

Elective Grant Report



ICU Staff and Dr Sakal

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I arrived in Cambodia already having visited this great country twice before. This time I was here to stay for over eight weeks and I was very excited but also slightly trepidatious about what this time was going to bring. My very limited previous visits as a tourist had made me aware of the beauty of Cambodia, the friendliness of its people and the terrible history it and they have had to endure.

I arrived in Siem Reap and had a few days to relax and try to acclimatise to the heat (SPOILER: I never did) before heading up 200 kilometres north to Battambang.

Battambang is a quiet, riverside town where the French colonialist feel is still evident, from the lovely old French inspired buildings to the large cohort of French expats within the town. Battambang also contains a large amount of non-government organisations (NGOs) that further bolster this expat population. This makes for a nice mix of local Khmer and foreigners within the town, however it is much less touristy than Siem Reap or Phnom Penh.

One of the NGOs is the Handa World Mate Emergency Hospital (Handa), a trauma hospital that services the local and extended community. Handa is located in beautiful grounds and contains roughly 150 beds across four wards, an emergency (outpatient) department (referred to as OPD) and an ICU. In an effort to establish some economic independence the hospital also has a pay to use clinic attached.

After a brief tour I was placed with some local doctors in the surgery department. Luckily for me Handa staff use English in both handover and patient notes so most staff had quite good English proficiency (although I often still talk too fast for them to understand, something I was not able to completely stop doing). This use of English in healthcare is rare in Cambodia where French is usually the language of doctors.

My first week was one of the most confronting of my life. I saw a lot of firsts; my first death, my first mine injury, my first open fracture, my first severed artery, my first emergency resuscitation and my first amputation.

While it was a draining week, it was quickly shown to be fairly standard at Handa and it is amazing how fast it all became relatively normal. The thing that made it so worthwhile was instant camaraderie that the local doctors showed and expressed toward me. By day three I was eating lunch with them in the staff kitchen, a mostly (but not always) delicious adventure. The hospital supplies a soup and rice to staff and patients, which most people then supplement with local street food from outside. Everyone (doctors and nurses) then brings back their individual purchase and places it in the middle of the table for all to share. It was like a mini family dinner every day, and despite rarely having any idea of what was occurring or what I was eating, it provided some of my favorite times during my placement.

The differences between Australian and Cambodian health care are staggering. Power outages are common, though the hospital had a generator that was reasonably reliable. Blood supply was a constant worry and on more than one occasion the hospital ran out of blood. Family donations were common which introduced me to the coupon blood system where patients got coupons attached to their beds if their family had donated some blood for their use. The patient to nurse/doctor ratio was also much higher than experienced in Australia, with as many as 40 patients per nurse. In addition to this there is also the very real toll land mines and unexploded ordnance still have on the population. However by far the biggest cause of injury and death I saw in my time was road traffic accidents, especially those involving alcohol.





Battambang Water Festival



ICU staff and Dr Sakal



Handa World Mate
Emergency Hospital



Battambang

During my third week there both the portable x-ray machine and surgical C-arm broke down within days of each other. This resulted in an organisational nightmare to try and continue doing any surgeries and treatments that could be done in the absence of this equipment. Given this, we decided that the Medical Support Grant received from MIGA would contribute to getting these machines back up and running or replaced.

Through all this the staff at Handa World Mate Emergency Hospital provide excellent care, treatment and follow up. They work with their patients and within their means to achieve the best outcome possible and while the treatments and outcomes decided upon may not be the same as what we would expect in Australia, it is a system that they seem to believe provides the largest amount of benefit to the largest amount of people. Based on my limited experience I would have to agree with them.

Seeing this medicine, 'at the coalface' so to speak, gave me a new appreciation both for the medical system we get to experience here in Australia but also the need to justify every decision made about a patient, both in terms of benefit to the patient and also the financial cost involved in that decision.

Cambodia is a beautiful country that is relatively poor. The median age is quite young due to a history of external wars and internal genocide. This has left an indelible mark on the country and its people. Neither has succumbed to this history and a rich and vibrant culture is still apparent.

I was lucky enough to have my stay coincide with two important festivals, Pchum Ben and the Water Festival – two very different festivals. Pchum Ben is a solemn 15 day observance paying respect to your ancestors. Offerings of food and money are sent to the Pagodas and on to the afterlife. It ends with a 3 day holiday in which monks at the Pagoda chant continuously. It is lovely... until the first night when you are trying to sleep less than 150 metres from a Pagoda. The Water Festival is a more joyous celebration of the end of the rainy seasons and the coming of new water for next year's crops. It involves dragon boat races and much more frivolity. These two festivals reflect the general Khmer character, respectful but joyous and fun loving, but seem incongruent to the many shrines and memorials that remind you of its terrible past.

Outside of the hospital, Battambang is not a large town and any foreigner that spends any length of time there starts to get noticed. The lovely expat and local foreigner community accepted me with open arms. Due to their presence there is a surprising number of western orientated restaurants in the town to sate any hunger pangs of home. I made some friends with local Khmer, long-term residents of Cambodia and other volunteers and travellers that will last a long time. I was welcomed as a local in short order and it made my stay unbelievably great.

I would love to go back to Battambang and spend some more time there, however I would also love to go somewhere else. I would encourage everyone to try and spend some time on a placement overseas. It wasn't all great times but it showed me another aspect of medicine I wasn't aware of which I am now glad I know.

Each year MIGA's Elective Grants Program offers 6 Grants of \$3,500 to medical students undertaking electives in developing communities. Each Grant includes \$2,000 to cover the student's personal elective costs and \$1,500 to provide medicine or other aid to the local community. To be inspired by other past recipients and find out more about applying, visit our website!

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