to be transported to a hospital in Kapsokwony, the town in which the main MSF medical team is located.

Being the only doctor on that mission means handling calls 24/7. If there was an emergency that required MSF's attention, I'll be the one who receives the call and dispatches the nearest available team to the patient

for assessment and, if required, transportation to the nearest hospital, which is usually about two to three hours away from the patient's location.

### What is the most memorable mission you have been involved in?

**VL:** The thing about missions is that they are all choked with many memories – good and bad – which all form part of the entire experience. All the missions are memorable in their own way and it is difficult to have to choose one. However, if pressed, I would have to go with the mission with MSF in Mount Elgon.

Why was it memorable? I guess it was so in many ways. First off, I was stationed in an entirely different continent – Africa. Everything was different, from the food to the working and living environment. Then, there was the fact that I had been working towards this mission for what seemed like all my life. Moreover, Mount Elgon was a beautiful place with untamed wilderness, where the villages situated higher up in the mountain do not have electricity and the landscape is unmarred by the accoutrement of civilisation in the form of telephones and electricity poles. The first night I was there, I had to attend to a prolonged labour in a village high up on the mountain. Imagine: I had just

touched down at base when I piled into a range rover through rough terrain at night on the first day there! Thereafter, it was working in the environment that I had envisioned since young and doing the work that I had decided to devote myself to.

And let's not forget the camaraderie and bond forged between team mates working and living together. It was one pretty unforgettable experience. As a Singaporean, food is very close to my heart and I certainly would never forget the time that I almost turned vegetarian! Unbeknown to the *suaku* (Hokkien for naïve) Singaporean in me, I did not register that the cute goat chancing upon my working area, and whom I exclaimed over and took copious pictures of, would end up on my plate that same evening!

### What are your biggest personal challenges during this humanitarian mission?

**VL:** These can be separated into personal and professional challenges. I guess many would say that a major challenge would be the relative lack of security, and it's certainly so when compared to Singapore. We were not allowed out after dark and had to be accompanied by a local at all times. However, what I personally felt were more challenging include:



## Personal

- **The culture shock.** The region's pace is slow compared to the bustling city life in Singapore, and there is an obvious difference in gender status. I remember seeing two queues at one of the medical health areas – one long line for the females and the children they carried, and another much shorter line for the males. The elders were all males.
- **The lack of privacy.** I come from a nuclear family of just four people under one roof. There, I had to share the same compound with up to 30 to 40 people at one time and that took some getting used to.
- **The constant scrutiny.** I am not sure how celebrities tolerate this. You need to understand that the people there are very poor; there is hardly any entertainment and life is hard. When they see a stranger or a mzungu, and especially given the rarity of Chinese people there, they will stare and wave at you, especially the kids. This happens every day, whenever you travel on the white range rovers with MSF logos. The kids will hear you in advance and throng the road to wave at you. Sometimes, when you return from a day of hard work, you are so tired and just want to ignore the world and recover. But the thought that this might be one of their rare sources of entertainment makes it very difficult not to return the greeting, which became rather mentally exhausting over time.

## Professional

- **The lack of equipment and facilities.** For example, we didn't have spacers for delivery of asthma puffs, so we used an empty mineral water bottle instead. We only had oxygen masks and no intubating sets. If a patient collapsed, the nearest hospital with an Intensive Care Unit was more than three hours away.
- **Adapting to working in a completely different environment.** Having a roof over one's head or working in a tent is a luxury. Forget about proper flooring or handwashing facilities! You make do with whatever is at hand and if you don't have it, you improvise. You

learn how to prioritise needs and sometimes make the tough decision of not being able to help a patient. This is especially so if you are there for an acute care situation and the condition presented is chronic and you lack the means to treat it.



## Do you have any advice for medical students and doctors who would like to volunteer their time for humanitarian causes?

Plan ahead! If you are aspiring to go into organisations such as MSF, you need to know that they have certain entry requirements. These will be documented in the official webpage. For many doctors, if not all, they require a minimum commitment of one year in many circumstances. Depending on what role you are applying for (eg, physician), they might require tropical medicine experience. Working in Singapore does not automatically qualify you for

it! I had to do a Diploma in Tropical Medicine and Hygiene in the Liverpool School of Tropical Medicine. Moreover, you will need to plan exactly when you are going on the mission, given that you might have residency followed by fellowship. The logistics of taking leave might be tricky. If you are committed to humanitarian work, be prepared that your career might need to be put on hold temporarily while you venture off.

Also, do not be overeager to go when you are still a junior. You are there to serve. Hence, you have to ensure that you are not a burden to the team in terms of both medical terms and maturity. Personally, I went on my mission after finishing my exits. This gave me sufficient experience in making tough decisions, and the maturity of mind and medical experience stood me in very good stead as I was the sole doctor on that mission. ♦

### Legend

1. A close up photo of a MSF clinic
2. During the mission to Ormoc, for Typhoon Haiyan
3. Everyone gets out and push!
4. Helping out with dispensing medicine

