GENRAC
MEDICINE

Elective Report

Tribuvan University Teaching Hospital
Maharajgunj Medical Campus
Kathmandu
Nepal

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Introduction:
For my elective period, I chose to go to Kathmandu and work within the largest government hospital in Nepal. The hospital is the Tribuvan University Teaching Hospital located centrally in Kathmandu, which opened in 1983. It is an 800 bed hospital that predominantly caters for the lower and middle class population. It also acts as a specialist refferal centre for complex cases, similar to a tertiary referral centre in the UK.

The Report:
The first thing that struck me when I started at the Tribuvan Hospital was the poverty of area and that of the majority of patients I encountered. Being one of few government hospitals, patients are able to pay subsided rates for their healthcare. The need for payment at the point of care is a major issue with the Nepalese healthcare system, but this will be explored in more detail later in this report.

Nepal like its neighbour India, is a country with various castes, each with their own belief systems. The major religions influencing these belief systems focus around Hinduism and Buddism. The complexities of these religions meant that depending on the belief systems, the local people could vary a lot in terms of their interpretation of their health problems. Surprisingly, I did not encounter many cases where the patient or their family believed that the cause of their illness was due to 'bad deeds' or 'evil spirits'. For the most part, patients often seemed un interested in the 'why' I'm unwell, but rather adopted an attitude of seeking treatment so they could get back to their normal lives.

Since the predominant religions were Hindu and Buddhist based, there appeared to be no cultural barriers to male doctors examining and treating female patients. Worth noting, is the presence of many of the patients' family constantly with the patient, throughout their hospital stay. It was culturally acceptable for often, up to four or five relatives to spend the night around the bed space of the patient. I later discovered, part of the reason for this is that many patients can travel in some cases days from outside the Kathmandu valley to reach the hospital. As such, their families accompany them and stay with the patient, due to the expenses incurred from repeated travel.

During my time at the hospital I was rotated through several teams within internal medicine. This gave me the opportunity to experience a greater variety of medical problems and the difficulties in managing such patients encountered at this particular hospital. For the most part, it was difficult to integrate into the teams, and I'm not sure of the reason for this. A possible reason is the language barrier. Although the doctors all speak English, they needed to speak Nepalese when dealing with the patients. The busy nature of the hospital and the large case loads meant that often there wasn't enough time to get a full explanation of what was happening with each case.

One thing that I did notice was the paternalistic nature of medicine and learning in Nepal. This is something I found difficult to adapt to, since the practice of medicine is very different in the UK. The medical system was also very hierarchical. The most senior faculty members rarely addressed students and junior members of the team. There was a kind of 'filter down effect'. Senior clinicians would talk to other senior doctors, who

would talk to more junior doctors who would talk to the students etc. Because of this, some of the extra information a student or junior doctor would rely on for their full understanding if the case, would be lost.

The patterns of disease are not dissimilar to that seen in the UK. Due to the rotations I had, I commonly encountered the following diseases. Chronic Obstructive Pulmonary Disease (COPD) was extremely common in patients above the age of 45 years. Rates of tobacco smoking are very high and along with this, many people rely on wood fires for cooking and heating. This can explain the huge prevalence of COPD in Kathmandu. Other diseases that were very common included alcoholic liver disease, Stroke, Guillan Barre syndrome, rheumatic heart disease and not surprisingly infection.

There are various barriers to healthcare in Nepal, the biggest being cost. Most of the population live in poverty and as such, accessing healthcare can be very difficult. There are two main types of hospital in Nepal. The first being privatised hospitals where patients are expected to pay higher rates for their care. These hospitals cater for the very wealthy and expatriates. In contrast, the hospitals that serve the majority of the population are government hospitals. Patients still have to pay at the point of care for all services (consultations, investigations, treatments etc) but they pay a subsidised price. The only exception to this is anti-tuberculosis treatment, which is provided free of charge. The families of patients are expected to play an active role in the care of the patient. Family members are responsible for taking things like blood samples to the lab, paying for the test, bringing the results back to the ward and then finding the relevant doctor for the results to be checked. There is the same process for radiology requests and other investigations, with the exception of invasive investigations. It is worth noting that government hospitals serve as tertiary referral centres and as such, if a private hospital can't manage a medical problem, a patient will be transferred. During my time at the hospital, I did not come across any areas catering exclusively for wealthier people.

Because of the cost of investigations, many patients receive empirical treatment either in hospital or through a local pharmacy. Surprisingly, patients are able to buy most medications including antibiotics, without a prescription in local pharmacies. The community pharmacist seems to have an almost general practitioner role in Nepalese society.

Another barrier to healthcare is travel. The road and transport networks in Nepal are very poor. This can make journey's very time consuming and difficult, especially if living outside of the Kathmandu valley. A particular family I met had travelled for two full days on public buses to seek out medical care.

Finally, the last major barrier I became aware of concern families. Like many Asian cultures, unfortunately girls are not seen as equal to boys. Many families continue to reproduce until they have a son. As such, I found that it was not all that uncommon for some families to have in excess of five to seven daughters. Because of the cost of healthcare, if a daughter were to become ill, it would have the same effect on the family

as if the son was to become ill. This leads to another barrier to healthcare for the girls of the family.

Conclusion:

Overall, my experience of Nepal and its healthcare system has been very different from what I expected. Poverty is a huge issue in Nepal. What I have found most difficult is dealing with issues of, if a patient can't afford treatment, they don't get it. This is extremely hard to comprehend when coming from a country that provides all healthcare free of charge at the point of care. The NHS like all other organisations in the world has its problems, but it cannot be denied that it provides probably the best solution to a healthcare system in the world. This experience has been an eye opener to the very different approaches to healthcare throughout the world. I will take these experiences and always bear them in mind when practising medicine in the UK and, I will always appreciate the system that we have here too.