

Medical Elective: The Lake Clinic, Tonle Sap Siem Reap

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Objectives:*What are the prevalent conditions affecting the isolated villagers resident to Tonle Sap, Cambodia? How do they differ from the UK?**What are the options of medical care available currently to the floating villages?**What are the effects of poverty on health?**What has been my experience of the 'Lake Clinic'?*

The healthcare model in Cambodia vastly differs to that in the UK. The barriers to healthcare provision in Cambodia are numerous. Firstly, gross national incomes are extremely low per capita of \$ 1,870 compared with \$36,240 in the UK. With over a quarter of the population surviving on less than \$1 a day, extreme poverty has had a detrimental effect on the health of the people in Cambodia.

The population in Cambodia is 14,805,000 with 53% living in rural areas. Aside from the limited resources and technology, the delivery alone of adequate healthcare to the residents is difficult. With such a large percentage of the population living in some of the most remote areas in the world, it is often near to impossible for Cambodians to access even the most basic medical care. Looking at the statistics, the adult mortality rate in Cambodia is double that of the regional average and the under 5 mortality rate being more than 4 times the regional average. These figures only increase when considering the rural areas, with a 50% rise in mortality in the under 5's.

The Tonle Sap region is a perfect example of an extremely isolated area in Cambodia. The Tonle Sap or 'Great Lake' is the largest freshwater reserve in Southeast Asia and accommodates in its surrounding provinces an estimated 1.25million people. A small percentage of these live on the lake itself in floating villages. The life the people experience here is completely separate from the modern world or indeed that in the rest of Cambodia. For many, medical advice and facilities are up to a full days travel to reach, in reality making them completely inaccessible. Families rely on catching fish for income and would not be in the position to sacrifice their boat for the day in order to make the trip to hospital. They are left with few options, except to remain in the village and hope to recover without the input of conventional medicine. In its absence, coupled with a solid cultural history, alternative medicine has a strong influence in the villages. This explains the increase in mortality between the urban areas and the rural areas. The only solution was to provide these villagers with a mobile clinic, which would visit these remote areas and bring healthcare to the people. The "Lake Clinic" was set up to address these precise issues.

The "Lake Clinic" was developed to bring basic healthcare, disease surveillance and health education to the vulnerable communities on the Tonle Sap. I experienced four trips out to the isolated villages whilst on my elective and was able to conduct my own clinics, and carry out patient consultations with the aid of a translator. The clinics were busy, with a total of 120 patients a day being a common occurrence. Between two doctors, we

were able to document a comprehensive history of the medical problems, examine the patients and dispense the appropriate medication. Knowing the importance of public health within this environment, we took the opportunity to educate the villagers on matters including smoking cessation, breastfeeding, immunizations, and nutrition.

The common presentations were much the same as you would encounter in any general practice in the UK. Viral illness including upper respiratory tract infections and gastrointestinal complaints dominated the majority of the clinic. We travelled with essential equipment for basic examination eg. Thermometer, blood pressure apparatus, stethoscope, auroscope and tongue depressors. Further investigations such as blood tests, echocardiograms or scans were not available to us due to the vast distance from a hospital or clinic. All of the diagnoses were made on clinical acumen and the aid of bedside tests alone, which in complicated cases could be challenging. Our pharmacy was brief but stocked the necessary medications including a range of antibiotics, analgesia, vitamin supplements, anti-fungal and anti-parasitic agents and gastrointestinal drugs. Women and children were the predominant patient base.

During the examination, the presence of alternative medicine became apparent. Many of the patients had round scars from being burned, a process which they believe to be useful in sickness. Evidence of 'coining' was also a common occurrence, which involved rubbing a coin or bottle top against the ribs, believed to cure fever. It was also thought that in the post-partum period, women should remain in their house and have a fire burning under their genitals for one week after delivery. This is believed to reduce the number of complications during this high risk time.

A small percentage of the patients I encountered were incredibly unwell and warranted immediate transfer to a hospital, where they would be able to have diagnostic testing and more advanced treatment than we were able to offer. The situation in Cambodia for adults requiring hospital treatment is difficult. There are a number of hospitals, including Angkor Hospital for Children and National Paediatric Hospital, who are able to either partially or fully subsidise a child's hospital expenses depending on the family's financial circumstances. This is unfortunately not the case for adults. Currently, there is no free medical care available for adults, and on the contrary the bills at the hospital are relatively dear. It would be naïve to think that any adult from the remote villages would be in the position to afford such hospital expenses. The "Lake Clinic" are able to fund their transportation costs to hospital but do not have the facilities to continue this onto their subsequent stay. As I am aware, there are no other NGO's operating in Cambodia who are focussed on this cause. Perhaps this could be a route worth exploring in the future.

My experience with the "Lake Clinic" has been a unique and eye-opening one. Having the chance to travel to remote areas and be involved in delivering healthcare to people who would otherwise be without, was an amazing opportunity that I feel privileged to have been a part of. As the only charity-funded organization to journey to the lake for this purpose, the "Lake Clinic" offers villages their only chance of sound medical and dental care. With the addition of public health and education, there is huge potential to teach the

communities basic health principles and hygiene. In this way, they can empower residents to take responsibility of their own health, in the hope of bettering the situation for future populations.

References

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