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Class of 2017

Brody School of Medicine

Brody Summer Enrichment Project

Summer 2014

I have always been proud of being born an American citizen. I will always call North Carolina my home. However, my parents have not always been American. They escaped a war-torn country, their beloved Vietnam, to the welcoming embrace of North Carolina in the early 1980's. This is where they were given a chance to start life anew and begin their pursuit of happiness. They have always reminded me how grateful I should be to be living in America, their new home. But, while they told me this, they told me not to forget that I was of Vietnamese descent. They forced me to learn and speak the language –in fact, Vietnamese was the only language I knew until I completed my first two years of grade school. “Remember your roots,” they said “but always love your home.” Thus, my trip to Vietnam was more than just a medical trip –it was a homecoming.

We arrived late at night on May 18th. It was a complete culture shock for me –I had never seen so many Vietnamese people in my entire life, and here they were crowding the airport entrance, looking for long lost family members. It was strange to hear my first language being spoken all around me so naturally. I made my way through the crowd until I saw a young woman holding a sign for “TEAM BRODY,” the team name my five friends and I had given ourselves.

She introduced herself individually in what was easy to understand English, until she reached me. She cocked her head, “are you Vietnamese? Can you speak?”

“Er... Yeah, I can. My name is Khoi” I replied in Vietnamese. She lit up with a smile and said, “Welcome home.” And then, immediately put me to work by asking me to translate for my group in the taxi.

I looked all around on the ride through Saigon –or, Ho Chi Minh City—only half paying attention to what my friends were laughing about as they saw different Vietnamese words. I kept thinking: “my mom could have been seen riding her bike on this road,” “Oh! I bet she’s been there before,” or “I wonder where her school is?” My mother was born in Saigon, and had lived and studied here before the war. She had been studying to become a physician. Now, I was making the ironic trip to her home country –studying to be a physician.

We arrived at the Peace House and received some brief instructions of where we were sleeping and where to report for orientation the next day. After 27 hours of traveling, I welcomed a warm shower and somewhere to lie down. I fell asleep instantly.

The next day, we met the manager of the house, Cuong Nguyen, and his wife, Hang. They both smiled at us and welcomed us to Vietnam. They then proceeded to describe how we would be working and where. The program was a “medical internship,” so this meant that we would be following a few doctors around the hospital. The hospital was Benh Vien Nhi Dong 2 which simply translates to Children’s Hospital 2. It was said to be one of largest and most beautiful hospitals in all of Vietnam. It served the entire southern half of the country.

The hospital was actually fairly advanced as well. They had departments that represented several kinds of specialties. These included: Surgery, Oncology, Intensive Care, Infectious Disease, Emergency Medicine, etc. They had almost everything barring the highly specialized care like ophthalmology or dermatology. We were assigned in pairs to different departments. I was assigned to Hematology and Oncology with Dr. Huyen or Bac Si (BS) Huyen.

It was unbearably hot in Vietnam as there was no air conditioning in most places –only a few departments in the hospital had it, oncology was not one of them-- and I was just adjusting to the time skip, but as soon as we sat down I was hit with so much that I forgot my fatigue. The oncology ward in Vietnam was nothing like the ones I had seen here in the US. Patients did not have rooms. Beds were pushed up against one side of the hall, cots were strewn sporadically, and doctors were bustling on the other side of the hall. The entire hall was the examination room. There were no examination tables. They were just normal picnic tables and the doctor sat in one chair while patients sat in a chair close to them. The patients would just line up to get a chance to sit in the chair and talk to the physician.

I had my own chair directly behind BS Huyen and I would listen in on her conversation with the patient –along with everyone close by. There was no concept of privacy. Although, I understood Vietnamese, I had never been taught medical Vietnamese so BS Huyen would stop between patients to explain what each patient.

BS Huyen was a solid tumor specialist and all her patients had that diagnosis –there were other doctors that worked with benign blood disorders and leukemia. She introduced the first patient and she didn't have to say anything for me to know that something was wrong. The patient was a five-year-old boy, with a very, very enlarged abdomen. I could tell that he was not Vietnamese and that he was probably one of the “mountain folk,” as the Vietnamese call them. He also looked like he was three rather than five and I could tell that he was lacking nutrients or maybe his abdominal tumor was leeching the nutrients away from the rest of him. BS Huyen was quick to ask questions about what we thought and what we should do. Needless to say, I had much to learn before the four weeks were up.

Throughout the morning we saw maybe twenty patients as BS Huyen worked efficiently to move patients along. I could tell many of the patients were familiar with her and her ways and were grateful when the exam was done. It also occurred to me that the parents rarely asked questions, and the patient-physician relationship seemed to have characteristics similar to the model of America years and years ago. The patients did not question the physician and simply did as the physician ordered—it seemed paternalistic in several regards. At times, I could hear BS Huyen scolding parents about the improper care of their children or even their child's misbehavior.

At 11:00 AM, everyone goes on lunch break. This lasts until about 1:00 or 2:00 PM and gives physicians time to go out for lunch or to take a nap. All of the departments actually have a room that has a large bunk bed to nap in before their afternoon work begins. This was very enjoyable for us because we either could take a nap to adjust to the time change or we could meet up and have a long lunch at the local restaurants.

Every Tuesday afterwards, the oncologists have what is called a “tumor board.” My first day at the hospital was a Tuesday. The tumor board is where radiologists, oncologists, and oncological surgeons get together to review different cases that they have accumulated over the week, or they review patient that they have previously assigned to a “monitoring status.” This was the most interesting time in the week for me. It was exciting to see these different specialties come together to discuss the different facets of each patient. Of course, there were also times when disagreements arose and sparks flew as each party defended their suggested method of treatment.

