

The Trust supports the incredibly dedicated doctors and nurses at the front lines of health care who often practice under very difficult circumstances.



It has been a very challenging year for all, and yet, as we come to the end of 2021, it has also been a year that has seen the charity step up to those challenges and strive to help all those that ask for our support.

We would particularly like to thank our diligent, conscientious, and loyal consultants, our system operators and administration team who all give their valuable expertise and help to enable our hard-working health workers and doctors in the remotest regions of the world to support their patients, Free of Charge. We at the Swinfen Charitable Trust have done our best to support all our referrers with their requests, handling cases across 96 countries involving a wide range of specialities. We are delighted to have re-established our close working relationship with Sankalpo Ghose and his team, who work very hard to support our technical capabilities. We have at last managed to create a new website, so please do visit www.swinfentelemed.org to read the latest stories on what the charity is up to.

Sadly, we lost our esteemed and exceptional friend and trustee, William Harkness (1955-2021) to lymphoma cancer, and we would like to extend our sympathy to his wife Philippa and all the family. We were very privileged to have William as a trustee and consultant as he was one of the leading paediatric neurosurgeons with a world-wide reputation and we shall miss his valuable advice and guidance. His death is a great loss, not least to his beloved family, but to the wider medical community. We feel sure that William would approve that we have appointed two new medical trustees to the board, Professor Howland Hartley, Associate Clinical Professor of Dermatology at the George Washington University of Medicine, and Mr Wagih Aclimandos, Consultant Ophthalmic Surgeon, King's College Hospital, London. Both are long standing consultants for the Trust, and we are very honoured that they have joined the board of trustees. Professor Hartley has kindly written an article for this year's Newsletter in which he explains the importance of the work he carries out for the Trust, as has Dr Adrian Morris, who is sadly retiring and we would like to thank him hugely for all his work for the Trust, he will be very much missed.

Our busy year in the Trust has included setting up new pilot schemes for Nepal, one in the Ruby Valley, Dhading District, one in Baglung District – these are very remote areas with little established infrastructure and support for health care workers and we are delighted to offer the people telemedical links which will ensure that anyone needing expert advice will have a chance of treatment from our excellent specialists, Free of Charge. The Dhading district is situated in central north Nepal, the villages are very remote and lie roughly at an altitude of 4000m, mostly populated by people from the Tamang ethnicity. We are delighted to be working with Mr Ramsharan Simkhada in coordination with the Dhading International Society and the Nuwakot Society UK, and in Baglung with Mayor Mr Janak Raj Paudel. We are also looking to set up a further link in Ghandruk with Dr Rabindra Gurung. We are as ever, grateful to Hon Lt. Chandra Bahadur Gurung for his continued work with us and for bringing the needs of the people in Nepal to our attention. We would also like to thank Madan Prasad Gurung, Chairman of Char Bhanjyang Tamu Samaj UK for keeping us in touch with what is happening at Swinfen House, Khalte; we know that the clinic is working well under difficult circumstances, exacerbated through the Covid crisis, and that Miss Prarthana Pun is diligently working for the local population at an incredibly difficult time.

We have also set up new telemedical links in Bangladesh, Basrah, Southern Iraq, the Northern Mariana Islands, Western Uzbekistan (close to the Aral Sea) and Kazakhstan; as well as preparing to welcome the Pacific Basin Telehealth Resource Centre with links due to be set up in the small island communities, including Ebeye, Kagman, Kosrae, Palau and Pohnpei.



Article by retiring Consultant - Dr adrian Morris FrCp

I joined The Swinfen Charitable Trust in 2005, and so, after 16 years, and 147 consultations, I have decided to retire. I realised the time had come when I was no longer at the cutting edge of my specialty (General internal Medicine, and Respiratory Medicine), having retired from full time hospital practice seven years earlier. My association with the Trust has been a most rewarding and a challenging experience, and I thought it might be interesting to share some of my memories and thoughts. I heard about the Trust quite by chance when a local GP started attending my chest radiology teaching sessions, intended for trainee doctors in the hospital where I worked. He told me that he was going to Nepal for a 3-month sabbatical to work with the Trust in a remote rural clinic. It sounded very interesting, and although I would not be able to go abroad to work, he told me that I could offer specialist advice via the Trust's global telemedicine network to remote rural hospitals and clinics. I thought I might have something to offer having worked in Africa and in the USA and England. He put me in touch with Lord and Lady Swinfen who enrolled me on their list of specialist consultants. Referrals came slowly at first, but gradually picked up to about one a month. I had been concerned that my hospital work would make it difficult to cope with too many referrals, and result in a slow response time, but this was never the case. The nature of the work is what interested me particularly. It was unsurprisingly, very different from the work I was trained for in a teaching hospital in England, where there are teams of experts in every field from whom one can seek help and advice at any time. Doctors and nurses working in remote rural hospitals and clinics, often in war torn countries, are having to deal with some of the most difficult problems in isolation and with access to only rudimentary investigations and imaging. I soon realised that theirs was by far the most difficult job. I have nothing but admiration for the people who work in these places. I soon realised that by understanding the limitations of the facilities that they work with, one can give the most appropriate clinical advice. It is no use recommending a CT scan if this is only available three days journey away, and at prohibitive expense to the patient. The information on the Trust's referral system about the facilities of each clinic or hospital is excellent in this regard.

