

Impressions of the Cambodia

Louise Greenup – medical student from Sydney Medical School, won the Carl Jackson Scholarship in 2012, and undertook an Elective from January – March 2012

Dr Carl Richard Jackson Scholarship and the doors it opened!

My elective in Cambodia will hopefully prove to be the initiation of an enduring relationship of myself with a fascinating nation; plagued by decades of unthinkable torture yet strong, optimistic and determined to regain its footing on the world stage. While providing plenty of surgical experience, the experience in Cambodia was powerful in its demonstration of public health messages with regards to identifying determinants of health and recognising challenges to improve the lot for Cambodians. I would like to thank the Jackson family for this wonderful opportunity and to congratulate them on their campaign to improve the health of the people of Cambodia.

I was first based at the Children's Surgical Center, Phnom Penh, a hospital which provides free rehabilitation to disabled and very poor Cambodia children and adults. Cambodians are very happy people and the staff members at the Children's Surgical Center are no different. They were inclusive and welcoming towards me from the very first day. The surgeons were generous in their time to explain procedures and check my understanding. I enjoyed spending time with them, both in and out of surgery, and particularly enjoyed hearing about their life stories. I soon learned that the horror of the Khmer Rouge touched all Cambodians and found the resilience and humility of the people very inspiring. The staff also loved to joke and laugh and we had many entertaining social events during my time there – a wedding, a boat cruise, a black-tie ball and several dinners.



With Staff at New Year's Eve dinner, Children's Surgical Center

Clinical specialties at the Children's Surgical Center include ophthalmology, orthopaedics, plastic and reconstructive surgery and maxillofacial surgery. I was very fortunate to be spend time in each of these areas and assisted with surgeries for repair of congenital malformations, e.g. cleft lip/palate, club foot, release of constriction bands; reconstructive orthopaedic surgery; hip replacements; vesico-vaginal fistula repairs; flexion contracture releases and tumor excisions. I had many opportunities to practice suturing, including of skin grafts and was able to perform some Z-plasty contracture releases myself. I initially found difficult the adjustment to different protocols and conditions in the Cambodian surgical theatre, e.g. using a cake of soap in place of liquid surgical wash to scrub in, wearing open shoes, having very few disposable resources and approach to sharps management. Despite this, the standard of the surgery was very high and it was amazing to see what could be achieved with very few resources. The surgeons have a very wide range of skills and some, e.g. Dr Ngiep, a paediatric surgeon, was involved in almost all types of above mentioned surgeries including hip replacements, gastrointestinal surgery and gynecological procedures! Most surgeons

also work extra shifts at local emergency departments and thus must be comfortable with managing many medical presentations such as chest pain.



Operating theatre, Children's Surgical Center

In addition to surgery, I found outpatient clinics to be a great learning experience. Here, we were able to meet, interview and examine patients with impressive pathology and often heart breaking stories of the lack of/delay to medical attention for major burns and injuries. For example, one lady presented at 42 years of age with a very large neurofibroma affecting her entire right arm. She had to use a large piece of cloth as a sling to carry the arm, weighed down with the mass. She had not known of any options for treatment for this growth she had had since birth but after finding out about the services offered at the Children's Surgical Centre, she saved for months to raise the US\$2.50 for transport costs. We removed five kilograms of tumour, nowhere near a complete excision, a mere debulking of the mass.



42 year old woman with neurofibroma of right arm

During my elective, I came across many similar accounts of delays to treatment and there were various contributing factors I could identify. There is persistent strong belief in traditional medicine, especially among the older generations and in the provinces. Traditional methods are often sought as the first line option and sometimes subsequently in combination with treatment given at the Children's Surgical Centre. These traditional methods offer an apparent financial advantage as services provided at government hospitals attract a larger fee, often unrealistic for Cambodians. Further, as above, a lack of education compounds the delay to seek aid as many patients do not know about the benefits of medical treatment or the options for free health care, such as from the Children's Surgical Centre.

Between surgeries, I thoroughly enjoyed time in the wards with the children. The children were delighted with the paper, pens and stickers I had taken with me to entertain them during their hospital stay. Even the adults were keen to get involved and we found many budding artists amongst the patients. It became apparent that I needed to show a seven year old girl and a thirty year old

man how to hold a pencil and this highlighted the fact that many people do not have the opportunity of receiving an education in Cambodia.

During my time in Phnom Penh, I also visited several clinics attached to the Children's Surgical Centre, for example the Cambodian Acid Survivors Charity which was established to rehabilitate survivors of acid burns. These burns, often inflicted as an act of hatred or revenge, are disastrously destructive to the skin and deeper tissues and patients often require many operations. The Cambodian Acid Survivors Charity encompasses physical and occupational rehabilitation, pressure garment manufacture and psychological counselling services.

