Jeffrey Rosenfeld (MB BS 1976) is Professor/Director of Neurosurgery at the Alfred Hospital and Monash University, and a neurosurgeon with more than twenty years involvement in the developing world, as both a surgeon and a teacher. He is also one of Australia's most senior and experienced military surgeons and currently holds the rank of colonel.

My interest in the developing world started when I was a surgical registrar at RMH. I was sent to PNG for six months in 1983, when there was an ongoing rotation of registrars from RMH to PNG. Unfortunately they stopped the program in 1986. It was a great shame because it gave you the opportunity to work in the developing world, to understand what happens there with health service delivery, and at the same time do a lot of surgery and learn new things. From then on I became interested in helping PNG develop its hospital services. I went back regularly, as a volunteer, and later became involved with the Pacific Islands Project, an AusAid-funded aid program managed by the College of Surgeons. It sponsors very small groups of specialists, in all different fields of medicine, to go to underprivileged Pacific Islands such as Vanuatu, Fiji, PNG, East Timor and Solomon Islands etc. It is a fantastic project because it delivers specialist health services these countries don't have and helps train the local doctors and nurses in the delivery of more advanced health care. I still go to PNG and Fiji through this program. They're our two closest neighbours that have medical schools and larger, more advanced tertiary hospitals.

PNG is a country of almost six million people, but they only have one CT scanner for the whole country and it's a private canner. The government still has not agreed to buy a scanner for the public hospital and the local people often have to get their whole village to pay the money for a scan. It's a real problem. We've recently trained one of PNG's local surgeons in neurosurgery and he has become their first indigenous neurosurgeon. We trained him mainly in PNG, but also through multiple visits to Australian neurosurgery centres.

Because of my work in PNG I was appointed Professor of Neurosurgery to the University of PNG in 2000, and I still hold that appointment. I've developed relationships with China, India and Vietnam as well and I've had the opportunity to work in Africa, in Rwanda, through the UN. I am also interested in East Timor, having been there several times with the military. East Timor is at 'ground zero' and we, their neighbours, need should help them to advance.

The role of a military surgeon

As a general military surgeon my role is a supportive one for the Australian government and Australian Defence Force. The ADF has been involved in many humanitarian and peacekeeping missions, particularly in the last decade, in Bougainville, Timor and Solomon Islands, and Cambodia and Rwanda. The medical support is paramount on these missions. We have delivered advanced care to the civilian population as well as the military and UN staff. There are a great variety of surgical and medical disorders that need treatment in those environments.

A general military surgeon has to be able to do all sorts of surgery, particularly trauma surgery, but also obstetrics, including emergency caesarian sections. You also have to be able to deal with tropical surgery, which can be quite challenging because you often see patients in the very advanced stage of their pathology. We don't see these tropical infections in Australia.

When you enter a civil war zone, or a war zone, you are risking your life. In a military environment – I've been in Iraq and that's obviously extremely dangerous – but at least I've got military protection around me, as opposed to MSF or the Red Cross who have no direct protection and are in an even more vulnerable position. I'm not suggesting that everyone moves into that level of danger because there is a lot of aid work that you can do in countries that are relatively peaceful, and do it in relative safety.

Doing more in the developing world

My experiences have made me a very flexible surgeon and a much better person in terms of being able to be respectful of other people and their values.

You see some horrific things in the developing world, some very sad things, and it really emphasises how lucky we are in Australia. It’s why I encourage doctors and nurses to go out into the developing world. If you can save lives or help sick or injured people recover and bring them back to their families and maybe get them back to work, even though it might be a small number of people, every life and every person counts.

The Talmud is one of the most important Jewish texts that gives advice on how to conduct your life. One of the sayings of the Talmud is that even if you save only one life, you’re saving the whole world. Each life is very precious. As doctors we’re in the very privileged position to potentially save lives and relive suffering on an almost daily basis, but I think we can have an even greater overall impact in the developing world than in Australia.

Doctors can become engrossed in their own world and I’m trying to show that they can still have their family and their extra-curricular involvements, but at the same time give something to those who are less fortunate than we are. Volunteerism is what I’m encouraging people to do—to give up some of their time, to contribute to voluntary organisations or charities at a local, national or international level, such as the Pacific Islands Project.

It is important that we involve medical students with these ideals as well. I think we need to get them fired-up during their medical course so that they continue to hold these values and are keen to get involved later in life. A lot of medical students are very interested in working in the third world and many of them do, during their electives. That often opens their eyes and attracts them to do further great work in the developing world.

If you are interested in doing more and you are already a specialist in a particular field, you can contact your own professional society. For example, the College of Surgeons has a large outreach program. Some hospitals such as the Royal Children’s Hospital and Royal Melbourne Hospital have international outreach programs. Melbourne University also has an international health arm, in which a number of people have had a lot of overseas experience. Getting involved in health policy development on the international stage is another way of contributing to the third world, and there are postgraduate courses in health administration and the MPH at Melbourne and Monash universities. Becoming a reservist in the ADF may also give you the opportunity to be involved in humanitarian care in more hostile and remote environments.

Melbourne University is particularly attuned to the idea of its graduates contributing to the developing world or to helping those less privileged than ourselves, and giving something back. I think that comes through in the caliber of Melbourne University’s faculty staff who shine as role models for medical students and young doctors. It is the inspiration from our senior colleagues that stimulates us to get out there and contribute more to the world than we ever thought possible when we first went into the medical course. Faculty staff may not realise it, but they have the capacity to encourage their students to get involved in aid activities at a local, national and international level.

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