

# “Three Jumbos Crash in a Day”

Talk to CWDF 11-7-17 by John Williams, retired hospital consultant

We were intrigued by the title of John’s talk but read on and all will become clear!

As a retired hospital consultant who worked for many years at the Countess of Chester Hospital, John has a wealth of knowledge and expertise which he has shared with health care institutions in some of the poorest countries of the world. He has actually been abroad 27 times to various countries but this evening’s talk referred to his time working for VSO in Cambodia.

Cambodia is in South East Asia and has a population of some 13 million within an area approx twice the size of Eire. It borders with Thailand, Laos and Vietnam and is particularly known for its famous Angkhor Wat temples. Its history is very complex but briefly divides into 6 eras: Angkhor Civilisation from 800 – 1100; Serial Invasions from Vietnam, Thailand, France, Japan and USA; Self Destruction with Khmer Rouges in 1975 under Pol Pot; “Rescue” by Vietnam in 1979 when it became known as Kampuchea; “Democracy” and finally “Kleptarchy” when the king was reinstated. It is now a much more stable country but the people have suffered some terrible experiences.



The Silver Palace

Cambodians are mostly Buddhists and so are very pleasant to one another but there are very notable “gaps” in the society i.e. gender and poverty gaps. The gap between the rich and the poor is stark. To illustrate this John showed a photograph of “The Silver Palace” and contrasted this with a photograph of locusts which people collect and sell on the streets. Many people are literally starving.



Locusts

John then presented figures from the Human Development Index, one of the measures of which is the number of doctors per head of population. The HDI is a composite statistic of life expectancy, education, and per capita income indicators, which are used to rank countries into four tiers of human development. Norway is ranked as number 1, UK – 14 and Cambodia – 143 out of a total of 188 countries.

## EQUITY FUND TEST

	0	1	2	3	RESULT
STATUS	MARRIED	WIDOWER/ SINGLE	WIDOW	-----	
HEAD OCCUPE	OFFICIAL/ MARKET	FARM	OCCASION	NO	
CHILDREN <18YRS	NIL	1 - 2	3 - 5	> 5	
ELDERLY DEPEND	NIL	YES	-----	-----	
HOME	BRICK / WOOD	“LEAF” ROOF	ALL “LEAF”	NO	
VEHICLE	CAR/ MOTO MOTORBOAT	BIKE ANIMAL ROWBOAT	NO	-----	
LAND	>2 HECT	1 – 2 HECT	<1 HECT	NO	
COW / BUFFALO / HORSE	= / > 3	1 - 2	NO	-----	
PIG	= / > 2	1	NO	-----	

Couple this with the extreme poverty found in Cambodia. Extreme poverty is very high up on the list of the International Classification of Diseases because it is such a big killer.

Consider how much is spent on arms – US spends \$168 billion on aid but \$450 billion on arms.

Cambodians have to pay for health care. In poor areas there is an “Equity Fund Test” which is set up by the head of the village. It is essentially a points system and a family have to score a lot of points to qualify for help. See the table shown here.


Health statistics for Cambodia are frightening. John used the example of maternal mortality which runs at 473 per 100,000 of the population. In the UK the figure is 7. So is pregnancy a fatal condition?

It can be - delay being the main problem. There's delay in recognition of a problem throughout the various stages of pregnancy, delay in referral, delay in transport because of poor roads and delays in treatment because some cannot afford to pay for health care. In other words, there is no system in place for coping with emergencies. Compare this to a plane crash where there is a system in place for getting people off the plane in an emergency which saves lives. So pregnancy can be a fatal condition in Cambodia – hence the title of John's talk – “*Three Jumbos Crash in a Day*”.

Progress is being made however. Birth attendants are being trained who are trusted, affordable, accessible and skilled and clinics are being set up in the villages with a “Directly Observed Therapy Service” (DOTS)

## PREGNANCY A Fatal Condition?

- 200 Million Pregnancies / Year
- >500,000 Women will die (330,000)
- **One per Minute** : 1500 daily
- 99% in Developing Countries
- 1 in 16 Chance of Dying
- ( Chester : 5 in 27 years )
- ( Zambia : 1 in 2 years )
- Knock on Effects




## Pain Relief?

Nothing more than an ice pack!

John has now been to Cambodia on a number of occasions working in front line clinical training and practice. Some hospitals are very well run such as Sisophon - Mongkul Borei. Here he demonstrated how to do a hysterectomy. They are unlike our hospitals in that food and laundry is done by relatives and everyone is in the same ward.

He then went to the National Maternal and Child Health Centre in Phnom Penh and gave advice on the National Training programme. He was asked to visit a failing hospital at Krachie. Here John observed a very poor standard of care, particularly after care when very often there were no pain killers available. John has some very sad memories of patients dying as a result of misdiagnosis and treatment.

He's been back since and the Japanese have funded a complete new centre in Phnom Penh. Finally these are the messages John wished to convey. So what makes things change? It is perseverance, NGOs going in and making care important. Cambodia now has a very strong Ministry of Health and people have been coming in to help them implement it so health care will improve. Much was lost during the Pol Pot regime but there is now a growing middle class. There is hope!

## Messages

- 1.5 Billion people in Extreme Poverty
- Women fear pregnancy's fatality
- Simple measures make improvements
- Anyone can make a difference

## Hope

