

ELECTIVE (SSC5c) REPORT (1200 words)

A report that addresses the above four objectives should be written below. Your Elective supervisor will assess this.

Cambodia is the heart of some of the major infectious diseases in the world. How have these infectious diseases affected the people of Cambodia and to what extent has it reflected on their life expectancies?

People living on the Tonle Sap lake of Cambodia rely heavily on the lake for survival. They use the water to clean themselves, their families, their dishes, as well as a toilet and a source of drinking water. For this reason although the lake kept them hydrated it was one of the major causes of infectious disease transmission. The main complaints we had on the lake were of an infectious nature, with diarrhoea, abdominal pain and fever being the key issues. However, due to our limited resources, the majority of the time we were unable to identify the causing agent and therefore resorted to treating many patients blindly. Ofcourse blind treatment of infectious diseases has its own risks with the development of antibiotic resistance, and this is an issue that may become more apparent in the years to come.

On the lake many patients did not know their age, or the date for that matter. All their medical records began 7-years-ago at most when the lake clinic began, but even today new patients are arriving that have only just heard of the clinic. Although the World Health Organisation (WHO) approximate the life expectancy of Cambodia to be around 70-years-old, the population on the lake no doubt have different statistics however it will be many years before enough data could be gathered to find this information.

People living in the lake have limited access to resources and healthcare. How does the healthcare system in Cambodia allow for management of these infectious diseases?

People living on the lake must travel as long as 6-hours to reach healthcare services, but more importantly the cost of getting to healthcare services is what prevents many from going. Cambodia has one of the largest out-of-pocket payments, with the majority going towards private medical care. This has led to many people using their savings, borrowing money and selling their assets in order to cope with the cost constraints, further fueling poverty in these regions. The government has increased its expenditure on health from US \$4 per capita to \$ US 9.36 per capita (2000-2009), yet people on the lake continue to struggle. The lake clinic is a charity based organisation that gets limited funding from the government but since its arrival on the lake 7-years-ago people have relied heavily on the lake clinic for free access to medical care.

Describe the preventative measures taken to reduce the incidence of infectious disease related illnesses in Cambodia

Every patient that came to our clinic was given either Albendazole or Mebendazole if they had not been prescribed it within the last 6 months. As everyone living on the lake uses the lake water on a

regular basis, the likelihood is that the majority of patients will have helminths further contributing to their malnourishment. Therefore, the lake clinic aim to treat the patients at every opportunity they get.

Combating infectious diseases most importantly requires preventative measures with education regarding lifestyle hygiene and nutrition. Patients were taught on the dangers of drinking directly from the lake and the importance of boiling water first. Children were advised not to swim in the lake, and if they did then they should avoid water entering their mouth.

Families were also taught about the importance of 5-a-day, but as people on the lake did not have gardens to grow their own crops they were taught new ways of making gardens. One of the volunteers on our clinic started a great initiative of teaching people on the lake how to grow their own vegetables using pots as basic as plastic bottles with soil and seeds. All patients were also given multivitamins when they come to visit the clinic as almost everyone, children in particular were well under the average height and weight for their age group.

To appreciate how medicine is practised in underdeveloped countries, particularly on the lake where resources are scarce, in comparison to the UK.

On the lake clinic resources were scarce, especially as the only method of getting to the clinics is by boat meaning all we had was what we could carry on the boat with us. Even supplies as basic as clean water would run out by the end of our 3-day mission on the clinic, particularly in the further out clinics when it would take up to 6-hours to arrive at our destination. Therefore, carrying enough medical supplies to account for every illness is virtually impossible on the lake. One case we had involved a gentleman that caught his finger in his boat propeller and needed urgent sterilisation and suturing to save the finger. On the clinic we had a few sutures but they were all either the wrong size needle for what needed suturing or the wrong material. Even cleaning the wound proved challenging as there was limited saline and iodine available, but we used what we could given our resources and managed to save his finger to the best of our abilities. However, fixing the wound is only half the battle as patient education on wound maintenance is equally important. Given the location of the wound and his need for work, sadly this patient failed to keep the wound out of the lake water and in the following weeks it became infected. We managed to get some IV cephalosporins from the main town before our next visit but eventually he would need more resources than we were able to provide on the lake.

Here in the UK we are extremely lucky to have all resources made available to us without having to give it a second thought. Even something as basic as a sharps bin proved to be a struggle at times as we resorted to using a plastic bottle. The short supply of ice we had on the lake would also be needed to try and transport any bloods we were able to obtain back to the main land. From my time on the lake I was able to appreciate the basics of medicine, the importance of even the simpler resources and their impact on the care we are able to provide as a whole. I am grateful to have had the opportunity to experience life on the lake and hope one day they too can live in a system where basic healthcare is abundant for all.