

## Giving Power: What Blood Donation in Cambodia Taught Me About Care in America

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AS I STAGGERED out of the restroom, bright white light was closing in around the edges of my vision. My head was spinning. I leaned into the nearest wall and used it to guide myself to the ground. I vaguely remember 2 Cambodian women running up to me, asking me questions in Khmer that I assume meant “Are you alright?” They each grabbed one of my arms and pulled me up, trying to help me walk. I made it a few steps—until everything went black and I went down.

It had all started that morning when I rushed into Angkor Hospital for Children (AHC) in Siem Reap, Cambodia at 8 AM. I was a medical student from the United States spending 7 weeks doing a research project on thiamine deficiency in infants. That particular morning I was planning on stopping by the hospital for just a half hour to take care of a few things with the study before heading off to Battambang, Cambodia, with some friends for a weekend holiday.

I hurried to the ER/ICU to see the infants who were admitted and were part of my study, combined because AHC does not have enough high-tech equipment such as ventilators to equip 2 separate areas in which it might be needed. While checking the events of the previous night, I noticed a new admission. She was a 6 year-old little girl with a huge belly and a newly placed plaster cast. Curious, I reviewed her chart and learned that she had thalassemia and severe anemia, with a hemoglobin of only 3.6 g/dL. This had led her to be dizzy, fall, and suffer a horrible femur fracture.

As I was near the girl's bed, the doctor walked by and stopped to tell me about the patient. He said, “This girl

needs blood, but the hospital doesn't have any.” As a foreigner used to massive blood banks back home, I had found this somewhat shocking at first but quickly realized it was a common occurrence at AHC. Because of the cultural and religious stigma and the common fear of donation, few Cambodians donated blood. One Cambodian described blood to me as one's “power.” When someone donates, he or she loses some of his or her power and gives it to someone else. At AHC, for example, more than 80% of the blood is donated by foreigners, whether they are volunteers or visitors stopping by to see the hospital. When the doctor said the little girl needed blood, I likewise stopped. With a blood type of O negative, I am a universal donor. Because of my recent travels to Africa and Asia, I'm unable to give blood back in the United States; here, it does not matter. I volunteered to give and 20 minutes later had a massive needle (or at least that's how I perceived it) in my arm.

Because I had planned to eat in the bus on the way out of town, I had not eaten breakfast that morning. Fifteen minutes after the transfusion, I sat drinking a Coke and felt fine. The morning had turned out to be a busy one for my study, so I immediately started running around to get things done. About an hour later, however, I started to feel lightheaded and nauseous. I made it to the bathroom, where I sat for a few minutes taking deep breaths. I felt better, so I got up and started walking to the door. It was then that things started to go black and the Cambodians came to my rescue.

I woke up to the grunt of a very short Cambodian man, and realized immediately that *he* was carrying *me*—a girl twice his size. He staggered with me in his arms as the 2 women who found me shouted, “Help!” and we slowly made our way to the emergency room. Once there—after almost dropping me twice—my Cambodian hero placed me on the bed next to the little girl with the femur fracture.

Ten minutes later, I lay in a hospital bed drinking Pedialyte, watching my blood go into the little girl in the bed next to me—an experience so surreal I had to pinch myself.

When my blood pressure finally returned to its normal level and stayed there, I stood up and started to leave.

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But before I could take 2 steps, the father and mother of the little girl in the bed next to me stopped me and bowed their heads with their hands touching—the *sampeah*, a sign of respect and gratitude. I was awed by their gratitude for what I perceived as a simple gift. But perhaps the little girls' parents did not think of it as simple; perhaps they thought of it as me giving some of my "power" to the little girl when she needed it most. Even though we did not speak the same language and were from entirely different cultures, they were able to thank me with their heartfelt expressions in a way that felt so meaningful. Sometimes language isn't needed for true expressions of emotion, and gifts can transcend cultures.

Now as I reflect on the experience, I think about the differences between medicine in the developing world and in the Western world. I think about how hospitals in the developing world strive to be more like Western hospitals because of their high-quality and efficient care, advanced science, and good health outcomes. But perhaps Western hospitals have lessons to learn from hospitals in the developing world as well. Perhaps hospitals in the developing world serve as reminders of humanism, encouraging us to take a time out or break from the rigid structure of the day to go the extra mile for a patient. Indeed, in my

everyday life on clinical rotations as a medical student, I can often get bogged down by my busy workday. There are always so many patients to see that I hurry from room to room, seeing them as efficiently as possible. With this mindset, it is easy to look at patients as diseases I need to cure, low hemoglobins I need to transfuse, or tumors I need to remove. Their care loses its face and becomes instead a checklist in the columns of my sign-out sheet that was created during the highly structured and time-constrained rounds and feels like the precious center of my day; the patients themselves can seem like something I merely tick off the list as tasks are completed.

My experience in Cambodia changed me, and changed my perspective. Thanks to the little girl at AHC, I try a little bit harder to pause and hold a patient's hand or comfort a suffering mother. Even today, at the end of a 14-hour day on my feet, I tried to spend a few extra minutes with a patient who had just been diagnosed with pancreatic cancer. I placed my hand on the patient and was present during the rawness of his pain. He's not just a tumor we need to resect or a hemoglobin we need to correct. He's a person who received a devastating diagnosis and needs a little extra "power."