



# The Blind Person's Perspective

tive that directed my life was completely reconstituted. Compelled by the need to recapture what I had missed during my growing years, I forced myself to relive the past by recalling my experiences and re-examining each aspect with a much broader, more enlightened, and more mature perspective.

I asked one simple question that guided me through my journey back in time. What would it have been like if I did not have the *help* I had as I grew up? We may never find out the 'might-have-beens' of the past. Nevertheless, observing the lives of those who were less fortunate confirmed that my circumstances would have been hopeless, if not fatal. Awakened from an enduring numbness (lack of feeling), I suddenly realised that I am not only alive, but also better off than most of my blind compatriots.

One single and essential constant provided the core building blocks for my life, i.e., *help*—what others did for me. Indeed, goodness and kindness cradled me in the loving care of those who offered *help*. My life was deeply influenced by each caring individual who selflessly offered the *help* that made a difference. My aunt helped in pleading my case to the late Emperor Haile Sellassie when she recognised her limitations to care for me. The Emperor helped when he took me into his care and placed me under the stewardship of a missionary

couple. Simply put, my success and good fortune undoubtedly were the direct and the immediate fruit of the *help* I have been receiving from so many individuals and institutions.

## Help and the Blind Person

My thoughts showed me that *help* does not bring anyone to a lower situation of permanent dependency (relying on others). Rather, it is an interdependent society responsible for securing meaning and significance for its members. Because of *help*, mankind enriches itself through the potential of each individual by extending the benefits of its resources to others. Society's resources are mobilised through giving and receiving.

A companion effort in orientation and education must be integrated into all eye care programmes, to facilitate these aims. Both those who give and those who receive must be aware of the great significance of their participation in this most noble and most required of all causes.

In some areas, setting blind children on fire to rid communities of evil spirits has been reported. I remember a ten-year-old blind boy who did not know how to walk because his parents kept him secluded in a little room, out of embarrassment. On the

other hand, there are some individuals of enormous wealth and others with incredible skill who fail to recognise the rewarding significance of their participation in fulfilling the good purposes of *help* in the lives of others, through organised and individual efforts.

## Help and Need: Testimony and Professional Care

The good purpose of providing support and professional help must be clearly presented to all benefactors (those who give) so that they may find their places in this cause and fill it effectively and enthusiastically. Also, the personal experiences of those who receive must be strategically included within the overall eye care effort so that their testimony can help in penetrating the formidable barrier between *help* and need. *Help* is necessary, indispensable, and good. But, meaningful, effective, and efficient *help* is even better. I commend the efforts of eye care centres as well as those who are organising *help*. Certainly, a concerted effort of all involved parties will most assuredly realise the most excellent and finest aspects of *help*. We should no longer watch quietly, as indifference and despair deny us the wonderful rewards of a fulfilling experience. □



## THE ROYAL COLLEGE OF OPHTHALMOLOGISTS

17 Cornwall Terrace, Regent's Park, London NW1 4QW, UK

### EXAMINATIONS CALENDAR 2003 (UK and OVERSEAS)

#### UK Examination Dates

Examination	Applications and Fees Due	Essay and/or MCQ Papers	Clinicals/Orals/0SES <sup>+</sup> /0SCES <sup>+</sup>
Part 1 MRCOphth	9 December 2002	20–21 January 2003	None
	17 March 2003	28–29 April 2003	None
	1 September 2003	13–14 October 2003	None
Part 2 MRCOphth	22 April 2003	2 June 2003	2–6 June 2003
	22 September 2003	3 November 2003	3–7 November 2003
Part 3 MRCOphth*	20 January 2003	3 March 2003	3–7 March 2003
	4 August 2003	15 September 2003	15–19 September 2003
<b>The Part 3 Examination will be changing in September 2003 – for details please contact the Exams Department</b>			
Diploma in Ophthalmology (DRCOphth)	6 May 2003	16 June 2003	16–18 June 2003
	6 October 2003	17 November 2003	17–19 November 2003

From November 2001, there has been no practical refraction section in the Diploma Examination

#### India Examination Dates

Provided a minimum of six candidates are booked to sit, the Parts 1, 2 and 3 Membership Examinations are scheduled to be held on the following dates

Part 1 MRCOphth	17 March 2003	28–29 April 2003	None
Part 1 MRCOphth	1 September 2003	13–14 October 2003	None
Part 2 MRCOphth	1 September 2003	15 October 2003	15–16 October 2003
Part 3 MRCOphth	1 September 2003	16 October 2003	16–17 October 2003

Overseas Location: Aravind Eye Hospital, Madurai, Tamil Nadu, South India

\* Any changes in any of the above dates will be posted on the website and within application packs + Objective Structured Examination and Objective Structured Clinical Examination

Information, Exams Syllabi, Application Forms: Examinations Department at the above address  
Tel: 00 44 (0) 20 7935 0702 Fax: 00 44 (0) 20 7487 4674 E-mail: rco.exams@btinternet.com  
Visit the College website [www.rcophth.ac.uk](http://www.rcophth.ac.uk)