

ELECTIVE (SSC5b) REPORT (1200 words)

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

Nepal is one of the poorest countries in the world with a population of 28,000 and an average life expectancy of 69 for men and 72 for women.

The most common causes of death are ischaemic heart disease, chronic obstructive pulmonary disease, cerebrovascular disease, lower respiratory tract infections and diarrhoeal diseases. Risk factors which affect these include wide malnutrition, especially in rural areas (only 18% of Nepalese people live in urban areas), high blood pressure (26% of the population suffer from hypertension) and tobacco use (37% of the population smoke or chew tobacco).

The area in which I worked was a poor village in rural Nepal near the town of Pokhara. I witnessed these risk factors first hand as two members of the village had died in the past year due to strokes. For this reason, the villagers had become very aware of the fact that high blood pressure can cause strokes and many villagers came to the health post to have their blood pressure checked on a daily basis. The food in Nepal is very salty and is based around rice and dhal which could contribute towards the high level of hypertension. Many locals were smoking tobacco and the health post staff have been told to not smoke around any of the villagers to set a good example and to encourage smoking cessation at every contact.

Neonatal encephalopathy is also a high cause of mortality and Nepal, only 36% of births are attended by a skilled medical professional. I did not see any pregnant women during my time in the village however I was informed that newborns often die during childbirth in the village as it is so isolated and there is no skilled midwife available. Diarrhoeal illnesses are common in the village and this is mainly due to poor hygiene, lack of knowledge and education on the subject, unclean cooking areas and equipment and poor facilities for storing food at the correct temperatures.

Health provision in the village was very different to that of the UK. The village is a good two hours from the local town by bus. The town has 2 regional hospitals with different specialities however it is far away and involves a long walk and multiple forms of transport, of which many of the poor villagers could not afford or would not want to attempt. In the villages there are local health posts which is where I was based. These provide a basic level of community healthcare provided by nurses and a visiting doctor. The government subsidise these health posts and provide them with equipment, facilities and some medications. Charities and NGOs also contribute. The healthcare provided at the health posts is free at the point of service as it is in the NHS. Certain prescription and non-prescription medication is also free of charge.

I witnessed a range of patients with a variety of problems and although many were handled well there were of course times when the provision of care was very different to that of the UK. Often, patients would come in with a cough and a cold and were given antibiotics. When I questioned the nurse's reasoning she said that they were ill and needed antibiotics. Often these patients had no symptoms that would prompt the use of antibiotics in UK e.g. productive sputum or fever. It was hard to sit and watch this take place however I knew that it was not place to challenge her. In contrast, there were other times when treatment provided was less than required rather than over-treated. For example, a man came in with a huge gash on his hand from farming. There are provisions at the health post for wounds to be sutured however this man simply had the wound cleaned and dressed when it clearly needed to be sutured.

Although the actual provision of healthcare was of sub-standard at the health post the availability was not too bad. The villagers are used to walking for miles to visit friends, buy food and tend their livestock. The health post was situated in the middle of a few small villages and no one would have had to walk more than 30-45 minutes to reach it, which for them was totally acceptable. Obviously the main downside was the availability of specialist healthcare which was only accessible by reaching the local town, 2 hours away. Indeed very specialist care was located in the capital of Kathmandu, a 10 hour bus journey or 7 hour car journey from Pokhara town.

I felt that my time at the health post was beneficial in that it allowed me to develop interpersonal and communication skills with staff and patients of a total different culture and background. The language barrier was difficult at times, some of the staff spoke a little English, others spoke none and the villagers rarely spoke any either. This meant that to communicate with patients I had to speak through the staff as translators. This allowed me to develop use of translators which will be useful in practice in the UK. It was interesting to see how healthcare works in a rural and remote setting with minimal resources. I feel it will help me to appreciate the vast amount of facilities and experience we have available to us in the UK when I start work in August.