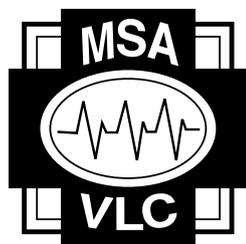


# VIETNAM LAOS CAMBODIA



## MEDICAL & SCIENTIFIC AID NEWS BULLETIN

[www.msavlc.co.uk](http://www.msavlc.co.uk)

No. 173 – November 2012

50p

# MEDICAL ELECTIVE SUMMER 2012

## INTRODUCTION

Asia has always been a continent that fascinates me, from its rich, multi-cultural societies, strong traditions, exquisite, unspoiled landscapes, to their differing political ideals of communism and the new economic powers of China and Japan. During my gap year I was fortunate enough to visit China, Thailand and Indonesia but sadly I had to return home before visiting Vietnam. Thanks to Peter and Sheila Lacy who have been involved with MSAVLC for several years and who's evident enthusiasm and experience of the conditions within Vietnam, along with contacts in numerous hospitals, gave me the unique chance to experience aspects of another country's healthcare system from major tertiary centres such as Hanoi to local district hospitals such as Ky Anh.

## BACH MAI HOSPITAL, HANOI

The first two weeks of my placement were spent in several



departments within the large Bach Mai General Hospital.

One of the departments I visited in Bach Mai was the infectious diseases department. There were a number of cases I had previously never encountered such as the superbug *Acinetobacter Baumannii* which is relatively common in Asian hospitals but almost non-existent in the UK, conversely Vietnam has very few cases of MRSA compared to the UK.

Some of these cases were obviously hard to see and importantly, as side rooms are rare in Vietnam and often taken up by richer patients (or doctor's relatives), most patients were kept on the general infection ward, greatly increasing the risk of transmission.

One of my main interests within medicine is emergency and trauma care, fortunately I was able to spend time both on orthopaedic wards and in trauma theatres themselves.

The department allowed me to experience a great deal of varied trauma and scrub in to assist in several procedures.

Interestingly due to the lack of surgeons and intense time demands, many procedures were performed quicker than in the UK (although not as safely) and many surgeons had multiple areas of expertise, ranging from hip replacements to neurosurgery.

Within the trauma department the majority of cases were from road traffic accidents. These accidents can be devastating, due to poor safety equipment, i.e. absent leathers, and although the government now enforces a helmet law, most people are relatively poor and therefore the helmets are more for show than protection. In general there was a high

standard of equipment available including CT scanners and MRI, however I did meet a number of patients who had simple straight line external fixators where I believed (as did the doctors there) a multi-angle x-fix would have been more appropriate, however these are unavailable in most Vietnamese hospitals.

One other fascinating department I visited was the poison control centre. Several patients were admitted with snake bites, which on questioning were often received whilst trying to catch the snake as cobras are worth a large amount of money to a Vietnamese farmer. Several of the patients brought in the snake, (or scorpion) that had bitten them, to make identification and treatment easier.

admitted some responsibly with recent donations (largely inadequate) towards the clean-up of affected areas, they have not acknowledged the continued suffering of the Vietnamese people from the use of this chemical (despite paying compensation to American pilots and crew who deployed the poisons).



I was able to assist in physiotherapy sessions, examinations and spend time interacting and playing with the handicapped children; an experience which I found very humbling, as despite their disabilities many of the children were still very upbeat and positive, trying to make the most of the little they had.

When not in the hospital I was able to spend some time exploring the local area often on either local buses or by hiring motorbikes for the day. Although Hanoi itself was very busy, once outside into the country, the roads were relatively quiet (if occasionally in poor repair).

One of my favourite areas that I visited was Ha Long bay, a world heritage site often classed as one of the 'natural wonders of the world'.



Whilst in this department I also saw patients admitted with lead poisoning, which I found strange until the translator explained that many traditional therapies contain lead, making poisoning extremely common. They estimated up to 5% of the population has been affected at some point.

The peace villages therefore often rely on help from outside charities (including MSAVLC). The centre provides medical care, rehabilitation, education and support for all children, and occupational training for the more able. There is an onsite doctor as well as a number of physiotherapists and volunteer workers; however I found due to the pure number of children, many are still not receiving the ideal treatments. Whilst at the peace village

I was also able to spend a weekend in Mai Chau, a remote area in Northern Vietnam where we stayed in a local village stilt hut, were taught how to make local foods including catching our own fish using local nets, and visited the rural markets.

## THANH XUAN PEACE VILLAGE

Whilst in Hanoi I was also fortunate enough to visit Than Xuan Peace Village, a complex set up for children and young adults suffering from serious conditions due to the teratogenic effects of chemicals, primarily agent orange (a dioxin compound), used by the USA in operation 'Ranch hand' during the Vietnamese war.

