Going to see family... in Cambodia

Chris Baker from Corona Design & Communication reports on two dental students’ humanitarian elective...

Earlier this year, two fourth year Glasgow University dental students, Richard Field and Charlotte Payne, undertook a humanitarian elective to aid the orphaned children of Phnom Penh. As you may be aware, Cambodia is a country very much in transition that is struggling to overcome the memory of the Khmer Rouge and its genocide more than 50 years ago.

Richard and Charlotte worked with the charity Cambodia World Family which is a small NGO with the mission of providing free dental care for the orphaned, handicapped and abandoned children of Phnom Penh.

The project had six key goals:
1. To gain experience of training and managing Cambodian staff
2. To treating the disadvantaged children that were sent from 82 institutions to the clinic
3. To provide the best of their ability for up to 20 children per day
4. To help teach the staff and Khmer students from the local university
5. To improve administrative systems and infection control
6. To maintain and improve children’s facilities

Richard was surprised at how well the centre was run when they arrived. “Whilst many of the practices would not have been satisfactory according to UK standards, staff were working with what they had. We felt that for us to demonstrate ‘better’ practices would have confused some of the staff to the detriment of patients. We found that we worked with the staff as part of the team rather than in a managerial capacity.”

As well as working at CWF, Richard and Charlotte also volunteered at Toutes A L’Ecole - a French run school that take girls from underprivileged families in Phnom Penh. They provide them with a full education using the international French Baccalaureate syllabus. One interesting point that both students noted was that the children they interacted with at this school, who were from slightly better circumstances, had teeth in a much poorer state. This was due to the fact that they had a small amount of pocket money that was generally spent on sweets. Plus ça change! An oral hygiene program was suggested to a French school whose pupils were particularly affected and the administrator gave permission to Richard to run oral hygiene classes.

Richard explained that, “the English teacher acted as my translator and my intention was that if he saw my instruction several times, he would be able to continue the classes after we left. I tried to make the classes as interactive as possible so that the kids would better retain the information. Interestingly, when asked, ‘Which foods are bad for teeth?’, the answers were hot, cold and hard foods. The children associated any food which gave them pain, as bad for their teeth. Through further discussion, we did arrive at the answer ‘those that contain sugar’. A popular drink in the region is sugar cane juice and the children were shocked when I explained the harm that such drinks can do.”

Lessons then continued with an oversized mouth model and toothbrush illustrating the proper way to brush. The English teacher confirmed that all first year children would now have oral health instruction classes.

As it transpired, goals 4, 5 and 6 proved to be difficult to meet. Richard commented, “the dental school is large but very poorly equipped. There were only five articulators available for the whole school and we didn’t have an opportunity to teach. In regard to infection control, the team followed good practice in hand washing and changing gloves between patients. We did identify some areas for improvement such as using fresh tips on the etch and fissure sealant for each patients but staff pointed out they only changed tips when they broke as they didn’t have sufficient tips. While we weren’t comfortable with this, we did ensure that tips were wiped with disinfectant between patients. The waiting area for the children already had a DVD and selection of toys and as a consequence we didn’t feel we could add to this.”

Richard and Charlotte obviously expected that people’s knowledge and attitude towards dental hygiene would be very different in Cambodia than the UK. What they did not expect was the children’s willingness to accept dental treatment with no fuss. They found this to be (in the main) in complete contrast to their experience of children in Glasgow! Perhaps they were more aware in Cambodia that dentists were there to help them?

Richard feels that the whole experience has benefited both he and Charlotte, not just as dentists but also as people. It allowed them to appreciate the facilities that we all take for granted in our clinical environment. Last word to Richard - “A national health service can play such an important part in a population’s health and if there were one in Cambodia, it may speed the country’s road to recovery. However, it has also illustrated to me that a population can take a health service for granted when one is freely available ie the UK.”

If you would like to support the work of CWF then you can find more information or donate at: http://www.cambodiaworldfamily.com/

For the French school you can donate online at http://www.toutes-a-l-ecole.org/Caritel.htm or by cheque addressed to ‘Toutes à l’Ecole’ and posted to:
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