A week in the life of

Gerry Clare

An expert in saving sight tries new techniques to tackle the effects of TB in Uzbekistan

When I wake up in Nukus in the Republic of Karakalpakstan, a region in Uzbekistan, I try to gauge the temperature outside before deciding what to wear. With a cold wind coming in from the Central Steppe, I wrap up warm and allow myself a hearty breakfast before walking to the local hospital.

I am here with Médecins Sans Frontières, who are coordinating, with the Ministry of Health, a major drug trial to introduce new treatments for strains of tuberculosis which are resistant to the primary drugs.

My job as an ophthalmologist is to ensure that the Karakalpak staff members are fully equipped to monitor the eye health of participants in the drug trial. The new drugs are among the first to be designed in 50 years, and may have ocular side effects.

My work has involved preparing guidelines and patient report forms, advising MSF on the necessary equipment and consumables, and training the local doctors and nurses to examine patients’ eyes in a standardized way. The trial is to be conducted in Belarus and Southern Africa, so it is essential for the methodology to be kept uniform to produce meaningful data.

I train the local ophthalmologists in modern techniques to monitor eye health that will serve them beyond the trial. Many of the techniques of examining the eye are acquired skills that they will master only through practice, including in the clinical settings where they usually work. I recognize that patient management can vary in many places, but I try gently to challenge the status quo. In addition, I need the nurses to take full responsibility for certain tasks, such as measurement of vision, so I try to ensure that each nurse has a thorough understanding of the methods used.

This is my second mission with MSF. My first was in Liberia, where a proportion of Ebola survivors developed eye inflammation as a result of the virus’s ability to enter the eye. I liaised with local ophthalmologists to try to build on their experience of treating inflammatory eye disease in order to prevent unnecessary sight loss, yet the broad infrastructure necessary for ophthalmic healthcare was lacking. It was especially tough to see children losing their vision as a result of the Ebola outbreak.

I’ve worked in many resource-poor settings as an ophthalmologist, including Nagorno-Karabakh, Myanmar and the Palestinian Territories. More recently, I held a clinic in the Calais ‘Jungle’. I am often struck by the tragedy of avoidable sight loss and by the inequality of healthcare around the world.

The World Health Organization and the International Association for the Prevention of Blindness launched Vision 2020, a global initiative to eliminate avoidable blindness, in 1999. Yet, certainly as far as eye care is concerned, we are still far from being able to deliver ‘the highest attainable standard of health as a fundamental right of every human being’, as enshrined in the WHO constitution.

High-quality eye care is difficult to implement because nowadays it is dependent on expensive equipment and technology. I hope that eye disease will be given greater importance by NGOs, even those not directly concerned with the prevention of sight loss. To this end, I lecture on eye care on MSF’s Global Health and Humanitarian Medicine course. I want to alert the new generation of MSF doctors to the needless loss of sight around the world. I sit on the International Committee of the Royal College of Ophthalmologists, whose main aim is to improve the training of ophthalmologists worldwide. This year I co-supervised a master’s student at the London School of Hygiene and Tropical Medicine to work out cataract surgical rates in the Palestinian Territories.

A wide spectrum of infectious organisms can affect the eyes, including syphilis, HIV, toxoplasmosis and – unbeknown to most people – TB. The eye is one of the only places where the effects of these organisms can be viewed directly through a microscope.

My work in Karakalpakstan is a mere drop in the ocean in the fight against drug-resistant strains of TB, which has become an alarming threat to public health in the former Soviet republics, China, Southeast Asia and parts of Africa.

These strains may have emerged as a consequence of inadequate treatment, and are extremely costly to treat. As an organization, MSF undertakes extraordinary work in combating this problem, constantly developing and adopting strategies to improve diagnosis and access to treatment, yet the challenge remains vast.

Gerry Clare trained as consultant ophthalmic surgeon in the British Army, having served as a medical officer to the Argyll and Sutherland Highlanders and 23 Parachute Field Ambulance