The majority of patients I met were third generation sufferers with a variety of mental and physical handicaps. Although the USA has



*Michael Schofield  
Final Year Medical Student  
Sheffield University  
Post Graduate Medical School*

*To be continued in the  
February bulletin*

# KY ANH BLIND ASSOCIATION

**D**uring the Trustees' visit to projects in February 2011 we visited the Association at their headquarters in Ky Anh.

We were welcomed by the president in the new meeting room, built with the help of the government. He told of the sadness of hearing about Margaret Methley's recent death and told us that the association had held a minutes silence at their next meeting as a mark of respect.

He reported on the use of the donated funds indicating that there had been a shortfall of around 4 million Dong (£133) but that this had been offset by the interest gained between the receipt of the grant and the payment for the equipment. The new gymnasium, funded anonymously by Margaret, should be operational by the end of May 2011.

It is intended that following completion of the gymnasium they will have a granite block placed outside bearing Margaret's name and a tribute to her generosity, in braille.

An A3 print of Margaret, on canvass, was presented to the association with the promise that it would be prominently displayed in the new gymnasium.

*Sheila Lacy*



# ALL EARS CAMBODIA

**W**e receive regular reports, from Glyn Vaughan, about the work of AEC, this story, though 18 months old, is typical of the many that could be told of the need for AEC's services in Cambodia.

"I received word from Prey Tralach the other day – from the All Ears clinic in the Cardamom Mountains. It serves 15,000 people without any access to health care – formerly under the Khmer Rouge, they've been somewhat neglected in the years since the civil war. Half of the 15,000 are children and word came the other day about one of them – a ten year-old girl whose infant brother had been up all night crying with ear pain. Sothy, the girl, turned up at the clinic in Prey Tralach the next day and asked for help – she'd walked 15 miles with her brother on her back. It turned out he had acute ear infection and our team dealt with it and patched him up - and Sothy carried him the 15 miles back.

I mention this because it illustrates just how far we have come and how far people are literally willing to go to

seek our help. I guess fifteen miles isn't so far – we receive cases from every corner of the country – but the determination of people is sometimes incredible. We are still the only NGO in Cambodia providing specialist ear services; the focus still on the weakest and hardest hit. We are still countering the causes of one of the least recognized disabilities globally – one which affects a quarter of a billion people.

Currently, we're in partnership with 41 organizations and three public hospitals. We operate across 8 provinces and have established 3 specialist clinics. Personally, I think our greatest achievement is the team – all remarkable young Khmers, intensively trained, all with extraordinary medical and social skills – and all with an irrepressible longing to help others left in the squalor from which they came.

Innovative work launched this year includes primary ear health services established for sufferers of leprosy"

*Glyn Vaughan*  
Director

*All Ears Cambodia*

## Season's Greetings



*From Trustees & Supporters  
of*

# M.S.A.L.V.C

# ELECTIVES FAIR

## SHEFFIELD UNIVERSITY MEDICAL SCHOOL

**F**ollowing the successful electives of the five medical students from Sheffield earlier this year, we were invited to participate in the Medical School's first Electives Fair.

2013.

We were joined on our stand by Michael, Tom and Chris who were in Vietnam in the summer. The presence of the three students was invaluable as they were able to pass on their

previous Elective Reports.

Our stand was strategically placed just inside the doors of the hall which resulted in a lot of contacts being made.

Subsequent to the fair we have had



Aimed at giving students ideas about where to carry out their electives, the fair was a departure from the previous, poorly attended, lectures. By contrast the fair attracted 310 registered students most of whom will be looking to do their electives in

experiences to visitors to our stand.

Our display was dressed with photographs the students had taken showing both the professional and cultural sides of their visit.

We also had copies of recent bulletins available and copies of

enquiries from five students acting on behalf of a further six of their colleagues. We are following up these enquiries and have produced a briefing document which, hopefully, will be of use to future students.

*Peter & Sheila Lacy*

## DONATIONS

**A**s a small, independent, charity we depend on the generosity of you, our supporters and donors. Over the years funds raised through your donations have enabled us to significantly improve the quality of life for hundreds, if not thousands, of poor people in S.E. Asia. Many

of these donations still come to us in the form of cheques. It would greatly improve the trustees' ability to plan their budgets if more donors switched from the use of cheques to making donations by regular standing orders. We would also ask that those of you who do not Gift Aid your donations to do

so, using the enclosed form, this is an easy way of increasing the value of your donation without any additional expense.

Thank you on behalf of the charity and all those people who have been helped in the past 47 years and those who will be helped in the years to come.

Published by:

Medical & Scientific Aid for Vietnam, Laos and Cambodia,  
Anchor Cottage, 3 Horsefair Street, Charlton Kings, Cheltenham GK53 8JF  
Telephone 01242 516134

Registered Charity No. 252906

Printed by Sharpe Media, Unit 1, Building 8/9, Bilton Industrial Estate, Humber Avenue, Coventry CV3 1JL  
Telephone: 024 7645 8833 Fax: 024 7645 9933

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SCIENTIFIC AID NEWS BULLETIN

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