

AMSF Travel Scholarship Report

Recipient: Clarissa Darmasetiawan

Destination: Cambodia



**ADELAIDE MEDICAL
STUDENTS' FOUNDATION**

Cambodia

In recent years, Cambodia has grown immensely as a popular tourist destination. Cambodia charms many with its beauty and vitality, but this cannot be separated from its turbulent past.

Once a mighty Khmer empire in the 10th to 13th Century, their demise began in the 15th Century, with rising power from the Thai and Vietnamese. In 1863, they conceded control to the French, only wresting independence in 1953.

Beginning in April 1975, Pol Pot led the Communist Khmer Rouge, implementing one of the most radical and brutal restructuring of a society ever attempted. In eight months, the country's leaders and educated were decimated. Over 2 million lives were lost. The country was cut off from the outside world. Only in 1991 did Cambodia establish peace as a constitutional monarchy.

Listed amongst the poorest countries in the world, its 14 million people face the challenges of devastating poverty, as it recovers from dark decades of war & political instability. A third of Cambodians live below the World Bank's "dollar-a-day" poverty line. Close to 85% live rurally and less than a third of these have access to a reliable water source. Adequate healthcare is widely inaccessible, and the average life expectancy is 56 years. 1 in 7 children do not reach their 5th birthday and 1 in 10 die at birth. TB and HIV rates are among the highest in Asia, and vaccine preventable diseases remain endemic. We should consider the people behind these numbers. We should consider their lives, and the various factors that attribute to poor health.

The Elective

I spent last December in Cambodia with a school friend, Phoebe. In short, we had an incredible time, and we are grateful for such encouraging and eye opening experiences. As well as enjoying our travelling adventures, we learnt a lot about medical mission, the challenges of medicine and sustainable development within the confines of limited resources and political will, and the approaches to overcoming these.



Our placement was at the Mercy Medical Centre (MMC), a half our tuk tuk ride from the city centre of Phnom Penh. Our home for the month was with a wonderful Canadian/Cambodian mission family.

MMC is one of many organisations working to “transform lives in Cambodia.” Founded in 2000, it outgrew its old site and the new hospital and clinic opened in August last year. It is staffed mostly by local Khmer health workers and volunteer missionary doctors and allied health workers. MMC provides care to the poorest of the poor and those who do not have other options for health care. These patients live below the poverty line. Often - the middle class drop down below the poverty line when they or a family member become ill, and they have to sell their only property – such as a cow or a scooter - in order to pay doctors fees.

We met patients of all ages, from young to old. There was a broad range of acute and chronic cases, including tropical diseases which commonly afflict the poor. They tend to present much later in the disease course, and may have received traditional treatment or substandard medical care beforehand.



We also spent a week in Krrcheh, in the Provence, a 4 hour drive along flood damaged roads. It was valuable to appreciate where the patients travelled from, and to see how they lived. We followed up patients, making home visits by bike or moto. The heat made cold showers bearable and limited electricity made for early nights. It was common to encounter a wedding a day, closing off an entire street and streaming loud music from before sunrise until the late hours of the night. Less than one percent of the population celebrates Christmas, but we were able to join the local church events. This was a wonderful way to celebrate with the locals, share some good food and also acquire some new dance moves.



I thought I'd share a few thoughts from my time at MMC:

Quality of Care

There are common images of developing world hospital waiting rooms inundated with patients. The doctors work under immense time pressure, and often a 'band-aid' approach to care is provided.

MMC provides a differing approach. Patients are referred by partnering organisations within the patients' community, so they are able to follow up their care and support them in addressing the other social determinants that may be affecting their health. They spend a greater amount of time with their patients, getting to know them and ensuring the best possible care for their physical and mental wellbeing. This is a rarity in Cambodian healthcare, and makes an immense difference for each individual.

Depending on finances, care and medication is at no cost or a small fee. A small fee is effective in creating a sense of ownership and self-determination, and mitigates potential for dependence and apathy.

Love and Compassion

There is much to learn and to admire from the dedicated staff and doctors at the clinic. We always had a lot of fun at the hospital. The staff's different backgrounds, unique skills and personalities came together to make such a great team.

There were many complex cases, and the challenge of limited resources. At times there was a confronting realisation that you couldn't help someone, and having to recognise that you cannot help everyone. However, the teams love and compassion for each patient was significantly valuable, and made a life changing difference for many.

Education

Education is a key cornerstone for change. MMC are passionate about building capacity and imparting knowledge by mentoring and training doctors, nurses and allied health professionals. The long term plan is for MMC to be a fully Khmer staffed hospital. The education of patients is another vital aspect, whether teaching preventative and community health in the villages or at the clinic.



Humility and Respect

We are guests in their country. The people we visit are welcoming, and we are grateful for their generosity in allowing us to immerse ourselves in their culture - to exchange stories and to share valuable moments of joy, hope and anguish that are common to humanity.

We must ensure that we do not impose our own views, values and worldview onto them. To understand the current challenges and the ways to shape a different future, we must come to understand a country's history and its cultural underpinnings. Making an effort to learn the language and being observant and respectful of cultural and behavioural aspects, allows us to gain trust and respect, making our work and efforts much more worthwhile.

Development

Sustainable development recognises that communities own their future. It strengthens and builds on what exists and liberates people so they are aware of their power and ability to create change. It realises their potential to live productive and creative lives in accordance with their needs and interests.

People are the real wealth of nations. It isn't about national incomes and the conventional development theory which believes that wealth will trickle down is detrimental. Instead, this creates a widening gap of inequality. Cambodia's growing economy provides a vastly different future for a select few. Their affluence stands out from the struggling masses. They are separated from others by their tall fences, security towers and tinted four wheel drive windows. Five star hotels are directly adjacent to slums built on rubbish dumps. The stilted houses at the banks of the Mekong are constructed from the remnants of others (picture below). These two families share the same view over the Mekong, but have a very differing view of the future.

Adventures

We had a ridiculously good time and could add many chapters to Lonely Planet guide! Many funny stories which I could share with you over a fresh coconut.



Thanks AMSF!

It has been such a blessing to meet such wonderful people in Cambodia, and I am grateful for these valuable and enriching experiences. The Adelaide Medical Students' Foundation is a great support for students, and I'd like to thank them for their generosity in making this journey possible.

I would encourage others to consider placements in places very different to home, whether abroad in developing countries or in remote Indigenous communities. There is much to learn from these experiences, and much we can gain from embracing and appreciating differences in values and culture. Also, stay engaged with global health issues and keep learning. There are many opportunities, resources and avenues for further study available. And in times to come, we can consider how we can best apply our skills, knowledge and time to care for others. By understanding ourselves and others, and through perseverance and compassion, we can positively contribute to meeting the needs of our world.

