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## West Meets East In Volunteer Mission To Improve Health Care In Vietnam



By Fran Berger  
Beth Israel Deaconess Medical Center Correspondent

The numbers were staggering. A hospital in Vietnam with 1,700 beds, serving a country's population of 40 million people. What could two doctors from the [CardioVascular Institute](#) at Beth Israel Deaconess Medical Center do to help?

That's what [Dr. David O'Halloran](#) and [Dr. Duane Pinto](#) set out to discover. Dr. Pinto, an interventional cardiologist at BIDMC was lured to Cho Ray Hospital in Ho Chi Minh City, by Dr. Robert Jarrett, the founder of Hearts Around the World, an organization supporting medical and cardiovascular training in third world and emerging countries.

Dr. Pinto asked Dr. O'Halloran, a CVI colleague and imaging specialist to join him. They began their journey in October and for one week, they and five other American doctors would be part of a heart surgery team sent to observe, advise, practice, teach and learn about healthcare in a city that is both advanced and lacking at the same time.



Photo of us with our Vietnamese colleagues

"We started out with tremendous excitement for the project," says Dr. Pinto. "I thought I would be teaching complex angioplasty procedures or the newest techniques in cath labs, but as it turned out, the doctors at Cho Ray were already well-versed in it." What Dr. Pinto found instead, was, even with Cho Ray's doctors' advanced knowledge, the ability to provide quality health care was limited, in most part, not by their technology, but by a system that based care, in many instances, on the patient's ability to pay.

Drs. Pinto and O'Halloran were not the first CVI doctors to go to Vietnam. More than a decade ago, interventional cardiologist [Dr. Samuel J. Shubrooks, Jr.](#) made a trip, first to Hanoi in 1997, then to Cho Ray two years later, to focus on patients with severe rheumatic heart disease. His quest was to train doctors in the use of balloon catheters to open narrowed mitral heart valves, a procedure less invasive than open heart surgery. "This procedure had not previously been done, despite the large number of patients who would benefit from this," says Dr. Shubrooks. He left quite pleased that the doctors he trained were able to do the complicated procedures well. But, he added, "the conditions at the hospital were crude and the biggest contribution I felt we made was not only the knowledge and training we left behind, but also the equipment, such as the expensive catheters, which could at least be reused."

Things may have slightly improved over the past decade, but the contrasts in the hospital are still striking says, Dr. O'Halloran. "On one hand they have the newest and shiniest and most advanced MRIs, Cat Scanners and cath labs, but on the other, many are not getting basic medical care." The lack of resources belied the high technology. Patients were crammed two to a bed, the only way to accommodate the more than 3,500 patients who were in the hospital each day. There is a heart surgery waiting list

alone of some 3,000 patients. Often patients travel more than 500 miles and might wait as long as 10 hours before being seen.



Overcrowded hospital wards; notice two patients to a bed.

"In the United States, we can do anything for anybody, says Dr. O'Halloran. " We do and we do and we do. At Cho Ray, they have an expensive ventilator, but they don't have the money for the tubing, so we found family members manually squeezing the bag to force air into the patient's lungs, sometimes for hours on end." At every turn decisions are being made as to will receive care and who will be turned away or who will not make it.



Photo of a young man in the Coronary Intensive Care Unit being "bagged" by his brother.

Drs. Pinto and O'Halloran got to work with some of the doctors that had been well-trained by Dr. Shubrooks a decade ago, but their lot in life is quite different. Cardiologists in Vietnam, they point out, are paid about what a policeman there is paid. Although it's clearly cheaper to live, a surgeon might only make \$1,500 to \$2,000 a month. If a doctor deems a patient who cannot afford it should get care, then the doctor must pay for it. "I don't know if anyone has the answers," says Dr. O'Halloran.

Dr. Pinto credits Dr. Jarrett of Hearts Around the World for trying to craft solutions. "A lot of the problems are based in a lack of an integrated system of healthcare, so one hand does not know what the other is doing. Dr. Jarrett is laying the groundwork for quality healthcare systems on an ongoing basis. He's done it in Russia over an extended period of time and has finally seen improvement. Now he's applying the same passion and dedication to changing the way things operate in Vietnam."

Drs. Pinto and O'Halloran plan to return to Cho Ray. "We are committed to an ongoing relationship and maintaining open lines of communication. There are things we can do through emails and communications technology," says Dr. Pinto, but "there are some things that can't be done that way. You need to be there, to walk into a post-procedure care unit, to observe the processes of the care of the patient, to observe how the medications are administered, to see first-hand, how the doctors communicate with each other. Is the doctor who did the surgery talking to the doctor who is now caring for the patient?"

Both Drs. Pinto and O'Halloran say they've gained a new perspective on how they now practice medicine in the US. "We are trying not to behave in such a spoiled way," says Dr. Pinto. "We have an embarrassment of riches and just to see what people are doing where there is nearly nothing, makes us a lot more appreciative."

As for what they left behind? "The most important thing was the equipment and resources, says Dr. O'Halloran. But, he adds, "it's only the tip of the iceberg."

To read the doctors' blog about their trip, [click here!](#)

*Above content provided by Beth Israel Deaconess Medical Center.  
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