

Offering hope

In September *Dentistry* reported on Shaila Patel's impending journey to the Thai/Burma border. Here, she offers an inspiring insight into her trip and the amazing work she did there



Students are taught how to give local anaesthetic



Shaila demonstrates how to examine a patient, using a student as an example



The midwives show the students how to manage a newborn child

Instead of celebrating bonfire night on 5 November, I flew to Bangkok, transferred to Chiang Mai and was driven by truck to a secure location on the Thai/Burma border. I went with the charity Hope 4 the World, which sends medical professionals to train local people who live among communities with no access to the basics of health care. The aim is for those trained to travel deep into the jungle, offering vital care for those who need it. There are many people fleeing the repressive military regime in Burma who require urgent treatment, and the charity struck a chord with me. This was my third trip and the team consisted of one other dentist and two midwives with extensive experience in Cambodia and China.

Accommodation

The training location is situated 1,000m above sea level so it was misty even at midday and the weather was cold – I needed my jumpers! The surrounding landscape was beautiful, with the mountains in the background where animals such as wild pigs, bucking deer and bears live. We stayed in a basic wooden hut on stilts with gaps in the walls and the roof that didn't help with the temperatures at night. One night it was so cold that I slept with five layers on including leggings and trousers, a woolly hat and socks. Some of the students even had chills from the weather. We slept on the floor in sleeping bags, hung our clothes on nails in the walls, had to use a squat toilet – which we manually poured water in to flush it – and washed in bucket of cold water. The huts had no electricity, so we needed to use candles or a torch when it got dark. As a Westerner, the toilet was the most difficult thing to get used to, even though I had used it on my previous trips.

It is such a remote place that the people are hardly touched by the recent elections in Burma. The general feeling is that not much will change. The election was on while we were there and we heard that there was a lot of violence with about 20,000 people fleeing across the border into Thailand.

Structure of the day

The Shan people start working at 5.30am, so we got woken up by shouting and activity, even though breakfast wasn't until 8am. We taught for five days, the classes took place between 9am and midday, with a break for lunch and started again from 1pm until 4pm.

There were five dental students aged 20-36 with basic medical knowledge. Even during the daytime, the main teaching hut was pretty cold inside, so the students took the whiteboard and nailed it to the tree outside and we held the classes there.

By 6pm it was completely dark but there was a generator timed to come on at 7pm which produced light and electricity in the main classroom. The classroom was close to a camp, but on the fourth day we taught in the clinic, about 15 minutes walk away. The path to it is very steep in places with twists and turns on the way. It would be tricky to climb to if your patient was heavily pregnant, very sick or after heavy rain.

We all had meals at the same time. The charity provides food, travel and accommodation for all the students as well as a generator for electricity if required. All meals are served with plain boiled rice, with a vegetable dish and a meat dish. It is a mixture of Thai and Chinese cuisine, spicy and often tasty and many of the vegetables were grown locally. As guests, the teachers all sat together but everybody ate dinner at the same time.

The teaching

The students were really polite and keen to learn. We taught through a translator, which is difficult, but we were lucky to have a local who had previously translated for me in 2008. He has a degree in chemistry, was brought up in Burma but then left for Thailand in 1986. He encouraged the students to learn and have confidence in themselves, despite the terrible political situation. He also helped guide the pace of the teaching by letting us know if we needed to slow down, change the level of detail or expand on a particular point. It was

Traditional treatments

Our translator and midwife told us about some traditional treatments for illness. Coining – a coin is rubbed against the skin of the forearm until skin goes red and arm becomes tender.

Cupping – flowers from pine trees are burnt inside a cup until they produce steam, the cup is then placed on bare skin, usually on the back. When the cup is removed, there is normally a red ring on the skin, the patient will feel tired afterwards and sleeps. They really believe in it and feel that the method is very effective.

really helpful to work as a team of two as it made the teaching much easier. As the week went on we connected better with the students and we used lesson planning which allowed the teaching to flow well.

We did face some difficulties – some incorrect equipment was delivered, the needles for ID blocks were the correct gauge but too short at 21mm. Fortunately we found some correct length needles in the clinic. We had ordered a gas stove for sterilising equipment, but it hadn't arrived.

The students were very practical, but they didn't know the theory behind what they were doing. Collectively, the most common diseases they had seen and treated/assisted in were pneumonia, anaemia and stomach pains. They had also given vaccinations and assisted in childbirth.

The subjects we taught were dental anatomy, infiltrations/ID blocks, simple

extractions, diagnosis and basic treatment of disease. It's important for the student, medic to be able to diagnose serious infections promptly, especially those that could become life threatening.

The students were also shown how to manage patients and keep records. On the final day the students were given a written test. The pass mark is 50% and, fortunately, all the students have passed. We congratulated them and handed out certificates. We were the first charity to teach dentistry but previous medical teaching has been done by a charity from Canada.

Funding is provided by Help Without Frontiers (Germany) and Free Burma Rangers. Curricula are being developed by the Shan Health Committee so that the displaced communities along the Thai/Burma border can share knowledge among themselves and become self sufficient.

It wasn't just me feeling the cold...

A doctor based in Chiang Mai, Thailand, had organised hats and gloves to be donated for the local orphans and children at the village school as it had been colder than normal this winter.

Shaila taught on the Thai/Burma border with the charity Hope 4 the World. If you would like to get involved in this project or make a donation, visit www.hopetheworld.org for more information.