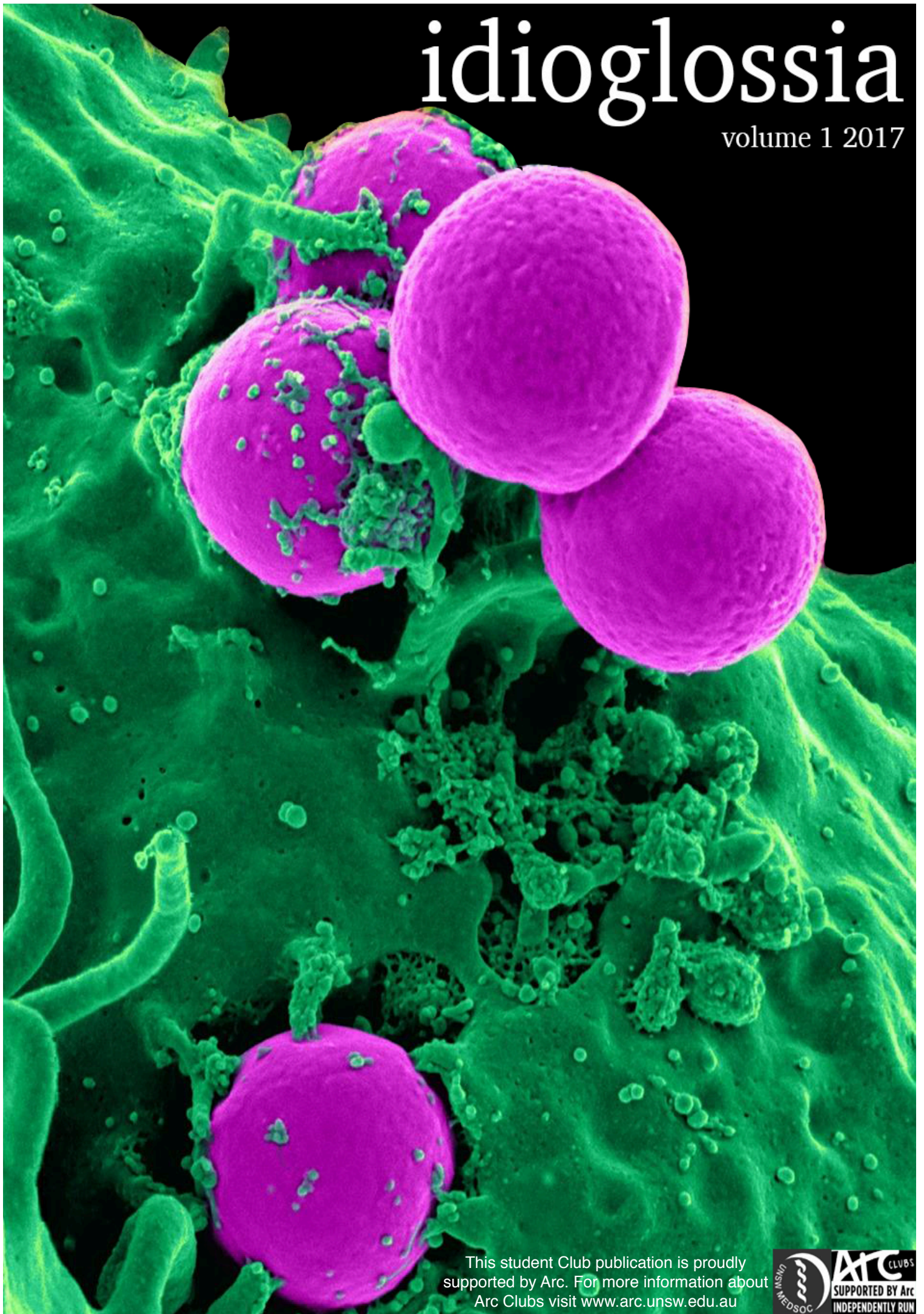


# idioglossia

volume 1 2017



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Welcome to Idioglossia 1 2017!!! We are just as excited as you are and we hope you enjoy reading, reflecting and debating on articles by our talented UNSW meddie peers! If you are interested in submitting an article/ written work for future publication please send them through to [publications@medsoc.org.au](mailto:publications@medsoc.org.au)! Another fantastic initiative we have seen take off is the Humans of UNSW Medicine Facebook Page! If you have something you would like to share (it doesn't have to be medical!) please let us know as well! Massive thank you to all those who have already featured! <3 You're all amazing! ☺ That being said, the Medsoc Publications Team is thrilled to bring you Idioglossia 1 2017!

