

Elective report

Elective placement: Friendship Clinic Nepal, Meghauri, Nepal

Dates of elective: 21/04/2014 – 30/05/2014

1. Describe the pattern of disease / illness within the remote district of Chitwan in Nepal and relate this to global health.

In Nepal many of the illnesses seen on a day to day basis in a clinic setting are very similar to those seen in the UK. There are many patients who attend the clinic with a wide range of common illnesses including the common cold, chest infections, arthritis and menstrual disorders. The work up and treatment for these is the same as that in the UK.

More common in Nepal are infectious diseases including intestinal worms and viral and bacterial gastroenteritis. This is due to poorer living conditions and food hygiene. These are effectively treated in the clinic setting. Tuberculosis is another infectious disease which is more common in Nepal than the global incidence. This can be diagnosed and effectively treated. Multi-drug resistant tuberculosis is now starting to increase in prevalence which has the potential to cause problems in the future.

Many of the patients who are attending the clinic are subsistence farmers, who are carrying out heavy manual labour. This leads to an increased prevalence of musculoskeletal pain in the local population. Unfortunately there is no physiotherapist who visits the clinic which means in a lot of cases this is only controlled with painkillers. However when physiotherapists volunteer from abroad they find themselves inundated with patients and are able to make a real difference.

Lifestyle diseases such as type 2 diabetes and hypertension although not as common as in the developed world are beginning to increase in prevalence and are a potential problem for the future.

2. Describe the pattern of health provision in Nepal, a less developed country and compare this to the UK.

In Nepal there is not a public healthcare system in the same way as in the UK. Patients have to pay to see the doctor which leads to them presenting later than they would in the UK. To obtain medicines the patient does not need to obtain a prescription from the doctor, this leads in a lot of cases to patients going to the pharmacy and obtaining medicines. This leads to problems as the pharmacy blindly prescribe antibiotics and other drugs where they are not appropriate. When the patient then presents to a doctor they may have tried several medications which have not worked, however in the majority of cases they are unaware of what the medication is and what it does.

However once a patient presents to the doctors if necessary they are able to be referred to a hospital if they need further investigations / tests. However whether they go depends on whether they can afford the cost of being seen. There are many private hospitals in Nepal where patients can be referred and a few government hospitals where there is more affordable health care.

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Currently there is a big drive in the provision of maternity care in Nepal with the government funding all maternity care. There is antenatal care provided at government health posts which are run by health care assistants, here women are provided with vitamins and folic acid. With this new drive the amount of women giving birth in hospital has risen to approximately 60% which is well below that in the UK approximately 98%.

These government health posts are also providing a point of first access to the healthcare system and some patients will have been seen at one of these before presenting to the doctors.

3. Outline the role of a clinic in a remote area of Nepal and how this benefits the population.

Clinic Nepal have a wide range of visiting specialists who come one day a week to provide specialist healthcare without the need to travel to the local hospital. The cost of this is far less than they would pay if they were to go to the local hospital as the clinic is supported internationally by a number of charities. For those patients who are unable to afford the small fee that is charged they will be seen free of charge as the clinic's mantra is to provide healthcare to the local population.

In Nepal there are few doctors clinics such as Friendship Clinic Nepal and the majority of patients cannot access a doctor without visiting a hospital. In the more remote areas such as in the mountains it is difficult for patients to travel to visit doctors at the nearest hospital. Clinic Nepal runs free outreach health camps to these remote regions. This is only made possible through fundraising efforts on the clinic's behalf. They try to run these several times a year. Unlike in the clinic where there are a range of blood tests and X-ray facilities available and the possibility of referring patients to hospital this is not possible at these health camps. Therefore a diagnosis and treatment have to be decided upon based on the history and clinical findings.

Clinic Nepal also run a programme to sponsor treatments for patients who are unable to afford the costs themselves. Examples include sponsoring cancer treatment of a young girl and provision of a prosthetic limb. If they were not doing this these patients would not receive any treatment.

4. Reflect on how I found remote medicine in an area with few resources.

I have found the time I spent working at Friendship Clinic Nepal a valuable one. I have seen a wide variety of cases and seen how they are managed in an area with fewer resources. I was surprised at how much in house diagnostics were available at the clinic with the results being ready within thirty minutes. This meant that all the information was present at the first appointment which is not something that you get in primary care in the UK. Visiting one of the local hospitals gave me the chance to see the standard of care that can be provided in a secondary care setting in an area with fewer resources. Although fewer resources are present, such as not being able to isolate patients with tuberculosis the doctors in the hospitals are able to provide a good standard of care. This was something that I was pleased to see.

Being here and attending health camps has reiterated the point made in medical school that 90% of the diagnosis is made from the history and the importance of taking a good history.