On being a Doctor

One night, while I was on duty – a poor man entered in to my duty room Khan MMR

After passing MBBS from Mymensingh Medical College, I entered in to government job and served in different upazilla health complexes. It was 1984 and I was working as medical officer in Bakerganj upazilla health complex in Barisal. In those days, in rural areas, there were least facilities of urban areas. Mobile phone had not been introduced and electricity was available for not more than few hours a day. Communication system to and from the health complex was horrible. Bicycle, rickshaw-van and cow driven cart were available. We the health complex people were very fortunate to have a motorbike for emergency use.

One night, while I was on duty, a poor man entered my room. He was crying aloud and I could not understand what he was trying to say. One of the staffs of health complex helped him to calm down. We came to know that his father was very ill and unable to walk or talk since evening. He tried some local medicine from a 'Kabiraz' but there was no improvement. He tried for hours but did not find any vehicle to carry his father to the health complex. He started crying like a child telling that he loved his father very much. He fell down on my feet and begged to do something for his father. I could stand no more and went to RMO's residence for advice and decision was made to go to patient's house and help him.

Along with patient's son and a staff of health complex, I started by the motorbike for the patients house which was approximately 20 km away. The journey was very difficult as it was dark all around. I was driving the motorbike depending on instructions from behind and reached the patients house after one hour.

They were really poor people having two to three small huts/ kaccha house surrounding a small courtyard with some coconut and banana trees. Patient's son entered one

of the huts. I saw some one climbing up the coconut tree and came down with two green coconuts. They offered me a small bowl of 'muri' mixed with green coconut and a glass of green coconut water. I was amazed by the hospitality of the poor family and instead of having the food; I entered the hut to see the patient first. He was an elderly male of 60 to 70 years. On a quick history and clinical examination it seemed to be CVD with left sided hemi paresis with facial palsy. There was urinary incontinence also. So, nothing could be done there for the patient but conservative management including nasogastric tube, catheter and others could have been done in the hospital setting. Knowing this, they collectively and repeatedly pleaded to do something. Patient's son tried to give me two to three ten taka notes "that's all we have for today, please save my father." I had grown strong sympathy for that family in the mean time, refused the money strongly and asked them to arrange a vehicle to carry the patient to the health complex. For the next half an hour they tried desperately but found nothing at that dark dead of the night. I was eager to help them, consulted with the hospital staff and decided to do something innovative. We picked up the patient and kept him gently on the motorbike in sitting posture sparing some space in front of the patient for me to drive. The staff sat behind the patient and held him strongly. I started for the health complex leaving behind the grateful family who were still surprised the way I was carrying the patient.

Though human life is not too long, we encounter diverse experiences in our relatively short life time. Doctors are one of those few professional groups who come in contact with people of all socio-economic and racial classes and therefore enriched with more of such experiences. When we look back, memories of some experiences prove to be invaluable to us.

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