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COMMUNITY MEDICINE

Elective report

I spent my elective at New Hope Clinic, a small clinic in Siem reap, Cambodia. The clinic is situated in one of the largest slum areas of Cambodia and provides free medical care for local residents.

Objective 1: Due to the large number and variety of conditions seen within the clinic in Siem Reap, my key objective is to enhance my knowledge of general medicine and basic wound care.

New Hope Clinic sees approximately fifty to one-hundred patients a day and acts as the first point of call for all unwell local residents. Consequently, the clinic sees a great number of different conditions each day. These conditions include illnesses which are quite specific to the population such as malaria, dysentry and hepatitis and well as more general conditions such as hypertension, heart disease and diabetes. Seeing such a diverse range of conditions on a daily basis has provided me with a brilliant opportunity to expand my general medical knowledge.

Furthermore, due to the lack of resources at the clinic, I have become heavily reliant on my ability to take a good history (via a translator), examine appropriately and use simple bedside tests such as urine dipstick. I think that having the luxury of being able to order countless investigations removed, has massively improved my own clinical skills and knowledge. This will help me to always think of the most simple investigations first, when I am practising in England.

The clinic also provides an excellent base to enhance my knowledge of basic wound care. The clinic manages a whole range of conditions from infections to cuts, burns, fractures and bites. The two nurses at the clinic have an excellent knowledge of wound management and taught me the basics on how to clean wounds, how to know when they are clean and how to chose the correct dressing. By following up the patients, I have learnt how often to change dressings and inspect the wounds and how to alter the management as wounds improve or deteriorate.

Objective 2: Siem Reap is one of the poorest slum areas in Cambodia and relies heavily on charitable organisations such as New Hope, alongside government run health clinics. I would like to learn more about the role of these different health providers within the community.

During our time at New Hope, we spoke to the founder of the organisation who explained to us about the origin of New Hope. The clinic was started by an army doctor who received eight weeks medical training in the army and is now the lead clinician at the practice. The clinic has a budget of $35 a week which comes from charitable donations and must pay for all medicines, tests ordered, hospital treatment and transportation. Towards the end of the week, the money frequently runs out and long standing volunteers tend to pay out of their own pockets, sometimes reclaiming the money the following week when the budget comes through. On several occasions, there has been no money to buy medicines and the clinic has had to shut down until more donations became available.

Every day, we experience the effects of this limited budget and of the poverty in the local area. This is evident, not just in the conditions that we were treating, but also in the inability to pay for even the most basic medicines such as Flucloxacillin, Aspririn and Erythromycin. Free hospital care is available for the very poor, provided, the patients can get a letter from their chief of village to prove that they can not pay for the treatment. However, this option is not available in emergencies or for people who do not own land within the village. Consequently, the most needy are often exempt. Furthermore, the quality of free care in the hospital is extremely poor and patients are often too scared to go the hospital and run away at the mention of it.

The New Hope medical team, work alongside a team of 'outreach' workers who have no medical background but try and get sponsorship for families and distribute rice, rugs and clothes. When we have concerns that patients are not able to afford enough food, or when we send single mothers to hospital, leaving their children at home alone, we can contact outreach. In these cases, outreach provide immediate help and then construct a profile of the families to appeal for sponsorship.

In summary, working at New Hope has enabled me to gain a greater understanding of practising medicine on a very limited budget and the importance of factoring in financial aspects when deciding upon management plans. It also provided me with insight into the health system in Cambodia, the availability and quality of hospital care and the availability of social support within the community.

Objective 3: To understand and be confident in diagnosing and managing common conditions observed within the community.

At the beginning of our placement, I had very little knowledge about the management of conditions such as Dengue fever, Malaria, Tape Worms and Dysentery. This concerned me as I was constantly concerned about missing Dengue fever or Malaria in febrile children. I therefore researched these conditions in more detail and got a greater understanding of the warning signs. I also ensured that I followed up the results of all patients sent to hospital with query dengue fever/malaria so I could get an idea of how these actually present in practise. By the end of the experience, I am now more confident in my ability to recognise these serious conditions.

Dysentery is a condition that we encounter on a daily basis and I have become accustomed to managing. Prior to our time at the clinic, an American Doctor had been volunteering and left several notes and posters with details on how to treat dysentery in different age groups, including the use of zinc replacement. This intrigued me as I have never heard of using zinc replacement in dysentery before. I therefore read up about this and now feel confident in knowing where and when to use this additional therapy.

During my time at the clinic, I also soon realised that my knowledge of common conditions such as hypertension, heart disease and respiratory or skin infections was not appropriate for the limited resources available at the clinic. For example, every patient with hypertension, regardless of their age or comorbidities, is treated with Atenolol and every diabetic, with Metformin. Although this is not ideal, these were the only antihypertensives and anti-diabetic agents that the clinic can buy.

Overall, this experience has opened my eyes to the realities of practising medicine in different communities and different cultures. I have learnt more about conditions that are uncommon in the developed world but still persist in developing countries and tropical climates. I have also seen that certain conditions such as hypertension and heart disease are common globally but that the management of these conditions may vary depending upon resources.

Objective 4: To work alongside team members from different cultural backgrounds and with different areas of expertise and to be more confident in communicating with patients who do not speak English.

New Hope Clinic was started by an army doctor who received eight weeks medical training in the army and is now the head doctor at the clinic. Working alongside the head doctor is another Cambodian doctor who is in her first year of practicing, a nurse from the Philippines and two translators. Currently, there is also a volunteer nurse from Holland who is here for four months.

Working alongside the Cambodian doctors, has provided us with interesting insight into medical training in Cambodia and enabled us to get useful information on conditions that we are not accustomed to, such as recognising specific ant bites. The Cambodian doctors also showed us the basics of how the medical system works in Cambodia so we know how and where to refer people and how to access free hospital care for some patients.

The two nurses at the clinic were trained in the Philippines and Holland, so they have interesting accounts of the healthcare systems in their respective countries. Furthermore, they have a brilliant knowledge of wound care which proved invaluable in the clinic and enabled me to learn a great deal.

Due to the language barrier, every time that I communicate with a patient, I need to have a translator present. In addition to using translators, I also rely on body language to help with communicating and to help the patients feel at ease. Using translators has the additional advantage that they can provide us with cultural information. For example; I was concerned about some red, circular lesions on a patients chest and could not work out what they were. However, when the translator saw me analyzing them, he informed me that there were marks from 'cupping' which is a method of traditional medicine used widely in Cambodia.

Working in a large team of professionals from different cultures and with different skills has provided an excellent opportunity for me to learn about different health care systems around the world and to gain knowledge in different areas of medicine that I am not usually exposed to.