

CAMBODIA Elective

“Have you ever been in a civil war?”

by **Katherine Miller**

It's not a question I've ever been asked before, certainly not in an operating theatre, and certainly never by a surgeon. And yet it wasn't that surprising. When I arrived in Phnom Penh, Cambodia, the sun was setting, and a tuk tuk, more an elaborate cart attached to a motorcycle, carried me through the dusty streets. The traffic, legendary in description, lived up to its name tuktuks, motorcycles, brand new Lexus four wheel drives. Glossy buildings and roadside shacks selling black-market petrol in old-fashioned coke bottles. No high-rises, but hints of modernity everywhere. A city but not a city.

And that's Cambodia. A contradiction at every turn, a challenge to every sense. By the time I had started my elective in the National Pediatric Hospital, and had that question from Dr Channa, I hardly bat an eyelid. I answered in the negative and suddenly the conversation was over. Back to cleft-palate repair speak. I probed a little, mentioned I'd read the history, but the conversation really was over, and I didn't push any further. It must have seemed all so obviously academic to me. And it was clearly and painfully anything but, to him.

My primary objective for this elective was to gain clinical experience in a resource-challenged, paediatric setting. One day in theatre, an 8 year old girl's dislocated femur could not be relocated, the muscles around her hip socket were too stiff. Dr V, the orthopaedic surgeon, explained this to me, and that she would be placed in traction for ten days. I watched as a cuff was made for the small girls foot from a cardboard box, and rope fed through the bottom of it. And as I did, I knew that this is what I had come here for. Resource challenged innovation.

Medicine in Cambodia is all about doing more with less. Watching the scrubs drying on the clothesline at the back of the surgery-building, everyone reusing disposable masks, even the nail brushes for scrubbing-in were cleaned and replaced. Nothing could be wasted. There was simply no money, and no room for waste. Pins holding fractured bones together are left long so the doctors can remove them without radiological guidance. And nearly all the equipment has been donated by a friendly international government or NGO. In the clinic Dr Vuthy taught me little tricks or things to watch out for. The cafe au lait spots of neurofibromatosis, to always look for more deformities if you find a single one. Pearls of wisdom undoubtedly buried deep in a thick textbook somewhere, begging to be forgotten the instant it's read. When placed in context by a kind and patient teacher, one can't help but remember them.

Dengue fever, malaria, typhoid, dysentery, HIV all formerly academic to me, now no longer. There is a special centre at the National Pediatric Hospital for children living with HIV. They seem smaller, a little paler, and receive regular checkups. On Tuesdays and Thursdays there are teaching sessions. They are conducted first in Khmer, sometimes in French, and then for the benefit of us, in English. We learned the story of a little boy who'd arrived with abdominal distension and were asked our differential diagnoses. They fell short. The child had abdominal tuberculosis spread throughout his peritoneum. The academic was real, and I saw it again and again in the knee joint, as a scrofula, as Pott's Syndrome. I learned that Phnom Penh is in the grip of a dengue fever epidemic, made all the more dangerous by the fact that *Aedes aegypti* mosquito, is more active during the day, and is found mainly in urban areas. The infectious diseases ward is mostly comprised of these patients.

Developing an understanding of the challenges facing the Cambodian healthcare system is a troubling objective. Dr Channa, the oral-maxillofacial surgeon, repairs cleft-palates on a humanitarian basis. Any child born with a cleft-palate can have it repaired free by him, but he was concerned. None of his students wanted to do it, because there was no money in it. Dr Channa is paid a small amount by an

NGO for the service, but to his students, young Khmers keen to make money for the first time in their or their families lives, it was pointless. Money provided by the Khmer government to the NPH is done so, as I understood it, on an ad-hoc basis. Dr Vuthy wanted a CT of a young boy with neurological symptoms, but his family could not afford it. In a country ravaged by civil war, universal healthcare for all is an unimaginable luxury.

Nothing forces this point home more by the poverty on the streets. At night, women lay their naked toddlers on the pavement before them, and hold out their hands for money. Mother and child are always dangerously underweight. A young labourer might earn \$1 a day, and this must cover living and eating expenses. How then, can he afford a simple blood test that costs \$5? And in a country littered with landmines and unexploded ordinance, the horrifying sequelae of this is that many people are forced to try and live in poverty whilst badly disabled with no healthcare. The challenges facing this healthcare system could fill several books.

“Have you ever been in a civil war? In the latter half of the 1970s, the Khmer Rouge stormed Phnom Penh, and forced men, women, children, the elderly, to march for days into rural areas then perform back-breaking labour for 12 hours a day -all in the name of creating an agricultural paradise. They murdered anyone educated, anyone considered an enemy of their ideology. Over one million people died. Doctors, lawyers, chefs, French-speakers - and their families were killed with them. All books were burned. All images, statues, sculptures from throughout history, were destroyed. Understanding Khmer culture is to understand that the people here feel that they have lost their culture and their heritage. There is a deep sadness that runs through the heart of this society, and with it, a deep love and appreciation for their fellow man as a result. A city but not a city. There was an unimaginable pain behind Dr Channa's eyes. Anyone over the age of 20 in Cambodia has been directly or indirectly affected by the genocide that occurred here.

Someone said once that Cambodia changes you forever. They were right. I have seen kindness with no bounds from a people who have lost everything. I have watched dedicated doctors improve life with cardboard. They rebuild children because children are the future of this country. I have learned and seen things that I would never, and probably will never see in Australia. Cambodia has changed me, it has educated me, it has shifted my once-insular Western perspective to something else. Something bigger. I've never been in a civil war. But I've learned from the Khmer people that losing everything doesn't mean stopping everything. Through their beautiful nature, through their response to that horror, they have given me courage. My psychiatry textbook had a paragraph in it on a humans response to highly negative events in their life. It said that those who responded with altruism to these events, were the highest-functioning. Nothing could be more true of the Khmer people. It is has been an honour to work with them.

I would like to thank the Jackson family very much for this opportunity. Without the Carl Jackson Memorial Scholarship, I would not have left Australia. I would not have had this invaluable experience that has changed forever, who I am, and what sort of doctor I will become.

Katherine Miller – Year 4.