

## HISTORY OF MEDICINE

# Early Days of Health Service in Abu Dhabi, United Arab Emirates: A Personal Perspective

**Nazir Mohammad Kazi**

229A London Road, Mitcham, England CR4 3NH

Corresponding author: Dr. N M Kazi E-mail: [n\\_m\\_kazi@yahoo.com](mailto:n_m_kazi@yahoo.com)

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## Abstract

In this article, the author presents a personal first hand experiences of having spent over 20 years practicing surgery in Abu Dhabi. He recalls being recruited amongst the first few doctors to start the services in Abu Dhabi. He practiced general surgery with its widest possible sence to include orthopedics, urology and even newurosurgery. Of course trauma surgery was central theme including camel's bites. Memories of the early days of the postgraduate education and holding the primary examination of the syrgical Fellowship examinations. Many anecdotes of professional, and social encounters with colleagues, VIP's, and patients were recalled with great love and affection. These give an value added insight into the first two decades of life the Gulf reagon at the dawn of its development.

**Keywords:** Central Hospital Abu Dhabi, History of Medicine, Surgery, Medicine, Postgraduate medical education, Health care development.

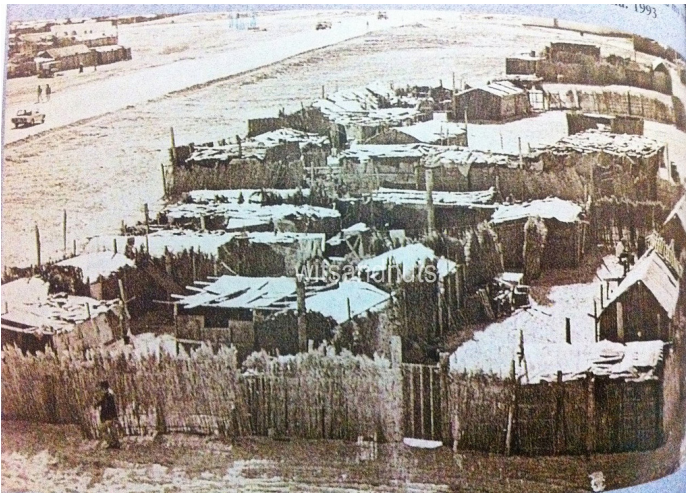
## Introduction

In the current issue of this *Journal* appears the first article in the "History of Medicine" category. The authors, an Abu Dhabi physician and his son, a clinical medical student, reviewed the history of the early days of health care in the Emirate of Abu Dhabi. The article is a classic "medical historian's" account covering 40 years of medical service provided to the community by the Central Hospital, and was collected from multiple sources (1). Reading the early draft revived many old memories. I was originally invited by the authors to join them in their endeavor, however, it was thought more appropriate that I write my own personal account about working in the region. Although the two articles are written from different perspectives, I believe they will complement each other well.

## Bahrain Days, Recruitment and Moving to Abu Dhabi

In 1967, I was employed as a surgeon with the government of Bahrain. The only contact I had with the "Trucial

States”, as were then called, was that patients from Abu Dhabi, mostly bad accident cases, fractures and camel bites were transferred for treatment. I was approached to take a job in Abu Dhabi in 1969. On a day trip, I more or less made up my mind while the aircraft was landing, not to take the job as there was hardly any population and the main buildings were the Sheikh’s castle (Hosen) and some scattered mud houses (Figure 1). I was received by Dr. Philip Horniblow, a radiologist by training and the director of health services of Abu Dhabi (3). Over lunch with Dr Horniblow (Figure 2) and Dr Mathew, who was working in Al-Ain, we exchanged ideas. I eventually decided against taking the job as there would not be much work for me and even less for my wife, who was working as the consultant histopathologist in Bahrain (4). There were few health care professionals in Abu Dhabi at this time: one Pakistani physician, Dr Abdul Majeed, and an English GP who had a clinic next to the British Embassy. This clinic has long since been demolished as part of development of the city. The only other health facility in Abu Dhabi was in Al-



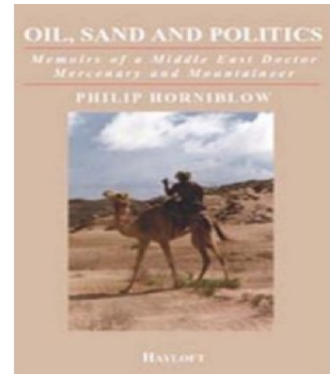
**Figure 1.** The old huts of the late sixties and early seventies in Abu Dhabi.(public domain photo)

Ain, officially called “Oasis Hospital” (5), but also known among the locals as “Kennedy Hospital” after the doctors Pat and Marian Kennedy (Figure 3).

