



Interview with Dr Czarina Leung—an Intensivist at Queen Mary Hospital and an active volunteer in developing countries

by: Brian YO Chan, Adrian HK Yu, and Selene SW Yu
 MBChB 2013-2015, Faculty of Medicine
 The Chinese University of Hong Kong

“Believe that you can make a difference in all seasons of your life.”

Czarina started her first overseas medical relief work during the summer of 2001—her first year in medical school. It was a simple health check service at Navotas in the Philippines, which is a densely populated unsanitary shanty town built on disposed rubbish. She lived there in make-shift squatter settlement among the locals she was serving. Her duties entailed door-to-door health checks and health education. She recalls travelling uphill to rural mountainous regions with a local teacher, and in the process brought health care, knowledge, and hope to numerous underprivileged kids. Despite major discomforts, Czarina found the experience inspiring and enlightening, as she realised the alarming needs in the world. This realisation encouraged her to embark on similar journeys during her postgraduate years.

On a pleasant summer evening in early July, we sat in front of Dr Czarina Leung in a cozy café within the Queen Mary Hospital, where she narrated her bountiful volunteer experiences. We were immediately attracted to her warm and friendly demeanour, which was harmoniously intermixed with her poise and professionalism. She exuded determination and an undying passion for helping the underprivileged in developing countries, something that had been her long-term mission over the past ten years.

“My stories are but my humble experiences of

serving in developing countries. It is not the typical story of a big organised group as expected of large-scale medical missions. It is simply a response to the rising needs in this world, and the strong urge to help out by going there directly.”

Dr Leung attained a Bachelor of Sciences degree in medical genetics and biochemistry in the University of British Columbia, Canada, during which time she began volunteer work in hospitals and with St John Ambulance. After moving back to Hong Kong, Czarina attended medical school at the Chinese University of Hong Kong (MBChB), where she embarked on a series of medical relief initiatives starting as early as first year. No matter whether Czarina was a medical student (when she took a ‘year off’) or after graduation, or whilst working as a doctor in the Adult Intensive Care Unit of Queen Mary Hospital, her vision has remained the same. She aims to extend health care beyond boundaries, targeting populations that have no access to it. Organisations that she collaborated with, to name but a few, include: the Evangelical Medical Aid Society, the Global Outreach group of the Island Evangelical Community Church, and so on. However, the vast majority of her voluntary ventures were self-organised, where she ran temporary clinics in regions that had no doctors. Regarding her experience with humanitarian work, Czarina was an invited speaker at a North American medical volunteer conference in Vancouver, Canada, where she also gave televised interview in the local news media.

Faced with their enormous workload and gruelling work hours, most medical doctors prefer to take breaks away from clinical work during their annual leave, and spend their well-earned vacations in tourist hot spots filled with stunning scenery and beautiful beaches. Not so in the case of Czarina. Most of her annual leave is spent on volunteer services in remote communities. The rest of the year was used to plan and arrange for these ‘annual leave activities’.

The logistics of typical annual leave voluntary service trips were deceptively simple. They entailed a couple of phone calls, some sponsors for medical supplies and equipment, some local receiving agents, a tent with a table and several chairs as temporary clinic. Most trips were self-organised and self-initiated. According to Czarina, a trip usually began with the realisation about the lack of medical help in the globe, followed by the process of contacting local authorities. The plans, donations, and materials then started to flow in naturally, thanks to the incredible generosity of others.

“As doctors, we are given the opportunity to be trained in skills and knowledge, and to assist patients in making informed choices. We give our time, care, and efforts selflessly. It is only natural that we extend it to other parts of the world.”

Intensive care is a specialty that emphasises healing and pain alleviation. These two general principles also underpin her belief in voluntary service, and that every little bit of help matters, and that every individual can make a difference as long as he or she is committed. As Czarina pointed out, even though she could only help a hundred patients in one day at most, over a stretch of weeks and years, that number eventually added up to a meaningful number.

Czarina quoted her experience in running free mobile clinics across some of the most impoverished regions of Vietnam, the Philippines, and Uganda, as well as other third world countries. In Uganda, she travelled as a solo doctor to remote regions with dedicated non-medical volunteers. Her goal was to provide desperately needed health care to HIV-infected children, as well as to segregated communities (victims of abduction, rape, and mutilation), where the prevalence of HIV reached 80%, and other diseases such as malaria were rampant. The clinics she ran were visited by floods of people who travelled for miles and lined up day and night just to

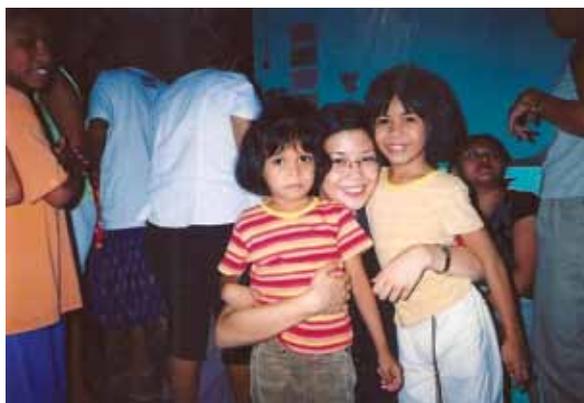
see her, as hers was the only medical facility available in the locality. She had to deal with a large variety of medical conditions, some of them were trivial respiratory infections, while others were rare, exotic, and sometimes serious (including traumas and burns). She never forgets the grateful faces of these patients to whom she had offered medical advice and prescriptions.

At times, she could not offer the ‘best medical option’. There were also times when drugs failed and diseases progressed out of control. However, the best help is usually not quantified by the efficacy of medications or surgical options, but by genuine care and concern. At one point, Czarina came across a little girl who presented with a severe foot burn, which exhibited extensive tissue necrosis. There was no choice but to debride the wound, in the absence of local anaesthesia. Despite her young age, the girl was brave and had a high tolerance of pain; not a single tear was noted throughout the procedure. Nevertheless, a simple touch of her forehead and gentle words of comfort moved the little girl to tears.

As our brief encounter with Czarina reached its end, she offered words of encouragement for those with a similar heart to help the needy.

“The need for health care is desperate in many parts of this world. There is no better time than now and no better persons than we ourselves. Do not underestimate the good that a single individual can achieve.”

Indeed, her determination and passion for volunteer service should be an outstanding example to all budding medical students and young medical doctors worldwide.



(Facing page)
Making a difference—through genuine care and concern; Uganda, Africa, 2011

(Top)
A heartwarming moment in Navotas in the Philippines, fuelling the passion to serve

(Bottom)
Waste field settlement at Navotas, the Philippines, 2001, where it all began