

ELECTIVE (SSC5a) REPORT (1200 words)

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

Describe the pattern of disease/illness of the rural Nepalese population seen in the hospital with which we will be working when compared to the UK

Tamekoshi Co-operative Hospital is based in the village of Ramechapp which is located in the south-east region of Nepal. Patients come from the surrounding villages with some having to trek hours in order to reach the hospital. Therefore many of the patients we saw had conditions that would present to a GP if they were in the UK, we saw many common cases such as GORD. Also due to the nature of the work that many of the patients undertook, we saw many minor injuries in the A&E department such as broken bones, cuts and grazes. Additionally there were many cases of disease that affect developing countries such as gastroenteritis and diarrhoea with increased exposure to cases of tropical diseases and even one case of leprosy.

Describe the pattern of health provision in rural Nepal and observe the differences in medical practice, and the utilisation and allocation of resources when compared with the UK

The medical system in Nepal differs vastly from that the UK in terms of how it is organised and how patients get access to resources. There are government hospitals, which are free to use and provide basic services to patients albeit with a limit on the tests and number of drugs available. Then there are the voluntary or cooperative hospitals like Tamekoshi which try and serve local communities, these have access to more services than the government hospitals but are not fully funded and so require patients to pay small fees for their services. Finally there are the private hospitals, with the majority being situated in Kathmandu valley, which are fully equipped to deal with a wide range of illnesses and therefore attract patients from all over the country. The disproportionate concentration of advanced medical services in Kathmandu means that very ill patients from all over the country have to make their way to the capital in order to be treated, which in the case of patients located near Tamekoshi hospital meant an 8 hour drive. The interaction between these three branches of healthcare and how patients navigated them was also interesting to see. Directly behind Tamekoshi hospital was a government hospital where we were able to spend some time. Interestingly, many patients would choose to pay to be seen at Tamekoshi rather than be seen at the free government hospital due to the view that because they had access to more tests and drugs, they were a better service. Cooperative hospitals like Tamekoshi are only able to function from the support from their local community and such they are able to implement schemes where patients contribute a small amount annually in order to receive free medical treatment.

Describe the social determinants underlying the pattern of disease seen in Nepal and understand the problems accessing healthcare in developing countries

The social problems underlying the challenges that doctors face in Nepal are wide-ranging and far reaching. Part of our time at Tamekoshi was spent working with a local charity in order to screen for depression in young people. This was a valuable experience in interacting with Nepali youth in a non-healthcare setting and listening to some of their problems. One of the major problems that affect Nepal is the "brain drain" occurring in the country. Due to the lack of work, many young people are looking for work elsewhere and move abroad, so much so that a significant proportion of the country's income

comes from money being sent back home from expats. This results in the villages being filled with the very young, the elderly and sometimes the wives of the husband who move abroad looking for work. This effect was also seen in villages as much of the country is still agricultural and so many young people move to Kathmandu in search of better jobs, including those seeking jobs in healthcare. The high concentration of doctors in the capital means that it is difficult for patients to see an actual doctor as sometimes there would be only one doctor at Tamekoshi covering a local population of 10,000 with even more coming from further afield. The lack of infrastructure in a country which is predominantly hilly and difficult to traverse only adds to the difficulty patients have in order to reach a doctor in a timely manner. All these factors mean that patients often present very late with pathology and suffer from a range of illness that could be prevented with proper health education and primary care. Lack of sufficient sexual education means that many women have backdoor abortions, in a country where abortion is legal, resulting in some very disastrous complications.

Describe the difficulties encountered in trying to overcome communication barriers and learn how to deliver effective treatment in a low-resource, high pressured environment

With a small hospital covering a large area, everyday in clinic we would see in excess of 50 patients, which meant that the pressure was on to see a large number of patients, examine, diagnose and prescribe appropriate medication in a such a small of time that the 10 minutes given in a GP surgery seemed like a luxury. In the UK, we are taught that in general practice sometimes time can be a valuable tool to see if a problem gets better or resolves. However because for many of the patients, this was their only opportunity to go to the hospital and so expected something to be done on the day. Undoubtedly not speaking the language made things a whole deal more difficult, although we were assisted by excellent nurses and medical assistants who did a great job translating for us. This meant that these members of staff were taken away from doing different duties which of course no doubt put even more pressure on the system.