Peace out and Get keen!  
<3 Medsoc Publications Team

Publications Subcommittee: Marisse Sonido, Jessica Luo, Rachel Wong, Jumaana Abdu, Sophie Worsford, Mashaal Hamayun, Roshell Perera

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Ellie (Elizabeth) Lun (IV)



Kai Lun (II)



# SEMESTER 1: MEDSOC PRESIDENT'S REPORT



President: Eric Xu (IV)  
Vice-President: Nadine  
Kauley (IV)

If there was one way to summarise my main goal for this year, it is sustainability and enriching our young and budding meddies. This stems from the very own experience I've had with MedSoc, and I can say safely that this is the case for all the other meddies involved with our society in some way or other. Our pride and passion for enriching our students is our driving force.

Both Nadine's and my goals for this year have been more specific at streamlining and centralising information to everyone. We wanted to make sure that MedSoc is still relevant to every one of us – because ultimately, we are a society that is run by students, for the students. We were able to centralise subcommittee applications and ensure first year involvement in the life and blood of MedSoc! We also underwent a redesign of our society, through the logo and website (which is soon to be released!).

In light of the recent media attention towards the significance of mental health in junior doctors and interns, and by extension, medical students, it is important to always look after yourself and stay connected with your family, friends, colleagues. Keep up with your hobbies, do what you enjoy doing, and learn what's most important to you. More exposure on mental health is beneficial for us in recognising that we are all human, and that people should not feel afraid, in any sense, to consider speaking to others about how they feel.

If you have any suggestions on how you would like some aspects of MedSoc to be improved, feel more than welcome to let us know. We are always welcome to opinions and ways to improve how we can deliver the best student life to YOU 😊



# SIG REPORTS

## PAEDSOC

"2017 has been shaping up to be an exciting year for Paedsoc, and we're only just getting started! The Intro to Paedsoc event gave some of our keen students the opportunity to find out about our society and what we'll be doing throughout the year, and we sold some baked goodies to the public. our first Teddy Bear Hospital was a big success. We're looking forward to going on strong with our events this year, with our yearly BGD tutes coming up, we're getting geared up for more good stuff to come. You can keep updated on Facebook for all our future events!

## DERMSOC

Interested in finding out what it takes to become a dermatologist? Want to know more about what Dermatology has to offer? UNSW Dermatology Society welcomes students from all years to find out more about the world of Dermatology and learn important procedural skills and clinical knowledge through our education sessions. Our upcoming events include OSCE and ICE tutorials and mock examinations, aimed at equipping students with the skills to better differentiate and manage important dermatological conditions such as melanoma and psoriasis. A solid grounding in Dermatology is important for all medical practitioners. Not only is Australia the skin-cancer capital of the world, but a large proportion of general practice consults relate to skin complaints, with many internal pathologies manifesting with cutaneous stigmata. As medical students, we have limited in-depth exposure to the field of Dermatology. UNSW Dermatology Society seeks to provide auxiliary dermatology teaching to that provided by the current medical course as we believe early exposure can further interest within this field and help students better prepare for specialist training with the Australian College of Dermatology.



## **PSYCHISOC**

UNSW Psychiatric Society (PsychiSoc) aims to promote the discipline of psychiatry as well as complement and enhance the campus based psychiatric teaching. We run events to help students develop vital skills in mental health and counselling, destigmatise mental illness, and understand the field of Psychiatry.

We aim to help students learn about having a career in psychiatry as well as get help with assessable content related to psychiatry, such as counselling workshops with mock ICE sessions.

We've already had a successful 'Introduction to Psychiatry' event which helped students learn about the life of a Psychiatrist and what the job involves. Our Psychiatry Grand Rounds event then provided an opportunity for students to learn about how to approach common psychiatric presentations and some of the interesting cases a Psychiatrist deals with.

Upcoming events include: a mental health first aid workshop, an information evening on specialising in psychiatry, mental health trivia night, mental health as a medical student and our mock ICE event.

Have a look at our Facebook page named "UNSW Psychiatry Society" for new updates on events and opportunities in relation to psychiatry. We also post regularly with interesting articles and research related to mental health.

