

EYE DOCTOR COMES HOME TO SERVE AFTER 15 YEARS IN UK

July 10, 2016, Sunday Marilyn Ten, reporters@theborneopost.com

Borneo Post



Prof Dr Lim Lik Thai

OUR eyes play a crucial role in our perception of everything around us, but not everyone takes good care of their eyes possibly due to ignorance.

Universiti Malaysia Sarawak (Unimas) recently engaged Prof Dr Lim Lik Thai, an eye specialist with double sub-specialist qualifications, to head its Department of Ophthalmology under the Faculty of Medicine and Health Sciences.

thesundaypost interviewed Kuching born and bred Dr Lim who recently returned home from the UK.

The ophthalmologist talked about how he got into this line of work and the challenges faced in the hope that more young people would be interested.

Tell us about yourself.

I hail from Kuching and studied in Kuching and Miri before attending medical school for my pre-clinical years at the International Medical University (IMU) in Kuala Lumpur. I then completed my clinical years and obtained my medical degree from Queen's University Belfast, UK. After completing my housemanship and a year of training in general medicine in Belfast, I moved to West of Scotland, with Glasgow as base, for my eye specialist training.

After completing it, including my first sub-specialty fellowship training in Glasgow, I moved to Berkshire (near London) to embark on my second sub-specialty training in vitreo-retina surgery and retina diseases.

After 15 years in the UK, I returned to Malaysia, initially working privately for a short while in Kuala Lumpur before accepting the job of professor and head of Unimas' Department of Ophthalmology.

What made you decide to study ophthalmology?

I was in higher secondary school when I got my inspiration. During school break, I was sent to the home for the blind and visually-impaired in my hometown as a volunteer.

It was there that I got to see first hand the members who, although visually challenged, showed perseverance, dedication and courage to make an honest living without expecting handouts. It touched me to see them struggling and this was the moment the inspiration came to me to be an ophthalmologist (eye surgeon) so I can help people see better, upholding the motto 'Ut Omnes Videant' translated as 'So That All May See' of the Royal College of Ophthalmologists UK where I received my specialist training.

Since that moment, I wanted to be the best ophthalmologist I can be as making a difference to people's sight and lives is, in itself, a reward and blessing.



Photo of Dr Lim performing cataract surgery in Africa during a one-month stint in Africa in 2012. — Photos courtesy of Prof Dr Lim Lik Thai

What made you decide to take up teaching at Unimas in addition to serving as a visiting ophthalmologist at the Eye Specialist Centre?

Ever since I landed in the UK over 15 years ago to continue my undergraduate medical education, I had hoped to return to my hometown to serve and settle down. To a cut a long story short, it was a thorny winding path for me during my training years in the UK and then coming back to my hometown to serve, I had to face many obstacles. I overcame them by taking things in my stride, seeing each obstacle as an opportunity to improve and grow stronger, more dedicated and resilient.

Initially, I thought that being an eye surgeon was good enough, but I realised that more could be done during my early years of training when I wandered into the world of teaching medical students. Medical students would approach me for tutorials and word soon got around that I gave free tutorials. Since then I received more and more requests for ophthalmology tutorials, igniting in me a passion to deliver the best ophthalmology education to my juniors.

As I grew in seniority over the years, my teaching scope expanded from teaching undergraduate medical students to post-graduate students and junior specialist trainees – both medically and surgically. I hope that through the effort, many more doctors will benefit and they would, in turn, help more patients and propagate their skills and knowledge, giving rise to ‘augmented benefit’.

During my years in the UK, I realised that contributing to ophthalmology not only involves clinical and surgical work, but also teaching and research.

I feel that being a clinician, surgeon and academician is my calling, and what better place to settle down and contribute than in Unimas, Sarawak’s first government university medical school.

That is the reason I took up the job in Unimas Faculty of Medicine and Health Sciences. It is indeed an honour and privilege to serve the community through Unimas.

Unimas which does not have its own teaching hospital is keen to explore avenues to provide better service to the community. It wants to be involved in research and collaboration with public and private institutions for a win-win situation.

Unimas also inked a memorandum of agreement (MoA) with Eye Specialist Centre (ESC) in April this year to open new channels to provide enhanced ophthalmology service, and create a platform to do collaborative research and training in ophthalmology involving Unimas ophthalmology specialists. It is here that I contribute through visiting sessions for clinical/surgical and research and training work as agreed in the MoA.

You specialise in glaucoma and retinal diseases. Can you elaborate on that?

With advances in technology and medical research, medical specialties in general are expanding; and within each medical specialty expansion, sub-specialties within each specialty come into place.

Ophthalmology is no different. Current ophthalmology training covers general ophthalmology meaning that after general training, an eye specialist can manage common eye conditions and do basic eye surgery, including cataract surgery.

After my specialist training (including complex cataract surgery), I sub-specialised in glaucoma (did a sub-specialty fellowship in the UK) including dealing with complex glaucoma and related diseases, and after that sub-specialised in vitreo-retinal surgery and retina diseases, covering retina surgery and management of retinal diseases.

I chose the two sub-specialties which happen to be lacking in Sarawak. I hope to contribute by raising the standard and availability of care in these sub-specialties in Sarawak.



Photo of Dr Lim checking the eyes of a patient in Africa during a one-month stint in Africa in 2012. — Photos courtesy of Prof Dr Lim Lik Thai

Do you think that there is awareness among Sarawakians on eyecare?

With Sarawakians being more educated these days, health awareness and eye health awareness are improving over time.

The public think that one eye specialist is no different from the next as there are not many eye specialists who are also sub-specialists in Sarawak. But over overtime, people will understand and appreciate eye specialists who are also sub-specialists.

In this aspect, Unimas is taking the lead in engaging not only specialists but sub-specialists to raise the standard of healthcare in Sarawak and play a leading role in providing advanced healthcare service, research and teaching under the leadership of our Vice-Chancellor Prof Dato' Dr Mohamad Kadim Suaidi and in collaboration with the public and private healthcare system in place.

Do you think that there are more eye diseases today, especially among young children accustomed to playing with computer gadgets at the expense of outdoor activities?

There certainly does seem to be an increasing incidence of short-sightedness (myopia) among our younger population. Although some are inherited and progressive, other cases may be linked to lifestyle including the culture of looking at gadgets close up.

Some progressive myopia may be slowed down with eye medication. Further research will be beneficial in this area as myopia is common among our population with an earlier onset.

Are there preventive measures for young children?

The best strategy is to screen young children at different intervals, for example, at birth, six months old, two years old and five years old. Those suspected of eye problems can be referred to eye specialists for further examination and investigations. This includes suspected squinting eyes and abnormal eye light reflex.

The idea is to rule out problems which can cause lazy eyes (amblyopia) or more sinister eye malignancies, such as retinoblastoma which threatens life and sight, that ought to be detected early.

We hope through collaborations with our partners, Unimas via its Department of Ophthalmology, Faculty of Medicine and Health Sciences could play an increasing contributory role in this effort.