

Doctors and voluntary service

Doctors are involved in voluntary service more commonly than both the community and our professional colleagues realise. Traditionally, doctors are seen as busy healers who never stop looking after the sick and/or making a fortune from their daily activities. On the other hand, many in society think doctors are typically earning such high incomes that they can readily afford to volunteer their time and skills to serve society. Essentially, doctors are often prominent members of the community, and as a result are well respected.¹

There is little publicity from both the media and our professional bodies concerning how much our medical colleagues have contributed to society as volunteers. Most doctors providing voluntary services keep a low profile, because the promotion of such service may draw the unwanted attention of insensitive colleagues or the 'sensitive' ear of the Medical Council. Volunteering one's time, energy, and even money, to serve others begins with vision, a sense of mission, personal conviction and dedication. Nobody wishes to have what starts with a kind heart and good will ending up in slander, anger, or any kind of trouble.

Many doctors are generous with the time, and even more so with the expertise and experience, that they volunteer, both medical and non-medical. Most of the time, volunteer doctors do not bother about gains and rewards. They just enjoy doing it. If one receives some kind of recognition, it is a bonus that certainly outweighs financial return.

There are many ways that doctors can get involved in voluntary service. The most common ones are giving health talks or consultations to community groups and non-government organisations (NGOs) without any financial gain whatsoever. Contributions to medical and health columns in newspapers, giving interviews on health subjects, and appearances on radio and television programmes also qualify as voluntary service benefiting society.

We have a group of dedicated doctors, mostly from the accident and emergency services in public hospitals, who volunteer in the unpaid Flying Doctors' Service on their days off. This service began in 2000 when the Government Flying Service (GFS) and the Hong Kong College of Emergency Medicine jointly established an Air Medical Officer Programme to enhance the GFS' air ambulance service. The doctors provide expeditious emergency care to patients on board the aircraft. Overseas, air emergency and rescue services have been proven effective at providing rapid advanced life support and rescue services to patients in emergency situations. Many lives have been saved through this service.²

Doctors are looked upon as social models, at times untouchable. We are expected to have high professional and ethical standards: be competent, just, honest, responsible, caring and approachable. Thus, many choose to contribute to community services by taking up honorary positions in NGOs, public bodies, government boards and committees, educational institutions, non-profit-making health organisations, and professional organisations. In a lot of cases, doctors are invited to take on such roles and responsibilities. Doctors are highly regarded in these positions for contributing their valuable time to serve society.

In a study of female doctors and voluntary work, Frank et al¹ hypothesised that personal characteristics (such as marital status, having children, political affiliation, religious identity, and home stress level) and professional characteristics that reflect autonomy and workload (such as practice type primary or non-primary care and location, hours worked, and subspecialty training) have an impact on the amount of time donated to voluntary work. They found that doctors spared around 5 hours a week. The youngest and oldest doctors were less likely to perform voluntary medical work. Those married to other doctors were less likely to serve as non-medical volunteers, while those with children were more likely to do so. On the other hand, family physicians and those practising in rural locations were the most likely to volunteer non-medically. These doctors might have a more personal and long-standing commitment to their community, and be responding to strong community expectations of volunteering.¹

Reeser et al³ have taken a psychoanalytic perspective, suggesting that doctors are motivated to help others in an attempt to develop and maintain their own positive identities. These identities are in part shaped by doctors' desires and perceptions that their patients and colleagues see them as good doctors. Volunteering also promotes meaning and purpose in one's life by providing opportunities for personal development, fostering social support, and reinforcing perceived control. This is why charitable organisations make our communities better places in which to live.³

Thailand is trying to develop a different type of doctor, one who does not regard medical service as merely a profession that benefits doctors themselves. They want to train doctors who understand and respond to the needs of underprivileged patients.⁴

I have been involved in the various kinds of voluntary service described above and have enjoyed them so much. The experience in the Auxiliary Medical Service (AMS) is worth sharing with colleagues. The AMS is a government department overseen by the Security Bureau. It is manned



Fig 1. Dr Fong at 2005 Hong Kong Marathon



Fig 2. Medical volunteers at the WTO meeting

by about a hundred full-time public service staff, and supports the activities and functions of 4400 volunteers who provide first aid and disaster medicine services to our people. Among those volunteers are about 130 doctors who come from all kinds of backgrounds in both the public and private sectors.

Medical volunteers play a rather unique role in the AMS, taking on more training and developmental functions than operational duties. This is mainly because it is a backup service largely made up of lay people who have training in first aid and disaster management. In recent years, there have been more duties involving infection control, ambulance transfer and major sports events like the Hong Kong Marathon (Fig 1). Doctors are well positioned to pass their knowledge, skills and experience to lay volunteers and thus enhance the standards of the entire service. During major events such as the annual marathon and the sixth World Trade Organization Ministerial Conference last December, doctors were assigned to strategic posts to support AMS members (Fig 2) and to perform the more complicated resuscitations. In our experience, this involvement of doctors reduced the need for transfers to Accident and Emergency Departments.

On the whole, the medical profession enjoys participating in voluntary service. More importantly, we need a struc-

ture to facilitate and further develop doctors' involvement, so that our profession continues to enjoy the high social status which has been under siege in recent years, something that is a world-wide phenomenon. Doctors are in danger of being seen as more greedy than caring. Giving back to society through voluntary service is one way we can win back and maintain community respect.

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