It was this Tuesday that I met BS Khai. BS Khai is a very famous surgeon and is known as the best pediatric oncological surgeon in Vietnam. His English was not the best, but he always

tried very hard to explain the medicine to my partner and me. He had a very pleasant demeanor most of the time, but when discussing patients he very much matched the stereotypes we hear about surgeons. I could definitely tell his word was the final word in the tumor board.

After the tumor board, I immediately approached him to ask if I could see some of the surgeries that were discussed in the meeting. I wanted to make as much out of my experience as possible and I wanted to see more of the hospital. He told me that there would be two procedures on Friday that I could see –a hepatoblastoma and a neuroblastoma resection.

The following two days, we followed BS Huyen as she continued to mentor us. We would go home at 4 or 5 pm and research the different tests and terms that she had discussed with us. I found that she, and the other oncologists, modeled a lot of their medicine after European medicine –drawing from French and Swiss chemotherapy protocols. There were also parts of US medicine, but she explained that unfortunately Vietnam did not have the technology required to treat patients like we do in America.

I also found that Vietnamese doctors relied less on high-tech machinery, like CTs and MRIs, whenever possible. Although they had it available, it seemed to me that these doctors trusted their physical examination skills to make a diagnosis and the scans were just supplementary confirmation. They also paid close attention to urine output and fevers.

On that note, I found that it was interesting that though there were nurses there weren't many. The family of the patient did most of the patient care. The nurses were there to assist in procedures or administer medication, but for the most part the parents of the patients would collect urine. I even saw some parents starting IVs and giving albuterol treatment to their children.

At the end of the week, I arrived at the hospital at 6:30 AM for the two procedures of the day. I was both impressed and disappointed with the surgery facility. In most regards, it was very much like what you would find in America. They had a surgery board, their own scrubs to change into, scrub sinks, and all the proper equipment in the operating room. However, I felt that the concept of sterile field was lacking. Though physicians scrubbed in as you would in the US, there were others in the room that would not scrub and be standing directly behind the surgeon to watch the procedure. I tried to keep my distance but the physicians always pushed for me to get closer and have a better look at the surgery. It seemed that only the surgeons and the surgical table/instruments were truly sterile. Another note on this is that the physicians wore hospital-supplied Crocs sandals –with holes. To me, this seemed very dangerous as instruments dropping off the surgical field could easily harm someone. When questioned, the surgeons told me that conditions used to be much worse. They used to wear open-toed sandals inside the operating room. They told me that the hospital simply did not have the funds for shoe covers and so this was the best, and most cost-effective way to protect their patients from infection.

Where the surgeons were lacking in the concept of sterile field, they made up in their surgical skill and knowledge. They worked so efficiently. It was awe-inspiring. The resection itself usually took no more than thirty minutes and when it was time to close, the knots seemed to just appear as they rubbed their fingers together. They gave me the opportunity to scrub in a few times and I was allowed to retract and suck fluids from the sterile field. It was an exciting experience. I was able to touch a live liver, pancreas, and stomach. They even taught me how to suture and guided me as I threw two sutures into two different patients. It was absolutely amazing.

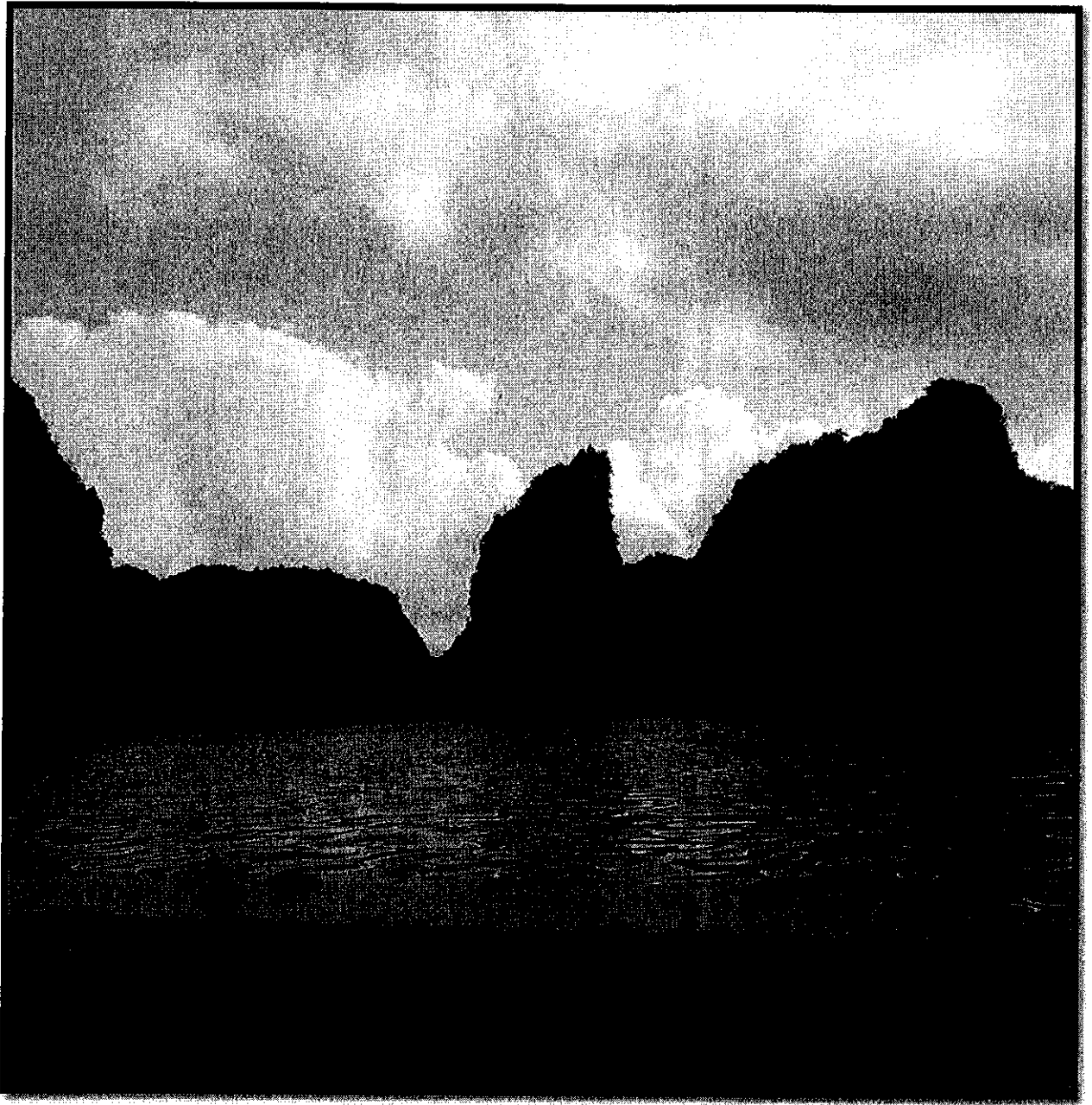
This was how I spent my four weeks in Vietnam. I would be with BS Huyen for most of the week rounding on patients and learning the process of tumor diagnosis. Then, for one or two days, BS Khai would invite me to surgery. I was even able to see the inside of a teratoma with hair! I also saw another teratoma the size of a coconut. By the last week with BS Huyen, I was able to work through the diagnosis process as she showed us what to derive from CT scans and lab values. Some days she would have the afternoon off, and would just present old cases to us and ask us what we think. It was a very rewarding experience to see that, though we were slow, we could eventually find the right diagnosis for each patient.