In January 1971, I was again invited to see Sheikh Hamdan Bin Mohammad, chief of development which included the health service and public works department. This time I was persuaded to stay on as the previous surgeon had been terminated. I became the sixth surgeon in the past 3 years to work at the Central Hospital, however I stayed for many years. In 1966 when Sheikh Zayed Bin Sultan Al-Nahyan, a man of great insight, became ruler of Abu

Dhabi, he commissioned the building of Central Hospital to provide the best possible health care services for the local population (1). Dr Nazir Ahmad, his wife Dr Nafis Jehan (a gynaecologist) and Dr Costas (a Greek Cypriot ophthalmologist) were amongst the first physicians hired to work in the new hospital.

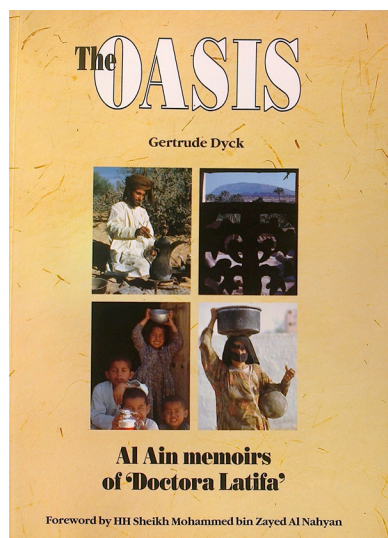
### **The Spectrum of Clinical Work: More than Just a General Surgeon!**



**Figure 2.** Philip Horniblow, the first health director brought in by Sheikh Zayd to build the health services (left) and the cover of his book “Oil, Sand and Politics:Memoirs of a Middle East Doctor, Mercenary and Mountaineer”(3). (Public Domain Photos from Publishers Website)

Being the only surgeon, I worked under tiring circumstances treating and operating on patients for conditions as diverse as brain trauma, orthopaedics, spinal injuries, urology, thoracic surgery and all types of trauma, besides general surgery. A large part of my workload involved treatment of patients with post-polio deformities who required corrective surgery like triple arthrodesis and tendon transfers, as well as other patients who needed plastic surgery for cleft lip, cleft palate or skin grafting for post burn contractures.

Quite a few cases came from Oman as their health service was not developed then. One particular case, a 50-year old man from Oman with an inguinal hernia, came for corrective surgery for a cleft lip. He accepted repair of this and was very pleased and grateful for the result. When he went back, he sent a stream of cleft lip cases. About once a week, I also conducted clinics in Al-Ain at a hospital set up in the Al-Moeji Palace which had kindly been given by a Sheikh. I remember that it rained a lot in April 1971, and the roof of the hospital collapsed so the hospital was shifted to some tents!



**Figure 3.** The cover page of story of the Oasis hospital Kennedy physicians. (Photo courtesy of Dr Salem Beshyah, Associate Editor, Ibnosina Journal of Medicine and Biomedical Sciences).

### Laboratory Services

Another interesting case which deserves mention involved an Al-Ain patient with a perforated duodenal ulcer who was in a bad state. He was given intravenous fluids, antibiotics and pain killers and then transported in the back of a car to Abu Dhabi Central Hospital. Basic blood tests (i.e., electrolytes, urea, haemoglobin were requested. It was only after the registrar commented “What’s the use as there is no plane to Beirut until tomorrow morning,” that it dawned on me that the laboratory (run by a British technician) was not equipped for such tests.

