

EDITORIAL

A SOLDIER, A DOCTOR AND A GENERAL

The story of a soldier, a doctor and a general starts with joining, King Edward Medical College in 1947, at the time of one of biggest migrations of history. It was worth spending all the spare time in the refugee camps and wards, helping the injured coming to the Promised Land. This is the kind of experience which can last a life time, in peace and war. This was hands-on medical education. Starting as a young Lieutenant Doctor the life in the AMC has been amazing and fulfilling.

The problems, the conflicts, the apprehensions which are faced by young Army doctors and senior officers are very similar to what we faced more than 60 years ago. In 1953 while on route march with an infantry unit from Quetta to Fort Sandeman (Zhob, since 1976¹) we treated locals on the way, amputating a gangrenous foot after a snake bite and helping locals dig a well. Operations to win hearts and minds had started in the Balochistan, only if it was continued in the same spirit. You become a soldier, but remain a doctor. The army belongs to the fighting soldiers, you became part of it. Being a soldier and a doctor, both are not mutually exclusive but complementary. There is no competition, there is no discordance.

Experiences gathered in Siachen or WANA are the pillars on which future strategies and your own personal lives are shaped. Many times while helping the IDPs, soldiering was on hold, and doctoring was the main job. The experience of open large scale wars may be a thing of the past. Now the struggle is in LIC or High intensity work in busy tertiary hospitals, where the doctor patient ratio is becoming frighteningly low.

As a General and Principal of an Army Medical College, the mission becomes character building of these young doctors, who have now shown to be worthy of inheriting the AMC. It is heartening to see some of the so called 'rotten eggs' of those days prosper to become highly professional and cutting edge specialists of today.

Leaving the college, to become the Surgeon General was in a way sad. But then there are others out there to compete and undermine the powers of medical directorate. The struggle continues at a different level. You have to fight for it, with dignity and exude confidence to handle your own affairs.

So we are now compelled to ask if the experiences and lessons learned over 40 years of service and a quarter of a century of retirement is relevant today? These will be very pertinent today and always.

Lesson 1: Everyone is significant

Be role model for others. AMC or other arms, juniors and seniors, patients and health professionals, all make a significant contribution in helping your and Corps' development.

Lesson 2: Rules and Rituals

Know them, but if they need to be bent to help someone, feel free to do it. Your motive should be altruistic, and not for personal gains. Many of these are not even rules, but rituals and the two have to be clearly differentiated.

Lesson 3: Out of box thinking and practical solutions

The idea is to get things done. Approach the problem from the user's viewpoint. Use a 'Reverse technology' system and try to determinethe outcomes first and then working to achieve them.

Lesson 4: Don't get into inertia, keep nudging

As you keep nudging at the existing system, it will continue to roll and grow. Keep challenging everyone who says that this is the way it has always been done. May be it has always been the wrong way.

Lesson 5: Students and juniors are important players

Remember they are important stake-holders in your establishment's hierarchy. They can

always make important contributions to the system, if they are given a chance or heard.

Lesson 6: Be part of the Army life

The 'A' in AMC stands for Army, and the medical corps has to be part of it. Be part of them, proactive in finding solutions; don't judge anyone on pre-formed opinions.

Lesson 7: Patients are reason for your existence

You are always a doctor. There is no shame in this. In the end whether you are a specialist or a general you will be recognized by your 'doctoring'. Politeness and care cannot be given up while treating the un-educated wife of a soldier nor for a cocky officer.

Lesson 8: Know your subject

While dealing with day to day office problems the only edge the non-AMC officers have is their proficiency in staff work. For someone who can read Gray's Anatomy, the SD in the field or ARIs shouldn't be a problem. Beat them at their own game. Don't run your unit through the head clerk.

Lesson 9: Heal thy self

There is no age for stopping to learn. A doctor will always be a doctor. You can always practice. When you help a patient to heal, a part of you also heals. What better way of self-fulfillment.

Lesson 10: Have a good time, always!

Your profession should never have a dull moment. There is always something to be learned, something to be cherished, and someone to help. Just cease the moment.

CONCLUSION

The career has to be challenging and interesting. The philosophy should be to get involved, volunteer, be up-front and generally have fun. I would end by using the famous military cadet maxim:

"Risk more than others think is safe. Care more than others think is wise. Dream more than others think is practical. Expect more than others think is possible."²

REFERENCES

1. Anonymous. Zhob background. Balochistan police website; 2016 [cited 2016 May 30]. URL: <https://en.wikipedia.org/wiki/zhob>.
2. Bissell CT. Quotable quotes. Goodreads; 2015 [cited 2016 May 30]. URL: <http://www.goodreads.com/quotes/247659>.

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