The glass half full: Trainee seizes opportunity in Vietnam

*Coping with cultural and medical diversity in Hanoi proves to be a great training experience for general paediatric Advanced Trainee **Amy Gray.***

When I flew out to Hanoi in February 2006, jobless, it was not the most auspicious start to a year working overseas. My husband had found a volunteer position with one of his company's projects in Vietnam and had departed three months earlier, while I finished my year of work at The Royal Children's Hospital in Melbourne. With several months' notice, willing to work for nothing and aware of various connections in Hanoi, I thought, and was constantly reminded by others, that finding work should not be a problem. However this proved not to be the case, and as I touched down in my new home my thoughts fluctuated wildly between trepidation and blind optimism.

Only one month later I was working almost six days a week in three jobs – the first running a general paediatric clinic and providing emergency consultations, the second as a volunteer at a Vietnamese NGO assisting with health research, and the third working at the National Hospital of Pediatrics (NHP) in Hanoi. All three positions arose from connections I had made before I left, but it took my presence for the jobs to be realised. At NHP, my initial introduction and involvement were facilitated by an ongoing relationship the hospital has with Royal Children's Hospital International (RCHI).

The National Hospital of Pediatrics (NHP) is a 600+ bed hospital with a main entry road the width of a driveway, made narrower still by the many vendors, bikes and bystanders spilling onto its edges. Often gridlocked by motorbikes, it would be nearly impenetrable to a hurrying ambulance, its siren drowned by the constant riot of horns. But the lack of an ambulance service means this is not usually an issue. Most children arrive cradled in a parent's arms on the back of a motorbike. The more fortunate arrive by taxi. It is not uncommon to see a parent running through the hospital grounds, cradling their unconscious child.

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Like almost every other doctor at the hospital, I arrived at work on a motorbike. Unlike them, I was not brave enough to ride it myself and in true display of 'foreign-ness', wore a helmet.

I began at the hospital by teaching medical English to doctors and nurses. More than just vocabulary and pronunciation, these classes soon identified a need to learn how to discuss and think about clinical problems. This was introduced through case presentations. I was received with great enthusiasm and respect. At lunchtime, the hour of the day that is fervently guarded in Vietnam for some midday 'shut-eye', the classes would be over-filled and alive with heated discussion.

These sessions were also learning opportunities for me. I was asked the English terms for obscure physical signs I'd never encountered, quickly learnt to revise my list of differentials and management approach for clinical problems according to the local situation, and was often presented with informative cultural contrasts. An example of the latter came during a discussion of nephritis and the colour of urine that we would call 'rosé'. The Vietnamese term for this translates to "the colour of water after you have washed the meat". Sometimes it is the small things that remind you of the differences between home and where you are.

Sometimes, the reminders are starker and frequently these were to be found on the ward.

During one ward round, a child admitted with presumed encephalitis, became apnoeic and was intubated. A ventilator was borrowed from the apnoeic child next door, whose father was left to manually ventilate his child with a bag. He did so calmly, without even a blink of an eye at the request. With the first child now ventilated and stable, we then talked to the parents. After a two minute discussion in Vietnamese, the doctor turned to me and said, "They would like to take him home, what do you think?" What do I think?! Do they understand the child is not likely to make it out of the ward alive? Yes. Do we even know the diagnosis?

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Street scene in Hanoi

NHP Hospital Ward

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Is there a reversible pathology that we can treat? The answers to these questions, though later found, did not matter to the parents who recognised how sick their child was and that his treatment would cost more than they could afford.

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Some reading this article may wonder why a reminder of the different circumstances in which you live would be needed at all. Hanoi, for all its sounds, sights, smells and brilliant chaos, is a relatively easy place to live comfortably, even on an average local salary. But the hospital is not Hanoi. More than 50 per cent of patients come from a catchment that spans the northern half of Vietnam, and they are largely poor. Although I was one of up to several thousand expats in residence in Hanoi, in the hospital I was a regular novelty with parents and children alike pointing and whispering "tây" (a westerner)!

Hospitals like NHP are in a difficult position. The country and its economy are in a phase of transition. Expectations for better medical care and new technologies are growing, yet basic medical needs in many areas are still not met and facilities are hopelessly overcrowded. When many have difficultly affording basic health care, new technologies, though practically available, can be financially unattainable. The excitement on a young nephrologist's face when she can offer dialysis to a family is a polar opposite to the stoic disappointment on the mother's, when she says she cannot afford the six dollars a week it will cost.

My research work with the NGO (The Research Training Centre for Community Development) afforded me the chance to gain a better understanding of the health system, issues and policies affecting the individuals I met on the wards. I assisted on projects ranging from mental health for children to childhood poisoning and health financing, with my main focus being an evaluation of a paediatric life support training program. As part of the evaluation, I was one of a team of three conducting fieldwork at several hospitals across Vietnam. It was a chance to sample more local delicacies than I care to remember – including some I did not care to digest – and be privy to the sometimes varied, sometimes universal concerns facing the doctors and nurses in these hospitals. More importantly, as part of the team, I was in a position to begin to provide a voice for some of these concerns.

My qualifications for this work seemed to be that I was there. But it was humbling to learn how much the team at the NGO felt my contributions, including knowledge and clinical experience from both Australia and Vietnam, had benefited their activities. Perhaps my greatest triumph was being the one person in a room full of Hanoi locals who knew how to translate "Intensive Care Unit" into Vietnamese!

In addition to the work described above, through other RCHI projects I taught research methodology, assisted with clinical projects and also in developing an overall plan for staff education and training at NHP. The work from the English classes is currently being translated into a book for Vietnamese doctors and students and, last I heard, was also being used in Myanmar by American doctors for teaching purposes.

My year was as diverse as it was busy. This article is not meant to read like a list of accomplishments, but as a taste of the possibilities of the types of work that can be done.

A friend and colleague of mine recently left for Hanoi to continue some of this work and develop other work of her own. In this way we hope that opportunities for trainees, such as the ones I have had, can be perpetuated and not lost, and that contributions which have begun can be ongoing. For those considering a similar experience, I hope my ramblings help you err on the side of optimism – it just may be well-founded.

Amy Gray