Reflections on an Elective in Tonga and Cambodia
For the Dr Carl Richard Jackson Scholarship 2026
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Introduction

I had the good fortune of being supported by the Dr Carl Richard Jackson Scholarship during my elective attachments in Tonga and Cambodia. Both of these placements were vital and life affirming experiences that gave me the chance to learn from extraordinarily dedicated and talented clinicians. I had multiple goals for my elective, academically and personally. But chief amongst them was my hope for truly novel experiences in parts of the world distinct from my life in Sydney. What follows is a meandering reflection on my time abroad, the places, people and medicine.

Vaiola Hospital, Tonga

In Tonga, I spent four weeks with the paediatric department at Vaiola Hospital in Nuku'alofa under the supervision of Dr George Aho, Dr Flora Lutui, Dr Mele Pomane, and their junior staff. My first impression of Tonga as my plane descended was of isolation. The main island of Tongatapu, which houses most of Tonga's population of just over one hundred thousand, was an emerald jewel surrounded by the endless rolling Pacific. I spent a week exploring the main island before starting the placement with the intent of gaining some familiarity with the culture and geography of this island nation.

The locals were astoundingly welcoming, often inviting us to join them for lunch with no desire for reciprocation. The people seemed from observation and in conversation to be happy and satisfied in how they lived their lives, more so than in Australia. Perhaps this was a testament to Tonga's beauty, with green forests, blue seas and many other (poorly signposted) natural wonders that ought to be more famous than they are. But despite this apparent natural and spiritual abundance, Tonga is not a wealthy place. A significant fraction of Tonga's gross domestic product (GDP) is derived from remittances sent from overseas and much of the infrastructure, including Vaiola Hospital, has been funded by foreign aid or development banks. One young woman I spoke to, who worked in logistics at the main port, told me how she had observed little drive in her compatriots to grow the economy. Nearly all manufactured goods and a substantial amount of food is imported. Although fruit and vegetables are sold in large quantities from roadside stalls, I was told the expense of importing fresh produce made its purchase prohibitive for many families. Instead packaged, sweetened and highly processed food was often consumed and easily accessible in the numerous general stores almost ubiquitously run by immigrant families. I later heard from staff at the hospital that for many Tongan youths there is limited utility in attending university as there are few jobs available which require a university degree. I describe all this to try and give a picture of Tonga as context for my engagement with the healthcare system. It is a place of paradoxes: The only continuously politically independent Pacific Island Nation but highly dependent on international aid; some of the most beautiful beaches in the world but littered with plastic; a place deeply connected to its Polynesian heritage but devoutly and almost universally Christian.

Figure 1: Paradise and poverty *(left)* Hufangalupe Beach; *(right)* Houses in Nuku'alofa.

All these factors cross over into my experience with the paediatrics department. Vaiola Hospital is the only referral hospital in Tonga and its paediatrics unit the only hospital based child health team. Three consultants, two registrars, one resident and (occasionally) one intern provide care to children with numerous and complex conditions. Many of the patients I met during my four weeks at the hospital would (in Australia) have received sub-specialist care in quaternary paediatric centres. Instead we managed children with sepsis, renal failure, hydrocephalus, heart failure, cerebral palsy, cancer and many other conditions representing a good sampling of the chapters from *Nelson's Pediatrics*. I was astounded by the broad competency of the team, particularly the junior doctors who had phenomenal knowledge given their level of training. By attending ward rounds, meetings and clinics I quickly improved my skills in patient examination and management planning, building on my paediatric exposure in Sydney. Some patients I will always remember include a 12 year old girl with severe rheumatic heart disease on forced bed rest who would always smile whenever I stuck my head around the door. There was the 9 month old baby with severe hydrocephalus secondary to a Dandy-Walker malformation who presented with non-focal sepsis and who after a very stormy time was still an inpatient when I left the country. There were the premature twins I carried against my chest from the delivery room to the nursery because the incubator was not warming up.

Figure 2: The nursery at Vaiola Hospital.

In many ways this was what I had gone into medicine to do. I have always had an interest in paediatrics and working in resource poor areas. I loved the breadth and complexity of the work in Tonga, and I felt motivated to work for the paediatric population. But there are ramifications of scarcity which I still think about. We lost one patient to necrotising enterocolitis because total parenteral nutrition (TPN) was unavailable. A 3 year old boy presented with bedsores on his scalp due to his hydrocephalus, the progression of which would have been forestalled had he been in Australia. The death certificate booklet was full of babies who had died from respiratory distress syndrome since surfactant was not available.

