

An Interview With...

Dr Conrad Shamlaye

'The Right Person at the Right Time'

Conrad Shamlaye (CS)

Dennis Hardy (DH)

DH: You are clearly dedicated to research. What is it that motivates you?

CS: I have always been interested in health in the community. A lot of medical education is correctly directed to patient care and I have been happy to do my share of work on the wards, treating individual patients. People are always interesting so that kind of work gave me satisfaction. And yet at the same time I was always asking different questions, wondering how people's health was affected by their home and other circumstances, and addressing the health of a community rather than just that of the individual. We call that area of work public health and I found myself increasingly drawn towards it. My journey started many years ago but I am as enthusiastic about it today as I was as a newly-qualified doctor.

DH: So how did it all start? What led you into medicine in the first place?

CS: Even as a young boy I knew that I wanted to be a doctor. I worked hard at school but, when it came to it, there were not so many scholarships and there was always keen competition for an award. After quite a struggle I was chosen and set off to distant Scotland for a place at Glasgow University's medical school. Scotland is renowned for its medical education and I knew I was fortunate to be there. Mind you, having grown up in Seychelles it was quite a culture shock. The Glaswegian accent is different from anything else I had come across before and when I failed to understand what was said I would simply smile. That always worked and a friendly face does wonders. But one thing I never got used to was the northern climate, not just the cold in the long winters, but the many days when it was dark in the morning as I left for college and dark when I returned; on those days I just longed for the sunshine.

DH: It was obviously a formative period for you. Do you have any particular memories?

CS: I made many friends while I was a student and learnt the importance of professional networks. When I visited the wards I also came face to face with local people and was fascinated to learn more about their different backgrounds. Many came from poor housing and I wondered how much the poverty of their environment might have contributed to their

poor health. When it came to choosing an elective I bucked the system and chose Social Work. My head of department wondered why I wasn't following a more conventional path but I simply wanted to find out more about the people we were treating. Accompanying experienced social workers into the homes of their clients gave me a depth of understanding I could never have gained in any other way. I experienced first-hand the poverty of their surroundings that many of my fellow students barely knew about.

For my second elective I chose to spend the time in Seychelles so that I could begin to understand our own health environment. In due course, I would return to this field and build my career around the many questions it would raise.

DH: I imagine that in its way returning to Seychelles after so many years away would itself have been something of a culture shock.

CS: Not really, although I could see that much had changed while I had been away. I came back on a permanent basis in 1979, by which time the new political system was well established. I was certainly pleased to see that health was high on the political agenda and that there was a real commitment to making things better. Not long after my return I worked for a while at the National Youth Service village, and discovered that teaching was as important as clinical practice. Through that experience I soon discovered how much I enjoyed working with young people, encouraging them to make their own contribution to Seychelles society. Some of the prominent health professionals working today were my students.

DH: That apart, what was it like working as a young doctor at that time?

CS: As a junior doctor, I had a heavy workload on the wards at Seychelles Hospital but as well as my day-to-day work I looked for opportunities to explore wider issues. 1979 was the International Year of the Child and that stimulated questions that would later form a major part of my career. Another early venture was when the Chief Justice, who ran an annual series of seminars to sensitise members of the legal profession on social issues, asked me to write a report on teenage pregnancy. That was my first research project. I worked with a number of colleagues to organize an information and education project, including talks in the districts as well as on radio (that was before we had television). It was a groundbreaking process, as teenage sex was not a subject previously discussed openly in public.

My interest in the social aspects of medicine led me to return after a few years to Europe, this time to the University of London, to study for a Master's degree in Epidemiology. When I came back to Seychelles, there was no end of issues to look at and I was given the responsibility to set up our own Epidemiological Unit. For instance, we had a problem then of people presenting with lower limb paralysis. The cause was unknown and some believed

it was a form of cassava poisoning. I worked with an international team and we demonstrated that it was the result of a viral infection.

DH: You are known across the world for your work on child development. What led you into that area of research?

CS: Children's health was always an area of interest, and when a professor from the University of Rochester proposed a study on child development, I supported the idea. The initial interest of Rochester was to study the possible adverse effects of mercury exposure on children's development. People can get exposed to mercury from eating fish, and the question was whether the unborn baby could be harmed from exposure to mercury, from pregnant women eating a diet rich in fish. To me that was an important question, but more importantly, such a study would allow us to study children's development. That's the story of the Seychelles Child Development Study, which started in a small way but developed over the years into a big national and international project with many scientists in Seychelles, and universities in Rochester, Ulster, Lund, Lausanne as partners and collaborators.

