

Helping has tangible results

Sydney GP Dr Bruce Gerard enjoys a holiday with a difference.

TO COMBINE voluntary work in Cambodia with a holiday, I headed with DocTours to Siem Reap to spend two weeks at a new NGO health centre in one of the poorest communities.

On arrival at the airport I was able to obtain the essential visa for \$25, paid in crisp new greenbacks – the preferred currency. The Cambodian riel was about 4500 to the dollar while I was in town. As I walked out into the tropical March heat, I was hailed by two likely lads with a stylish tuk-tuk and an effusive welcome. I wasn't travelling light because I had packed an extra 12kg with my son's clothes and medical supplies, but Singapore Airlines were happy to forego the overweight charge for charitable donations.

My ride into town was pretty exciting and I was pleased to learn that the lads would be taking me to and from the clinic in these chariots at a very generous \$5 round trip, even without my senior's card. The alternative meant buying a lady's bike (without gears mostly) for about \$40 and then donating it to a worthy recipient after a tour of duty. But I was out of practice, and I didn't have the confidence or expertise to join the Siem Reap traffic.

My digs at the guest house were terrific and all I needed, with air con as well as a fan, a big comfortable bed, and my own shower and Western toilet. Breakfast was outside in the cool of the morning, and there was good local cuisine available at any time of day.

There was not a mozzie to be seen when I arrived, and I was able to tap easily into the Wi-Fi network, and even more easily into my first Angkor beer at \$1 a shot! Fortunately I had arrived on a weekend and a very efficient 'coordinator of volunteers' was able to take me on a tour of the city. I was able to enjoy the sunrise over Angkor Wat, only 6km or so out of town. This is a stunning spectacle, but I think I preferred the more clandestine temples of Ta Prohm and Bayon.

But now off to work. The clinic is in a purpose-built compound adjacent to a two-storey school. But there is also now the very welcome addition of a restaurant, training the locals in the hospitality industry and serving local delicacies as well as coffee.

My first few days consulting were fairly busy. Our receptionist



Polio survivor
Chanroum.



Dr Gerard had to rely on the basic physical examination skills he learnt during his student days.



A local patient.

(and pianist) was Chanroum, a conscientious young man who had survived polio and was a marvellous example of the strength, resilience and optimism of his people. He had registered over 50 patients daily, but many were for wound dressing or repeat medication from the on-site pharmacy.

Jody, RN, is the linchpin of the operation. She is a young, urbane nurse from Brisbane who is dedicating some years of her career to maintain an efficient and caring *service gratis*, with few resources and only a little largesse. She makes some very difficult decisions alone but she also has a terrific rapport with former medical colleagues in Queensland who respect her judgement and are happy to advise.

I learned only a few words of greeting, because I found the pronunciation of the Khmer language difficult. So I was beholden to Phearum, my factotum, a polite young man who was more than translator. He was never intrusive

and very considerate, made consultations focused and never left my side when we were busy. He made practical suggestions without pretension, which were always helpful. He had no medical training but his self-taught English was good, and he carried a medical dictionary in his enthusiasm for more knowledge.

The kids I examined looked pretty healthy in general, but would have been a little on the low side on our percentile charts. Even though breastfed, there are some dietary limitations when it comes to weaning, and we were pleased to have multivitamins available after bouts of gastroenteritis.

Sadly families rarely continue immunisation started at baby check time if born in hospital. I saw adults quite toxic with mumps though without severe complications, but no measles or varicella. There were a lot of diabetics to review but none using insulin. Many people had a history of TB, and a lot of patients presented

with *Helicobacter* on symptoms alone. There were a lot of severe secondary infections of injured and burnt limbs, some with probable underlying osteomyelitis.

I did not do a lot of procedural work, but notably I was able to stay 'mates' with a young fellow who I think was about six (the date of birth was unspecified), after draining an abscess on his chest wall.

We travelled into rural areas to give antibiotic infusions and in particular to monitor the progress of a young man who probably had leprosy. I was frustrated somewhat at not being able to use imaging and blood tests that we regard as routine, mainly due to expense, but also due to lack of local specialist expertise as we know it. So for me it meant remembering basic physical examination from my student and JRMO days, then a trial of treatment chosen on availability in our pharmacy, and early review for the benefit of both patient and doctor.

I had to leave Jody with two

sad, complicated cases unresolved, however. Firstly an infant (shunned by the local hospital), with hydrocephalus who we think has an encephalocoele. Secondly a charming, intelligent teenage girl at our school who had a collapsed lung and history (sketchy) of disarticulated arm due to rhabdomyosarcoma.

Without exception the Khmer people I looked after were profusely grateful for our attention. They expressed this with a broad smile, a bow of the head with hands in the prayer position, while repeatedly saying "or-koon".

May I suggest to my medical friends that they try a similar stint during a holiday break, and take the family – the kids will appreciate something different.

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