

*For the Jackson Family*

*Alana Lessi – Sydney Medical Program 2011*

My first impression of the National Paediatric Hospital (NPH) was one of diversity. I began on the respiratory ward, where Dr Cheung was in the middle of conducting a teaching ward round in English, French and Khmer all at once! He was interactive and the students were clearly enjoying being pushed to come up with on-the-spot hypothesis for their patients' state of ill health. His drive to get students up to speed in foreign languages is indicative of the NPH's focus on encouraging local students and doctors to train overseas and bring their skills and knowledge home to share. Staff members like Dr Cheung, and Dr Vuthy in Surgery, are working hard to introduce a more structured and formalised teaching method than these students have previously been accustomed to.

Patients at the NPH ranged from financially comfortable locals of Phnom Penh to extremely poor families from distant provinces. Local families were more likely to have sought medical help before presenting at hospital, and seemed more confident in the medical system and treatments offered at the hospital. Many had initially presented to a pharmacy and been given a medication of sorts that had not been effective. On the other hand, families from the provinces often presented as a last resort, after having delayed seeking medical treatment. A few patients had sought treatment from traditional healers, and most came with many Buddhist blessing charms. In general, these families were fearful, wide-eyed and seemed to consider Western medicine as an unknown mystical and even awe-filling entity. Presentation had often been delayed because the family had been unable to identify the difference between an every-day injury or illness and a potentially life-threatening situation. In addition, the notion of illness as a form of divine punishment hindered many of these families from fully understanding the role of prevention. The disparity in education, and access to public education in population health became very apparent to me. I was pleased to see that some of the basic hygiene education about Phnom Penh was sponsored by the Australian Government.

The ingenuity employed by doctors and those involved with running NPH was admirable and inspiring. For example, the general paediatric surgeon (at NPH for 17 years now) has put down his scalpel and taken on the role surgical theatre equipment maintenance man free of charge. He fixes anaesthetic machine pumps using the built-in water supply and saving many thousands of expenses; calibrates imaging equipment; improves working conditions by installing air-conditioning...and much more.

At other times the lack of resources and clinical expertise was upsetting and distressing. I will never forget speaking to the devoted father of an infant slowly dying in ICU because her retropharyngeal abscess was not diagnosed. The father had felt the continual diagnoses of coughs and colds were just not right and that there was something seriously wrong with his daughter. He transported her to several clinics and hospital emergency departments, and dissatisfied eventually walked her right in to the office of Dr Vuthy, head of Surgery at NPH, who diagnosed and immediately organised emergency surgery. Why the delay? – other doctors, pressed for time and without equipment ready at hand, had not performed a clinical examination, had not

looked in her mouth or asked her to ‘Say Ahhhhh’ – in short, had not done the basics. NPH’s surgical team picked up the error and acted immediately to clear the airway, but too late. She would have turned one the week after her death.

As more international elective students arrived, we realised that the key to learning at NPH was finding a student or resident with good English. This obviously benefited my history taking, understanding clinical discussions etc, but it also allowed me to offer something in return. By having a student as our semi-official translator, that student was able to share our freedom in entering any department of the hospital, sitting in on all levels of teaching sessions and ask consultants questions (via us) that they were too intimidated to ask. This strategy provided a good learning experience that was mutually beneficial. Thanks to my fellow-student translators, my knowledge of orthopaedics, tropical diseases and infectious diseases has vastly increased. In return we were able to provide them with an approach to learning about a clinical – and back it up with information-seeking from reliable sources.

Finally, any elective student visiting Phnom Penh in January should attend the annual Mekong Sauté Conference. With delegates from across Cambodia, SE Asia and guests from Europe, Australia and North America covering topics in medicine, surgery and public health, Mekong Sauté provides an insight into the current targets of local public health efforts and the difficulties of administering healthcare in a country where basic population data is only now becoming available.

For example, the first epidemiological studies on influenza virus types and rotavirus types were presented in January 2011. A lengthy discussion continued for the rest of the day about which vaccination schedule (northern or southern hemisphere) would be most appropriate for the Cambodian population. Although geographically in the northern hemisphere, the influenza strains fitted more closely with the southern hemisphere vaccine. Furthermore the most appropriate time of vaccination – determined by peak incidence – was different to current vaccination practices at government hospitals across Cambodia. The pride of Khmer health professionals at making decisions and changes for influenza vaccination based on their own research efforts was palpable. Being able to take ownership of how to treat an illness specifically for their own population is an important step, and I was so pleased to be there and share in their sense of achievement. The following lunch in the University grounds felt celebratory, held in the yellow and pink marquees used for weddings!

I came away with a strong sense that in healthcare, international efforts are not in vain, and progress is certainly being made. With support and continued training for local practitioners, and an enthusiastic Khmer student group, the beginnings of a more comprehensive and sustainable public health system are in the works – despite desperately little government funding. I would most sincerely like to thank the Jackson family for assisting me to undertake an elective in Cambodia – a place that I am already making plans to return to, contribute to, and to learn from.