



# A PRIVILEGE TO SERVE

## FIVE LITRES OF BLOOD

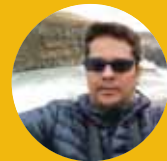
The blood literally drained from her cheeks, the pink hue giving way to a ghastly pale tone. Monitors beeped away in a frantic cacophony. Her pulse rate shot up while the blood pressure came crashing down. My anaesthetist wife screamed, "Jayant, I am going to die!" It felt like my wife and I were unceremoniously thrust into the leading roles of an episode of *ER* on steroids.

What happened over the next few hours was a whirlwind of events. I switched between both doctor and patient roles as I barked instructions to the house officers on duty and called down all the doctors whom I deemed relevant to the urgent care of my wife, even as I reeled with despair. Within the next three minutes, my friend, a cardiology registrar, got down to setting lines, while my wife's anaesthetist colleague rushed down immediately to prepare for intubation

and OT. The obstetrics, surgical and anaesthetist teams were in the OT within the next ten minutes, despite it being a public holiday. I followed my wife's trolley to the intensive care unit and watched as they shoved a tube down her throat to keep her alive, while simultaneously battling tears to participate in discussion with the surgical teams to decide on the next immediate step. The feeling was surreal and the situation desperate.

Commotion quickly gave way to terse but calm purpose, and order arose from disorder as I clung onto hope. The emergency operation took four hours, during which I found myself pacing the corridors of an OT I was all too familiar with. While we lost the lives of our beautiful twins, whom we had just a week earlier christened Aaryas and Aarushi, my wife was brought back alive with five litres of donated blood packed in.

PROFILE



TEXT AND  
PHOTOS BY

## DR JAYANT V IYER

*Editorial Board  
Member*

Dr Jayant V Iyer is an associate consultant with Singapore National Eye Centre. While remaining enjoyably busy with fellowship and mission work, he now rushes back home post-work at breakneck speeds to spend time with his newborn son.



As the surgeons and anaesthetists — many of whom we knew as colleagues and friends — went through the operation details and subsequent plans with me, brushing aside tears from their own eyes, I couldn't help feeling overwhelmed by it all. Overwhelmed by the gravity of what had transpired over the preceding six hours when I could have lost it all; overwhelmed by the dedication, commitment and fervour with which our doctors treated and saved my wife's life; and overwhelmed by the love and support of my immediate circle of friends and family, who kept vigil beside me.

The next few days saw the anaesthetic team bring some colour back to my wife's face. A psychiatrist was quickly brought on board to ensure our faculties remained in order in the immediate aftermath of the devastation, while the surgical and obstetrics team made regular visits to ensure all was well.

The entire episode forced me to view things from a patient's perspective — to see what we doctors do from the other side and the impact that our work has on the patients we serve.

I am thankful to have chosen such a profession, as is my wife. More importantly, I am thankful to the medical team, for without their dedication and diligence, my wife (and perhaps I, too) would quite literally not be here today.

### JUST DOING OUR JOB

More than a year ago, I had set up a non-profit organisation called The Vision Mission with a colleague, Dr Jason Lee, and a long-time friend, Mr Avinash Jayaraman. The primary purpose of this organisation is to eradicate treatable vision impairment in underserved populations in parts of Asia. Last year, we performed 1,000 surgeries for the poor in Odisha, India, along with building up the capacity of our local partner hospital (Trilochan Netralaya) in subspecialist services and systems optimisation.

During one of the camps this year, we organised a surgery for Mr Sahu, a patient who had perception to light (PL) vision in both eyes. As a result of this, he could no longer partake in farming or walk a step without assistance, thus leaving him homebound and confined to his chair.



We performed cataract surgery on one of his eyes in the hope of alleviating his situation. Unfortunately, following his surgery, we found the red reflex to be blunted, suggesting another underlying pathology. His vision was found to be just counting fingers (CF) at one metre on the next day, while many of his fellow patients enjoyed vision in the range of 6/6 to 6/12.

While dual pathology is not an uncommon event, I was a little

disappointed that the vision improvement was less than modest, even though the operation itself was a success.

I visited this patient a day after the surgery, with the intent of diagnosing the other underlying problem and explaining the reason for his less-than-stellar improvement in vision. As I entered the thatched hut, I was welcomed by the scene of a thin, grandfatherly man clad in a dhoti and wearing oversized shades, sitting pensively on a red plastic chair that didn't quite belong. One of his family members explained to him that the doctor was there to visit him.

He quickly removed his shades, pried open his eyes and asked his relative to point out whom, among the figures in front of him, the doctor might be. Upon identifying my figure, the old man shot up, took a few brisk steps towards me and literally fell to the floor trying to find my feet.

I took a step back and got the man back up on his feet, asking him what he was doing. The tearful man explained that he viewed us doctors as among his gods. He then requested the names of the members of the surgical team involved in his care, so that he could pray not just *for* us, but *to* us. Coming from a relatively more understated culture of gratitude in Singapore, this was not something I was used to. I was touched that the modest improvement

in his vision by medical standards, from PL to CF, meant a world of difference to him. It took me a while to compose myself before telling the patient that we were all just doing our job.

Just doing our job.

## CONCLUSION

As I complete 34 years of existence and move on to my 35th, while still undertaking fellowship and planning for further training, these encounters remind me of why each of us chose to do what we do and why we must each continue to do what we are doing to the best of our abilities.

The long hours, continuing medical education and barrage of examinations can easily cause one to become disillusioned or jaded. But by "just doing our job", we can have such a positive impact on a fellow man's life. What an honour! It is truly a privilege to be able to take care of one's friends, relatives and all the "uncles" and "aunties" we see in our daily practice.

It is truly a privilege to serve. ♦

### Notes

1. My wife and I are thankful to the entire medical team that took care of us, my circle of friends without whom we might not have retained sanity and my family who keep us going.
2. I found the patient in the second story to have a macular scar, but the cataract surgery allowed him to have navigational vision, which conferred upon him a significantly better quality of life. The Vision Mission intends to organise cataract surgery for the other eye in the hope of a better visual prognosis. This is slated to take place in the later half of the year after the harvest season.
3. My wife and I thank our parents for nudging us through our childhood to choose the path of medicine.



### Legend

1. Daddy duty back home
2. The Vision Mission — Trilochan Netralaya team after a successful mission trip
3. A very happy Mr Sahu with his family

