

An Example of International Cooperation Based on Catholic Love: "Medical Cooperation in Cambodia with Bambino Gesù Pediatric Hospital of the Holy See"

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Abstract

Background:

In 2022, a Memorandum of Understanding (MOU) was signed between Bambino Gesù Pediatric Hospital (Ospedale Pediatrico Bambino Gesù; OPBG) under the jurisdiction of the Holy See and St. Mary's Hospital. This MOU initiated support for the medical cooperation being implemented by OPBG at the Sonja Kill Memorial Hospital (private, SKMH) in Cambodia. OPBG conducts mobile medical clinics in rural villages to help children who cannot afford minor surgeries (such as hydrocele, inguinal hernia) due to poverty, and simultaneously conducts independent antenatal checkups. Although Cambodia has its own antenatal checkup system, it does not yet provide patient-centered services. In the mobile clinics, a Cambodian obstetrician from SKMH utilizes the fetal ultrasound machine and provides services equivalent to Japanese antenatal checkups.

Methods:

In 2023, a neonatologist, pediatrician, midwife, and faculty members from St. Mary's Hospital and St. Mary's College visited SKMH. SKMH requested cooperation beyond mobile clinics for neonatal care. After discussions with OPBG, four online case reviews involving OPBG, SKMH, and St. Mary's Hospital's neonatology department were conducted to understand SKMH's capacity and resources. In 2024, a pediatrician and midwives from St. Mary's Hospital visited Cambodia to inspect the mobile clinics and explore how St. Mary's Hospital could cooperate with the mobile clinic efforts.

Results:

The Cambodian side requested the equipment for respiratory treatment, but even in the capital Phnom Penh, the introduction of ventilators is lagging. There is no support for repairs when equipment fails and SKMH lacks staff trained to handle ventilators. Through the case review meetings, it was decided to train SKMH doctors and nurses at St. Mary's Hospital rather than provide equipment. The inspection of mobile clinics revealed that there is no antenatal or postnatal health education or caregiver training like in Japan, and many pregnant women request planned cesarean sections.

Discussion:

Due to providing medical care without refusal, abnormal deliveries tend to accumulate at

SKMH. If risks (such as placenta previa) could be assessed before delivery, there would be numerous cases where lives could be saved. Hence, improving maternity checkups at health centers is considered crucial. In the target area, there is a widespread superstition that being born on certain days brings happiness, and so health literacy regarding the risks of cesarean sections needs to be improved. To provide patient-centered care, proficiency in the Khmer language is essential. Therefore, the translation of Japanese perinatal education materials into Khmer using IT, and the utilization of materials during waiting times, is being considered as a method of patient education with Catholic values.