## **OCULUSSOC**

The first half of the year has passed in a blink, during which Oculus Soc has been busy bringing exciting events to our fellow meddies. The year started off at Medcamp, where we met the friendly, keen-eyed freshers and taught them how to use the direct ophthalmoscope, and challenged them to draw pictures while wearing cataract-simulating glasses that were kindly lent to us by the UNSW Fred Hollows Society. This was soon followed by our inaugural Welcome Back BBQ, with profits going to the Fred Hollows Foundation, and our first Clinical Skills Night, kindly taught by the ophthalmology consultants and registrars at the Prince of Wales Hospital. In a few weeks time, we will be holding a Pathways into Ophthalmology Night featuring several leading ophthalmologists, and have several more exciting events in store to come – keep your eyes peeled!



## UNSW MEDICAL MUSIC SOCIETY

"It's been an exciting year for the UNSW Medical Music Society so far, and there's lots more just round the corner. As this is written, our choir is preparing to sing at Arc's Phil Charity Concert in two nights in support of Child Life and Music Therapy at SCH, a group who they will be then visiting the following week. Other UNSW MMS musicians have already been well-received by the residents at Brigidine House, with another visit planned, and on the 8<sup>th</sup> of June, the UNSW Medical Orchestra will be performing Beethoven's Symphony No. 1 and a Video Game Medley among other pieces, in support of The Spinal Network. So head over to [mmsunsw.weebly.com](http://mmsunsw.weebly.com) or our Facebook page to book tickets for The Winter Concert or to find out more about how you can be involved in our society – we'd love to see you around!"

## O&G SOC

2017 has been an exciting year for O&G Soc so far! As part of our commitment to engaging students of all years we have expanded our executive to include the position of phase 1 representative (welcome Thiyasha Wanniarachchi)! We started our busy event calendar this year with the annual pathways night where we heard from a RANZCOG representative on accessing the training program, from the incredible Maternal Fetal Medicine Fellow Dr. Croft, and the inspiring Dr. Koch a Reproductive Endocrinology specialist.

This year we have also launched the highly successful O&G Happy Foetus Short Course with registration capping out within five minutes! We've had wonderful feedback on the interactive skills workshops in the course like CTG interpretation and suturing. We've also been connecting with our intervarsity O&G peers, with a group from our society attending the Pre-Vocational Obstetrics and Gynaecology Interest Day where we learnt to insert Mirenas, manage a neonatal resuscitation and brush up on our obstetric emergency skills. Like our Facebook page to stay informed about our exciting upcoming events, including all our revision nights, Women's Health Week and more!





# Building Your Career In Medicine

You are more than your CV

Erika Strazdins

Women in Medicine Group,  
UNSW

Medicine has always been a competitive world, but now there is increasing pressure to obtain secure employment and enter your medical specialties of choice. For some medical students, this is a real concern – What research should I do for my ILP to help me? How many training places are there in that program? What about jobs after? Even for those who are not actively pursuing their specialty of choice, it's still at the back of your mind, with friends, family, doctors, and patients constantly asking 'so what are you going to do what are you going to specialise in?' Indeed, career anxiety is a common and important phenomenon amongst junior doctors in Australia.<sup>1</sup>

<sup>1</sup> Soares DS Chan, L. Stress and wellbeing of junior doctors in Australia: a comparison with American doctors and population norms. BMC Medical Education. 2016 Jul 19;16(1):183.



A common and constructive approach to coping with these pressures is by building your CV with experiences and skills such as conferences, courses, research, or leadership activities during medical school.

While the professional world values these CV worthy achievements, they also value you as a person. Employers want to know more about you:

1. Are you the sort of person they want to work with?
2. Will you fit into the team?
3. Are you the best person for the role?

A CV cannot answer all of these questions. Therefore, most applications also have a section to address specific candidate criteria, and an interview. In these you want to be able to answer these important questions above, and show your strengths and personality.

## You are more than a CV



*'Libero purus sodales mauris, eu  
vehicula lectus velit nec velit.'*

The Women in Medicine Group and the Australian Medical Association recently held a hugely successful CV Building Workshop, and the following is general advice summarised from Ms Anita Fletcher, the careers advisor from the AMA.



One helpful strategy is to write your experiences down in a “CV Diary.” This is to record specific experiences which showcase your positive attributes and gives you dimension as a person. But where to start?

Make your CV come to life and draw attention to things you are particularly proud of by:

**Recording an experience you had at one of your courses/conferences and how it changed you for the better**

*Example: “Attending this conference helped me to understand the benefits of music therapy for geriatric patients. This especially resonated with me as I personally know the benefits of music, having played the flute for seven years. Feeling inspired, I organised a mini-concert at a local nursing home with some of my friends. It was a huge success as the performers and audience had a fantastic time with music. We realised that music can go a long way to improving the health of elderly in the community.”*

This shows your extracurricular interests, self-directed learning, community spirit, teamwork, and initiative. Importantly, it is memorable and shows how you are as a person.

