



Healing and humanitarianism: an interview with Dr Wing-yan Kwong

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Dr Wing-yan Kwong is an emergency medicine specialist at the Queen Elizabeth Hospital. As a recipient of the Hong Kong Humanity Award of the Hong Kong Red Cross, she has served in developing countries since medical school and has taken time off work to join various overseas missions.

Having been an active volunteer at community centres before university, Dr Kwong continued her humanitarian work in Africa by taking a gap year after completing her third year of medical study in 2007. As a medical student, she focused on providing health education and promotion in African countries where poverty rates are high, tropical diseases are widespread, and medical professionals are in short supply. For instance, she taught secondary school students about the prevention of human immunodeficiency virus/acquired immunodeficiency syndrome. She also worked for sponsorship programmes to raise money to help impoverished children attend school.

These experiences strengthened Dr Kwong's determination to become a doctor so that she could continue to serve communities in need outside of Hong Kong. With this in mind, she chose to specialise in emergency medicine as this would expose her to a diverse patient population with a broad range of health issues. In order to prepare herself for further challenging missions, she temporarily quit her job to study tropical medicine at the University of Liverpool in 2015.

Apart from deployment to Nepal after the devastating earthquake in 2015 by the Hong

Kong Red Cross, Dr Kwong also joined organised programmes to provide primary healthcare in low-resource countries such as Ethiopia and Zambia. Most recently, she worked on a rescue ship called Ocean Viking in the Mediterranean, which aims to help save people fleeing their home countries to Europe for a better life. These people are at risk of drowning during the perilous journey in the sea. Dr Kwong mentioned a number of difficulties she encountered during her humanitarian services in these places. One of the biggest problems was the language barrier between her and her patients. Most of the time, translators were unavailable, leaving her to rely on body language for communication. Another problem is related to limited resources. Even when ultrasound machines were available, only low-quality images can be produced; clinical skills then become essential in this setting. When patients in Hong Kong can be offered different drug choices, patients in developing countries may only have a few. Dr Kwong said that the medical team sometimes can only educate their patients about simple manoeuvres such as positioning or stretching to alleviate symptoms, rather than relying on more technical methods of diagnosis and treatment. Despite this, the patients still appreciated their efforts.

In these resource-deprived communities, there were also many physical challenges. For example, during her service in Nepal, the temperature reached 45 degrees Celsius, and a few of her team members suffered from heat stroke and dehydration, as there was no air conditioning or enough electric fans for

cooling. During the mission in Africa, Dr Kwong was infected with malaria twice due to the lack of mosquito preventive measures in some remote areas. As for the Mediterranean mission, she mentioned that many of her teammates, including herself, suffered from seasickness when encountering high waves at sea.

Dr Kwong had many memorable experiences in her work. During the service in Nepal, she encountered an old female patient with a dislocated shoulder who had walked for more than a day to receive treatment. By the time she arrived clinic, her shoulder was very stiff and could not be reduced without anaesthesia, which had to be performed in the hospital. However, as the patient was the mother of a big family, she needed to take care of her family members and refused to be sent to the hospital for further management. To Dr Kwong, it was heart-wrenching to hear the patient decide to live with a dislocated shoulder that could have been cured. In her Mediterranean mission, she worked with a rescue team to save refugees and bring them to a safe port in Europe. Many refugees experienced fuel burns, which are rarely seen in Hong Kong. The commonly affected areas included the perineum and legs due to their sitting positions. Women and children were mostly affected as they were being arranged in the boat's centre where leaked fuel could gather. The pain can be excruciating during wound dressing or even toileting. Despite these depressing moments, there were also many touching sights. In Ethiopia, she witnessed a debilitated patient being carried by a few of his neighbours on his mattress to their mobile clinic—a testament to how close-knit the neighbourhood was. Her most heart-warming memory was of the villagers in Cameroon who contributed the little money they had as her transport fees after seeing her walking to the school under the scorching sun every day.

Dr Kwong believes that the most positive effect of her work was not seen in the patients she treated by herself, but rather those treated by the local medical professionals to whom she passed on her skills and knowledge. In underdeveloped areas, medical professionals may not have adequate training in advanced or even basic cardiac life support. While Dr Kwong may only be present for several weeks to months in an area, communicating and collaborating with local professionals has ensured that local patients receive high-quality care for years to come.

Though volunteering in such demanding environments does carry an emotional toll, the satisfaction Dr Kwong gets from her work is what drives her to continue travelling long distances to poverty-stricken places. Some may disagree with her motives, citing the fact that Hong Kong already has many patients in need, but having witnessed how



Dr Kwong in resuscitation training on the Ocean Viking in the Mediterranean



Dr Kwong treating a patient in Ethiopia



Dr Kwong with student reporters, Shannon and Aaron

much worse the situation is in the most neglected countries, Dr Kwong considers it an honour to serve them. Moreover, she does not believe that there is a conflict between the two, as while she will certainly devote a portion of her time to overseas patients, she continues to serve mostly in Hong Kong.

With her busy work life in Hong Kong, Dr Kwong admits that taking frequent leave to go overseas in the future might be challenging. Still, she intends to do so as much as possible, with the support of her department. She would also like to challenge herself by working in conflict areas and

war zones, although she has some reservations after seeing that hospitals have been targeted in the recent war in Gaza. To any colleagues or students who wish to follow her footsteps and begin volunteering overseas, Dr Kwong cautions that there will be definite limits on how much one may be able to help these patients compared with medical practice at home. However, instead of dwelling on this source of frustration, Dr Kwong believes it is wiser to accept it and try one's best with the available resources. With a little ingenuity and grit, anyone can contribute to the vulnerable and underserved populations.