Despite this, the team I worked with was stoic. They remained compassionate, caring and supportive even when family discussions did not go the way we might have hoped. There is a lot of focus amongst my peers on "careers" in medicine and it is easy as a student and junior doctor to be caught up in this, seeing medicine as a primarily personal endeavour easily distilled into a tally of points on a CV or as a vehicle for financial security. What I saw in Tonga challenged this view. Patients were the centre of everything the team did as they worked tirelessly and at all hours to deliver the best care possible when no one else was able to. I am intimidated by the amount of information I am yet to learn in the field, but I hope when I do begin working I can practise medicine with the spirit I saw in Tonga.

The Lake Clinic, Cambodia

I have had a fascination with Cambodia ever since a high school history teacher taught us about the Angkorian Empire. I had been intrigued by the country's modern history as it moved from civil war, into genocide and then recovery. This was a heady mix of history and culture. Then in the months leading up to my departure from Australia, border clashes with Thailand threatened to spill the country into open warfare. I was concerned it would not be possible to complete my elective. Fortunately for me the situation settled into a tense ceasefire before my arrival in the country.

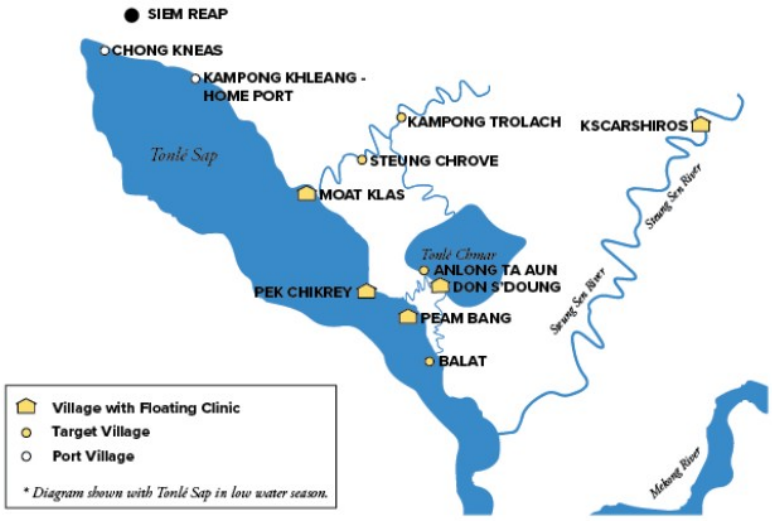

Figure 2: Map of Tonlé Sap and the villages served by The Lake Clinic. Image courtesy of The Lake Clinic https://www.lakeclinic.org/what-we-do

My placement in Cambodia was with The Lake Clinic (TLC). TLC is a non-government organisation (NGO) founded by the venerable Jon Morgan and based in Siem Reap. The organisation provides medical care and public health interventions to a number of villages on and around Tonlé Sap, the largest lake in Southeast Asia. Many of these villages are extraordinarily remote, requiring multiple hours of boat and land travel to access hospital care. Such journeys are prohibitively expensive for the communities in these villages which rely on meagre incomes from fishing on the lake.

In this setting, the interrelation between geography, economics and health is inescapable. Tonlé Sap is fed by the Tonlé Sap River, an offshoot of the Mekong. This branching reverses flow twice a year in accordance with the wet-dry season transition. Accordingly, the lake balloons in size to over 16,000km^2 and rises rapidly in depth. To accommodate for this, many villages in the remote regions of the lake are “floating” and consist of houseboat-like structures which can be towed and tethered according to water level. Tonlé Sap is an incredibly productive ecosystem with a plethora of unique bird and plant species and a massive output of fish. It is this fish which provides some 60% of the dietary protein for the Cambodian population and comprises the backbone of the lake economy. It is both a blessing and a trap that ensures the remote lake communities remain in place to support the broader Cambodian population. The people of the lake are also more ethnically diverse than those on land – I was told by TLC staff there is a greater proportion of families with ethnically Chinese or Vietnamese background living amongst the Khmer majority. Many of these families have lived on the lake for generations.