Some other ideas for entries that bring your CV to life, linking your extraordinary personality to paper could include:

**Giving a background about one of your achievements and how it represented your efforts and strengths**

**An experience you had in a community service role and how it showed your initiative and altruism**

Remember that entries in your diary don't have to all relate to your long list of CV items. Some of the most important qualities that an employer will want to know is how you act on a day to day basis.



Therefore, some of your strongest entries will reflect the wonderful person you are in everyday life.

**An experience that demonstrates how your daily actions show you are an asset to the workplace**

*Example: "One morning I came into the clinic and noticed the clocks were an hour behind (daylight saving having finished the weekend before), and corrected them. My clinical placements have made me aware that time is crucial for planning management and recording, and I wanted the clinic to appear as professional as possible to patients. This was noticed by the reception staff, who were very grateful I had done this as it made their busy start to the morning just that little bit smoother."*

This every day experience shows many strengths — observation, initiative, and being a team player. It shows that you are a great person to work with.

Other daily experiences you could include:

**An example of a positive interaction with a patient that demonstrated your compassion, empathy, and ethics**

**An instance of helping a member of nursing staff that demonstrated your teamwork, and initiative**

**How you contributed to your team on a medical placement that demonstrated your commitment to patient care, and responsibility**

If you are looking for more ideas, think about what career you are aiming for. Different organisations will be looking for different qualities, and it is worth checking selection criteria of any you are aiming for, which are often published online (on specialty college websites) or available for similar jobs out there.




## Benefits of a CV diary – future and now



Undoubtedly, a CV diary can help you in the future, making it easier to draw on experiences to answer rigorous selection criteria, and have a bank of topics to talk about in your interview.

In the short term, reflecting on the many things you do and how well you do them can be beneficial for building confidence. A CV diary gives you the opportunity to practice praising yourself and acknowledging your talents, efforts, and abilities. This is particularly pertinent to medicine, which has subpopulations in the profession with a poor sense of self and low self-esteem.<sup>2</sup> In addition, female doctors are more vulnerable to negative self evaluations,<sup>3</sup> and female medical students tend to undervalue their performance compared to their male counterparts<sup>3,4</sup> even when they were assessed as out-performing them.<sup>4</sup> However this lack of confidence may not be gender dependent, as it has been noted that both female and male surgical residents underestimate their performance when compared to external measures.<sup>5</sup> Hence, addressing this lack of confidence and poor self-evaluation may be something relevant to both male and female medical students alike.





This becomes increasingly important considering the emerging evidence of mental distress in junior doctors in Australia. While this is a complex issue arising from many factors,<sup>6</sup> one contribution may be self-doubt about personal abilities to meet the demands of specialty training and the profession in general. Indeed, in the 2013 National Mental Health Survey of Doctors and Medical Students, younger doctors reported a sense of low professional efficacy and high cynicism, which was associated with higher levels of burnout than in older doctors<sup>7</sup>. Reflecting on yourself in a positive light is a good habit to get into, in order to take steps to becoming more confident and building a strong sense of self efficacy. After all, you are a unique and talented person who will make an incredible doctor in future, and much more than your CV!

Erika Strazdins (VI)

Women in Medicine Group, UNSW

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# THE RURAL DOCTOR

By Rachel Wong (II)



## Interviewing Dr Marshall

For decades, the Australian government have been encouraging Australian-trained doctors to fill the gaps in shortages for rural health. When medical students consider this pathway and the opportunities it provides, it certainly provokes the question: What is it like being a doctor in rural Australia?

Dr Marshall is here to provide his experience as a 54 year old rural GP with hospital admitting rights for obstetrics, anaesthetics and general admission.



**1. Hi Dr Marshall, thank you for giving me the chance to talk to you today! Now I understand that you are currently living and working in Singleton, an urban town on the banks of the Hunter River in NSW.**

**Tell me a bit about yourself. Have you always been in this area?**

Well, I was born in the UK but I moved to Australia with my parents when I was a baby. From there, I moved from Hobart to Melbourne to Sydney back to Melbourne and then back to Sydney. I spent most of my childhood in Sydney going to Randwick for primary school and then Turramurra for most of high school.

