

Howard Friend on making the most of senior years

MALAWI REVISITED

We are now well into our year back in Malawi, where we had previously spent almost half our professional lives. I am working as a volunteer, part time, in an AIDS hospital.

My wife Helen is giving physio a break and enjoying gardening. We're both having a ball. Isn't that what gap years are all about? We even have a blog so we can feed the children selected information.

On getting near the age of retirement – I was reading one of Francis Drake's prayers about being too comfortable:

*Disturb us Lord, when we are too well pleased with ourselves,
When our dreams have come true
Because we have dreamed too little,
When we arrived safely
Because we sailed too close to the shore*

The opportunity arose when our last child graduated and, to be frank, the last parent died. Plus, I think it only fair to say, we baby-boomers had free medical education, made money on our houses and have a good pension to boot. I think therefore we both felt an imperative to put something back in, not as a result of guilt, but out of an understanding of grace – the generous love that God has shown us.

Those of you who, like me, are challenged by RS Thomas's poetry will perhaps know these lines from his 'The Bright Field':

*Life is not hurrying on to a receding future,
Or hankering after an imagined past.
It is the turning aside like Moses
To the miracle of the lit bush*

I think living for God in the moment is something that is even more important as one ages. I certainly learnt that lesson from my patients in the hospice where I worked in the last seven years of my NHS career. How many times did I hear this story from a grieving spouse: 'We had so much planned for our retirement you know, and then this happened'.

So I took early-ish retirement. I fitted in an appraisal, volunteered for an early revalidation (something of an anticlimax I discovered) and off we went. We shipped our Land Rover to Cape Town and bought a roof top tent and all the gear. It took two months getting to Malawi – travelling by the scenic route. That gave us time for each other. We did the usual hike around the great game parks. However

one of the best bits was sharing our Bible readings together each morning, something we didn't have time for with a busy GP and four children. By the way if you want to test a marriage, try living in a tent and relying on your spouse's map reading for a prolonged period of time. I am glad to report that the ground tent I packed – just in case – was never unpacked! When we finally got to Malawi we were given an enthusiastic welcome by our old friends. I think our Malawian colleagues in particular appreciated that we have given some of what they called our golden years to their country. Old age is respected here, unlike in the UK.

I am working in the paying GP part of an AIDS hospital, which has been a very challenging change from my hospice job. It has been wonderful, however, once I got the hang of the ARVS, to see patients come back to life – something none of us could have dreamed of in the early days of AIDS here.

I decided not to get involved in palliative care, which is in its infancy here, because I wanted to finish my career 'making people better'. That has been a good decision. Only when I stopped did I realise how hospice work can narrow your view of life – if you'll excuse the expression. I intend to get more involved in the palliative care scene in due course. But I realised early on that, with medicines for opportunistic infections available now, 'dying' AIDS patients can be resurrected. Even if one wants to be a palliative care doctor for AIDS patients, you have to be capable of intervention too.

We are both very involved with the student CMDF, being now called 'seniors'. How did that happen so quickly? It is really exciting to see the next generation of medics coming on. Structures in third world countries almost always disappoint. People, not so often. I have been able to transfer my Reader ministry to St Peter's here in Lilongwe, which is keeping me on my toes, and hopefully, the congregation on theirs.

I hope my experience should encourage others of you who have a lifetime of medical experience to consider a time in third world medicine because – if you are capable of adapting to local conditions – both you and the patients will benefit.

Of course I realise that many of you will have responsibilities; family and church-wise, which detain you. However there are a variety of opportunities for shorter stints in countries like Malawi. And so, if you are feeling comfortable and having problems thinking about how to spend your Lump Sum, beware: another country might need you!

Howard Friend wrote from *Partners in Hope Hospital, Lilongwe, Malawi*.