I learned so much on this trip to Vietnam. I learned more about healthcare and more about how third world countries handle patients. Furthermore, I was able to see the hardships of the Vietnamese people. Though they did not have to pay for most of their healthcare –all healthcare up to 6 years of age is paid by the government and after that people are expected to pay 20% of their medical bill--, they still lacked funds and knowledge for healthcare. Many people had to scrounge to save just \$20 for the long bus ride from distant small towns to come to the hospital. They also heavily relied on superstitious “medical” practices before they saw an allopathic doctor. This reflected in the several patients that had very large tumors. I feel that it would be very rare to see children with tumors of that size here in America.

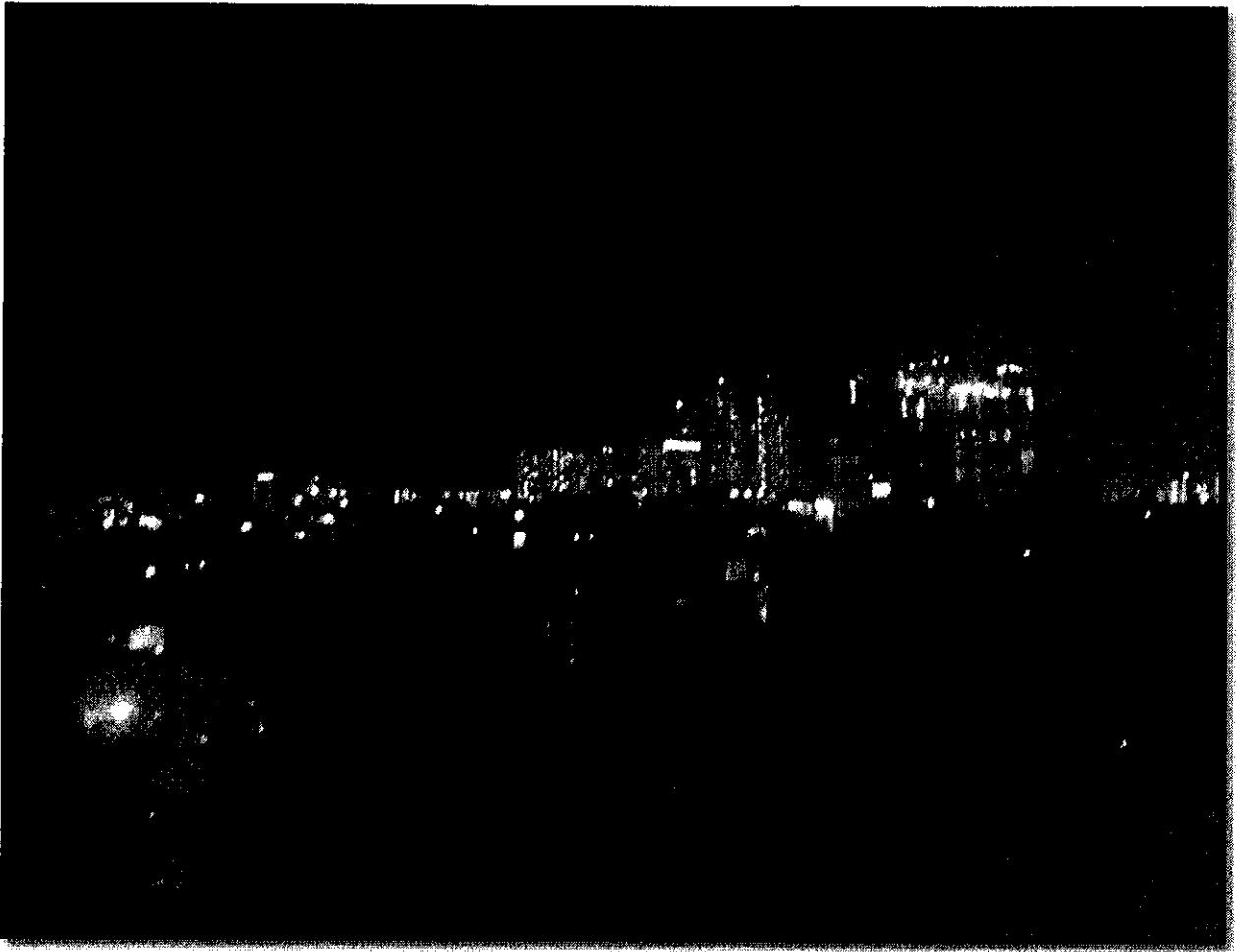
Moreover, I feel that I have learned more about myself. I was able to learn about my parents’ roots. I was able to make strong connections with the local people, and gain a better understanding of my culture. I also realized that pediatrics could be a real possibility for me. Obviously, being in oncology it was very difficult to be happy on most days. It was heartbreaking to see so many young children with cancer. Some of them were so energetic and yet, I learn later that they have been under treatment for a long time and the tumor was not