Dr Tahira Kazi, my wife, joined Central Hospital in April 1971 and went about setting up a laboratory. Although she was a trained histopathologist, she looked after all branches including microbiology, biochemistry and haematology. Later in 1971, she was joined by Mrs Sri Pingle, who was also a histopathologist by training, and her husband Dr Avinash Pingle, a nephrologist. A few years later, another haematologist and a biochemist were hired. Tahira liaised with the Bahrain laboratory. Specimens were sent to Bahrain for processing, since the equipment for this was not available in Abu Dhabi, and in return she reported on the pathology slides of patients from Bahrain. Eventually all the equipment was ordered and a world class laboratory, by those days standards, was set up.

My anecdotes, such as the next one, reflect real life issues

that occurred at Central Hospital that the Beshyah’s would not have known about (1). In early 1971, a 60-year old lady with “measles” was admitted to a female ward which was common to medicine, surgery and paediatrics. The next day on ward rounds, I was told that this patient had died during the night. I found this hard to believe about measles. Shortly afterwards, one of my patient’s admitted to the ward following a pin and plate procedure for fracture of a femoral neck, contracted the disease and also died. Dr. Thomson, who was involved with public health in Dubai, was called for an opinion. After he inspected the body in the mortuary, cause of death was diagnosed as haemorrhagic small pox, not measles! The hospital was closed (for routine work) but about 17 patients had died. We carried out mass immunisation and the epidemic was controlled. The full details of these events are in World Health Organizations Documents online (6).

Another interesting point was that there was no facility for blood transfusion. One night I had to treat a patient with a gunshot wound to the chest. We called the list of donors we had (mainly hospital staff and some oil company employees), bled them and I proceeded to perform a lower left lobectomy. The patient made an uneventful recovery. Ultimately a blood bank was established. Quite often we took blood from relatives, but if not available, we used our donors or the blood bank. Unfortunately the authorities decided to import blood from Bombay and later from Miami. Consequently a number of cases of HIV developed, very often in young women who had been transfused during delivery. Despite our objections and pleading, blood continued to be imported from abroad.

### Expansion of Abu Dhabi Medical Services during the Seventies

In 1974, an orthopaedic and an ENT surgeon were hired, and later a plastic surgeon. Mr Imtiaz Husain, who was initially working with me, branched off and set up an excellent Urology unit. Many of the doctors who had trained in Abu Dhabi, progressed to work as consultants elsewhere. Two of these, the Bani-Hani brothers Ibrahim and Kamal, went on to become Deans of the faculty of medicine in Irbid, Jordan and a few others went to work in the USA. Under the guidance of Sheikh Saif Bin Mohammad Al-Nahyan, minister of health, an extension to the Central Hospital was built with two operating rooms and a five bed ICU. Later a gynaecology and obstetrics hospital was opened on the Corniche (the Corniche Hospital) and many years later, a new Corniche Hospital was built. The Central



Hospital provided surgical support to all these hospitals. In the late seventies, a 320-bed hospital was built adjacent to the Central hospital (Al-Jazeera). A similar hospital was built for the armed forces as until then, Central Hospital had provided all hospital care to the defence forces, even though there was a small hospital on the military compound. Mr Abdul Jaleel, a Sudanese surgeon, was hired for the Military Hospital and I welcomed him warmly as another surgeon became available on the island for consultation. The department of anaesthesia had three juniors and late in 1971, a consultant (Dr Khan Ahmad Saeed) was hired. This improved the standard of patient care and more difficult cases were tackled. A Nephrology unit was set up adjacent to Anaesthesia and ultimately they were able to perform kidney transplants.

In 1978, another hospital (Mafraq) was built. I was not particularly happy with its location as the city and the population was on the Island and the hospital was being built 35 kilometers away. Eventually I managed to persuade administration to make it a specialist hospital with its own dedicated accident and emergency unit and a surgical department specializing in cardiac, neuro, thoracic, paediatric and plastic surgery, as well as kidney transplantation. I was pleased to see all of these being done at Mafraq.

Until these specialties were set up, all procedures apart from cold neurosurgery and cardiac surgery, were done in the Abu Dhabi Central Hospital. It is noteworthy that at this time, the Kuwait Hospital, donated by the Kuwaiti Government, and Dubai only provided very basic health care services. Before Rashid Hospital was built in Dubai, when Dubai did not have a surgeon, I was personally ordered by Sheikh Zayed Bin Sultan Al-Nahyan to go there once a week and help them. There was a great culture for treatment abroad; sometimes even patients with “piles” (haemorrhoids) were sent abroad for treatment. I was not popular for resisting such requests. Ultimately the confidence of the local population increased and many VIP’s and VVIP’s had their surgery in Abu Dhabi.

