

Cambodia: “Adventures with God” 2014 / 2015

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Nancy O’Malley, BSN MA RN CPAN CAPA

To understand the Cambodian people, one must know the history so poignantly described in the movie, *The Killing Fields*. Currently, Cambodia’s more than 13 million people live in an area approximately the size of Wyoming that borders Thailand, Laos, and Vietnam. In 1953, Cambodia gained independence from French rule. In the early 1960s, the Chinese/North Vietnamese-backed Khmer Rouge formed out of opposition to King Sihanouk’s rule and civil war began. On April 17, 1975, the Khmer Rouge seized the capital, Phnom Penh and drove all citizens into the streets brutally murdering all intellectuals, religious figures, and ethnic minorities. Private property was seized, and citizens that survived were assigned to the rice fields to work under inhumane conditions. Some escaped to Thailand and then to the US and France primarily. I have met many who barely escaped this carnage—their stories are heart-breaking.

In 1977, Pol Pot began a reign of even more terror, killing all communist dissidents and moderates. It is estimated that between 1.7 and 2.2 million Cambodians died through starvation, disease, exhaustion, and execution. By 1979, of the approximately 500 physicians for 7 million Cambodians before 1975, fewer than 45 survived and many of those fled¹. In 1979, Vietnam invaded Cambodia to fight Pol Pot’s regime. In 1994, under the United Nations peace-keeping operation, a coalition government was formed. The Khmer Rouge was outlawed but fighting continued until 1998. By 1999, it was estimated that about half of the population had been lost.

After the turn of the century, a cardiac surgeon, Dr Dan Smith, and an interventional cardiologist, Dr Mark Sheehan, visited the country and recognized the magnitude of need for cardiac services for the poor. They formed the non-profit organization I am affiliated with, Christian Medical Ministry to Cambodia-Jeremiah’s Hope. My first journey was in January of 2007 and I just completed my 9th “adventure with God,” because it always is! Each experience has been an amazing, life-enriching event. Careful thought and a lot of foresight is essential to ensure all essential supplies, instruments, and equipment will be available to do the surgeries as well as to give prolonged postoperative care since many patients live in villages. And it requires a lot of creative nursing skills! Like the time we had a basket-ball sized scrotum from a bleed after a hernia repair. We had no scrotal supports, and surely not one big enough, so we used a *krama*, a long piece of material used to carry babies, groceries, and everything else, as a scrotal support.

From 2007-2009, we worked in very poor hospitals. We spent the first two days cleaning all areas used for our patients as there were cobwebs and dust bunnies in the ORs, blood on the OR tables, spit on the walls, etc. In 2010, our organization built the Jeremiah's Hope Clinic-a surgery center in Phnom Penh with two very clean and well equipped (compared to most of the hospitals in Cambodia) operating rooms, a preop area, a PACU and postoperative rooms. This center is staffed with Cambodian nurses and surgeons. Specialty surgical teams from the US, Korea, or Japan come in for a week or two during the year. We have the first neurosurgeon in Cambodia as our full-time Medical Director and his wife is our neurologist. A urology surgeon also works out of our center and a cardiac surgeon provides open heart surgeries at the Phnom Penh Heart Center. When our US Heart Team comes yearly in February, they perform 20 or more open heart surgeries, several interventional cardiology procedures including pacemaker insertions, and ablations for dysrhythmias.

The primary responsibilities for American nurses and doctors center around teaching our Cambodian counterparts how to care for the different surgical patients. We always have students from the nursing and medical schools involved. Four Cambodian nurses have been to the Philippines to earn their BSN degrees and are applying to obtain MSN degrees, and two more are now working toward their BSN degrees. There are very few BSN nurses in Cambodia though some schools are beginning to offer this curriculum.

In June, 2014, I traveled to Cambodia with a general surgeon and a head/neck surgeon. We had two very sick young patients with thalassemia requiring splenectomies, many patients with very large thyroids, some with multiple gallbladder stones, a craniotomy patient for a subdural hematoma and another for a brain tumor, as well as a spine surgery patient. It was not always easy to cohort males and females but we did provide privacy curtains. I really came to appreciate the skills of our Cambodian nurses who must act as pre, intra, PACU, and floor nurses, clinic nurses, pharmacists, and respiratory therapists for the multiplicity of surgical patients in their care!!

A stroke patient being observed due to hypertension developed signs of low sodium. One of our Cambodian nurses knew what was required to make a 3% sodium solution in a 0.9% IV bottle. She sent a family member to the local pharmacy to obtain the required concentration to be added and then figured out the rate of infusion. I was so glad she knew how to make this concentration as I had no idea. I would have called our pharmacist!

One of the most difficult times any nurse faces is the loss of a patient. One of our thyroid patients bled, obstructing her airway before the doctor intervened. The anesthesiologist had left and there were no other resources to assist in OR but our nurses. Our patient was taken back to surgery but had developed severe cerebral anoxia. We put her on a ventilator (so glad I had studied that and neuro care and ventilators years ago for the CPAN test!) for three days but

knew that it was to no avail. Just as in the US, we evaluated what could have been done differently and made changes in our Code Blue/Emergency cart so that all necessary items would be available immediately. Our surgeons educated our nurses regarding how to incise the neck in case this happened when a surgeon is not around (which had happened the previous year) and how to properly assess the neck postoperatively. Our nurses are alone after the surgeons leave.

I returned to Cambodia in January, 2015 to work with a general surgeon who performed many thyroidectomies. Lack of iodine particularly in the provinces is clearly a major nutritional challenge. If total thyroidectomies and parathyroidectomies are performed, we must find sources of thyroid and calcium medications for these patients when they return home. Our nurses must also recognize the pre and postoperative signs of hyperthyroidism and thyroid storm and hypocalcemia and be prepared to intervene if a physician is not immediately available.

A patient came in from a distant province with a plaster cast encasing his fractured neck. Our neurosurgeon was able to plate the fracture and the young man was discharged with no neurological deficits. A teenager had such a severe bulging disc that he could not stand upright. After surgery, he walked upright and went back to his province. The smiles from these patients and their families make my heart sing!

On a previous mission trip, our gyn surgeon removed a 20 pound teratoma, and another surgeon recently removed a 45 pound ovarian tumor. This patient and her family sold everything they had to take her to Viet Nam, but the surgeons there refused to do it. Our surgeon was able to remove it and she has returned to her village with her family.

I was invited to teach for the Hebron Hospital's first class of 29 BSN students. My subject was *Nursing in America* and I focused on the foundations laid by Florence Nightingale. What a joy to be asked to speak and to see the beginnings of a whole new world for Cambodian nursing!!

Cambodia is among the least developed countries in the world according to the National Institute of Statistics. In 2012, Cambodia was estimated to have 20 physicians and 90 nurses per 100,000 people.² Though the country has been crushed in the past, it is beginning to rebuild its health care system. I am so grateful that I have had the opportunity to meet so many amazing Cambodian nurses, doctors, and patients. I am awed by their compassion and love for each other and for us. And I applaud the nurses, doctors, and support people from the various countries who are contributing to this country as well as other places in great need. I am blessed to be able to go, too!

¹Friedman, E. (2009). Starting from scratch: Rebuilding a health care system. Hospitals & Health Networks OnLine, June 2, 2009. Accessed on February 14, 2015 from <http://www.emilyfriedman.com/columns/2009-06-cambodia-part-one.html>

²The World Bank. (2014). World development indicators: Health systems. Accessed on March 1, 2012 from <http://wdi.worldbank.org/table/2.15>.



Lots of hugs!!