responding to the chemotherapy. I also saw some children who seemed to calmly accept that they were going to die. It was sobering and humbling. However, through it all, I knew that I still wanted to help children like them. I think that the pain of losing these children is worth those happy moments when some become cancer free and are discharged to go home.

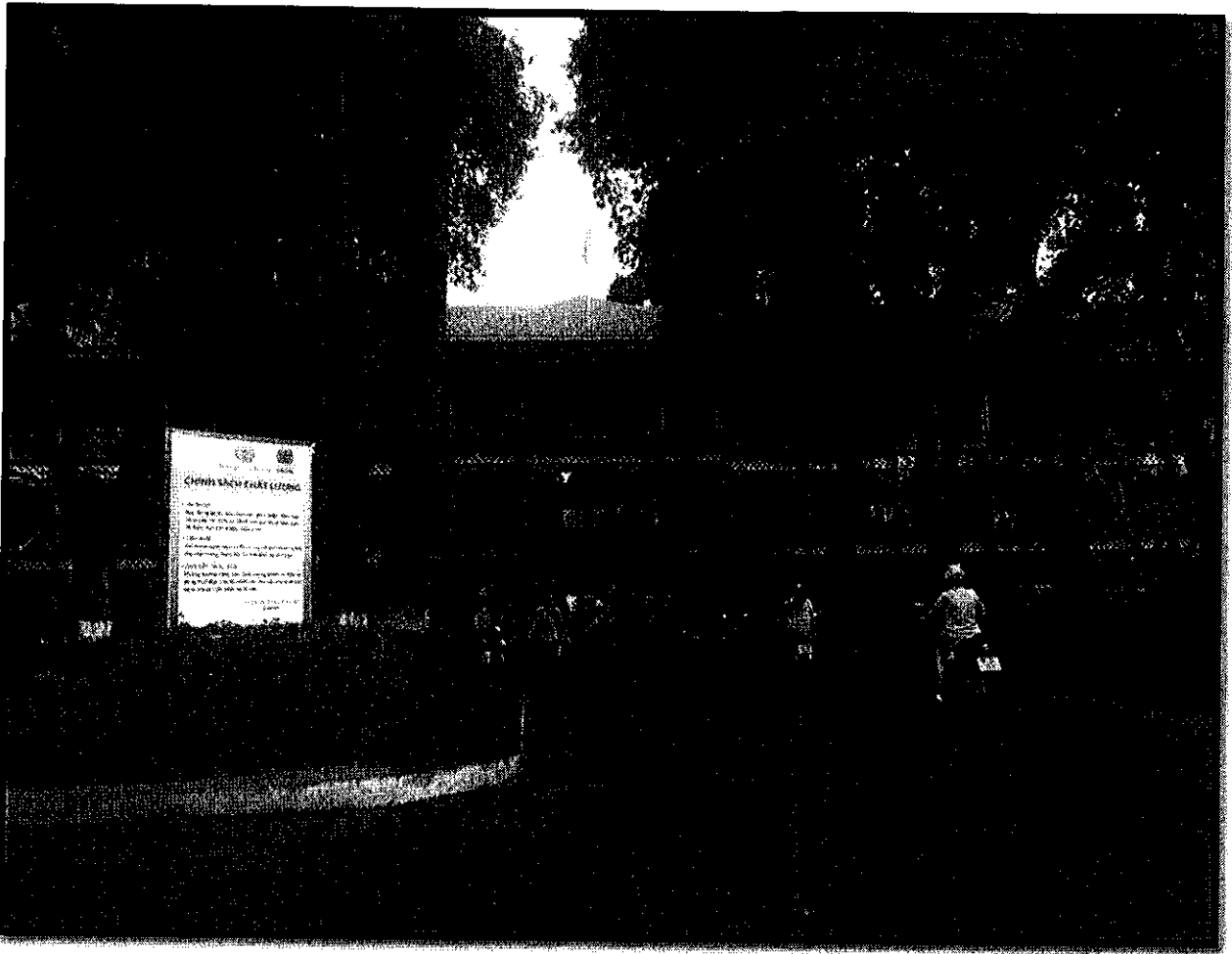
In closing, I want to say thank you to the Brody Family and Foundation. This experience was beyond all that I could imagine. I was given a chance to explore my culture, I was able to learn more about myself, and I was able to do and see things that would otherwise be impossible. I am truly grateful for this life-changing experience. Thank you so much.



