

Impressions of the Cambodia

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

As a fortunate recipient of the *Dr Carl Richard Jackson Memorial Scholarship*, I completed my medical elective term in Cambodia over the summer of 2011-2012. Conveniently, I had previously been involved with two Australian non-governmental organizations (NGO) operating in remote and rural areas of Cambodia. Although my elective was completed as two separate placements over a total of 12 weeks, I've chosen to reflect in depth upon the broad experience of the working in the health services in Cambodia. Describing and reflecting upon the two experiences with such radical word limitations would do no justice to the experience of what I have witnessed and had the privilege to be involved in.

Kampong Speu is one of the 24 provinces in Cambodia, situated to the west of the well-known urban epicenter of Cambodia, Phnom Penh. Famous for its production of palm sugar and palm wine, the province is rapidly developing to house some of the country's many expanding industrial and manufacturing facilities. It was in a humble village within this economically booming province that the first of my placements was completed under the guidance of the Australian NGO *LifeOptions*. This organization identifies itself primarily as one concerned with health education, committed to responding to the requests and requirements of local community health workers. By working with a Khmer partner NGO, *LifeOptions* aims to collaborate with the workers' understanding of the health related issues affecting their own communities.

In stark contrast to Kampong Speu province, the second of my engagements took place in the tropical villages surrounding Battambang city, located in Battambang province in the north west of Cambodia. Known by many as the *rice bowl* of Cambodia, Battambang is the main region of the country that remains to be affected by landmines. The city is home to uncountable NGOs concerned with safe disarmament of the area, such as the *Mines Advisory Group* (MAG), as well as many providing relief to land-mine victims, for example the Italian *Emergency* hospital. Facilitated by the Australian NGO *Hope for Cambodian Children Foundation* (HfCCF), this placement saw me visiting varied settings from the ill resourced Battambang referral hospital, district hospitals and health centers to the exorbitantly priced private clinics.

There were very few aspects of my clinical experience that left me feeling disappointed. As I had attempted to prepare for, there were numerous clinical and non-clinical events that left me cringing, just as there were many that left me in awe. An example of the latter is the resilience of health workers to often function with inadequate training, inadequate support and inadequate resources. Attempting to perform in the conditions under which these staff work led me to appreciate that the practice of western medicine, with the privilege of almost unlimited resources, is of very little preparation for the practice of medicine in developing countries. The ability to consult, diagnose and treat with either no laboratory investigations, or limited options that were prohibitively expensive and delayed, was astounding. Having trained in a western system that places immense emphasis on evidence based medicine and defensive practice, the game of trial and error with patient health was a one that I was uncomfortable playing. The rules of this game seemed to be very much up to interpretation by the caregiver, with grave consequence for a poor performance.

When considering the time that I spent working in the health services in Cambodia, there is a unbelievable number of events that have had a profound impact not only on my understanding of the practice of medicine, but also on my understanding and appreciation of the vital importance of public health. Of the many realizations I had throughout my time working in what I can only describe

as challenging conditions, by far one of the most significant was a newfound appreciation of the incredibly intertwined nature of clinical health services, public health practices and socio-economic development. Although not an easy task, extrapolating and adapting the theoretical study of international public health and development from both university curriculum and independent study has been one of the most enriching experiences of my education to date. Moving from theory to practice is a challenge in clinical medical education and is in no way different for public health. I feel that no extent of preparation through theory can compare to the firsthand experiencing of these critical situations.



Public health educational poster: the medical complications of smoking.



Rural home visit: Takeo Province



Rural home visit: Takeo Province



Tuberculosis ward: Moug Roessei district hospital



Daily malaria: Kampong Speu province



School health checks: Kampong Speu province