I actually decided to settle in Singleton because my wife, Jenny, is from Moree and Singleton is roughly between Sydney and Moree.

**Q2. So what influenced your decision to choose rural medicine?**

I studied at Sydney University and did my placements in Sydney but as a junior doctor, I did a rural term in Scone. Following the experience in Scone, I planned my career around rural medicine for I highly enjoyed the diversity of practicing rural medicine and the rapport you were able to build with the patients.

**Q3. Could you describe to me your typical work week?**

Rural practice definitely allows for a broad range of practice, with a usual mix of elderly patients, patients with chronic diseases and children. I usually perform one anaesthetic list per week at the local hospital and am on call for the local hospital emergency department 1-2 days per month.

It is also very busy because while working as a GP and completing an anaesthetic list there is also paper work, hospital visits and nursing home visits, I often end up working 50-60 hours a week despite trying to take ½ a day off during most weeks

**Q4. That sounds very strenuous! How do you manage to balance your work with your family and social life?**

Well, living in the community means I am only 5 minutes from work! The short travel time to work lets me spend more time with my three children and wife, especially when the kids went to the local primary school.

Being involved in my children's sports is definitely the best form of family bonding. But as they began to catch the hour bus ride to high school that meant less contact with them later on. I have also enjoyed team sports over the years including playing hockey and squash in the local competitions to balance out my work load.



### **Q5. Do you interact with your patients outside the clinic?**

Outside of work, most of our friends are like-minded professionals and mining executives. Some of these people are patients and we do continue to socialise with them. One of the other doctors and his family as well as the parents of our children's friends remain our closest friends.

### **Q6. Are there difficulties in treating your close friends?**

For standard treatment and medicine prescriptions, treating friends is not overly challenging. However, more sensitive issues like mental health can definitely have barriers in communication but with close friends, I am able to share certain experiences of my family to gain rapport.

### **Q7. What has been your most interesting case?**

You do see quite a few intriguing cases in your career but the most interesting one for me was during a caesarean delivery where I was performing the anaesthetic. The mother developed a masseter spasm which was diagnosed as malignant hyperthermia susceptibility and I had to abandon the general anaesthetic and perform a spinal anaesthetic in response to her condition.

After the operation, the specialist wrote to me "Congratulations, you saved her life." Our families remain pretty close friends and the baby that I delivered is now my eldest daughter's best friend!

### **Q8. Wow. That is quite the case! Rural medical practice seems very stressful with the long hours of work. How do you cope with pressure and failure?**

I believe I work well under pressure and think others would agree. But at times when the workload is too much, the stress to complete it can cause headaches and fatigue. I try to take a break from things by spending time with my family and going cycling to help me relax. I am also the type of individual who creates a realistic to do list which I can act accordingly to.

I handle failure by attempting to recognise it and learn from my mistakes. I always teach that failure/error should be the first thought if things are not going right.

### **Q9. You have told me why you chose rural medicine but what motivates you to continue as a doctor?**

Like all jobs, there are mundane parts. However, interacting with people and the variety of work makes the job enjoyable. Especially in obstetrics, looking after up to 4 generations from the same family is also enjoyable for it allows me to have a strong understanding of the family's background and feel better equipped to help them.

Paying my children's university fees is also a factor!



**Q10. Thank you for your time, Dr Marshall. Do you have anything else to add for those interested in studying rural medicine?**

**To all medical students...**

- Enjoy your career and life and consider money secondary to that.
- Avoid the culture of escalating materialism in medicine. Something I only partially succeeded in avoiding.
- Obtain variety in your work and life and enjoy the rapport with patients as this is often more rewarding than treating their disease.





# Baby, what's that you're looking at?

The unintended effects of using public health campaigns in preventative medicine.

*By Sophie Worsfold (Year II Medicine)*



The newborn symbolises life. It draws all eyes to its scrunched- up paws; it inspires mystique and hope. Fresh from the womb, the baby in this image is yet to be exposed to advertisements like the one it features in. This is from the 1993 AIDS campaign and it raises awareness about how HIV can be acquired via vertical transmission. Its intact umbilical cord serves to presage the burden of disease which the baby shall carry for the entirety of its life.



For centuries, governments and other social institutions like the fashion brand, United Colors Of Benetton, have used communication strategies in the service of public health. These mediated commercial messages aim to influence the beliefs and attitudes of communities- for instance, they aim to 'sell' certain health- promoting practices like the wearing of condoms or how HIV- positive pregnant women should take antiretroviral therapy to prevent viral transmission to their children.

