

A Goal for International Healthcare: Humane and Respectful Treatment for Everyone

Says a Hertfordshire lady with 'Motec-vation' – with eyes firmly focused on global equity

An Interview by Dr Louisa Draper

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We receive generous donations from one of our close friends and loyal supporters, [Mrs Marilyn Goreham](#), a local Hemel resident. Mrs Goreham has been unwavering in her support for MOTEC's work over the years so I decided to pick her brains about why she has chosen to support us. I was delighted when I received a lovely, thoughtful letter from her, detailing her thoughts and ideas about MOTEC, healthcare in the UK and abroad, and how to spread the MOTEC word! She has generously allowed me to share her thoughts with you all.

I asked Mrs Goreham how she first became involved in MOTEC. ***"I first heard of MOTEC from Mr Raymond in 2008"***. Mrs Goreham was touched by the care that Mr Raymond (a surgeon at West Herts NHS Hospitals) provided for her as her doctor, especially the time that he gave her, despite being busy at work.

"I was very thankful for Mr Raymond's caring treatment and asked him if I could donate to a charity of his choice".

After reading MOTEC's website, Mrs Goreham agreed that it was a worthy cause and since then has been one of most loyal supporters. She was interested to support a charity in Africa, having previously been involved in other local groups with links to Africa.

"I am mindful of UK links with Ghana and had a personal interest in supporting MOTEC because I used to know Peggy Boateng in the local anti-Apartheid group and Dacorum Multi-Cultural Association."

"In the UK we are taking away staff from less developed countries...it is only right that we should pay back something"

Our relationship with Mrs Goreham is made stronger still by the values that we share. **She truly understands the principles that lie at the heart of MOTEC.** She shares our concerns about the "brain-drain" from Africa and identifies with the

strong urge felt by many people in the UK (whether African or not) to “give something back”. (A MOTEC meeting rarely passes without hearing these phrases several times!)

Mrs Goreham said *“I feel strongly about the UK taking trained health staff away from less developed countries. It seems only right that we should pay back something”*

Training for long term benefits

She also agrees that the most cost-effective, efficient and sustainable way of improving health and healthcare is through the provision of education for healthcare staff and communities. On this subject, she said *“I know that a little can go a long way and training is something which has a long term benefit - which can spread”*.

“MOTEC works WITH the locals professionals, not for them”

When asked where she would like to see her money spent, she said *“I am happy for any donation I am able to give to be used where needed. I realise that unglamorous projects often do the most good”*. She also backs MOTEC in our policy of working closely with local professionals and communities to develop ideas for change together, rather than imposing our ideas and values onto them. *“It is especially attractive to me that MOTEC works closely WITH the local professionals and NOT FOR them”*, a message that seemed to echo the words of our Ghanaian patron Daasebre Professor (Emeritus) Emmaunel Oti Boateng, when he visited Hemel last year, talking passionately about how the partnership between MOTEC and Ghana will help in the *“rising up of Africa”* and *“narrowing the gap”* between Ghana and more developed countries.



Mrs Marilyn Goreham

“No amount of targets can measure the humane and respectful treatment each patient needs”.

Finally, we spent some time dwelling on healthcare systems around the world. What about the NHS? What about the way in which we work in the UK and when

we are in Ghana? What could we learn from Ghana? Mrs Goreham acknowledged the excessive demands put upon NHS workers, lamenting that due to high workloads, they are sometimes prevented from being able to provide enough time for each patient. Discussing government policies, Mrs Goreham said *"unfortunately no amount of targets can measure the humane and respectful treatment each patient needs"*. However, she acknowledged that this situation is even worse in poorer areas, saying *"I don't know how realistic this is in Ghana where the doctor-patient ration is likely to be much lower"*. However, she reminded me that no matter how busy, overworked or under-resourced we feel, at home or away, we must always remember that *"it is so important for everyone receiving care to be treated as a person and not a 'case'"*.

Mrs Goreham would like to continue to spread the MOTEC word and encourage others to donate, but suggested that we have a *"single paged description of MOTEC's aims"* - a leaflet with the key messages that might help her to provide others with a snapshot of the work we do. I am grateful for her helpful suggestion and she will be the first to receive the prototype!

I would like to personally thank Mrs Goreham for taking the time to write such a kind, interesting and thought-provoking letter. And, of course, I would like to thank her on behalf of **MOTEC for her support and her generous donation.**



Motec in 'public and health worker education' in Ghana – support for this kind of project comes from donations from Motec supporters like Marilyn