#### **Another Anecdote**

Some interesting cases from a general surgeon’s viewpoint deserve mention. A policeman from Al-Ain suffered a stab wound to the right thigh, injuring the femoral artery and vein. I was flown in by helicopter and operated on the patient, repairing the artery and a venous patch graft to the femoral vein. The patient made an uneventful recovery but

was sent to Germany by the authorities for removal of his skin sutures! Another patient had a compound fracture of the skull and arrived 36 hours later. He underwent a painstaking surgery to remove a large amount of devitalised tissue and a considerable portion of contaminated bone. He made an uneventful recovery. Two years later the patient returned complaining of severe headache and a pulsating swelling of the left parietal region. A titanium plate to close the gap was ruled out as the outside temperature gets very hot in the summer, therefore a rib was removed, split and sutured into the gap with wire. A visiting Beirut neurosurgeon was full of praise for the result.

#### **FRCS Examinations in Abu Dhabi**

The department of surgery was very active in postgraduate teaching and every doctor, except one, passed the fellowship of the Royal College of Surgeons examinations (FRCS). Unfortunately at that time, doctors had to travel to the UK for the primary and final examinations. In 1979, a team from the Royal College of Surgeons of England came to inspect the surgical department and granted recognition for FRCS training. We proceeded to collect skeletons and dissected an unclaimed body after embalming it with the help of an American anatomist: the dissected body lasted us over 10 years. In 1983, Dr TJ Thompson, the then current president of the Royal College of Physicians and Surgeons of Glasgow, visited Abu Dhabi on his way to Oman. As part of the visit, he attended ward rounds, and at my suggestion, “grilled” the residents! He was very impressed with the standard of training and patient care and at a formal meeting, agreed to our request that the Primary FRCS examination be held in Abu Dhabi. Following this, Mr Stuart Young, Registrar for examinations, came to inspect the facilities. He was equally as pleased and Primary FRCS examination privileges were granted. This must have been an extraordinary request at the time for examinations to be held at a hospital that had no medical school attached to provide anatomy specimens. The first Primary FRCS Examination was held in December 1984, and yearly thereafter. The examining team was a very high powered one. The examinations ran like clockwork and all the guest examiners were very pleased. After the 1985 examination, I proposed to the College that the Final FRCS Examination be held in Abu Dhabi. The College again sent a team, Mr. Colin Mackay and Mr. Stuart Young, who inspected the facilities and the cases available. After a tour of the Central, Al-Jazeera and Mafraq hospitals it was decided that the Final FRCS examination could be held in Abu Dhabi: the first was in 1986. These facilities encouraged all the doctors to study and needless to say,

patient care improved tremendously. It must be recognized that many people provided support and encouragement, particularly Sheikh Saif Bin Mohammad Al-Nahyan and Dr Abdulrahim Jaafar, the undersecretary, for without their support this progress would not have been possible.

*between 1973-1993.*

### **My Last Days at “The Central”**

As the years passed, Central Hospital was gradually “neglected” and facilities and staff decreased in order to give Al Jazeera and Mafraq more work. Ultimately, a major hospital and a medical school were opened in Al-Ain and Professor Andrew Sim headed the department of surgery. After twenty three years of service, in April 1993, my wife Tahira and myself left Abu Dhabi to set up a charity hospital in Pakistan. We took with us many fond memories and all the good wishes of the population, but unfortunately not full end of service benefits. Although this still pains us both when we think about it, in hindsight, we can only wonder if we would have chosen to give up these cherished experiences.

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### ***A Note added by the Editor***

*Mr. Nazir Mohammad Kazi, MBBS, FRCS Eng, FRCS Ed, FRCS G, FACS, has been a Consultant Surgeon and Chief of Surgery at Central Hospital, Abu Dhabi. He played a prominent role in the development of the health care system and postgraduate education in the Emirate of Abu Dhabi, specifically, and in the United Arab Emirates, in general,*