Reminiscent of the ancient exhortations to overcome vices such as gluttony, sloth and lust, appealing to one's personal responsibility is ubiquitous in today's public health campaigns. Nonetheless, these messages may imply that illnesses result from a failure to adopt a 'responsible' lifestyle and that individuals who then behave irresponsibly will become a burden to their family or society. For people with these illnesses, then, the public health messages may reinforce self- blame and a stigma that is accordingly formed when people are held morally accountable for their behaviour. In response to this ideology, a British study reveals how individuals with lung cancer said they were ashamed of having the illness because the disease is associated with the culpability of smokers, and some even reported hiding their illness or not seeking support (Aruffo, Coverdale & Vallbona, 1991). Currently, the World Health Organisation is advocating for films which involve cigarette smoking to have an adult rating as well as the showing of anti-smoking advertisements at the beginning of the picture to eliminate the recruitment of new young smokers who supposedly initiate the practice after being exposed to on- screen smoking.

## Rather than reinforce, we need to reduce social disparities

Although this strategy may reduce the incidence of smoking, public health campaigners must also consider the detrimental effect it may have on smokers' lives. 'Faces' of campaigns- like the wrinkled baby's- may be used to represent the groups at risk of acquiring a condition, but by associating behaviour that may lead to acquiring a disease with the people who tend to engage with this behaviour, such groups as HIV's sex workers and homosexual men have become the materials for stereotypes, labels and social stigma. Rather than reinforce, we need to reduce social disparities so that target populations will confidently access healthcare and not feel vilified by society. Be conscious of how different public health campaigns may be interpreted by different social groups; in a diverse nation like Australia, it is impossible to never offend, but striving to understand and overcome the reason why particular people may take offence is where the challenge lies.

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# **I AM A MED STUDENT, AND THIS IS MY DAY**

Renu Chandra (Graduated) (\*This was written during author's first year of medicine)

The alarm rings  
And shatters my tympanic membrane  
I stumble out of bed for uni again

My synapses are clogged with sleep  
And the lecturer sounds like a pan systolic murmur  
I pray that diffusion of knowledge would occur

Interest drains likes nutrients in a placenta  
When suddenly a Simpson's video is on  
Rapid eye movements are gone!

After lunch I climb 106 steps  
As coffee aromas activate my olfactory system  
I can't wait for fun anatomy lessons

Unexpectedly our pupils lock from a distance  
I feel a tug at my chordae tendineae  
Music plays; best part of the day

Then I meet patients at the hospital  
And experience tachycardia taking histories  
How I'll manage in the future is a mystery

But one day I'll be ready to save your life  
1 sem down, and 11 more to go  
My medical knowledge developing like an embryo!





# The female Pill



Jessica Luo (Year I Medicine)

Prior to the 1920's, contraception was male-controlled, options available being condoms, vasectomy, abstinence and withdrawal. The first female contraceptive, the female condom was made available in the early 1900s. However, it was the female birth contraceptive pill that sparked a revolution. The emergence of this hormone pill liberated women from the burden of unwanted pregnancy; women gained the autonomy critical to pursuing long-term career commitments. This did not happen overnight: approved by the FDA in 1960, access by unmarried women was not legalized in the US until 1972. Nonetheless, the right to choose was empowering and a key tool in the fight for equal rights. Since the 2000's, the developed society has witnessed rapid expansion in contraception options available to women including the IUD, hormonal patches, the vaginal ring and Plan B. With this in mind, it is almost inexplicable that no new male contraception method has been released in the past 300 years. This article seeks to determine the sources of this inertia and its global implications.

## **Supply**

The difficulty of attaining progress was witnessed in 2010, when a Phase III trial by the WHO was ended prematurely when the risk of side effects was judged to outweigh the benefits. Reported side effects were most commonly acne, increased libido, mood changes, depression and muscle aches, the same as those of the female contraceptive pill.



It would have been unethical to use a placebo in this study due to chances of unintended pregnancy and thus it is difficult to gauge the definitive effects of the drug. However, the drug itself was shown to be effective in 98.4% of men in preventing pregnancy. Another ethical problem lies in the justification of side effects in males when no direct health benefits are gained, or no pregnancy related health risks are averted. Furthermore, pharmaceutical companies are wary of the saturation of the market in developed countries and the risk of offering a product that would substitute existing contraceptives.

