

Seeing the lessons in disguise: stories from a global elective in Lao PDR

BC Children's resident, Dr. Keira Dheensaw, recently returned from spending two months in Lao People's Democratic Republic, a country of just under seven million people in Southeast Asia. In Lao PDR, one in five children will not live to see their fifth birthday. Poor public infrastructure, poverty and a challenging mountainous terrain are barriers for children and families who need to access high-quality health care. It is common for children to die from preventable and treatable diseases, such as malaria, pneumonia, and diarrhea.

In this context, health care interventions that focus on treatment, ongoing capacity building for Lao health care professionals, and preventative measures like improving the nutrition and hygiene of communities are vital. Dr. Dheensaw worked with an organization, the Lao Friends Hospital for Children, which is trying to do just that.

The [Lao Friends Hospital for Children](#) opened in February 2015, with the idea to create a locally sustainable hospital by and for the Lao people. It is the only hospital in northern Lao PDR to offer neonatal services and now treats 20,000 children annually. During Dr. Dheensaw's time at the hospital, she rotated through four different departments, working alongside local physicians and international physician volunteers to provide care for children, as well as provide mentorship to local Lao physicians. Since the only formal pediatric residency program in Lao PDR is in the capital city hundreds of kilometers away, physicians at Lao Friends Hospital for Children rely on mentorship from international pediatrician volunteers to help develop the pediatric skills necessary to run their hospital independently.

Reflecting on her time in Lao PDR, Dr. Dheensaw shares insights on working in a resource-limited setting, and what it means to truly walk alongside patients and health care providers in these contexts.

There is something about the heat that tries even the most patient of clinicians. Sweating in a 35°C ward, rounding on 30 patients, and then learning that one of the laboratory machines is down again is trying. In such situations I almost wanted to laugh at how I had complained in Canada about frivolous novelties, such as not having portable computers as I rounded in the air conditioned halls of the BC Children's Hospital, surrounded by a team of specialists and allied health professionals.

But it is situations like these that truly test us as clinicians. To be patient with our colleagues, kind to our patients and thorough in our work when the tasks and conditions ahead seem unmanageable is hard. Frustrations can be high when dealing with resource limitations or language barriers not only with patients, but within the health care team as well. However, these frustrations are lessons in disguise. Less access to investigations teaches you to rely on your physical exam, and lack of subspecialty support pushes you to develop or seek new skills. A language barrier shows you that communication is not just words, but hide and seek with the sibling of a chronic patient, or stroking the head of a palliative baby to show the parents that you too feel the immense helplessness of the situation.

International work humbles you and teaches you respect for culture practices, even if you disagree with them. In Lao PDR there is a cultural expectation for mothers to lie on a bed of coals (a "hotbed") for days after a child is born. This practice has shown increased rates of staph infections in neonates, but routinely mothers will self-discharge to complete this cultural expectation. Also, they are often under pressure from family members to keep a "taboo diet" while breastfeeding, persisting on a diet mainly composed of rice. This leads to an astonishing amount of beri beri from thiamine deficiency, which is a leading cause of infant death. And while both practices lead to significant patient harm, you cannot hope to make lasting

public health changes if you do not first show that you respect the reasons for the practice and understand its significance to the people.

Although there are challenges, international work comes with a sense of awe for the sacrifice of families and resiliency of children: the mother who bravely walked four hours in the heat carrying her two-year old with bronchiolitis. The father who came to his son's school daily to change his bandages, as he had a 4cm draining abscess for three years and could not afford surgical treatment. The family who lovingly carried their developmentally delayed eight-year old on their back for years, even to work. I remember being profusely thanked by a family after paying for a much needed blood transfusion, and the boy who started crying when we gave him the first gift of his life: a set of pencil crayons.

The losses are hard, especially when you sit for hours at the foot of a bed, just a witness to the unfairness of the world, as you are unable to give any other intervention. But the victories are hard won, and there is no better feeling than seeing a child walk out of the hospital with their family, with not a glance backwards.



Children playing on a ward at the Lao Friends Hospital for Children

Each year, the Centre for International Child Health awards several \$1000 grants to trainees at BC Children's and BC Women's who choose to participate in global health electives. If you or someone you know is participating in a global health elective focused on newborn, child or adolescent health in 2018-2019, get in touch with us! Or, [find out more about global health work](#) at BC Children's and BC Women's.