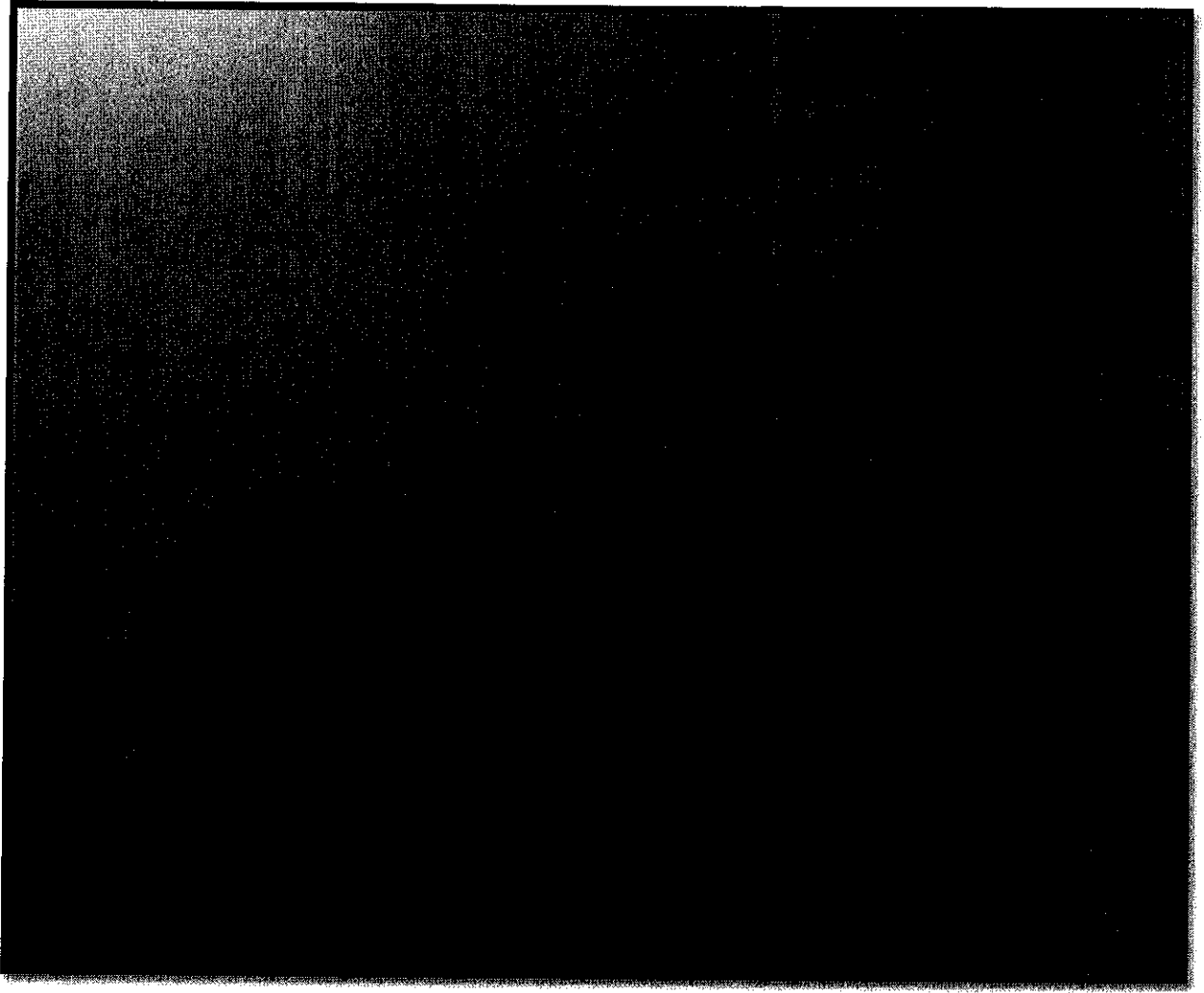
Ha Long Bay, Vietnam.



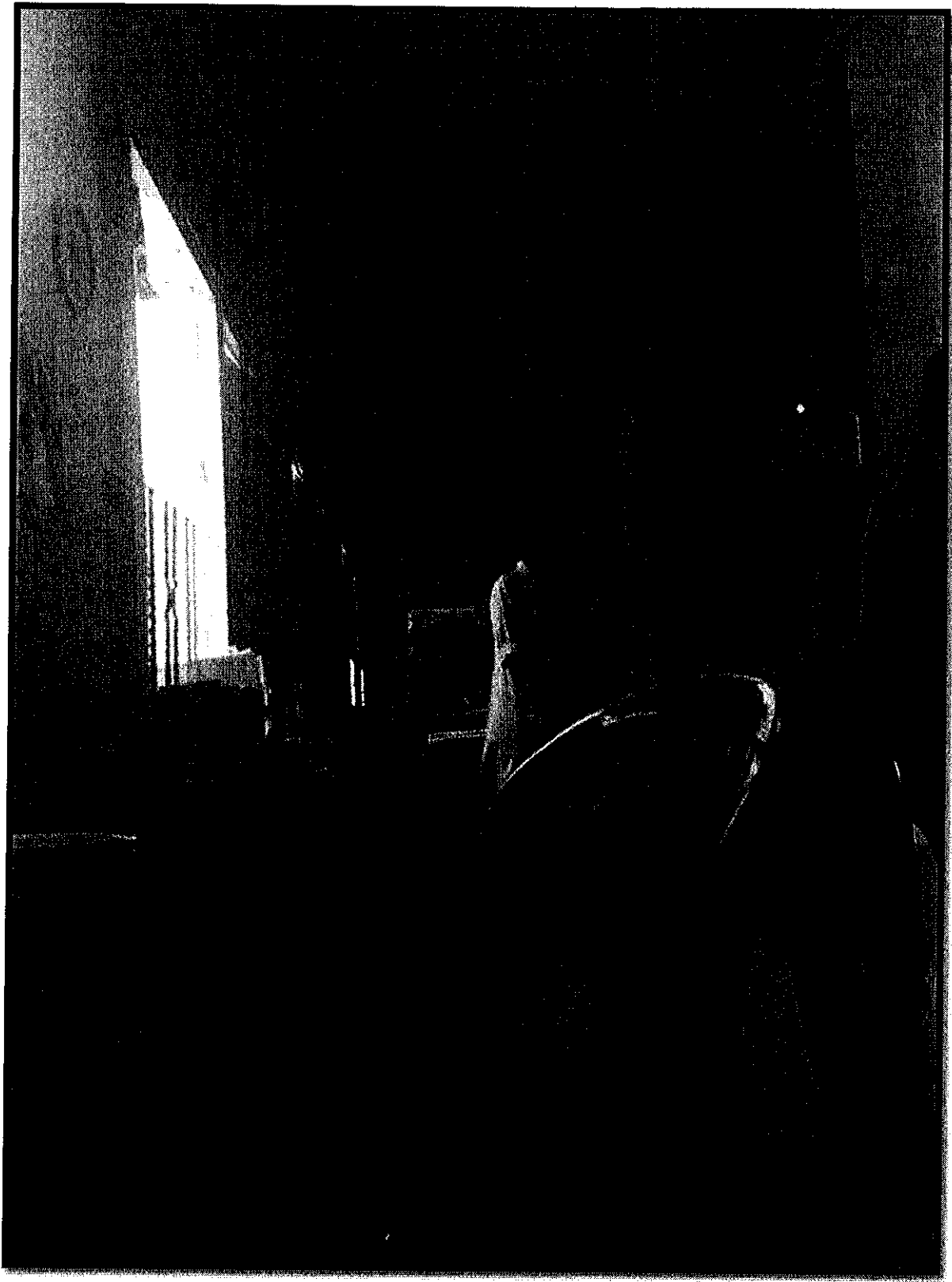
Saigon (Ho Chi Minh City), Vietnam the night I arrived. The