From the beginning, the core of the study team has been a small group of very dedicated and capable nurses. Many colleagues, from Health and beyond, have joined over the years. Thirty years later we can claim to be the longest running research in Seychelles, and we are grateful for the continuing interest and support of all the children and their parents who participate in the study. I need not say more about the research and the cumulative results as this is the subject of my public lecture, which is reproduced as a separate item later in this volume.

DH: Everyone associates you with this pioneering work on child development but I suspect you were involved with other aspects of research too.

CS: That is true and one of the exciting things about research is that one never knows when new opportunities will arise. The heart studies and cardiovascular diseases project has a very similar history, starting small and becoming a long-standing and very productive international collaboration. It all started in the early 1990s with the intervention of Dr. Maxime Ferrari, an amazingly accomplished and versatile doctor, who somehow found time for politics too. Through his friendship with the President of the Canton of Jura, we received support from Switzerland for a cardio-vascular study to investigate some of the risk factors associated with non-communicable diseases. These two studies are good examples of how Seychellois professionals can get involved in high quality international research, addressing issues pertinent to Seychelles and contributing to scientific knowledge of interest and importance beyond Seychelles.

DH: Given the limitation of facilities in Seychelles, why did you not simply rely on taking the results of research being undertaken elsewhere.

CS: Of course, it is always important to draw on comparative findings but what I have tried to do is to relate these to the unique conditions in Seychelles. This application to local circumstances, and the design of tailor-made intervention programmes, can make a real difference.

Yes, our own resources were certainly limited but that has never stopped me from pursuing what is important. Good research does not necessarily depend on a multi-million dollar project; a few determined individuals working together with a common cause can be enough to produce valuable results. This has been a constant theme. True, we should be spending a lot more on research, but there are many examples of colleagues doing valuable studies with little additional funding.

DH: Somehow you have found a healthy balance between what matters locally and what is going on internationally. In what other ways have you achieved this?

CS: Seychelles is part of a wider world. I have been able to bring international resources to help us address issues in Seychelles, and also I believe that through our research work, we contribute to the world. It helped that at one stage I served on the Executive Board of the World Health Organisation (WHO). A colleague from WHO helped us develop a project on intestinal parasites which involved surveys and treatment of school children. It was a successful project which not only led to a reduction in the condition but it also had wider benefits for the children's families. By reducing the load of intestinal parasites in children we also improved the health of the rest of the family. WHO made a film on this project and it was widely distributed.

DH: It is clear in talking to you that your interest in research as a means of leading to practical improvements is undiminished. There is the fascination of always finding new frontiers to cross.

CS: That is certainly true and I have never felt like stepping back. I am always learning, and the publication in 1993 by the World Bank on investing in health, and the lesson that we must use our scarce resources wisely, made quite an impression on me. I wondered if I should become more familiar with the subject of Economics but was persuaded that this would not be as much use as a specialist knowledge of Health Economics. There were only two UK universities where this was available as a Master's degree and, much as I love Scotland, I decided that Aberdeen was too cold. So I spent a year at the University of York, in the north of England. It really opened my eyes to ways of making decisions that would make best use of limited resources.

Now I have a further challenge, as chair of the Board of the National Institute for Science Technology and Innovation (NISTI). This is an important body in assisting Seychelles to

transition to a knowledge society and I am keen to support its work. Together with the Public Health Authority, the University of Seychelles, and the Seychelles Fishing Authority, we will shortly be convening a meeting where researchers can present their work and share ideas on how to take research forward.

DH: Looking back on your distinguished career, is there anything you would have done differently?

CS: I have been very fortunate to have enjoyed so many opportunities. The work has always been interesting and I can see that it has been useful as well. It has enabled me to make the connection between research and communities and to contribute to the health of our nation. Working with young people has also been a source of great pleasure and I can see how many have since progressed in their respective careers. I could not have asked for more. So I certainly have no regrets.

In a way, things have fitted in so well. I qualified at the right time to make a difference – a case of being the right person at the right time to seize the many opportunities. I've had so much support from family and colleagues, and I am thankful to all the people who believe in me and inspire me. And there is still so much more to do. I suppose I could choose to retire now, but that's the last thing I intend to do!