## **Demand**

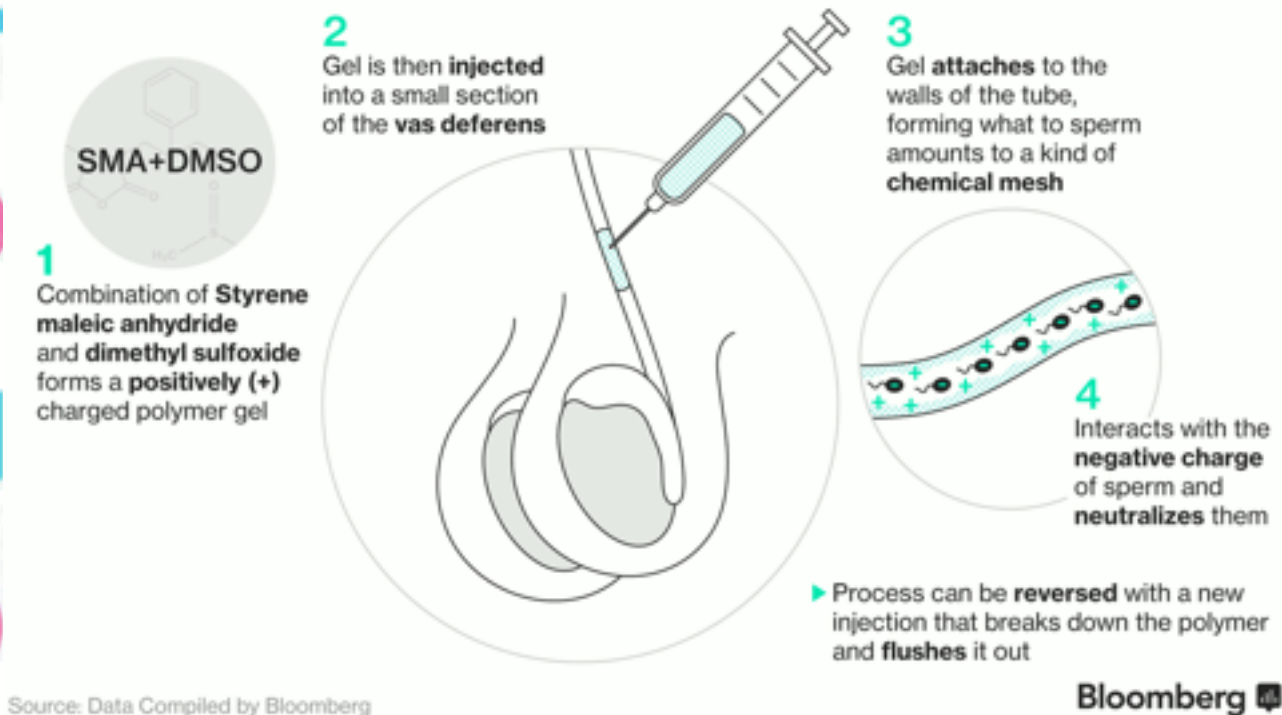
In a survey published in the Human Reproduction journal, 55% of the participants over 9 countries were willing to try a hormonal male contraceptive, in Australia this number rose to 75.4%. Similarly, Human Reproduction published findings that 70% of women over 4 countries were satisfied with the concept of the male pill. Clearly, a demand exists—rightfully so, given the 22% failure rate of withdrawal and 18% failure rate of the condom after one year typical use.

A study conducted by Cornell University showed over a million American births each year were unintended by men. The introduction of an effective male pill, which basically exists today, would ultimately give men control over reproduction. It would not only prevent the financial burden of child support, it would be of relief to the mother, lightening the often disproportionate burden of care for an unwanted child, the burden of choice of her situation and sharing burden of adhering to birth control itself. Once released in India, *RISUG* could be available for as little as \$10. It is forecasted to contribute to the Indian contraceptive market's 17% growth through 2021, according to a report last year from Pharmacy Consultants, based near New Delhi. Only 6% of couples in India use condoms due to social stigma and the cost barrier, exacerbating issues of poverty and public health. The World Health Organisation also predicted that in 2014, 225 million women in developing countries had an unmet need for contraception, with the occurrence of 74 million unintended pregnancies. The introduction of a cheap long lasting injection has the potential to promote contraception use, potentially reducing maternal and infant mortality and improving women's' economic and education outcomes.



