

Lifting the Cloudy Veil and Transforming Lives

Tara Brah¹

Tara talks to Lucy Mathen, a journalist turned consultant ophthalmologist and founder of Second Sight about her exceptional career and working in India's forgotten corners.

Why did you become a journalist?

I became a journalist because I was, and still am, madly curious about everything and can't get enough of finding out what makes people tick.

What encouraged the switch to Medicine?

I was in Kabul. It was 1988, the Russians were pulling out of Afghanistan. It was a time when so many bombs were dropping on the capital city, that the British Foreign Office warned us not to go. I went with an all female film crew. We wanted to know what the women and children were doing. On our last day in Kabul we were taken by our Afghan government 'minders' to a clinic outside the city. The male doctor did not look a happy man. His story was not world-shattering: only one of out-of-date drugs and a chaotic health-care system. He was telling us these facts in the belief that disclosure might result in action to change things.

I thought the world could be changed through journalism. I felt a fraud. Our camera team would be out of Kabul in 24 hours, we would include his interview in a channel four documentary shown to a small audience and then what? I decided that if I ever were in a war zone again, I would be a medic not a journalist.

What made you choose ophthalmology?

Where was I heading? (I was) rapidly eliminating most fields, sadly, the more frustrated and unhappy doctors that I met. I had, after all had a mostly pleasurable first career as a journalist. I did not associate work with being miserable. And then we had a two week attachment to the Ophthalmology department. Call me a simpleton but, a group of happy doctors and my first sight of the optic disc viewed in full magnified splendour through an ophthalmoscope was enough to make me want to deal with eyes for the rest of my medical career. What I did not anticipate was that Ophthalmology would come to dominate my life.

What was it like being on the South Indian surgical course?

When we arrived to start this course, the extent of our surgical experience was 'watering the cornea' which meant squirting saline solution from a syringe over the eye to keep it moist while the surgeon was doing the clever stuff. On the 8 week course we were given an

Affiliations:

1. Core Medical Trainee 2, North Devon District Hospital, Raleigh Park, Barnstaple, Devon. EX31 4JB

Correspondence to:

Dr Tara Brah;
tara.brah@yahoo.com

Received: 5 August 2013

Accepted : 29 October 2013

Process: Not peer-reviewed

Conflict of Interest & Funding:

None



Photo credited to Philippa Gedge / BMJ.

BIOGRAPHY

Lucy Mathen's remarkable journalist life began in the Seventies, as a reporter for a local newspaper. Cue fifteen successful years in media, principally as a TV reporter and notably as the first ever British Asian to front a big-time national television programme.

At the age of 36, she had an epiphany and decidedly swapped her reporting microphone for an Ophthalmoscope and a pair of travelling shoes.

After collecting her Medical degree from St George's Medical School, she gained experience of the Indian Healthcare system. In response to the World Health Organisation vision to eradicate reversible blindness by 2020, Mathen founded a unique charity - Second Sight.

individual tutor, and taken through the steps of cataract surgery at our own pace until we were safe enough to operate independently.

Each operating day, we were given torches and told to walk the corridors. There, squatting quietly backs up against the walls, were hundreds of pre-operative patients, most of them completely blind. Our task was to find the few amongst them who were not blind. Operating on early (immature) cataracts is easier than operating on hypermature cataracts. We were beginners so had to choose our patients carefully, both for our sakes and theirs...but the patients were so hopeful; they were calling out in the local language and reaching out to touch us.

I crouched in front of a tiny woman with grey hair...I found the index finger of my left hand gripped with the strength of a newborn baby's involuntary grasp reflex. The little woman muttered earnestly to me, refusing to let go...I will never be able to forget the urgency transmitted in her grasp and how it conveyed to me the cocktail of hope, panic and fear that a blind patient must feel when examined by an eye surgeon.

Mathen has also penned an incredible narrative to her adventures so far, 'A Runaway Goat.' Samira Ahmed's review of the book¹ succinctly describes the obstacles Second Sight faced. "The Kafkaesque illogic of big charities and government departments, here and abroad that makes you gasp- the charity who tell her it's better to leave expensive surgical equipment gathering dust rather than send Western doctors (at their own expense) to use it to cure blindness."¹ Government officials told her it wasn't empowering.

What were the main issues that Initiative Vision 2020, a Right to Sight faced?

When questioned about why India had accumulated such a huge backlog of people needlessly blind from cataract, the reasons given by national bodies and international charities were: the lack of infrastructure in rural areas, the lack of training, the lack of equipment and the ignorance of uneducated people.

Meanwhile another, to my mind, supremely important factor was being glossed over: eighty per cent of India's ophthalmologists were working in urban areas and in private practice; the vast majority of India's blind people lived in the villages with no access to eye surgeons.

Could it be that, at the start of the 21st century, the main reason why India's blind were staying blind was simply because eye surgeons were unwilling to work in the impoverished and forgotten areas? Was this why India, in spite of having enough eye surgeons even for it's

huge population, in spite of manufacturing equipment at low cost...still had more people unnecessarily blind from cataract than any other nation?

To raise funds, Mathen has enlisted her family on a sponsored bike ride across Cuba, persuaded a minted expat to donate a patient bus and coaxed a donation from a Rock icon. Along with other generous benefactors she has pushed through a myriad of marathons and triathlons. A fervent footballer, a chance kick-about with a rural Indian all-female football team led to a special Academy being established, where child marriage is substituted with education and career opportunities. A film, 'Junction for Having Fun' documenting the initiative is just another example of how Mathen's efforts go well beyond the call of duty, a trait recognised by her BMJ Karen Woo award.

How is Second Sight different from other charities?

Second Sight has retained a 'whatever it takes' approach to curing blindness. If surgeons are needed, we supply them, if equipment is needed, we buy it, if money to fund an increasing number of operations is the only limiting factor then we increase our fund-raising efforts to secure funds. As a small charity unencumbered by bureaucracy we can make decisions fast.

No donated money is used on salaries, administration or office costs. Every patient we reach is blind from cataract. So we can guarantee that our work is a successful eradication of blindness programme and that donors' money is literally curing the blind.

Our legacy is to leave behind hospitals run by and for local people and providing the highest standards of eye care, training and empowerment in the heart of their communities. ■

References

1. Ahmed S. Don't Go There, Lady. 2013. Available from <http://www.samiraahmed.co.uk/dont-go-there-lady> (accessed 11 July 2014).