

ELECTIVE (SSC5c) REPORT (1200 words)

A report that addresses the above four objectives should be written below. Your Elective supervisor will assess this.

Kathmandu Model Hospital

Obstetrics and Gynaecology Elective Report

Eleanor Berry

I have found my time at PHECT Nepal with the Obstetrics and Gynaecology team extremely rewarding. I have been given many opportunities to see and experience cases that I had not encountered in the UK, and was made to feel welcome. I just wish I could have given more back and been of more assistance to the medical team. I am very grateful for the learning opportunities and support I have received.

After spending this placement in Kathmandu Model hospital, I have concluded that Nepali citizens take considerably more responsibility for their general health, this is most likely to be a result of not having a widespread public healthcare system with free access at the point of care. As a result of the majority of healthcare available to the Nepali citizens is privatised and Nepali's have to pay for their own medical bills, which I believe to usually be a significant proportion of the average Nepali citizen's income. I believe that this has led to a culture in which Nepali citizens are less willing to attend a hospital and instead tend towards self-care in the home setting. In the United Kingdom our healthcare is provided by the NHS, a publicly funded healthcare system which is free at the point of care, it is one of the highest ranking healthcare systems in the world, and the first completely public healthcare system created in the world. Obesity, levels of smoking, numbers of patients with high blood pressure and increasingly complex past medical histories are becoming more and more common within the UK and are taking up a huge proportion of our healthcare budget. Obesity alone cost the NHS £4.2 billion in 2007, and is expected to cost the NHS £27 billion in 2015 (roughly 4000 billion NPR). The increased responsibility mentioned above can also be seen as Nepali citizens are charged with their own hospital notes, and are expected to bring them in if they attend a doctor's appointment. Within the UK the patients are not allowed to see their own hospital notes unless a court provides them with permission. They are kept either at their GP surgery or within the hospital and are transferred by the healthcare system if they are needed, or treated in a different hospital. As a result of this more UK citizens are not only less aware of the full details of their medical conditions, but also they rely on the NHS to know all the information without them. This can cause problems if a patient goes to a different hospital than usual, as the patient knows little about their own history and cannot provide a clear, concise account to the medical team there. All notes are made on paper, but there currently is a movement to make all notes electronic and on a centrally accessible system, accessible by any clinician who requires them.

In the United Kingdom patients are required to see their General Practitioner (GP) if they have a medical condition. GPs act to decrease the workload for Hospital consultants by treating minor conditions themselves, for example most GPs monitor patients with more chronic conditions such as high blood pressure, diabetes and also they are responsible for pregnancy and baby checks. If the GP feels that the condition is out of their remit of knowledge then they will refer patients to hospital

consultants. The only way to see a hospital consultant in the UK is to see your GP first, whilst in Nepal the patient can ask to see whichever specialty they believe is required. The Nepali system is a strongly consultant lead service. Currently demand is increasing within the UK and services are decreasing due to budget cuts from the government, as a result people are demanding more than can be provided completely free of charge. This is leading to the government ignoring public wishes and initiating the privatization of our public healthcare system, leading towards a healthcare system more similar to the current Nepali system. Within Nepal the healthcare is generally provided through a private system. There are limited government run centres, however these usually only subsidise medical treatment rather than providing it completely free. For this reason access to healthcare within Nepal is only limited to a small section of the population, those who can afford it. The company we arranged our elective through, Phect Nepal, is a small non-profit charity which subsidises medical treatment for Nepalis. The patients are income-assessed, and the results dictate what proportion of their healthcare is paid for. This is a model, hence the name of our hospital "Kathmandu Model Hospital", for a larger nationwide system that Phect Nepal is hoping to initiate, along with a medical and nursing school, however, they are currently in the early stages of development and testing.

During my time during PHECT Nepal I have noticed differing cultural attitudes towards the healthcare system and sharing information with Doctors. It is clear that Nepali citizens have an increased level of trust and respect for doctors when compared to the UK. Not only do patients seem more willing to divulge the relevant information regarding their medical conditions, but also they appear to laugh and joke with the doctors, in a more friendly and trusting way. I believe that the different attitudes of patients towards medical professionals is a result of different cultures in general. Within the UK, members of the public are more private, they are less likely to divulge information unless they are pressed for it, or asked directly. However in Nepal citizens appear to be more trusting in others, particularly in cities. Within the UK, the political desire to privatize the NHS has led to the major powers using their influence to cause increasing numbers of negative news articles to be released into the public eye to generate a negative public perception of the NHS, to allow it to be more easily dissolved into a public system. The result of these news stories, telling how high profile Doctors have been discredited, and how people have not received the best possible treatment has resulted in some of the public viewing the NHS with little respect and this put very little trust into the system.

Whilst at Kathmandu Model Hospital we were able to observe, and discuss with clinicians, the differing views towards childbirth between the rural and the urban populations. I was interested to find out that urban mothers were more likely to be willing to have elective operative deliveries, namely Cesarean Sections, when they found that there could possibly be a complication, such as cord wrapped around the child's neck in utero. In contrast, rural mothers were more reluctant to have a elective surgeries and were more willing to trial natural deliveries. We were told that this was a result of a lack of understanding about what a Cesarean Section was, and a belief that it was best to give birth naturally and traditionally. I found this especially interesting as most women in the UK would actively prefer to have a Cesarean Section over a natural labour due to perceived reduced pain and decreased recovery time. It is interesting how cultural values can interact in such a way with advised and well trialled medical procedures.

During our visits to the Outpatient department we have completed and participated in many examinations, and increased our baseline level of knowledge following that which was taught in our

university's curriculum. We have found our time within Kathmandu Model Hospital very enjoyable but surprisingly challenging, despite fully completing our Medical Training, all we have left to do is graduate, and having a fairly broad medical knowledge we have struggled to find a place, or use within the Medical Team here. In the UK we are more than capable of completing most basic medical procedures, clerking patients, writing in notes, writing letters and drug charts. However due to the language barrier with patients, and the time pressures placed upon the doctors we have sadly had limited opportunity to make ourselves useful to the team.