## How India's New Form of Injectable Birth Control Works

RISUG hinges on the negative electrical charge inherent to sperm



Pharmaceutical companies are reticent in approaching this area due to high risk and liability and low perceived profitability, it is often non-profit organisations and government agencies that can to bypass economic problems and support research for equitable purposes. Ultimately, the release of a male pill would address a severe unmet need for contraception and be conducive to a shift in the burden of contraception between women and men.

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# THE VOICES OF CAMBODIA

By Yuri Nwe (II)

Four months have passed and I can still remember looking out into the distance and seeing a crowd of patients squatting on the ground as they waited patiently under the scorching Cambodian sun to see a doctor. More than anything, I can hear the babies' wails, smell the scent of human sweat mingling with the ceaseless dust, and feel the weight of babies too small for their ages laying placid in my arms.

For two weeks this past January, I joined a team called Volunteers Around the World (VAW) on a medical outreach to Siem Reap, Cambodia. Our team of twenty-one university students from three different universities (UNSW, USyd and SBU) set up mobile clinics in villages wherever and whenever we could.

Abandoned car repair shops, backyards of village elders, school playgrounds and old temples became the centres from which we offered our services.

Together we were able to help 774 patients by giving them treatment, medications and diagnosis that they would otherwise have to go to great lengths to obtain.

I went into this outreach expecting to make a difference in people's lives, not fully expecting the impact it would have on my own. Here are some stories of the people I met along the way.



I remember this first girl quite well because she came in complaining of acne. As I prepared to write the topical medication for acne, the doctor I was shadowing started speaking to her in rapid Khmer.

She responded with single-syllabled answers, her eyes downcast, clearly hiding something. I sat in silence and observed her becoming intensely more vocal and distraught, until the doctor held up a hand to stop her. The doctor looked over at me and asked if I still thought she came in for acne today.

I replied, "No."

He quickly scribbled on the prescription pad, but instead of handing her back the form, he passed it over to me. It was for *Gynomax 1-0-1/3d*. It was not acne for which she sought treatment, but for a sexually transmitted disease. He asked me to purchase the medication and to be discreet.

She was pregnant from the 'boyfriend' she was arranged to be marry in a few weeks' time. A sixteen-year old girl was about to be a mom and a wife.

I watched her walk away with an official prescription for acne and the *Gynomax* tucked safely inside her pocket.



Another day I was on the intake station where I had to interview people with the help of a Khmer translator. One patient stuck to me particularly, because she had come to the clinic on the back of a motorbike. She was also 92 years old. She sat down slowly on the intake bench and I proceeded to take a history from her.

When I asked her how many children she had given birth to; she replied, “thirteen.”

I nodded and asked her, “How many of your children are still alive?”

She swallowed and said, “One.”

Under cause of death, I shakily wrote down ‘Pol Pot regime.’

I could not even begin to fathom how much grief and pain this woman had experienced to have 12 out of 13 of her children killed in front of her and to have only her youngest live since the child was growing undetected in her womb. But there she was, sitting in front of me, talking about the children she fiercely loved and could have raised - as if her loss was just another simple fact of life.



On my last day at the pharmacy station, I read the script for a patient who needed Panadol and cough medicine. While packing the medications up, I saw that he had presented with a cough, fever, night sweats and weight loss – symptoms that pointed towards tuberculosis. As I finally handed over the bag of prescriptions, I glanced over at the patient. He was a young boy of barely three years ago curled in his mother’s lap. Scribbled on his past medical history – tuberculosis.

And then it dawned on me – this child had already been through a full round of anti-TB drugs. The boy had already been subjected to the nausea, vomiting, night chills and unrelenting coughs of TB, and all within the first years of life. Yet, here he was, back with the same symptoms. I felt absolutely helpless. Anti-TB medication could only be bought at state-run pharmacies in the city, which were at least a two-hour truck ride away. The best thing I could do - as I watched the mother walk home - was to pray for his fever to subside.

There were nights after a long day out in the villages when I couldn’t sleep thinking about what would happen to all these patients. VAW does an excellent job of including the local community and medical staff to make sure patients receive medical care after we leave, but the fact that so many people needed more help than we could provide was beyond unsettling. I began to realize that medicine was not as clear-cut as I had imagined it to be.

But the infuriation at the unfairness of it all was surprisingly invigorating. There was so much more that can be done, that should be done and as doctors, we have a chance to be in the thick of things, working towards making a real difference.

Out there, receiving proper medical care could literally mean the difference between life and death – a fact that reinforces my passion for medicine and desire to pursue a life around it.



*(Photo credits: Steven Chow)*