



Profile

Thiyagar Nadarajaw

After Thiyagar Nadarajaw graduated from medical college in 1990, he was posted to a district hospital in Sabah, a Malaysian state on the island of Borneo. The hospital director instructed him to take care of the paediatric department. "I hated paediatrics", recalls Thiyagar. The ward in Sabah did little to change his mind. It was overcrowded and terribly busy. Thiyagar was the only doctor on duty. Indeed, the entire state had only a single paediatrician, 600 km away. The rotation concluded after 3 months and Thiyagar moved to a different department. "It was a relief. I was keen to get on with becoming a surgeon—that had been my ambition since medical school."

The story could have ended there. But one afternoon, Thiyagar covered a colleague's shift in the paediatric ward. He encountered a 2-year-old boy in serious respiratory distress. Thiyagar chided the youngster's father for waiting so long before seeking medical help (he would come to regret this outburst). He inserted a chest tube to drain the empyema, and had the patient transferred to the intensive care unit. He later heard that the boy was recovering well. 3 weeks later, as Thiyagar was finishing his shift, he ran into the boy's father, a worker on a cocoa plantation almost 100 km away. He had seen him earlier the same day, but had not stopped to talk. It turned out that the boy had been discharged that morning. "So why haven't you gone home?", asked Thiyagar. "Oh, I want to thank you for helping my child", the man answered. He had waited almost 9 hours to do so.

"All I did was treat his son. And he had waited for so long just to thank me. He changed my life; I realised then how rewarding paediatrics could be", says Thiyagar. He trained in the specialty, determined to work in the Malaysian public health system. "I was born in this country and I am passionate that I must serve the children here first." He grew up in a small village with no basic amenities. "The poor need us in the public sector. Maybe my background makes me appreciate their situation better", he notes. "I have generally worked in the more rural states. I felt that children there would not always be able to get to specialist care." He is now a state consultant paediatrician in Kedah, on the border with Thailand.

Malaysia currently has only four specialists in adolescent health, one of whom is Thiyagar. Here too a single conversation proved pivotal. In 2004, Thiyagar met with a 13-year-old boy with poorly controlled type 1 diabetes. He decided not to talk about the medical condition. Instead, he asked the young man questions about himself. "And, wow, that teenager went on and on about his struggle in school and dealing with his disruptive home environment", remembers Thiyagar. The youngster

described his diabetes as "another unwanted visitor" in his life. Their conversation went on for over an hour. The physician explained to his patient that some visitors cannot be chased away. But they can be controlled. "I told him that one of his most powerful weapons to control the visitor was insulin", recalls Thiyagar.

6 weeks later, the boy returned. His blood sugar levels had dramatically improved. Thiyagar asked him how he did it. "I reflected on what you said during the last review", smiled the youngster. "You are right. My destiny in my hands. I feel empowered now. I am in control." It dawned on Thiyagar that he could make a lasting difference to teenagers in similar situations to the young man in front of him. "Having gone through my training in paediatrics with no adolescent health input, that day was my wake-up call to take up the subspecialty", he remembers.

Thiyagar did his fellowship in adolescent medicine at the Royal Children's Hospital in Melbourne (VIC, Australia), where he was mentored by Susan Sawyer. "Thiyagar was the most impressive of clinical trainees who continues to strive for excellence and equity in the clinical services he now runs", says Sawyer.

Since returning from Australia in 2007, Thiyagar has been actively advocating for adolescent health in the Malaysian Ministry of Health. He has helped to organise every annual conference of the Malaysian Association for Adolescent Health, and has held several leadership roles within the Malaysian Paediatric Association, including President in 2015–17. "I know these roles have taken Thiyagar well beyond his personal comfort zone", says Sawyer. "I also know how grateful his colleagues are for the strength of his leadership and professional ethics—and how much future Malaysian adolescents will gain from his advocacy."

"The major issues for adolescents in Malaysia are related to mental health, high-risk behaviours, and eating disorders", Thiyagar points out. Public awareness of the available services is poor and many teenagers are reluctant to approach health-care providers for help. Obesity is on the rise, and although teenage pregnancies are falling, sex education in schools remains inadequate. For Thiyagar, the key is to take a holistic view. "Adolescent health is much more than working in hospitals with adolescents; you have to work with the individual and the community and at the national level." It is a lesson that he first started to learn during that lengthy 2004 conversation with the teenager with badly managed diabetes. "I am indebted to that young man", says Thiyagar.

Talha Khan Burki