The remoteness poses obvious health consequences for the locals. Sanitation is virtually non-existent and being far from standard law-enforcement, rates of domestic violence were disturbingly high. Health literacy is also generally poor on the lake, and for the villages I visited TLC was the sole provider of medical care. While in the field, TLC operated from floating clinics which served as both work and living space on the three day long missions launched each week. The clinics generally operated with morning and afternoon sessions where villagers would sit outside on the verandah waiting to be called by the doctors waiting inside. Through the translation assistance of local staff I was able to take histories and conduct examinations, and then help to devise management plans under the supervision of the TLC doctors. The clinics functioned similarly to general practice clinics in Australia with several important differences.

First, of course, the setting. Being on the Tonlé Sap or Stung Sen river was a totally alien experience and the surreality was never lost on me. When a long-tail boat went roaring past, the whole clinic would sway in its wake and the air was redolent with the odours of decaying plant matter, fish and sewage. After school had finished, children would pile into a little boat and go puttering down the main drag – I made sure to wave each time I saw them. The remoteness also constrains the kind of healthcare we were able to deliver. Imaging was limited to an ageing ultrasound machine, bloods could only be taken on the last day of each mission before being transported to land where it took a week to receive results. As an NGO, the Lake Clinic is dependent upon dwindling charitable funding. This severely constrains the formulary available to doctors, with a small selection of drugs available for prescription. Many of the common illnesses seen on Tonlé Sap such as cutaneous fungal infections, infectious enteritis and hypertension could be addressed medically but I sensed many other conditions went without appropriate treatment given the scant resources, isolated setting and impoverished population. For example, there was limited capacity for malignancy screening, and the scope for providing mental health care was curtailed by lack of time and specialist staff. There was surprisingly little high-acuity medicine passing through the clinic, I supposed this is because most severe illnesses lead to death at home. Unfortunately there is poor, formalised recording of births and deaths on the lake.

Figure 3: *(left)* Evening light over the main channel in Moat Klas; *(right) C*linic set up in a government structure in the outlying floating village of Steung Chrove.

TLC also conducted an important outreach programme. I had the opportunity to attend two outreach missions which were some of the most rewarding experiences of the elective. On these missions we went house to house to visit families who may not have otherwise been able to attend the clinic due to illness or disability. We also provided seeds for horticulture and maintained TLC-provided water filters in the villages. On one mission, in the village Moat Klas, I was able to visit a school where I met dozens of young children and ran a session on basic dental care.

Figure 4: On mission with TLC *(left)* with the outreach team providing ready to use therapeutic food (RUTF) to malnourished families in Moat Klas; (*centre)* giving a lesson on oral hygiene to primary school children; *(right)* the author while on a mission on the Stung Sen river.

The staff at TLC, like those in Tonga, were dedicated and earnest individuals. I was inspired by my supervisor Dr Thourida Han, whose deep insight into the lives of her patients helped me to understand the importance of the work we were doing. I must also thank Dr David, Dr Odom and Dr Pihrom for their supervision. The allied health teams also did admirable work. Savann, Sary, Sreynath, Kolyan, Daro, Khorn, Phana all continue to sacrifice in ways unfamiliar to most in the Australian workforce. TLC truly is a team, with cooks, office staff and boat captains coming together such that it felt more like a family than a charity. I hope one day to return.

Closing Remarks

It was an honour to receive the Dr Carl Richard Jackson Scholarship in support of my elective term. Although it may seem trite to say so, I do believe my experiences in Tonga and Cambodia were life-changing. They have informed a new appreciation for the art of medicine and its vital role in society. I greatly appreciated the opportunity to learn from colleagues in wildly diverse settings and relished in the challenge of providing meaningful care with minimal materials. I anticipate work in humanitarian and resource-poor contexts to be a central part of my future career. The elective term was also full of cultural exchange. I have come away from the term with a deeper understanding of history, culture, language and cuisine – not to mention many memories – which will doubtlessly provide endless reflective material for years to come.

I wish to express my wholehearted gratitude to the family of the late Dr Jackson for selecting me for this year's scholarship. If any medical students wish to learn more about the experiences outlined here, please do not hesitate to get in contact.

Figure 5: Bakong Temple in the Roluous Group at Angkor, Cambodia