Lessons for eye health practitioners

The relative success of eye care programmes with quick outcomes, from cataract surgery to providing eye glasses, has often mitigated against comprehensive eye care programmes. Success comes ‘easily’, so why focus on complex solutions? However, the need to upscale eye care programmes beyond the individual programme success and the need to address sustainability and community ownership of such programmes has forced, and is still forcing, many to rethink strategies. Given the lack of eye care practitioners with public health training and the predominance of curative approaches to eye care, there is a shortage of skills and exposure to adequately think or act beyond the curative paradigm.

In the context of the above, it is indeed opportune to have a book that adds to this process in a very unique way – not through the usual theory presentation but through the real-life experiences of an eye doctor. This is particularly useful in a context in which clinicians often see public health and community engagement as a responsibility of a small group rather than an intrinsic aspect of the practice of ophthalmology. This identification with the book is aided by several aspects:

- The life of Dr Erika Sutter is presented in a frank and undramatic way. She is presented as a real person with whom many can relate. Her own, very realistic transformation from a lab scientist to a clinician and eventually a community health and development activist, makes one believe that they too can achieve the same. She also comes across as a person who has the ability to balance her faith, interest in music, her professional career, her social consciousness, her family relationships and friendships, while being an asset to society. This achievement is often one that eludes many social activists and makes Dr Sutter fairly unique.

- Dr Sutter’s sensitivity to the rights of the local community and the need to recognise and respect them as well as acknowledge them, is a valuable lesson in how locals and outsiders should relate to each other. This addresses one of the major issues in development, i.e. do we work for people, or with them, and how do we appropriately empower communities and develop the local leadership needed?

- Key development concepts are presented through the practical experiences of the book’s key subject. The achievement of development objectives are presented in a realistic way, giving the reader a sense of both the negative and positive aspects and not glorifying outcomes. It is particularly useful how the community’s perceptions of efforts, failures and successes, and how these were addressed, is presented.

- Throughout the narrative, some useful tips about leadership are presented through the experiences of Dr Sutter. These include the reluctant leader, the cautious leader, the engaging leader, the respectful leader and the leader who acknowledges others and motivates them.

The book also provides an enlightening look at life in South Africa and insight on a less written aspect of life under apartheid – the effects of discrimination on the health and access to health care of the majority. It highlights the resilience of communities under such conditions and the capacity of communities to take control of and change their own lives despite the odds being stacked against them. For health professionals, the issues of choices in unjust conditions is magnified. The incidents of how health professionals dealt with the segregation and unequal nature of health care and the dilemmas it created, are useful issues for us to explore and debate, even in the current context. It is unfortunate that limited discourse exists around this issue, but the book does play a valuable role in flagging this issue as one for health professionals to constantly consider.

It is very useful that the changes and contributions of Dr Sutter occurred within a mainstream missionary organisation and not through a progressive NGO, which was often the norm during this era. There are strong lessons in the life story of Dr Sutter that relate to how one organises and influences others in religious and mainstream organisations that have a more charitable than development focus. Dr Sutter’s ability to influence and expand the agenda of the eye hospital, and thus the missionary work, is a great lesson for clinicians who often find themselves in facilities that are less prone to adopting broader development approaches.

As a relative newcomer to the field of public health ophthalmology and optometry, I have been faced with the dominance of NGOs from the developed world which lead and secure much of the funding for the management of trachoma in Africa and the rest of the developing world. The irony is that the solution they promote is very much the African solution that Dr Sutter and colleagues pioneered in their work at Elim and promoted through their books and lectures in London and elsewhere – the concepts of community engagement and a promotive as well as curative approach to eye health. There is a strong lesson here for African health professionals. We need to harness the intellectual wealth to not only serve our people but also to command leadership at an international level by exporting knowledge and taking leadership in addressing social and health problems, not just for Africa but for other developing countries with similar problems.

The book could have been aided by more input or quotes from local role players; however, it is an excellent read for health professionals seeking to practice in a manner that recognises that curative care alone is insufficient in improving the health of communities. Most importantly, it is a lesson on how ordinary people can do amazing things with perseverance and commitment to serving others.