Language is seldom a problem, but medical understanding is sometimes an issue. Medical information regarding symptoms and signs, as well as names and results of investigations may be different in different parts of the world, as are the names of many drugs. Fortunately, these problems can usually be resolved with the help of Google. Perhaps more difficult is dealing with insufficient information or poor-quality images. For example, I have had several referrals for diagnostic help in patients with chronic cough, but with little or no further information. The possible causes are innumerable, and a good history, clinical examination, and a chest X-ray (where possible) could narrow down the possibilities. The quality of images is much better now, but some clinics can only take photographs of X-rays or scans or reports. I remember a photograph of a chest X-ray taken against a bright window where the street outside was more visible than the patient's lungs! In general, the better the information in the referral, and the more precise the question, the better the response will be. Some diseases only occur in certain parts of the world (especially infectious diseases), and geographical knowledge of the region can be important. Most doctors trained in the developed western world have relatively little knowledge of these unusual conditions. The more specialised doctors become, the less likely they are able to recognise and manage conditions outside their specialty. This may be particularly important for an organisation like the Trust, where "generalists" are a rarity but have an important part to play. I am hugely indebted to the support I have received from Lord and Lady Swinfen, and in leaving I would like to pay tribute to them, and to the humanitarian organisation they founded. It was an inspirational idea to connect doctors and nurses in some of the remotest parts of the world with doctors and nurses who have the knowledge and know how, using the world wide web of the internet, like a global teaching hospital. The SCT is testament to their vision and energy, as are the many lives they have changed across the globe.



London Marathon

We are so grateful to Kunjan Gurung who took on the mammoth task of running in the London Marathon, completing it in a truly amazing 3 hours 44 minutes and 35 seconds! Kunjan has a special connection to Khalte village as his father comes from there and so it is lovely to have him run for the charity. He also raised a fantastic £4437, which is a wonderful achievement, and we are so grateful for all his support and all those who in turn supported Kunjan.

Article by Professor Howland Hartley

It is often said that when we donate our time or money to a worthy cause we reap an even greater reward knowing that we may have made life better or easier for a fellow human being. As a Swinfen consultant of nearly seventeen years, I know that my rewards far outweigh my contributions. Every case is an opportunity to learn something new in my chosen field of dermatology. I also develop a better understanding of living conditions in remote parts of the world ravaged by crushing poverty, climate change, famine, and even war. Many conditions I studied in medical school, in particular some tropical and infectious

diseases, are rarely if ever seen in the US or the UK. The knowledge I have gained from reviewing rare cases across the globe is incalculable. Many of these are the best or only example I have seen in my career. Swinfen patients alone have provided me with a study course in rare conditions that I could never duplicate in my practice near Washington, DC. A recent remarkable case was that of a 5 year- old boy from West Africa who weighed just 12 kilos due to malnutrition; in 2020 I reviewed the case of siblings from Iraq with ochronosis, a brownish discoloration of the skin caused by the deposition of homogentisic acid indicating alkaptonuria, a rare genetic disorder of metabolism. This was the first case of this rare but well-described condition that I have seen in forty years of practice. I would be remiss in not offering special thanks to my many colleagues who often help by suggesting diagnoses or treatment. In fact, Dr Cheryl Lonergan, my dermatopathologist colleague, was instrumental in diagnosing these cases of ochronosis based on changes in the skin biopsy.

For over twenty years The Swinfen Charitable Trust has been by all possible measurements a force for good in our troubled world where countless people lack adequate medical care. Most importantly the Trust supports the incredibly dedicated doctors and nurses at the front lines of health care who often practice under very difficult circumstances. For me volunteering as a consultant is a privilege and I am honoured to be the newest member of the Board of Trustees. For all of the nearly 600 volunteer consultants The Trust provides a rich opportunity for learning and an even greater opportunity to ease suffering and improve the lives of those less fortunate. Please consider supporting this worthy organization.