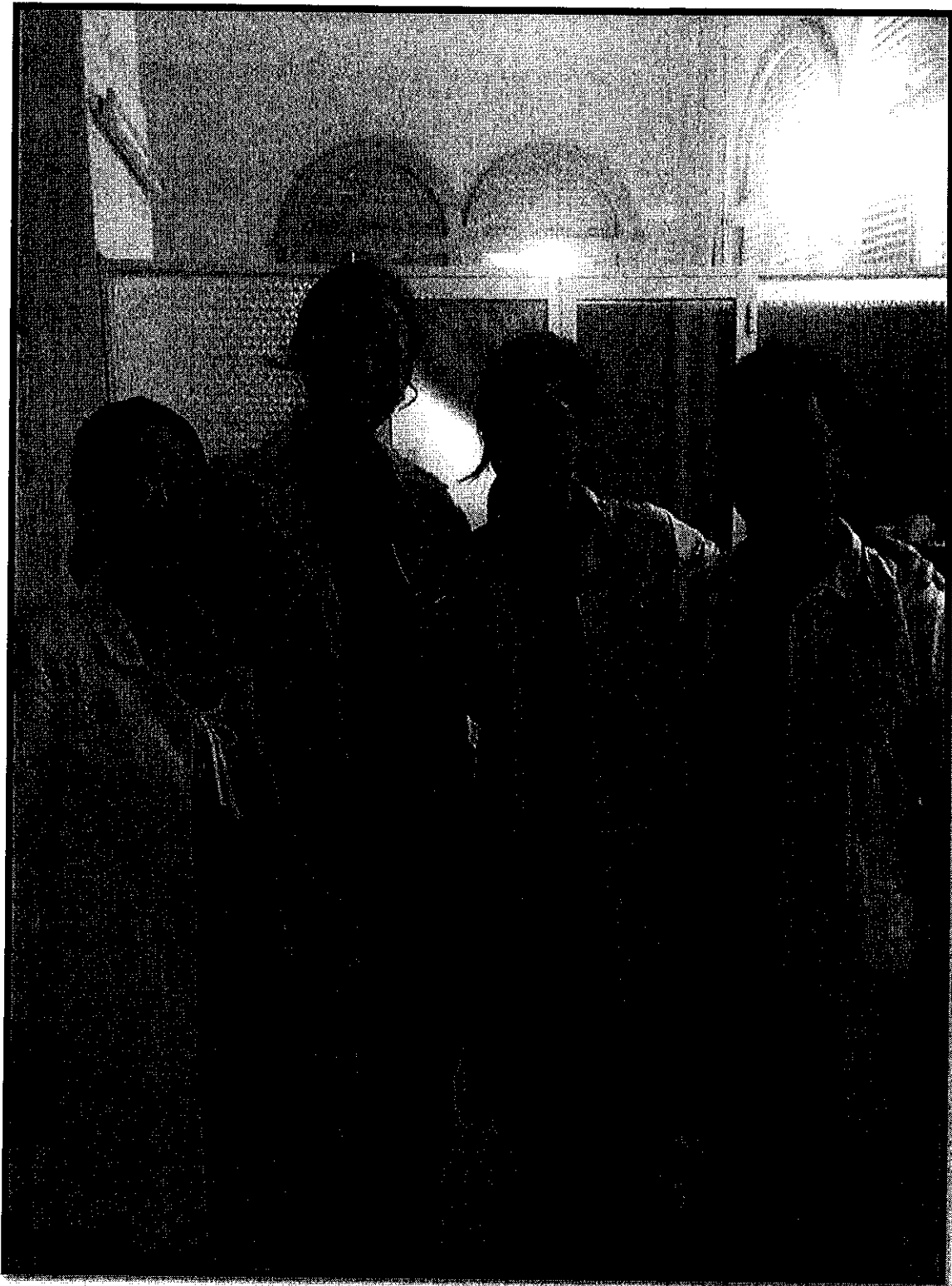
Children's Hospital 2.



The outside of the Oncology Department.