There, we met a lady, 62 years old, who spoke both French and English. She told her very emotional story and wept throughout as she recounted her life. She was a nurse with the military but escaped when the Khmer Rouge was established. She fled to the fields and pretended to be uneducated, unable to speak foreign languages and not trained in nursing for fear of being killed. Her brother was murdered under the Pol Pot regime. This lady showed us photos of herself as a beautiful young woman, including one of her with her husband and three kids. While she was shopping at the Kandal market in 1990, someone (still unknown) threw acid on her, perhaps mistaking her for someone else. Her entire face was affected; she lost an ear and the sight in her eyes. Her husband left her, and with her brother gone, she was alone. Twenty years later she was found by the Children's Surgical Center. She had been hiding all that time, abandoned and too ashamed to seek medical treatment for her horrific contractures and scarring. After eight surgeries, the lady's face is sadly still very obviously disfigured. She is very proud of having accompanied surgeons from The Children's Surgical Center on a trip to Bangladesh to talk at a conference about acid violence. She recounts how her heart was pounding as she went to the airport as she had never flown before. As she spoke, tears had no choice but to tumble out of her eyes that were dragged open by the scarring that stretched and warped her tortured face.

In addition to an eye-opening and inspiring clinical experience, my time in Phnom Penh afforded me a fantastic social life and times of relaxation. I joined a running club which took me to beautiful parts of the Cambodian countryside on weekends and introduced me to new friends with whom I still keep in touch, enjoyed watching movies on comfy couches in an eclectic movie theatre, had a boxing lesson, regularly attended Khmer aerobics and sampled many of the interesting treats at local markets and food stalls.



The fabulous night markets, Phnom Penh

Most of all, I enjoyed getting to know the people of Cambodia. I became friends with many locals and had the unique opportunity of learning from many of them how the Pol Pot regime affected their lives. Several times it was reported to me that at the end of this horrific period (as recently as 1998), there were as few as 6 doctors and 22 teachers remaining in Cambodia. The educated were a

major group targeted in the slaughter of an estimated 2 million civilians, a large proportion of the 7 million population of the time.

My second placement was at the Helen Bonner Health Clinic, Siem Reap, a part of the Non Government Organisation, New Hope. In addition to the health clinic, New Hope consists of a school, training restaurant, farm and outreach centre. I toured the local village and was amazed to see the progression New Hope has made in just four years; the school started out in a shack with no walls and now occupies an impressive two story facility, purpose built for educating the very poor. The health of villagers has also vastly improved in this time, however their living conditions remain as third world, with no running water or electricity and sometimes fertiliser bags for walls.

My placement coincided with the volunteering of several Australian doctors which was fortunate for me as I was able to benefit from their supervision and teaching. The clinic was a great opportunity for me to develop history and examine skills. We were fortunate to have interpreters to make the language barrier less of a challenge. As a result of the aforementioned long delay to treatment, I was able to observe and identify significant clinical signs, e.g. sclera citrura, hepatosplenomegaly and clubbing. We were restricted by finance with respect to investigations and treatments and this was a good learning experience for me as it reinforced the importance of being judicious with decisions regarding these. It was sometimes frustrating to have little to offer as treatment for patients due to lack of resources.

One of the most challenging and enjoyable aspects of my placement at the Helen Bonner Health Clinic was being part of the medical response unit team. This team consisted of a social worker, a doctor, a translator and a driver and was called out to attend emergencies in the surrounding villages and market places and to undertake outreach services. The emergencies not only provided me with practice of primary and secondary surveys in a community setting with limited resources but also demonstrated rather significant problems with the health system in Cambodia, including corruption and lack of resources. Ambulance drivers are attached to private clinics thus despite having an acutely unwell patient, they must be taken to a private clinic before transfer to a major hospital. I was overwhelmed at the lack of resources at the major hospital when on arrival we saw a lady with a tension pneumothorax who could not be given a chest drain as there wasn't a chest drain at the hospital, nor were there any doctors who could insert one.

Another activity which I greatly enjoyed was tutoring of anatomy to staff members at the Helen Bonner Health Clinic. This was very well received by nursing students and interpreters with little scientific background.

In summary, my elective gave me opportunity for immersion into the Cambodian culture; it allowed me great insight into the impact of recent history on all aspects of life including education, living conditions and the health system. I was able to compare elements of acute and chronic care, primary and tertiary services and different approaches to provision of non government funded health care. I now have an improved understanding of the great challenges facing Cambodia, the differences in health systems between Cambodia and Australia and of the provision of health care in a developing nation. During my placement I had "hands on" practice and was able to refine my history and examination techniques. Thank you to the Jackson family for their generous scholarship to help medical students complete a placement in Cambodia. The value of this scholarship in nurturing a genuine interest in the health of Cambodia should not be overlooked and its potential role in aiding the long term provision of medical services to this great nation should be congratulated.



Louise in surgery at Children's Surgical Centre



Children's Surgical Center