

1. Describe the pattern of disease/illness of interest in the population with which you will be working and discuss this in the context of global health.

I am interested in trauma and general surgery. Emergency Trauma is a higher proportion of the workload in Nepal than the UK where there is still considerable amounts of elective work, mainly due to primary prevention. I am interested in how Nepal copes with trauma and surgery and how this differs to the UK. I would also like to understand how medicine is provided in a country that is resource poor.

My time here in Nepal has been outstanding. I came with one friend and where under Dr Pandey. A consultant orthopaedic surgeon. We spent our time at a small hospital and also at the country's largest cardiothoracic centre. Nepal is a very unique and culturally diverse country.

One main objective I had was to understand the difference between Nepal and the UK. First things first Nepal is newly industrialised and is undergoing tremendous change currently. Kathmandu is a very old city and its roads and infrastructure are not designed for as a modern city and is undergoing a period of heavy change. One of the major problems currently is the traffic and roads. The roads are all very old bumpy and very narrow. Now previously this was ok with most people being pedestrians or slow moving bicycles/rickshaws. Now Nepalis are much wealthier and there is a large amount of vehicles on these roads. Now when you combine the roads with faster methods of transport with a very different driving mentality you get injuries. The vast majority of patients are trauma related being that injuries sustained from motorcycles or from trekkers. (If you look in the news recently there was a Nepali who got injured paragliding and was rescued by a British doctor, he was operated on by our team here. They do however also see the normal degenerative type disease such as osteoporosis and osteoarthritis. However, currently management is more conservative, less use of joint replacement. This is primarily because of its expense and problems with the hospital infrastructure. This will hopefully change with the new hospital and further advances in the Nepali medical system which is currently spearheaded by Dr Pandey.

So trauma in essence is similar in presentation, possibly injuries are at lower velocity and there is more mountain related injuries. There is therefore also a lot of similarity to our diseases. I was also not expecting many comorbidities such as hypertension and diabetes. However a large majority of patients have got these problems and I expect that this will get worse in the future, as Nepal improves economically. It may be beneficial to start public education about healthcare now and also start health protection measures such as reduction in smoking and improvements in diet. This is an important issue and I think they can learn an easy lesson from the huge health epidemics that we are facing in the UK. I also think it's important, as the youth with their new wealth are looking to smoking etc as a result of media and society, and wealth often means people are eating more and less healthy food. People's attitude to diabetes is a worrying as it resembles our own patients who don't fully understand the disease and see it more as an attack by the medical profession. The difficulty with this is there will be no investment by private market and the government as far as I am aware faces to many problems with bureaucracy and corruption to make any difference at this point.

2 Describe the pattern of Health provision in Relation to the country in Which you will be Working and contrast This with other countries, Or with the UK

Nepal has both a private and public health provision. This is similar to that of the UK but under this system the publically provided service is drastically different in what it is able to provide in comparison to the UK where most medical care is publically provided. The average life expectancy is around 65 in contrast to the UKs 80.

the standard of care is different between the private and public hospitals. We Only spent time in private hospitals. At the Medicare hospital we did trauma and at the Shahid Gangalal hospital we did cardiothoracic surgery. The provision is mainly private at these hospitals but they do treat less fortunate patients as charitable cases. These patients will not pay for any of the hospital/ theatre charges but will have to pay for medicines etc. I think it would be interesting to see the other end of the system.

From what I understand this system works well as generally peoples mentality towards healthcare is very different, here healthcare is not a entitlement but it is a privilege, along with the do good things and good things happen attitude. This means people don't milk the system like in the uk. From what I have witnessed if people can afford something they will pay for it and in fact the wealthier patients essentially cover for the charity cases. The surgeons also have maintained their human side and don't work purely to finance their next holiday its refreshing to see doctors that want to make a difference and actually after 16 years will finally manage to build his own hospital and hopefully revolutionise the whole country. I have to admit I wouldn't even dream of such an endeavour but it is very rewarding and refreshing to see something amazing taking place before your eyes. I would akin this to the formation of the NHS in the UK well in my opinion anyway.

With regard to resources, due to the high cost of investigation there is much more thought into whether the benefits outweigh the cost. For example in the uk we would do a blood test before initiating treatment, here the treatment is far cheaper than the blood test so it makes more sense to the patient to start taking supplementation without the blood profile. The level of technology here is on par with the uk they have ct scanners, and mri machines but the cost of these are high and as the patient funds this themselves more thought goes into whether or not the patient needs it or not and will change the management of the patient.

3 Health related objective

To understand the difference in surgical provision between Kathmandu and a British theatre. And how are the resources allocated differently

When starting this placement I was expecting a very small operating department. Maybe a surgeon, a scrub nurse and an anaesthetist making do with what they had. What I actually found that staffing levels were superior to the UK. The team consists of consultant surgeon, surgeon, medical officer, anaesthetist, odp, two scrub nurses scrubbed, two technicians and a physio.

The team is small and these professional work together everyday for many years and they work through any adversity as a team. They work very well together and are efficient. This is an important lesson that many British surgeons could learn from Dr Pandey team. They face problems with lack of certain equipment, random power outages(during a tibia fixation, which requires a mobile x-ray the power went out over 4 times and the hospital generator failed, the operation was completed under the use of a headltorch I had bought with me. Dr Pandey faced this adversity with not a drop of sweat on his head; he was prepared enough to it with out tech assistance and continued under such problems to achieve a very good outcome. I

suspect in the UK the surgeon would probably have screamed at the staff, even though they cannot help and would then probably just walk out. Medicare was relatively well equipped but all the equipment had to be purchased by Dr Pandey himself.

In the new hospital equipment will be much easier to get hold of as all equipment is bought by the hospital. I do however hope that even though he has developed a western style hospital I hope it does not suffer our own shortcomings, with excessive amounts of money shifted into management and not the people on the ground that need it, and that the extra supply of medical resources isn't plundered and wasted like we do. I think the system will be a model to base the future of Nepal's healthcare on and as such it should strive for perfection now. I think resources could be spread a but more efficiently the theatres are fully staffed all day but there is times when the theatre is not in use, dare I say that maybe two separate shifts could be run so two orthopaedic surgeons operate at the same time. Again the UK is no different and we also face a lot of problems with theatre efficiency,

4 Personal/professional
Development goals.
Must also include some
reflective assessment of
your activities and
experiences.

To develop a greater appreciation for resource management and to further my pursuit of a career in surgery. To witness and experience life in a theatre in a different country. And to further develop my skills in medicine and as a person.

I have been very interested in pursuing a career in surgery for the best part of medical school. Our time in surgical specialties is growing ever smaller and basic skills are getting pushed further into surgical training. Much of my experience is in my own time and I was looking forward to exploring orthopaedics further

Towards the end of the fifth year I have started to realise the reality of such a career choice with ever increasing pressure to be competitive and the dog eat dog nature of all specialties. This combined with the less time you have had made me seriously question my career choices.

My time here I am glad to say has reinvigorated my interest in surgery. I have seen it is possible to not change your personality and with enough determination you can work through any adversity whilst maintaining a good life outside of medicine. I don't think orthopaedics is the surgical speciality for me but I will explore it more in my house job. I am sure that general surgery and cardiothoracic are fascinating and I will strive to achieve the standards that have been shown to me by Dr Pandey. I think it would be a joy to work with Dr Pandey again in Nepal.

As a doctor and as a person I feel that this great opportunity had given me great role model and most importantly I feel that no matter what we are faced with if we strive to be the best and do the right thing nothing will get in my way. I hope I can keep the positivism and the do good attitude of the nepalis.