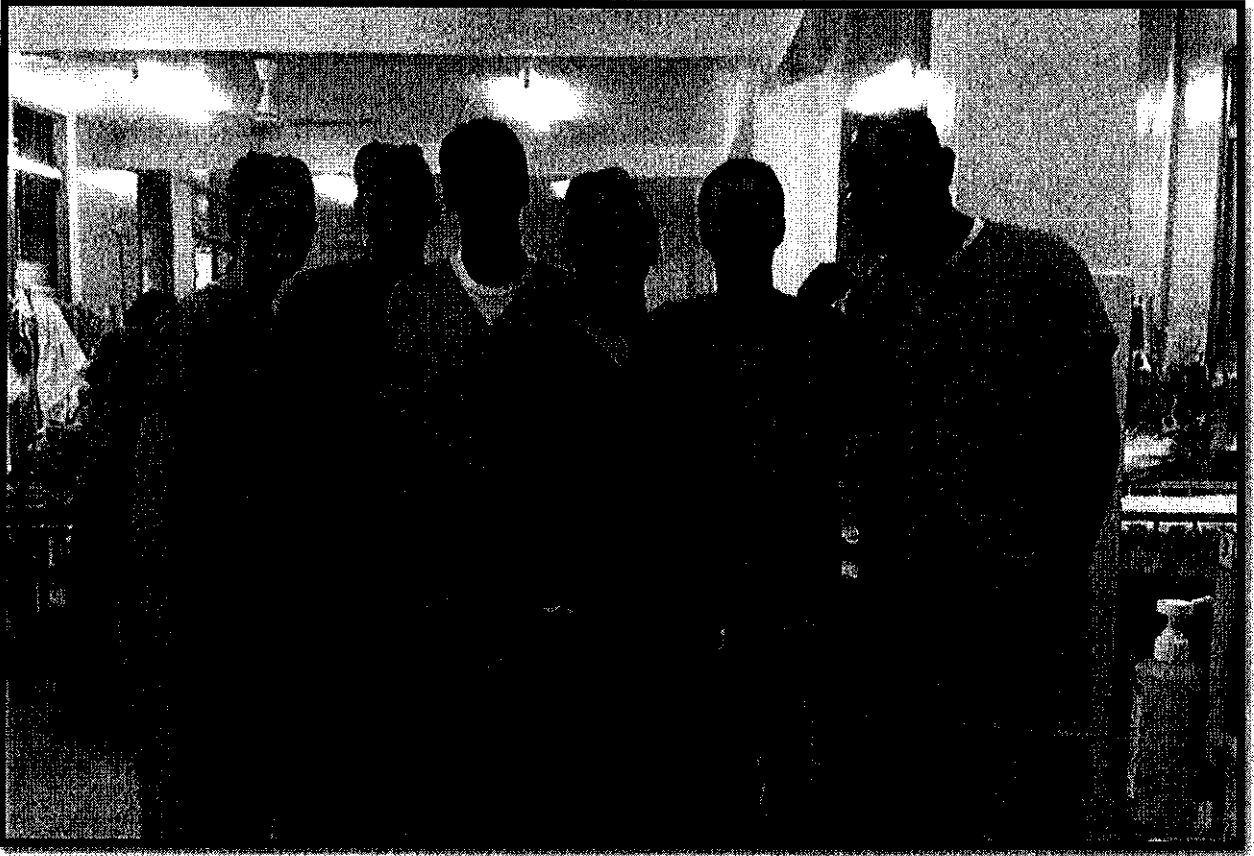


Oncology hallway.



BS

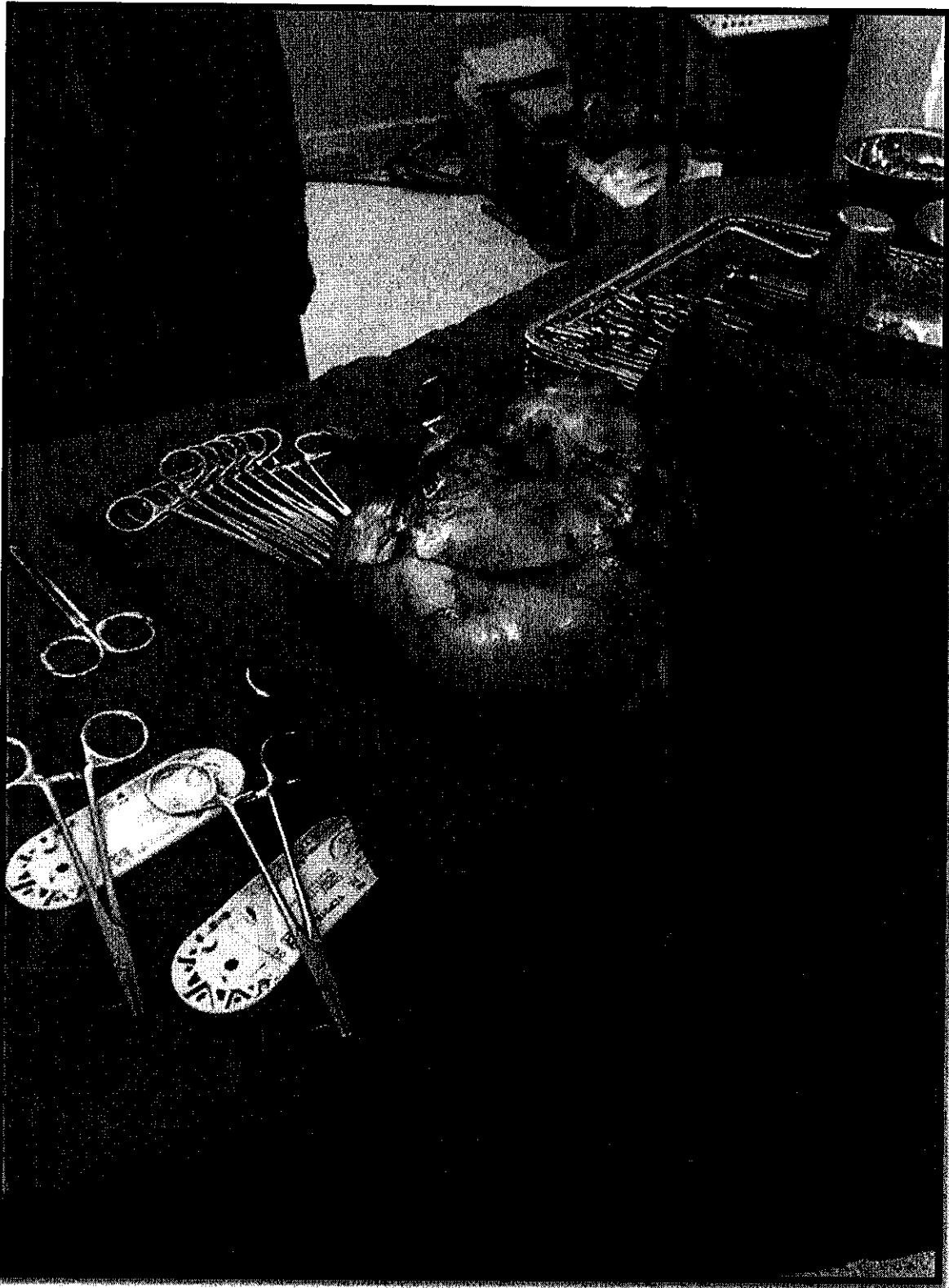
Huyen, Megan Mertsedorf, Lauren Brown, and me—the Oncology team.



