

Sight for sore eyes



Dr Geoffrey Tabin cofounded the Himalayan Cataract Project to eliminate treatable blindness in the region.

Dr Geoffrey Tabin takes ophthalmology to new heights

by Katie Moore

It was at a health outpost in Nepal that Dr Geoffrey Tabin first witnessed what he refers to as the miracle of modern medicine in the developing world: cataract surgery.

"It was an amazing sight: a woman who'd been blind for five years could suddenly see," he remembers with enthusiasm. He was so inspired, he returned to the US to train in ophthalmology.

Long before he discovered the medical miracle he would perform on a daily basis, Dr Tabin studied philosophy at Oxford on a two-year scholarship from Yale. True to Socrates' statement that an unexamined life is not worth living, Dr Tabin has always sought meaning in his work. "For me, the purpose of existence is simply to make other people feel good," he says. "Medicine is one area where you can directly do that."

THE VIEW FROM HERE

Cut to a few years later, when Dr Tabin was completing his medical degree at Harvard. He received a phone call one day, out of the blue, asking if he wanted to go on all-expenses-paid

trip to Mount Everest. He jumped at the opportunity and in 1983 at the age of 23, dropped out of medical school to attempt an ascent of the East Face of Mount Everest, the mountain's last un-climbed face and arguably its most difficult. Though he didn't reach the summit, Dr Tabin recalls the experience as one of the best team efforts he's ever been involved with.

Following his passion as an avid rock climber and mountaineer led Dr Tabin to his current practice. He started rock climbing as a teenager and was almost fanatical about it, both because of the meditative aspect of moving over stone and because of the intensity of the experience of climbing. "I began looking for a way to get that same kind of satisfaction in medicine."

It was during the trip to Everest that Dr Tabin decided he wanted to work in international health care. "I saw the disparity in health care between the wealthy

“Every day was like a religious revival meeting: people who had been completely blind could suddenly see”

and poor countries and I wanted to do something about it,” he says.

In 1988, after completing medical school, Dr Tabin again headed to the Himalayas, this time as doctor for an expedition. “This was a great trip,” he says. “We had good weather conditions and it was before the mountain started getting overcrowded.”

This time Dr Tabin did have the chance to summit the mountain. He has since scaled all “the biggies” and became the fourth person to climb the highest point on all seven continents. He has documented his mountaineering exploits in a book, *Blind Corners: Adventures on Seven Continents* (ICS Books).

A LONG, HARD CLIMB

Dr Tabin stayed in the country for six months after the Everest team left, working as a doctor in rural Nepal. The experience was a frustrating one for Dr Tabin because many health problems were public health issues. “So many people were dying of simple infections that could easily have been treated, like children with chronic diarrhea,” he says. It was during these six months that he decided to become an ophthalmologist. “I wanted to empower local doctors to perform the surgery themselves.”

Cataracts are currently the leading cause of blindness worldwide. According to the World Health Organization,

nearly 70 percent of blindness in Nepal comes from cataracts. The rest of the Himalayas are just as bad: many people are in fact curably blind but don't have access to treatment. Being blind can be debilitating regardless of where you live but, in the Himalayan region, the lack of social services, the mountainous terrain and uneven trails make it a devastating condition. Without family support, a blind person's life expectancy is severely diminished.

After training in ophthalmology at Brown University and completing a fellowship in corneal transplant surgery in Melbourne, Australia for a year, Dr Tabin moved back to Nepal. There he met Dr Sanduk Ruit, a Nepalese ophthalmologist who performed microsurgery at the Tilganga Eye Centre in Kathmandu and perfected the low-cost delivery of lens implants.

“Dr Ruit's work amazed me,” says Dr Tabin. “He took modern standard cataract surgery and made it applicable to the situation in the Himalayas.”

MODERN MIRACLES

In 1994, he began working with Dr Ruit and taught cataract surgery at the Golchha Eye Hospital in Biratnagar. Together they started the Himalayan Cataract Project (HCP) with the goal of eliminating preventable and treatable blindness from the Himalayan region.

The project shares cataract surgical skills and trains doctors, nurses and ophthalmic assistants. The HCP also performs surgery in cataract camps in regions where no care is available and the population does not warrant training a doctor. The project is currently active in Nepal, Tibet, Sikkim, Bhutan, West Bengal and Northern Pakistan.

“I just love it,” he says of his work. “Everyone we operated on had been completely blind and all of a sudden, they could see. Every day was like a religious revival meeting.”

He considers himself lucky to have been in Nepal during such an exciting advance in medical treatment. “I was there during the transition from very primitive cataract surgery — where they open the eye wide, rip the whole lens out, sew it up crudely and give the patient thick coke-bottle glasses — to modern microscopic cataract surgery with lens implants.”

As the HCP sometimes had difficulty obtaining funding and support, Dr Tabin returned to the University of Vermont Medical School in 1995 to take on a teaching position. He is also the university's corneal specialist. The position helped him raise funds for the project. He currently spends nine months of the year in Vermont and three in the Himalayas, teaching local doctors through the project.

Though the HCP is a small organization — they don't have any full-time staff — Dr Tabin asserts that it's an effective organization that's having a noticeable impact. “Dr Ruit's techniques are slowly being adopted as the procedure of choice throughout the developing world,” he explains. “The technique is a more efficient way of delivering extracapsular cataract surgery, with an incision that's better for the eye.”

Dr Ruit and Dr Tabin will be teaching a course explaining their procedure at the American Academy of Ophthalmology's Annual Meeting in October. How's that for a hat's-off from your peers? “We're not reinventing the wheel,” he asserts modestly, “we're just making it a little more effective.”



Dr Tabin spends three months each year training doctors in the Himalayas to perform cataract surgery.