

ELECTIVE (SSC5b) REPORT (1200 words)

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

1) In Nepal, many of the illnesses seen in the clinic on a daily basis were similar to those seen in the GP or emergency services in the UK. Several patients attended the clinic with common ailments such as back pain, traumatic injuries, heart disease, respiratory disease, urinary tract infections and skin disease. There were also many paediatric and obstetric patients seen in the clinic.

When compared to the UK, a higher number of cases of infectious and tropical diseases were noted in Nepal. Hepatitis and typhoid are a lot more prevalent in Nepal than the UK, along with TB which may be due to overcrowded living conditions. Gastroenteritis is very common, likely due to poorer hygiene awareness and the reduced availability of clean water. Diarrhoea can be a greater problem for the Nepalese, as loss of water combined with a hot climate can lead to severe dehydration, requiring admission and IV fluid resuscitation.

2) The health system in Nepal consists of both private and public healthcare. Primary health care services are offered through health posts, primary health care centres and district hospitals. A free health care policy in Nepal exists whereby free healthcare can be provided for citizens of Nepal at primary care centres as well as some essential medications. Health posts are regularly set up in villages and remote areas to allow access for the poorer population living in rural areas. Resources in some of the primary centres in small towns and villages can be scarce and so in order to do certain investigations and treatments, patients need to be referred to larger, more developed hospitals in the cities. Secondary and tertiary services however are only found in regional hospitals. There is usually a charge for consultations, investigations and treatments, as opposed to the UK where it is all free, unless a patient chooses private healthcare. For Nepalese to get to these healthcare services, it can require long journeys which can be difficult for those who are ill, as opposed to the UK which would have local GP services and a rapid ambulance service for emergencies. The percentage of experienced and qualified medical practitioners varies. Urban areas will have many doctors available; however patients in rural areas are more likely to consult with paramedics and medical assistants. Over recent years, policies and schemes have been put in place to provide free healthcare in order to improve overall healthcare especially in maternity care, women's health and child health.

3) The presence of disease can be affected by environmental and socio-economic conditions in which a population live. There are a number of social determinants contributing to disease in less developed countries. Nepal is affected by poverty, access to healthcare and lifestyle factors. In terms of lifestyle, drastic difference between the urban areas of cities in Nepal and the villages is clear. Those in cities live a lifestyle somewhat similar to the UK with many amenities nearby. The amount of pollution in cities, as well as the huge amounts of dust contributes to extensive respiratory disease. Life in villages is different. Villagers live a more self-sustaining life. Many work as farmers so there is a lot of hard manual labour daily and less time is spent using electrical goods. The Nepalese mostly have a vegetarian diet consisting of rice and vegetable curry. Those in poorer families have smaller portions and may suffer from iron and vitamin deficiencies. In relation to diet, the poor sanitation standards and availability of clean water means there is a high rate of diarrheal disease. In the villages we found that some of the women were forced into marriage as early as 16 and other women were mistreated

by their families, which had affected their mental health negatively. The issue for people with mental health conditions is that there is a lack of awareness and education in the community and many feel uncomfortable discussing mental health issues. In addition to costs, physically accessing healthcare is difficult for many as they have to travel for hours, usually by public buses which can deter patients from seeing a healthcare professional until late stages of disease.

4) Doing a placement in Nepal, especially rural Nepal where the population are not highly educated, with only few able to speak English, it could become difficult to communicate with patients and family members at times. In order to talk to patients, it was important to speak simply and the use of gestures and visual aids such as drawings were invaluable. It was important to remove all jargon from the conversation and sometimes speaking in broken English was better understood. Fortunately, there was help available at Tamakoshi hospital. Medical assistants were available during our clinics and were able to help translate for us.

Practicing medicine in places with fewer resources did test our medical knowledge at times and many decisions needed to be made on the clinical information available. Due to the cost and inability to arrange certain investigations, it was necessary to take a detailed history of each patient's problem and also perform a full examination. In many cases this was enough to make a diagnosis and formulate an action plan. In instances where the patient was unable to afford a given medication, we would offer the best advice on supportive care, and advice on what to do if they encountered any red flag symptoms. This highlighted how crucial a good history and examination is in determining management of patients wherever you are.

There were a few occasions, especially with paediatric patients where it was not clear what the diagnosis was and they seemed severely ill. If this occurred in the UK, the patient would be sent for numerous tests to help identify the problem; however this isn't possible in Nepal due to the lack of resources. Therefore, on advice of the senior doctor, the patients were admitted to a bed and kept for monitoring, along with doing the tests which were available.