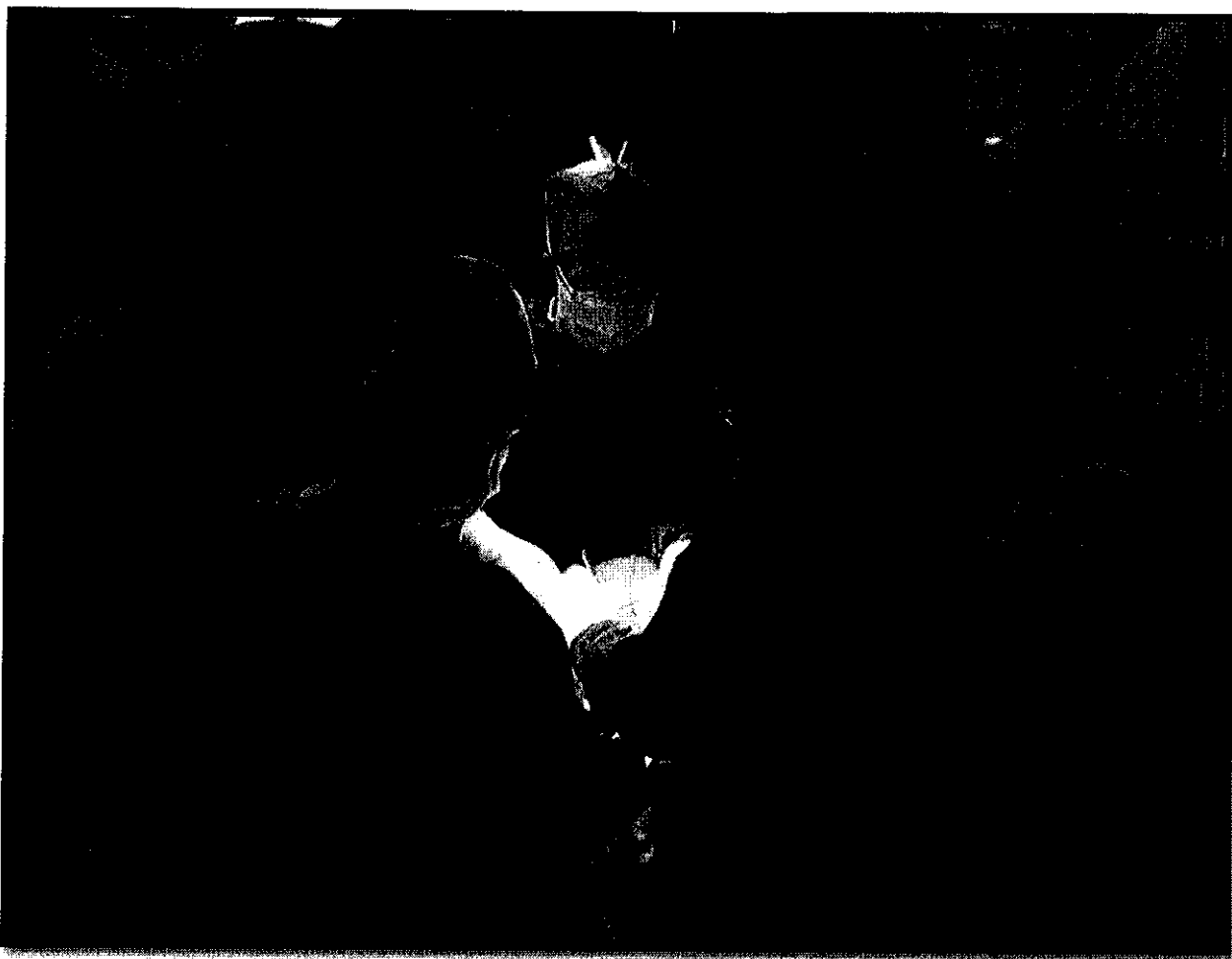
Team Brody—from left to right, Lauren Brown, Megan Mertesdorf, Jacob Subash, me, Travis Odom, and Edgar Zamora.



The surgery department. On the left is the Anesthesiologist in the yellow cap. Behind her is BS Ban, a pediatric surgeon. Next to her is a Chicago medical student we met in Vietnam. Megan Mertesdorf and Lauren Brown are in the back. BS Khai is standing on my left.



Coconut-sized teratoma.



Lauren Brown and I, standing behind the surgeons to observe the surgery.



Lauren Brown and I assisting in surgery (I am holding the suction).